

**2022 Safety Manual**  
**Tigard Diamond Sports**



*For Managers, Coaches, Players, and Parents*

*Play Hard, Play Safe, Play Ball!*



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**Tigard** is a city in Washington County, Oregon, United States. The population was 48,035 at the 2010 census. As of 2007, Tigard was the state's 12th largest city. Incorporated in 1961, the city is located south of Beaverton and north of Tualatin, and is part of the Portland metropolitan area. Interstate 5 and Oregon Route 217 are the main freeways in the city, with Oregon Route 99W and Oregon Route 210 serving as other major highways, with rail service provided by the TriMet-operated Westside Express Service.

Like many towns in the Willamette Valley, Tigard was originally settled by several families. The most noteworthy was the Tigard family, headed by Wilson M. Tigard. Arriving in the area known as "East Butte" in 1852, the family settled and became involved in organizing and building the East Butte School, a general store (which, starting in 1886, housed the area's post office) and a meeting hall, and renamed East Butte to "Tigardville" in 1886. The Evangelical organization built the Emanuel Evangelical Church at the foot of Bull Mountain, south of the Tigard store in 1886. A blacksmith shop was opened in the 1890s by John Gaarde across from the Tigard Store, and in 1896 a new E. Butte school was opened to handle the growth the community was experiencing from an incoming wave of German settlers.

The period between 1907 and 1910 marked a rapid acceleration in growth as Main Street blossomed with the construction of several new commercial buildings, Germania Hall (a two-story building featuring a restaurant, grocery store, dance hall, and rooms to rent), a shop/post office, and a livery stable. Limited telephone service began in 1908.

In 1910, the arrival of the Oregon Electric Railway triggered the development of Main Street and pushed Tigardville from being merely a small farming community into a period of growth which would lead to its incorporation as a city in 1961. The town was renamed Tigard in 1907 by the railroad to greater distinguish it from the nearby Wilsonville, and the focus of the town reoriented northeast towards the new rail stop as growth accelerated.

## Mission Statement

Tigard Diamond Sports is an organization of volunteers in service to the children of our community.

Our purpose is to provide a safe, fun and healthy environment for children to develop the ideals of good sportsmanship, teamwork, fair competition, and respect.

We are dedicated to having a positive influence in the lives of our players and their families by promoting fair play, confidence, a diligent work ethic, camaraderie and a lasting respect for the games of baseball and softball. Our goal is to create a positive culture in which coaches, parents, fans, officials and athletes work together to achieve this mission.

## Motto

**Players Play  
Coaches Coach  
Umpires Officiate  
Parents Support**

**Please only one role per person!**



## ***“Safety is Everyone's Responsibility”***

Tigard Diamond Sports highest priority is for the safety of our kids. Prevention is the key to reducing accidents. At Tigard Diamond Sports we are committed to encouraging and providing a safe environment. In order to succeed we need your commitment to become our *Safety Advocates* for Tigard Diamond Sports.

Tigard Diamond Sports is actively participating in Little League's A Safety Awareness Program (ASAP), whose mission is "to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball."

The purpose of this manual is to provide important safety information to Tigard Diamond Sports. While specifically written for Managers, and Coaches the information contained in this document can be a useful resource for all participants of Tigard Diamond Sports. Please take the time to review this manual in its entirety.

We request your assistance, and guidance in making Tigard Diamond Sports a great program. If you have any concerns, or suggestions for improvement, please email us at [registrar@tigardll.org](mailto:registrar@tigardll.org). For additional information visit our website at [www.tigardll.org](http://www.tigardll.org).

We want to hear from you!

Thank you for your commitment to Tigard Diamond Sports.

Tigard Diamond Sports Board

## Little League Safety Program (ASAP)

Little League International introduced a Safety Awareness Program (“ASAP”) in 1995 with the goal of re-emphasizing the position of the Safety Officer to “create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball”. This Safety Manual provides important information, for use by managers, coaches and umpires, to support their ability to ensure the safest environment possible for all players.

### Your League Safety Officer for the 2022 Season is:

**Tom Mooney (503) 896-8101**

[TigardLLSafetyOfficer@gmail.com](mailto:TigardLLSafetyOfficer@gmail.com)

The Tigard Diamond Sports Safety Manual is available online at <https://www.tigarddiamondsports.com/> and is included in the Tigard Diamond Sports player development manual. This safety manual is submitted to Little League International on an annual basis.

Tigard Diamond Sports allocates funds in its operating budget to provide first aid kits, ice packs and other safety equipment as needed.

### Board and Emergency Numbers

All managers and coaches shall use “911” for all on field emergencies requiring fire, police, or ambulance. Managers and coaches shall keep player emergency contact information with them at all times. Tigard police non-emergency number is: 503-629-0111

NAME	POSITION	PHONE NUMBER
Michelle Cooper	League President	(503) 318-5848
Jeff Ellsworth	Baseball Vice President	(503) 539-1707
Carlos Stevenson	JBO Vice President	(503) 896-0232
Ben Juarez	Softball Vice President	(971) 246-9610
Tom Mooney	Safety Officer	(503) 896-8101

## 2022 Tigard Diamond Sports Board and Volunteers

League Board Members	Name	Email Address
President	Michelle Cooper	<a href="mailto:shell.mom2009@gmail.com">shell.mom2009@gmail.com</a>
Treasurer	Angie Ellsworth	<a href="mailto:treasurer@tigardll.org">treasurer@tigardll.org</a>
Secretary	Kim Gentry	<a href="mailto:kgalez@gmail.com">kgalez@gmail.com</a>
Sponsorship Coordinator	Lindsey Culver	<a href="mailto:lindseymculver@gmail.com">lindseymculver@gmail.com</a>
Safety Officer	Tom Mooney	<a href="mailto:tigardllsafetyofficer@gmail.com">tigardllsafetyofficer@gmail.com</a>
Umpire-in-Chief	John Smith	<a href="mailto:umpire.in.chief@tigardll.org">umpire.in.chief@tigardll.org</a>
Team Parent Coordinator	Cori Feist	<a href="mailto:team.parents@tigardll.org">team.parents@tigardll.org</a>
Communications Officer/Webmaster	John Smith	<a href="mailto:Turbine.john@gmail.com">Turbine.john@gmail.com</a>
Field Maintenance	Marcus Perez	<a href="mailto:marcusperez2924@gmail.com">marcusperez2924@gmail.com</a>
Softball Board Members	Name	Email Address
Softball Vice President	Ben Juarez	<a href="mailto:benjamin.juarez3@gmail.com">benjamin.juarez3@gmail.com</a>
Softball Player Agent	Andrea Kendrick-Piazza	<a href="mailto:kendrick226@hotmail.com">kendrick226@hotmail.com</a>
Baseball Board Members	Name	Email Address
Baseball Vice President	Jeff Ellsworth	<a href="mailto:jeff.ellsworth@gmail.com">jeff.ellsworth@gmail.com</a>
JBO Vice President	Carlos Stevenson	<a href="mailto:carlos.stevenson@outlook.com">carlos.stevenson@outlook.com</a>
Baseball Player Agent (Majors/AAA/AA)	Ben Eick	<a href="mailto:eickbm@gmail.com">eickbm@gmail.com</a>
Pee Wee/A Player Agent	Brittany Bush	<a href="mailto:britkbush@gmail.com">britkbush@gmail.com</a>
Baseball/Softball Equipment Coordinator	Nick Bonacci	<a href="mailto:nick.bonacci@gmail.com">nick.bonacci@gmail.com</a>
Scheduler-Pee Wee	Connie Kling	<a href="mailto:conniek6750@gmail.com">conniek6750@gmail.com</a>

## Background Checks

Little League International mandates all Leagues conduct background checks on all volunteers within their leagues'. The background check laws in Oregon require that all local Little League® programs complete additional action(s) beyond the requirements set forth by Little League's Regulation I (c) 8 and 9. It is incumbent upon the League President and the Board of Directors to thoroughly assess the criminal history of each volunteer and make a responsible judgment on behalf of the children and fellow volunteers in the league when deciding to approve their participation in the league.

**AS of 2019, if an individual appears on the National Sex Offender Registry the league must immediately contact Samantha Mahaffey, Little League International's Security Manager, before assuming any role with the local league.** This update has been put into effect to add another layer of protection for all Little Leaguers®.

Little League Regulation 1(c)9 also states: A league shall not permit any person to participate in any manner, whose background check reveals a conviction for, guilty plea, no contest plea, or admission to any crime involving or against a minor. A local league must conduct a nationwide search that contains the applicable government sex offender registry data and nationwide criminal records that is comparable to J.D. Palatine, the preferred background check provider of Little League International.

All Tigard Diamond Sports volunteers must register online via the Tigard Diamond Sport's website [www.tigarddiamondsports.com](http://www.tigarddiamondsports.com).

Upon completion of registration, each volunteer will be provided a secure link to complete their background check through JDP.

The Safety Officer will verify the background checks on everyone has been completed using the JDP Internet site to confirm that each volunteer does not have a sexual offender or criminal background.

Anyone refusing to fill out a volunteer application with complete information is ineligible to be a league volunteer.

Tigard Diamond Sports is taking an additional step to ensure the safety of our players. Every volunteer that registers, completes and passes a background check will be provided a League ID card on a lanyard. Once the ID Card has been provided it is mandatory that all individuals wear the badge at all times when on a field, dugout, etc. where players are present during league events.

ID cards will be updated every season with a sticker on the back of the card. The sticker identifies that the individual has completed and passed the background check.

These ID Cards let all parents know that the volunteer has completed and passed the background check.

Tigard Diamond Sports will submit league player registration data or player roster data and coach and manager data via the Little League Data Center.

## **Child Abuse**

### **Volunteers**

Volunteers are the greatest resource Little League has in aiding children's development into leaders of tomorrow. But some potential volunteers may be attracted to Little League to be near children for abusive reasons.

Big Brothers/Big Sisters of American defines child sexual abuse as "the exploitation of a child by an older child, teen or adult for the personal gratification of the abusive individual." So abusing a child can take many forms, from touching to non-touching offenses.

Child victims are usually made to feel as if they have brought the abuse upon themselves; they are made to feel guilty. For this reason, sexual abuse victims seldom disclose the victimization. Consider this:

- Big Brother/Big Sisters of American contend that for every child abuse case reported, ten more go unreported.
- Children need to understand that it is never their fault, and both children and adults need to know what they can do to keep it from happening.

*Anyone* can be an abuser and it could happen *anywhere*. By educating parents, volunteers and children, you can help reduce the risk it will happen at Tigard Diamond Sports.

Like all safety issues, prevention is the key. Tigard Diamond Sports has a three-step plan for selecting caring, competent and safe volunteers;

**Application:** All volunteer applications will include residence information, employment history and three personal references from non-relatives. All potential volunteers must fill out the application that clearly asks for information about prior criminal convictions. The form also points out that all positions are conditional based on the information received back from a national background check.

**Interview:** Make all applicants aware of the policy that no known child-sex offender will be given access to children in the Little League Program.

**Reference Checks:** Make sure the information given by the applicant is corroborated by references.

## Reporting

In the unfortunate case that child sexual abuse is suspected, you should immediately contact the Tigard Diamond Sports President, or a Tigard Diamond Sports Safety Officer if the President is not available, to report the abuse. Tigard Diamond Sports will contact the proper law enforcement agencies.

## Investigation

Tigard Diamond Sports will appoint an individual with significant professional background to receive and act on abuse allegations. This individual will act in a confidential manner, and serve as the League's liaison with the local law enforcement community. Little League volunteers should not attempt to investigate suspected abuse on their own.

## Suspending/Termination

When an allegation of abuse is made against a League volunteer, it is our duty to protect the children from any possible further abuse by keeping the alleged abuser away from children in the program. If the allegations are substantiated, the next step is clear – assuring that the individual will not have any further contact with the children in the League.

## Immunity from Liability

According to Boys & Girls Clubs of America, "Concern is often expressed over the potential for criminal or civil liability if a report of abuse is subsequently found to be unsubstantiated." However, we want adults and Little Leaguers to understand that they shouldn't be afraid to come forward in these cases, even if it isn't required and even if there is a possibility of being wrong. All states provide immunity from liability to those who report suspected child abuse in "good faith." At the same time, there are also rules in place to protect adults who prove to have been inappropriately accused.

## **Make Our Position Clear!!!**

Make adults and kids aware that Little League Baseball and Tigard Diamond Sports will not tolerate child abuse, *in any form*.

## **The Buddy System**

It is an old maxim, but it is true: There is safety in numbers. Encourage kids to move about in a group of two or more children of similar age, whether an adult is present or not. This includes travel, leaving the field, or using the restroom areas. It is far more difficult to victimize a child if they are not alone.

## **Access**

Controlling access to areas where children are present - - such as the dugout or restrooms - - protects them from harm by outsiders. It's not easy to control the access of large outdoor facilities, but visitors could be directed to a central point within the facility. Individuals should not be allowed to wander through the area without the knowledge of the Managers, Coaches, Board Directors or any other Volunteer.

## **Lighting**

Child sexual abuse is more likely to happen in the dark. The lighting of fields, parking lots and any and all indoor facilities where League functions are held should be bright enough so that participants can identify individuals as they approach, and observers can recognize abnormal situations.

## **Toilet Facilities**

Generally speaking, players are capable of using toilet facilities on their own, so there should be no need for an adult to accompany a child into rest room areas. There can sometimes be special circumstances under which a child requires assistance to toilet facilities, for instance when the Coach Pitch /T-Ball divisions need to use the toilet facilities, but there should still be adequate privacy for that child. Again, we can utilize the "buddy system" here.

## **Transportation**

Before any manager or designated coach can transport any Tigard Diamond Sports child, other than his/her own, anywhere, he or she must:

- Have a valid Driver's License.
- Not carry more children in their vehicle than they have seat belts for.
- Make sure that the vehicle is in good running order and that it would pass a vehicle safety inspection if spontaneously given.
- Not drive in a careless or reckless manner.
- Not drive under the influence of alcohol, drugs, or medication.

- Obey all traffic laws and speed limits at all times.
- Never transport a child without parent permission and always return him/her to their parent or legal guardian.

**At no time should a Tigard Diamond Sports Volunteer be alone with any player with the exception of their own children. If a player's parents or legal guardian are not present after practices or games to pick up their players, a minimum of two coaches must remain with the player until they are picked up by their parents or legal guardian.**

## **The Safe Sport Act**

Thousands of young people participate in sports activities every year, gaining valuable skills in teamwork and competition. Unfortunately, abuse scandals in youth sports have become more prevalent in the last few years.

*The Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act of 2017* (otherwise known as the Safe Sport Act). The bill includes new protections for young athletes. Organizations providing youth sports activities should note the new requirements in the law and ensure they are complying to keep their athletes safe.

### ***Mandatory Reporting***

The law extends mandatory reporting of abuse to each "covered individual" which has been interpreted as an adult authorized to interact with minor or amateur athletes. Coaches, team

doctors, and most other adults affiliated with a youth sports team would all fall under this definition. If these individuals suspect abuse, they are now mandated to make a report to law enforcement and (if they are a national governing body) to the US Center for Safe Sport. Organizations must also be aware of any mandated reporting laws for their individual states. Essentially, if a state does not already have a mandated reporting law that applies to coaches and other adults working with young athletes, this new federal law does.

### ***Abuse Prevention Training***

All youth sports organizations are now required to provide training regarding abuse prevention and reporting to all adults who are in contact with minors. Abuse prevention training includes more than just signs of child abuse. It must also include things that put children at risk of being abused (one-on-one interactions) and how to recognize grooming and other problematic behaviors. This may be the most significant part of the law and the part that will hopefully prevent future tragedies.

**Training can be completed by following this link.**

**<https://www.athletesafety.org/training/index>**

**You will need to register and follow the on-screen instructions.**

## **Safety Manual and First Aid Kits**

Each team will be issued a First Aid Kit. Safety Manuals are available for download at [www.tigarddiamondsports.com](http://www.tigarddiamondsports.com)

Chemical ice packs will be issued to each team at the beginning of the season. Replacement ice packs are available in each equipment shed. If you find that the ice packs are getting low please contact the Safety Officer so that they may be restocked.

The Safety Manual will include phone numbers to emergency services, Tigard Diamond Sports Board Members, the Tigard Diamond Sports Code of Conduct, and Do's and Don'ts of treating injured players.

The First Aid Kit will include the necessary items to treat an injured player until professional help

arrives if need be. (See First Aid Section)

It is mandatory that all managers and/or coaches have a first aid kit present at all practices, games and/or any league sanctioned event.

## **CPR & First Aid Training**

In keeping with Tigard Diamond Sport's mission to provide a safe environment for our players, it is a MANDATORY REQUIREMENT for all managers and coaches to be certified in first aid and Child & Adult CPR including the use of an AED every two years. This certification is essential to know what to do if a player, coach, manager, umpire, or spectator is injured. Certifications will be accepted from any AHA or Red Cross endorsed class. Please provide the Tigard Diamond Sports Safety Officer with a copy of your card.

## **Tigard Diamond Sports Emergency Phone Numbers**

### **Emergency Numbers**

#### **Police**

Police - Emergency:

Police - Non-Emergency:

9-1-1

(503) 629-0111

**Fire & Paramedic**

Fire - Emergency:

9-1-1

**Poison & Pesticides**

Poison Control

(800) 222-1222

National Pesticide Information

(800) 858-7378

**All managers and coaches shall use “911” for all on field emergencies requiring fire, police, or ambulance.** Managers and coaches shall keep player emergency contact information with them at all times.

## **Tigard Diamond Sports Code of Conduct**

The Board of Directors of Tigard Diamond Sports has MANDATED the following Code of Conduct. All coaches and managers will read this Code of Conduct acknowledging that he or she understands and agrees to comply with the Code of Conduct.

No Board Member, Manager, Coach, Player or Spectator shall:

- At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of heaping personal verbal or physical abuse upon any official for any real or

imaginary belief of a wrong decision or judgment.

- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands, or anywhere on the field while in an intoxicated state at any time. Intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- Smoke while in the stands or on the playing field or in any dugout at any time. Smoking and use of tobacco products are prohibited within the City of Tigard parks.
- Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
- As a manager or coach be guilty of mingling with or fraternizing with spectators during the course of the game.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- Be guilty of tampering or manipulation of any league roster, schedules, draft positions or selections, official score books, ranking, financial records or procedures.
- Shall Challenge an umpire authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

Managers, coaches, and umpires should be thoroughly familiar with the current Little League Rule Book.

The Tigard Diamond Sports Board of Directors is responsible for enforcing the existing little league rules. The consequence of the participants in failure to follow the rules includes the following punishment:

1. A letter of reprimand or admonishment;
2. The offending party may be suspended for a game and/or games
3. The offending party may not be allowed to participate in Tigard Diamond Sports;
4. The offending party's team may be caused to forfeit a game or games;

Enforcement of little league rules is the responsibility of every participant and the Board will

enforce its rules if violated.

The Board of Directors will review all infractions of the Tigard Diamond Sports Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

## **Tigard Diamond Sports Safety Code**

The Board of Directors of Tigard Diamond Sports has mandated the following Safety Code. All managers and coaches will read this Safety Code and then read it to the players on their team.

Responsibility for safety procedures belong to every adult member of Tigard Diamond Sports. Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/her and to others.

- Only league approved managers and / or coaches are allowed to practice teams.

- Only league approved managers and / or coaches will supervise batting Cages.
- Managers, designated coaches and umpires will have mandatory training in CPR and First Aid.
- First-aid kits are issued to each team manager during the pre-season and additional kits will be located within the Snack Bar.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play area will be inspected before games and practice for holes, damage, stones, glass and other foreign objects.
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as “in play”.
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Managers/Coaches should never be alone with a player on the field.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for the purpose or the team’s manager and designated coaches.
- Foul balls batted out of playing area will be returned via the ball returns located behind home plate. At no time will foul balls be thrown over the fence during a game, or practice.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During practice warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- During pre-game, warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators, (i.e., playing catch, pepper, swinging bats etc.).
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games.
- Except when a runner is returning to a base, head first, slides are not permitted.
- Bases should never be strapped down or anchored.

- At no time should “horse play” be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide “safety glasses” for their children.
- Managers will only use the official Little League balls supplied by Tigard Diamond Sports.
- Catchers chest protector at the JBO level will need to bear the NOCSAE seal.
- All male players will wear athletic supporters or cups during games. Catchers must wear a cup. Managers should encourage that cups be worn at practices too.
- Male catchers must wear a hard type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear a mask, “dangling” type throat protector and catcher’s helmet during practice, pitcher warm-ups, and games. Note: Skullcaps are not permitted.
- Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible.
- Managers will wear appropriate closed toe shoes at all times. Open toe shoes, sandals or flip flops are not permitted at any time during league events.
- Players will not wear watches, ring, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)
- No food or drink, at any time, in the dugouts. (Exception: bottled water, Gatorade and water from drinking fountains)
- Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher’s gear and an athletic cup as described above.
- Manager will never leave an unattended child at a practice or game.
- Never hesitate to report any present or potential safety hazard to the Tigard Diamond Sports Safety Officer.
- No alcohol or drugs allowed on the premises at any time.
- No medication will be taken at the facility unless administered directly by the child’s parent. This includes aspirin, Motrin and Tylenol.
- No playing in construction areas at any time.
- No playing on and around lawn equipment, machinery at any time.
- No swinging bats or throwing baseballs at any time within the walkways and common

areas of the field.

- No throwing rocks.
- No climbing fences.
- No swinging on dugout gates.
- Observe all posted signs.
- Players and spectators should be alert at all times for foul balls and errant throws.
- All gates to the playing fields during games must remain closed. After players have entered or left the playing field, gates should be closed and secured.
- Always be alert for traffic.
- There is no running allowed on the bleachers.

## **Tigard Diamond Sports Safety Responsibilities**

### **President**

The President of Tigard Diamond Sport is responsible for ensuring that the policies and regulations of the Tigard Diamond Sports Safety Officer are carried out by the entire membership to the best of his or her abilities.

## **Safety Officer**

The main responsibility of the Tigard Diamond Sports Safety Officer is to develop and implement the League's safety program.

The Tigard Diamond Sports Safety Officer is a voted Board of Director's position and is placed on file with Little League International. They serve as the link Between the Board of Directors of Tigard Diamond Sports and its managers, coaches, umpires, team parents, players, spectators, and any other third parties on the field in regards to safety matters, rules and regulations.

The Tigard Diamond Sports Safety Officers responsibilities include:

- Conduct all volunteer background checks through JDP and provide all approved volunteers badges to identify themselves as cleared volunteers.
- Make sure all approved volunteers wear badges when around players at all times.
- Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Correlating and summarizing the data from the injury report forms to determine proper accident prevention in the future.
- Insuring that each team receives its Safety Manual and its First-Aid Kit at the beginning of the season.
- Re-stocking First-Aid Kits as needed.
- Make Little League's "No Tolerance of Child Abuse" clear to all.
- Checking playing fields and listing areas needing attention.
- Creating and maintaining all safety signs on the Tigard Diamond Sports fields.
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
- Making spot checks at practices and games to make sure all managers have their First-Aid Kits and Safety Manuals.
- Tracking all injuries and near misses in order to identify injury trends.
- If the Tigard Diamond Sports Safety Officer witnesses any unsafe action during practices or games, the Safety Officer has the authority to stop the practice or game and work with the umpire to correct the unsafe action.

## **Managers & Coaches**

The Manager is a person approved by the Board of Directors of Tigard Diamond Sports after an interview process with a panel of board members to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

- The Manager shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
- The Manager is also responsible for the safety of his players. He/She is also ultimately responsible for the actions of designated coaches and the Team Parent.
- If a Manager leaves the field, that Manager shall designate a Coach as a substitute and such Substitute Manager shall have the duties, rights and responsibilities of the Manager.

### **Pre-Season**

#### **Managers will:**

- Take possession of this Safety Manual and the First-Aid Kit supplied by Tigard Diamond Sports.
- Appoint a volunteer as Team Parent/Team Safety Officer for the season.
- Attend mandatory fundamentals training clinics at least once every three years.
- Make sure at least one team representative attends the mandatory fundamental training clinic.
- Wear Volunteer Badge at all times while in presence of players.
- Meet with all parents to discuss Little League philosophy and safety issues.
- Cover the basics of safe play with his/her team before starting the first practice.
- Teach players the fundamentals of the game while advocating safety.
- Teach players how to slide before the season starts.
- Notify parents that if a child is injured or ill and has to be taken for medical attention, he or she cannot return to practice unless they have a note from their doctor. This medical release protects you if that child should become further injured or ill. There are no exceptions to this rule.
- Encourage players to bring water bottles to practices and games.
- Tell parents to bring sunscreen for themselves and their child.
- Encourage your players to wear mouth protection.

### **Season Play**

#### **Managers will:**

- Obtain and keep copies of the League Medical Release Forms for their team. These forms will be kept confidential and with the manager at all times during league sanctioned events in the event of an emergency.
- Work closely with Team Parent to make sure equipment is in working order.

- Make sure that telephone access is available at all activities including practices. It is suggested that a cellular phone always be on hand.
- Not expect more from their players than what the players are capable of.
- Teach the fundamentals of the game to players
  - Catching fly balls
  - Sliding correctly
  - Proper fielding of ground balls
  - Simple pitching motion for balance
- Be open to ideas, suggestions or help.
- Enforce that prevention is the key to reducing accidents to a minimum.
- Have players wear sliding pads if they have cuts or scrapes on their legs.
- Always have First-Aid Kit and Safety Manual on hand.
- Use common sense.

### Pre-Game & Practice

#### Managers will:

- Make sure that players are healthy, rested and alert.
- Make sure that players returning from being injured have a medical release from signed by their doctor. **Otherwise, they can't play.**
- Make sure players are wearing the proper uniform and catchers are wearing a cup.
- Make sure that the equipment is in good working order and is safe.
- Managers and coaches of both teams will walk the field for potential hazards to players such as holes, glass, rocks etc and agree on the fitness of the playing field. In the event that the two managers cannot agree, the President or Safety Officer shall make the determination.
- Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching. This includes, but is not limited to:
  - Calf Muscles   - Hamstrings   - Quadriceps   - Groin   - Back   - Shoulders
  - Elbow/forearm   - Arm shake out   - Neck
- Then have players do a light jog around the field before starting throwing warm-ups that should follow this order.
  - Light tosses short distance.
  - Light tosses medium distance.
  - Light tosses large distance.
  - Medium tosses medium distance.

- Regular tosses medium distance.
- Field ground balls.
- Field pop flies.

## **During the Game**

### **Managers will:**

- Do cool down exercises with the players.
  - Light jog.
  - Stretching as noted above.
  - Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows.
  - Catchers should ice their knees.
  - Not leave the field until every team member has been picked up by a known family member or designated driver.
  - Notify parents if their child has been injured no matter how small or insignificant the injury. There are no exceptions to this rule. This protects you, Little League Baseball, and Tigard Diamond Sports.
  - Discuss any safety problems with the League Safety Officer or Team Parent that occurred before, during or after the game.
  - If there was an injury, make sure an accident report was filled out and given to the Tigard Diamond Sports Safety Officer.
  - Return the field to its pre-game condition, per Tigard Diamond Sports policy.

## **Field Maintenance**

The Tigard Diamond Sports Field Maintenance coordinator is responsible to ensure the fields and structures used by Tigard Diamond Sports meet the safety requirements as set forth in this manual.

The Facilities Maintenance coordinator maintains the grounds and assures the safety of players by inspecting and repairing all areas of the playing field including the pitchers mound, batters box, and all infield and outfields areas.

## **Equipment Coordinator**

The Tigard Diamond Sports Equipment Coordinator is responsible to get damaged equipment repaired or replaced as reported by managers and/or coaches. This replacement will happen in a timely manner. The Equipment Coordinator will also exchange equipment if it doesn't fit properly.

## **Team Parent/ Team Safety Officer**

The Team Parent/ Team Safety Officer is a:

- Role model to younger children.
- Safety advocate.
- Liaison between the team and Tigard Diamond Sports Safety Officer.

### **Pre-Season**

**In the pre-season, Team Parent/TSO must:**

- *Acquire this Safety Manual* from the team manager and read it.
- Be *CPR/First Aid* trained.
- Inspect the equipment when the Equipment Manager issues it to your team and replace any equipment that looks unsafe.
- Get to *know the players* on your team.
- Find out if a child is taking any kind of medication.

### **Season**

**During the season, the TSO or Team Parent will:**

- Keep track of all injuries that occur on his or her team.
- Inspect players' equipment for cracks and broken straps on a routine basis.
- Communicate any safety concerns to Tigard Diamond Sports Safety Officer or any other Board Member.
- Help managers and designated coaches give First-Aid if needed.
- Track the First-Aid Kit inventory and ask the Tigard Diamond Sports Safety Officer for replacements when needed.

### **Pre-Game**

**Before the game starts the Team Parent/TSO will:**

- Make sure that this Safety Manual and the First-Aid Kit are present at all times.
- Check equipment for cracks and broken straps.
- Walk the field - remove broken glass and other hazardous materials.
- ***Be ready to assist if anyone should get hurt.***

### **During the Game**

**During the game the Team Parent/TSO will:**

- In case of injury, *help the team manager* treat the child until professional help arrives.

**\*\*\*If a Manager has not appointed a Team Parent/TSO then he or she must assume those responsibilities. \*\*\***

## Umpires

### Pre-Game

#### **Before a game starts, the umpire shall:**

- Check equipment in dugouts of both teams. Equipment that does not meet specifications must be removed from the game.
- Make sure catchers are wearing helmets when warming up pitchers.
- Make sure catchers at the JOB level have a chest protector bearing the **NOCSAE** seal.
- Run hands along bats to make sure there are no slivers.
- Make sure bats are legal size according to Little League International Rules.
- Make sure that bats have grips.
- Make sure there are foam inserts in helmets and that helmets meet Little League **NOCSAE** specifications and bear Little League's seal of approval.
- Inspect helmets for cracks.
- Walk the field for hazards and obstructions (e.g. rocks, pot holes and glass).
- Check players to see if they are wearing jewelry.
- Check players to see if they are wearing metal cleats.
- Secure official Little League balls for play from both teams

### During the Game

#### **During the game the umpire shall:**

#### ***Be at the field 15 minutes before the game is scheduled to start.***

- Govern the game as mandated by Little League or JBO rules and regulations.
- Meet with both managers at home plate 2-3 minutes before scheduled game time.
- Make sure the games start on time.
- Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions, darkness or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension for safety of the players.
- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment to include dangling throat guard.
- Continue to monitor the field for safety and playability.
- Make the calls loud and clear, signaling each call properly.
- Make sure players and spectators keep their fingers out of the fencing.
- Managers and coaches must be inside the dugout and not sitting on buckets outside of the dugout, when their team is on playing defense.

### Post Game

#### **After a game, the umpire shall:**

- Check with the managers of both teams regarding safety violations.
- Properly store umpire equipment in storage shed.
- Report any unsafe situations to the Umpire in Chief or Tigard Diamond Sports Safety Officer by telephone or E-Mail.

### Dress Code for Umpires

- Blue Polo Shirt
- Pants- *No shorts or sweat pants*
- Hat- recommended but not mandatory. **No MLB hats!**
- \*Optional- Blue or Black sweatshirt
- Shirts must be tucked in
- **Absolutely no use of cell phones during game.**

## Conditioning & Stretching

Conditioning is an intricate part of *accident prevention*. Extensive studies on the effect of conditioning, commonly known as “*warm-up*,” have demonstrated that:

- The *stretching* and *contracting* of muscles just before an athletic activity improves general control of movements, coordination and alertness.
- Such drills also help develop the *strength* and *stamina* needed by the average youngster to compete with minimum accident exposure.

The purpose of stretching is to increase *flexibility* within the various muscle groups and prevent tearing from *overexertion*. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility of muscles.

### **Hints on Stretching**

- Stretch necks, backs, arms, thighs, legs and calves.
- Don't ask the child to stretch more that he or she is capable of.
- Hold the stretch for at least 10 seconds.
- Don't allow bouncing while stretching. This tears down the muscle rather than stretching it.
- Have one of the players lead the stretching exercises.

## Suggestions for Warm-up Drills



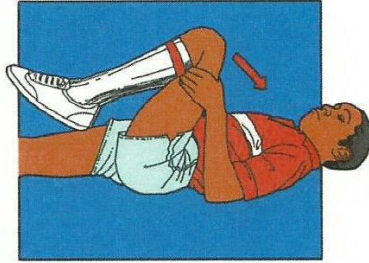
### Heel Cord Stretches

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



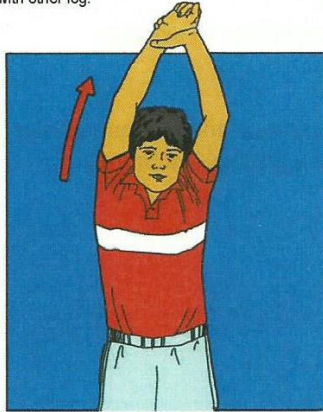
### Head and Neck Circles

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



### Low Back Stretches

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



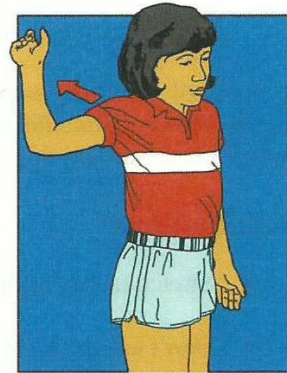
### Shoulder Stretches #1

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



### Shoulder Stretches #2

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



### Shoulder Stretches #3

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



### Thigh Stretches #1

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

### Thigh Stretches #2

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



# Regular Season Pitching Rules – Baseball

The eligibility of a player to pitch in a Little League® baseball game is governed by a tiered pitch count that is tied to the number of pitches throw in a game. The pitch count determines how many days of rest are required before said player may pitch again in a Little League game.

Any player on a regular season team may pitch. (**NOTE:** There is no limit to the number of pitchers a team may use in a game.) **Exception:** Any player who has played the position of catcher in four (4) or more innings in a game is not eligible to pitch on that calendar day.

A pitcher once removed from the mound cannot return as a pitcher. **Intermediate (50-70), Junior, and Senior League Divisions only:** A pitcher remaining in the game, but moving to a different position, can return as a pitcher anytime in the remainder of the game, but only once per game.

A player who played the position of catcher for three (3) innings or less, moves to the pitcher position, and delivers 21 pitches or more (**15- and 16-year-olds:** 31 pitches or more) in the same day, may not return to the catcher position on that calendar day. **EXCEPTION:** If the pitcher reaches the 20-pitch limit (**15- and 16-year-olds:** 30-pitch limit) while facing a batter, the pitcher may continue to pitch, and maintain their eligibility to return to the catcher position, until any one of the following conditions occur: (1) that batter reaches base; (2) that batter is retired; or (3) the third out is made to complete the half-inning or the game.

The manager must remove the pitcher when said pitcher reaches the limit for his/her age group as noted below, but the pitcher may remain in the game at another position:

League Age:

**13-16** – 95 pitches per day

**11-12** – 85 pitches per day

**9-10** – 75 pitches per day

**7-8** – 50 pitches per day

**Exception:** If a pitcher reaches the limit imposed in Regulation VI (c) for his/her league age while facing a batter, the pitcher may continue to pitch until any one of the following conditions occurs: 1. That batter reaches base; 2. That batter is put out; 3. The third out is made to complete the half-inning. **NOTE: If a pitcher reaches 40 pitches while facing a batter, the pitcher may continue to pitch, and maintain their eligibility to play the position of catcher for the remainder of that day, until any one of the following conditions occurs: (1) that batter reaches base; (2) that batter is retired; or (3) the third out is made to complete the half-inning or the game. The pitcher would be allowed to play the catcher position provided that pitcher is moved, removed, or the game is completed before delivering a pitch to another batter.** If a player delivers 41 or more pitches, and is not covered under the threshold exception, the player may not play the position of catcher for the remainder of that day.

Pitchers league age 14 and under must adhere to the following rest requirements:

- If a player pitches 66 or more pitches in a day, four (4) calendar days of rest must be observed.
- If a player pitches 51-65 pitches in a day, three (3) calendar days of rest must be observed.
- If a player pitches 36-50 pitches in a day, two (2) calendar days of rest must be observed.
- If a player pitches 21-35 pitches in a day, one (1) calendar days of rest must be observed.
- If a player pitches 1-20 pitches in a day, no (0) calendar day of rest is required.

**Exception:** If a pitcher reaches a day(s) of rest threshold while facing a batter, the pitcher may continue to pitch until any one of the following conditions occurs: (1) that batter reaches base; (2) that batter is retired; or (3) the third out is made to complete the half-inning or the game. The pitcher will only be required to observe the calendar day(s) of rest for the threshold he/she reached during that at-bat, provided that pitcher is removed or the game is completed before delivering a pitch to another batter.”

**NOTE:** If a pitcher reaches 30 pitches while facing a batter in the first game, the pitcher may continue to pitch, and maintain their eligibility to pitch in the second game on that day, until any one of the following conditions occurs: (1) that batter reaches base; (2) that batter is retired; or (3) the third out is made to complete the half-inning or the game. The pitcher would be allowed to pitch in a second game provided that pitcher is moved, removed, or the game is completed before delivering a pitch to another batter. If a player delivers 31 or more pitches in the first game, and is not covered under the threshold exception, the player may not pitch in the second game that day);

Each league must designate the scorekeeper or another game official as the official pitch count recorder.

The pitch count recorder must provide the current pitch count for any pitcher when requested by either manager or any umpire. However, the manager is responsible for knowing when his/her pitcher must be removed.

The official pitch count recorder should inform the umpire-in-chief when a pitcher has delivered his/her maximum limit of pitches for the game, as noted in Regulation VI (c). The umpire-in-chief will inform the pitcher’s manager that the pitcher must be removed in accordance with Regulation VI (c). However, the failure by the pitch count recorder to notify the umpire-in-chief, and/or the failure of the umpire-in- chief to notify the manager, does not relieve the manager of his/her responsibility to remove a pitcher when that pitcher is no longer eligible.

Violation of any section of this regulation can result in protest of the game in which it occurs. Protest shall be made in accordance with Playing Rule 4.19.

A player who has attained the league age of twelve (12) is not eligible to pitch in the Minor League. (See Regulation V – Selection of Players)

A player may not pitch in more than one game in a day.

**NOTES:**

1. The withdrawal of an ineligible pitcher after that pitcher is announced, or after a warm-up pitch is delivered, but before that player has pitched a ball to a batter, shall not be considered a violation. Little League officials are urged to take precautions to prevent protests. When a protest situation is imminent, the potential offender should be notified immediately.
2. Pitches delivered in games declared “Regulation Tie Games” or “Suspended Games” shall be charged against pitcher’s eligibility.
3. In suspended games resumed on another day, the pitchers of record at the time the game was halted may continue to pitch to the extent of their eligibility for that day, provided said pitcher has observed the required days of rest.

# Regular Season Pitching Rules – Softball

Any player on the team roster may pitch. **EXCEPTION:** A player who has attained a league age of twelve (12) is not eligible to pitch in the Minor League.

**Minors/Little League (Majors):** A player may pitch in a maximum of twelve (12) innings in a day. If a player pitches in seven (7) or more innings in a day, one calendar day of rest is mandatory. Delivery of a single pitch constitutes having pitched in an inning.

**Junior/Senior League:** No pitching restrictions apply.

**NOTE:** The local league Board of Directors or District may impose additional pitching limitations during the Regular Season and interleague.

## **Pitching Restrictions for 12 year olds participating in Majors and Junior League**

For a 12-year-old participating in the Major and Junior League Divisions as permitted under Regulation IV(a), the pitching rules and regulations regarding days of rest that are pertinent to the division in which the pitcher is used will apply to that game. Innings pitched previously in both divisions are taken into account when determining the eligibility of the pitcher for a particular game, with respect to days of rest and number of innings available.

# Hydration

Good *nutrition* is important for children. Sometimes, the most important nutrient children need is **water**-especially when they're engaging in physical activity. When children are physically active, their muscles generate *heat* thereby increasing their *body temperature*. As their body temperature rises, their cooling mechanism - sweat - kicks in. When sweat evaporates, the body is cooled.

Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become **overheated**.

We usually think about **dehydration** in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly.

It does not matter if it's January or July; thirst is not an indicator of fluid needs. Therefore, **children must be encouraged to drink fluids even when they don't feel thirsty**.

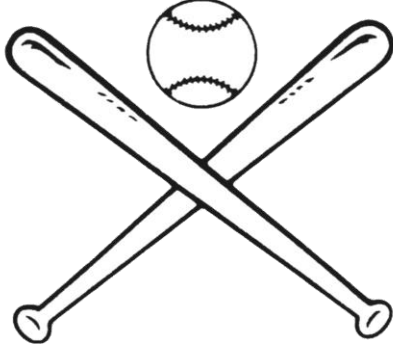
Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning.

During any activity water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. **Caffeinated beverages (tea, coffee, colas) should be avoided** because they are diuretics and dehydrate the body further. **Avoid carbonated drinks**, which can cause gastrointestinal distress and may decrease fluid volume.



## Equipment

The Equipment Coordinator is an elected Tigard Diamond Sports Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but is the Manager's responsibility to maintain it.



Managers should inspect equipment before each game and each practice.

The Tigard Diamond Sports Equipment Coordinator will promptly replace damaged and ill-fitting equipment. Equipment will be replaced on a three-year cycle.

Players like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

At the end of the season, all equipment must be returned to the Tigard Diamond Sports Equipment Coordinator. First-Aid kits must also be turned in with the equipment.

- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player/base coach is mandatory.
- Use of a helmet by an adult base coach is optional.
- Assure all bases are disengage-able and in proper working order.
- All male players must wear athletic supporters.
- Male catchers must wear the metal, fiber, or plastic type cup and a long-model chest protector.
- Female Catchers must wear long or short model protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.
- Only Official Little League balls will be used during practices and games.
- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Coordinator.
- Make sure helmets fit.

- Replace questionable equipment immediately by notifying the Tigard Diamond Sports Equipment Coordinator.

## Fundamentals Training

Tigard Diamond Sports conducts coaches' clinics in February and/or March prior to each season. For 2022 the training is broken out as follows:

- Majors/AAA
  - February 13<sup>th</sup>
- AA/A
  - Pitching Training March 17<sup>th</sup>
- Pee-Wee
  - Fundamentals of running a practice and teaching baseball basics on March 17<sup>th</sup>
- Softball
  - Softball Player Clinic, March 2<sup>nd</sup> (including the topics of hitting, sliding, fielding, pitching and strategy fundamentals).
- All leagues
  - A clinic for all coaches at all levels on the fundamentals of teaching the game of baseball on March 17<sup>th</sup> (including the topics of hitting, sliding, fielding, pitching and strategy fundamentals).
- Western Regional Umpire Clinic- February 15<sup>th</sup>
- District 4 Umpire Training-March 16<sup>th</sup>

## Weather Conditions

Tigard Diamond Sports encourages managers and coaches to use a reputable app that will keep you informed for the weather conditions in your area. The app should be capable of providing information such as lighting detection and distance of strikes, an active radar so you can base your decision on storm locations.

### ***When Thunder Roars, Go Indoors!***

**Lightning** - Halt play immediately and seek shelter. Seek shelter in a large enclosed building or fully enclosed metal vehicle. If caught in the open place feet together, squat down, and cover ears (to prevent eardrum damage). Wait 30 minutes after the last rumble of thunder before resuming play. Remember lightning can strike up to ten miles away, which is the distance that the sound of thunder can travel and be heard.

The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second.

The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour.

Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud. This fact is the reason many lightning deaths and injuries occur with clear skies overhead.

On average, the thunder from a lightening stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles!

The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind; the storm can be less than 3 miles away!

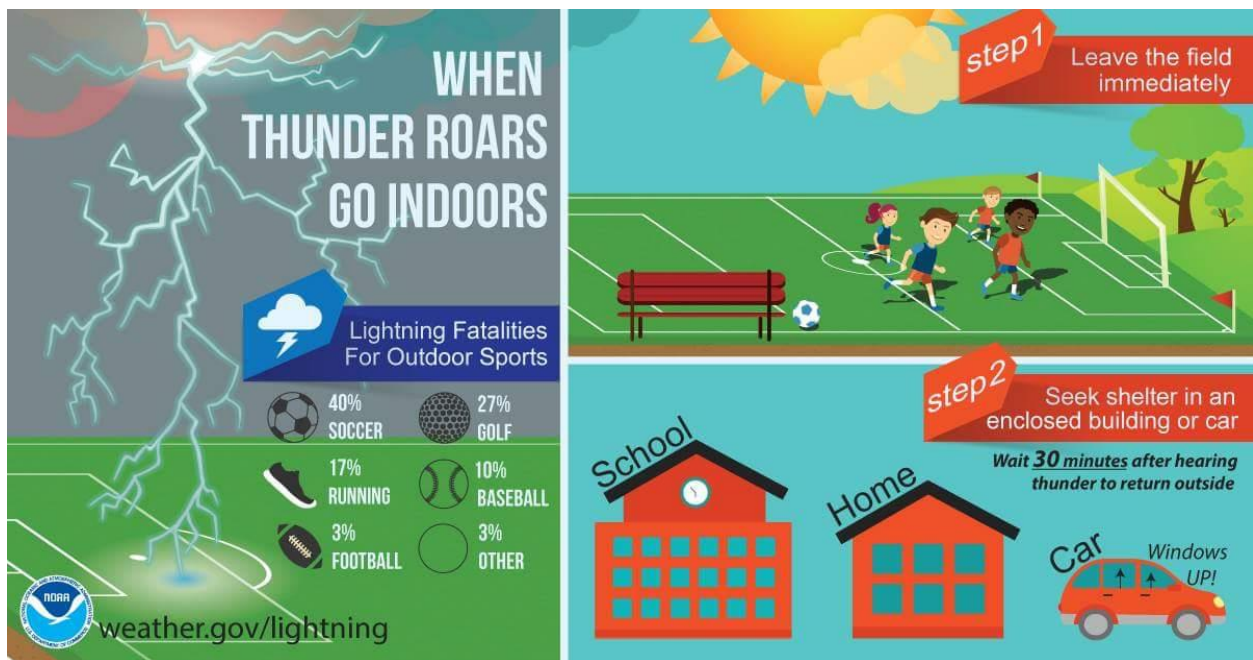
If you can **HEAR, SEE OR FEEL** a **THUNDERSTORM**:

- 1.) ***Suspend all games and practices immediately.***
- 2.) Stay away from metal including fencing and bleachers.
- 3.) Do not hold metal bats.
- 4.) Get players to walk, not run to an enclosed structure or parent's cars and wait for your decision on whether or not to continue the game or practice.

Coaches and umpires are required to walk the fields for hazards before use.

**Rain/Mud-** Playing on muddy fields with wet equipment places the players at risk and creates ruts and holes that can be a hazard. When in doubt reschedule the game.





## Hot Weather:

Anytime temperatures are above 90 degrees Fahrenheit, or the relative humidity is above 95%, a halt for rest and fluids should occur after the 3rd inning. Have shade and adequate water available. Encourage players to drink small amounts frequently.

Anytime temperatures exceed 100 degrees Fahrenheit it is recommended that games and practices be rescheduled to a time that is later in the evening when temperatures begin to cool. If this is not practical then more frequent water breaks should be taken.

Any player exhibiting signs of heat related illness (cramps, fatigue, light headedness, nausea, vomiting or headache), should be removed from the game, placed in the shade, and re-hydrated. If symptoms do not respond immediately, call **911 immediately**.

Precautions must be taken in order to make sure the players on your team do not **dehydrate** or **hyperventilate**.

- 1.) Suggest players take drinks of water when coming on and going off the field between innings.
- 2.) If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P.
- 3.) If a player should collapse as a result of *heat related injury*, call **911 immediately**. Get the player to drink water and use the instant ice bags supplied in your First-Aid to cool him/her down until the emergency medical team arrives. (See section on Hydration)

## Ultra-Violet Ray Exposure:

This kind of exposure increases an athlete's risk of developing a specific type of skin cancer known as ***melanoma***.

The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time that they are 18 years old.

Therefore, Tigard Diamond Sports recommends the use of sunscreen with a SPF (sun protection factor) of at least 30 as a means of protection from damaging ultra-violet light.

## General Facility

Tigard Diamond Sports does not own, operate or maintain any of the fields that are used for league functions. Tigard Diamond Sports works in conjunction with the City of Tigard and the Tigard-Tualatin School District to ensure the fields and facilities are in good working and safe condition. The annual little league field survey is completed prior to practices starting each year.

- Net covering, extending to top of score booth, shall be periodically inspected for integrity to catch foul balls and protect spectators.
- All bleachers higher than 3 steps will have safety rails.
- All dugouts will have bat racks.
- The backstops will always be padded and painted green for the safety of the catcher.
- The dugouts will be clean and free of debris at all time.
- Dugouts and bleachers will be free of protruding nails and wood splinters.
- Disengage-able bases shall be used at all times to help prevent sliding injuries
- Home plate, batter's box, bases and the areas around the pitcher's mound will be checked periodically for tripping and stumbling hazards.
- Chain-link fences will be checked regularly for holes, sharp edges, and loose edges and will be repaired or replaced accordingly.
- A required Facility Survey will be completed yearly and submitted to Little League International.
- Tigard Diamond Sports works in conjunction with the City of Tigard and Tigard-Tualatin School District on long range facility plans for improvements to fields.

# Accident Reporting Procedure

## What to Report

An incident that causes any player, manager, coach, umpires, or volunteers to receive medical treatment must be reported to the Tigard Diamond Sports Safety Officer.

## When to Report

All such incidents described above must be reported to the Tigard Diamond Sports Safety Officer within 48 hours of the incident. The Tigard Diamond Sports Safety Officer, can be reached at the following:

**Tom Mooney, Safety Officer**  
**Cell (503) 896-8101**  
**E-mail: [TigardLLSafetyOfficer@gmail.com](mailto:TigardLLSafetyOfficer@gmail.com)**

The Tigard Diamond Sports Safety Officers contact information will be posted at all times inside each equipment storage shed.

## How to Make a Report

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations or e-mails. When contacting the Safety Officer, the following information must be provided:

- The name and phone number of the individual involved.
- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.

An [Incident/Injury Tracking Report Form](#) must be filled out as soon as possible and turned in to the Safety Officer. Within 24 hours of receiving the Incident/Injury Report Form, the Tigard Diamond Sports Safety Officer will contact the injured party or the party's parents/legal guardian and;

- Verify the information received.
- Obtain any other information deemed necessary.
- Check on the status of the injured party.
- In the event that the injured party required other medical treatment (i.e. emergency room visit, doctor's visit, etc.) - advise the parent or guardian of the Tigard Diamond Sports insurance coverage and the provision for submitting any claims.

Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time that an Accident Claim Agent from Little League Baseball Incorporated has contacted parent or guardian. From that point forward all information pertaining to such case is considered confidential.

## **Returning to Play**

As per Little League Baseball Official Regulations and Playing Rules:

- When a player misses more than (7) continuous days of participation for an illness or injury, a physician or other accredited medical provider must give written permission for a return to full baseball activity.

# Insurance Program

## Explanation of Coverage

The Little League Player Accident Policy, underwritten by National Union Fire Insurance Company (a member company of AIG), is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. The policy is subject to a \$50 deductible that is the responsibility of the claimant. If a



covered injury requires necessary treatment in the form of medical services or supplies provided by a physician, nurse, therapist, or other medical professional within 30 days after the date of the accident the Company will pay the reasonable expenses incurred. Such reasonable expenses must be incurred within 52 weeks after the date of the injury to be considered (subject to any deferred benefits). The maximum accident medical expense benefit is \$100,000 for any one injury to any one Insured. This accident insurance covers eligible participants (players,

appointed/approved managers and coaches, volunteer umpires, scorekeepers, player agents, and safety officers) while traveling directly, without delay, to and from the field as well as during Little League practice sessions and games. Coverage also extends to league volunteers involved in authorized league activities.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

- The Little League Baseball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
- Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
- When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
- Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:

- a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
  
- b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of:
  - 1. A maximum of \$1,500 or
  - 2. Reasonable Expenses incurred for the deferred dental treatment

Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs. No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

**We hope this brief summary has been helpful in a better understanding of an important aspect of the operation of the little League endorsed insurance program.**



## Health and Medical – Giving First Aid

### What is First-Aid?

First-Aid means exactly what the term implies - - it is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrive, (EMS personnel). At no time should anyone administering First Aid go beyond his or her capabilities. Know your limits!

The average response time on 911 calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

### First Aid-Kits

The First Aid Kit is part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or post-season) and any other Tigard Diamond Sports Little League event where children's safety is at risk.

To replenish materials in the Team First Aid Kit, the Manager, designated coaches or the appointed Team Safety Officer must contact the Tigard Diamond Sports Safety Officer (See contact information in phone # section of this Safety Manual)

First Aid Kits must be turned in at the end of the season along with your equipment package.

**We encourage using supplies as needed.** If supplies are used call or email the Tigard Diamond Sports Safety Officer to have the item replenished.

### AED-Automated External Defibrillator

An AED is located in the storage room located at Cook Park near baseball fields 1 & 2.

## Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. The “Good Samaritan Laws” give legal protection to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a reasonable and prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim’s injury. For example, a reasonable and prudent person would - -

- Move a victim only if the victim’s life was endangered.
- Ask a conscious victim for permission before giving care.
- Check the victim for life-threatening emergencies before providing further care.
- Summon professional help to the scene by calling 9-1-1.
- Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the “Good Samaritan” use common sense and a reasonable level of skill, not to exceed the scope of the individual’s training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury. People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer’s response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

## Permission to Give Care

If the victim is conscious, you must have his/her permission before giving first-aid. To get permission you must tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care.

Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. *If the condition is serious, permission is implied if a supervising adult is not present.*

Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

## Treatment at Site – Some Important Do’s and Don’ts

### Do...

- Reassure and aid children who are injured, frightened, or lost.
- Know your limitations. Ask for help when you’re not sure what to do.
- **CARRY THE FIRST AID KIT ASSIGNED TO YOUR TEAM TO ALL GAMES AND PRACTICES.**
- Provide, or assist in obtaining medical attention for those that require it.
- When assisting and/ or providing for those that require medical attention, remember to
  - 
  - o **LOOK** for signs of injury (bleeding, deformity of a bone or joint, black-and-blue discolored area etc.)
  - o **LISTEN** to the injured describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited and/ or scared child in order to get an accurate description of the injury.
  - o **FEEL** gently and carefully the injured area for signs of swelling or grating of a broken bone.
  - o Have the player gently **MOVE** the injured part on his own if he/she can.
- Have your players **Medical Clearance Forms** with you at all games and practices.
- Make arrangements to have a cellular phone available at all practices and games.
- Have three “league registered” adults at **every** game AND practice!

### Don’t...

- **Don’t** administer **ANY** medications. (I.e. Tylenol, Motrin, Neosporin ointment, inhalers etc.)
- **Don’t** provide any food or beverage (other than water)
- **Don’t** hesitate to give aid when needed.
- **Don’t** be afraid to ask for help if you’re not sure of the proper procedures (i.e. CPR, first aid splinting etc.)
- **Don’t** transport injured individuals, except in **EXTREME EMERGENCIES.**
- **Don’t** leave an unattended child or children at a practice or game.
- **Don’t** hesitate to report any present or potential safety hazard to the Safety Officer or any other board member **immediately.**

## 9-1-1 Emergency Number

The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these four steps.

- First Dial 9-1-1.
- Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask.
- The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc.
- The telephone number from which the call is being made.
- The caller's name.
- What happened – for example, a baseball related injury, bicycle accident, fire, fall, etc.
- How many people are involved?
- The condition of the injured person – for example, unconsciousness, chest pains, or severe bleeding.
- What help (first aid) is being given.
- Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
- Continue to care for the victim till professional help arrives.
- Appoint somebody to go the street and look for the ambulance and fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

## When to call 911

If the injured person is unconscious, **call 9-1-1 immediately**. Sometimes a conscious victim will tell you not to call an ambulance and you may not be sure what to do. Call 9-1-1 anyway and request paramedics if the victim –

- Is or becomes unconscious.
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Is bleeding severely.
- Has pressure or pain in the abdomen that does not go away.
- Is vomiting or passing blood.
- Has a seizure, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has an injury to the head, neck or back.
- Has a possible broken bone.

**If you have any doubt at all ~ call 911.**

### Checking the Victim – AHA CPR Guidelines

If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed. This check has the following steps:

#### Checking a Conscious victim:

- 1) Talk to the victim and to any people standing by who saw the accident take place.
- 2) Check the victim from head to toe, so you do not overlook any problems.
- 3) Do not ask the victim to move, and do not move the victim yourself.
- 4) Notice if the victim is drowsy, not alert, or confused.
- 5) Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
- 6) Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- 7) Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- 8) Ask the victim again about the areas that hurt.
- 9) Ask the victim to move each part of the body that doesn't hurt.
- 10) Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.

- 11) Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
- 12) Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim, care to give for that problem, and who to call for help.
- 13) When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
- 14) When the victim feels ready, help him or her stand up.



# Hands Only CPR

## AHA CPR Guideline

Untrained lay rescuers should provide compression-only (Hands-Only) CPR, with or without dispatcher guidance, for adult victims of cardiac arrest. The rescuer should continue compression-only CPR until the arrival of an AED or rescuers with additional training. All lay rescuers should, at a minimum, provide chest compressions for victims of cardiac arrest.

In adult victims of cardiac arrest, it is reasonable for rescuers to perform chest compressions at a rate of 100 to 120/min.

During manual CPR, rescuers should perform chest compressions to a depth of at least 2 inches (5 cm) for an average adult, while avoiding excessive chest compression depths (greater than 2.4 inches [6 cm]).



**Hands-Only CPR has been shown to be as effective as conventional CPR for cardiac arrest at home, at work or in public.**

Hands-Only CPR has just two easy steps, performed in this order:

1



Call 911 if you see a teen or adult suddenly collapse



2



Push hard and fast in the center of the chest to the beat of a familiar song that has 100 to 120 beats per minute

# Prevention of Sports Injuries

Common sense can prevent many sports injuries. Some typical injuries and ways to prevent them are listed below.

## Commotio Cordis

A medical term for a rare disruption of the heart's electrical system, commotio cordis is caused by a blow to the chest directly over the heart, which occurs between heart contractions, leading to sudden cardiac arrest. It most often strikes healthy young athletes, due to the pliability of their chest walls. For *commotio cordis* to take place, the blunt force must strike the heart at a specific point between beats. This causes the heart to go into an abnormal rhythm, such as ventricular fibrillation, and then into arrest.

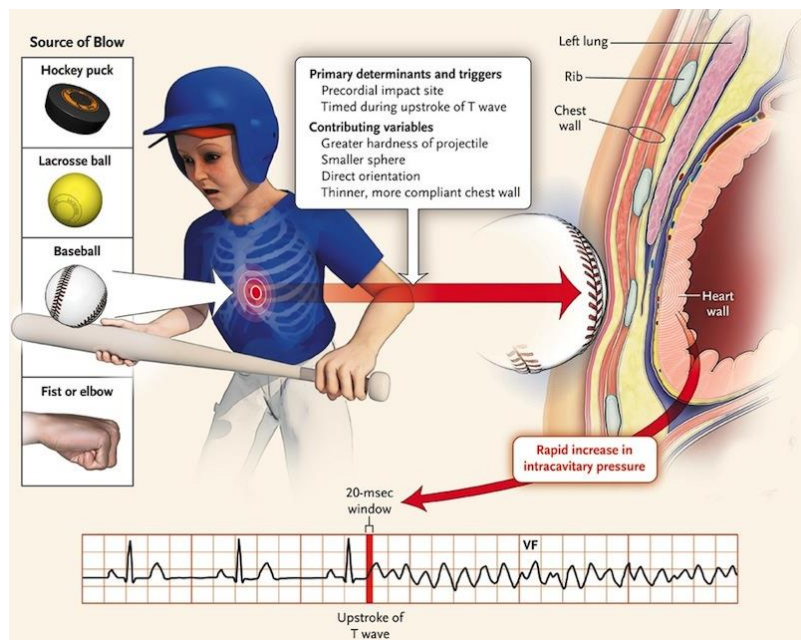
Ventricular fibrillation is a useless quivering of the heart, which results in complete cessation of circulation and deprives the brain and other organs of oxygen. Death can occur within minutes if proper help is not administered by a trained, qualified individual.

According to the *Am J Dis Child*. 1991 Nov;145(11):1279-82, death by *commotio cordis* is the leading cause of fatalities in youth baseball in the US, with 2 to 3 deaths per year.

*Commotio Cordis* cannot be completely eliminated through the use of protective equipment. Chest protectors do not appear to protect against it: athletes have died wearing chest protectors while playing baseball, lacrosse, hockey and softball.

But there are many ways to help prevent commotio cordis. They include:

- Encourage coaches and officials to become trained in cardiopulmonary resuscitation (CPR), automatic external defibrillator (AED) use, and first aid. It is imperative that commotio cordis is recognized and treated within the first minute of onset.
- Use all-purpose chest protectors and safety baseballs during practice games.
- Teach athletes how to protect themselves against chest injuries. Coaches and parents should work with kids on proper playing and position techniques through controlled practice sessions. This includes demonstrating how to protect themselves from balls in the chest area by properly turning away or holding up a glove or mitt.
- Have cell phone available at all times to call 911.



- Have AED available on premises at all times.

## First Aid for Commotio Cordis

The treatment of Commotio Cordis is no different from any other cardiopulmonary emergency.

- Initiate CPR measures immediately. (Survival is associated with resuscitation efforts begun within 1-3 minutes of collapse.)
- Call 911 and obtain AED.
- Follow all instructions prompted by AED.

The following are the six most prevalent types of sports injuries:

**Knee injury** – knees are very prone to injury.

- Don't look at your knees when you stand or move.
- Do not bend knees past 90 degrees when you do half knee bends.
- Do not twist your knees. Keep your feet flat as much as possible during stretches.
- Use the softest surface available when you exercise.
- Wear proper shoes with soft, flexible soles.
- When you jump, land with knees bent.

**Muscle soreness** – a symptom of having worked out too hard or too long

- Do warm-up exercises such as those that stretch the muscles before your activity, not only for vigorous activities such as running, but even for less vigorous ones such as golf.
- Don't overdo it.
- In vigorous activities, go through a cool-down period. Spend five minutes doing the activity at a slower pace. For example, after a run, walk or walk/jog for five minutes so your pulse comes down gradually.

**Blisters** – from poor fitting shoes or socks

- Wear shoes and socks that fit well. The widest area of your foot should match the widest area of the shoe. You should also be able to wiggle your toes with the shoe on in both a sitting and standing position. The inner seams of the shoe should not rub against areas of your feet.
- Wear preventive taping, if necessary.

**Side stitch** - a sharp pain felt underneath the rib cage

- Don't eat or drink two hours before you exercise.
- Do proper breathing by raising abdominal muscles as you breathe in.
- Don't "work through pain". Stop activity, and then walk slowly.

**Shin splints** – mild to severe ache in front of the lower leg

- Strengthen muscles in this region.
- Keep calves well stretched.

- When using an indoor track, don't always run in the same direction.

**Achilles tendon pain** – caused by a stretch, tear or irritation to the tendon that connects the calf muscles to the back of the heel.

- Do warm-up stretching exercises before the activity. Stretch the Achilles tendon area and hold the position. Don't bounce.
- Wear proper fitting shoes that provide shock absorption and stability.
- Avoid running shoes with a heel counter that is "too" high.
- Run on flat surfaces instead of up hill. Running up hill aggravates the stress put on the Achilles tendon.

Less common, but more severe injuries can occur during sports, especially contact sports like football. These include:

- **Broken bones**
- **Joint dislocations**
- **Stains and sprains**
- **Head injury**
- **Neck/spine injury**

Take measures to prevent serious injuries during contact sports.

- Wear the right protective gear and clothing for the sport. Items to wear include a helmet, shoulder, knee and wrist pads, a mouth guard, a personal flotation device, etc.
- Train in the sport so you learn how to avoid injury.
- Follow the rules that apply to the sport.

## First Aid for Sports Injuries

### P.R.I.C.E.

At the first sign of serious discomfort or pain, stop what you're doing and for a general guide to treating sports injuries, remember, the word P.R.I.C.E.



By following this easy-to-remember formula, you can avoid further injury and speed recovery.

- **Protect** the injured part of the body; for example, use crutches for an ankle or knee injury.
- Have the player **Rest** and avoid using the injured part. There are different degrees of rest that are appropriate for different injuries at different stages of recovery. Usually, rest initially means avoiding the activity that created the injury.
- **Ice** not only makes your player comfortable by easing pain, it reduces swelling and inflammation. Ice should initially be applied for 20 to 30 minutes out of each hour.
- Apply **Compression** carefully to keep swelling to a minimum. You must be cautious with elastic bandages, though. They must not be applied so tightly that they cause more swelling below where they are placed. The ideal technique is to wrap the entire exposed limb, from the most distant point to well above the injury site. For example, for an ankle injury, wrap all the way from the tips of the toes to just below the knee.
- **Elevation** of the injured part decreases pooling of blood and other fluids in the area, thereby helping to keep down the swelling. The most effective elevation is with the injured part higher than the heart.

### Return to Play

The return of an athlete to sport activity after an injury is the major goal of treatment. Return-to-play decisions should be shared among the physician, athlete, parents, and coaches. While a physician may release an athlete to return to play, the manager or coach should still assess this step with the following criteria:

1. The injury in question has sufficiently healed so that re-injury is unlikely.
2. The injury should have healed sufficiently so that other areas of the body are not put at risk of injury.

3. The athlete should be able to participate in a manner such that other athletes on the field of play will not be put at risk for injury.

Answering these questions will involve evaluation of strength, flexibility, agility, and endurance. The manager or coach should ensure that athletes return to full activity on a gradual basis. Regardless of the length of time it takes for a player to return to play, it is critical that a return-to-play program does not create any further symptoms. The athlete and coach should be aware of any pain, swelling, or limping.

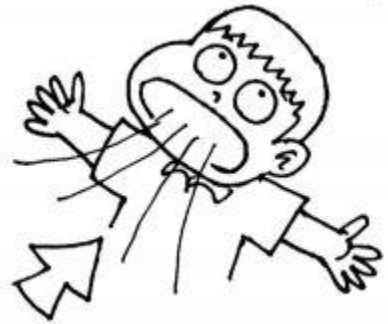
As an athlete recovers from an injury, the coach can evaluate what movements and activities are required for various phases of the sport, enabling the athlete to return to full sports activity in a stepwise fashion.

## Breathing Problems

Some 44 million Americans suffer from allergies and asthma and have trouble breathing during an attack. What's more, there are millions of people who have breathing difficulties because of grey, gritty smog and air polluted by poorly tuned engines and cigarette smoke.

Breathing difficulties also affect people who are very allergic to some types of shellfish, nuts, medications and insect bites. These people can suffer an allergic reaction called anaphylactic shock. This reaction begins within minutes of exposure to the substance causing the allergy. During this type of allergic reaction, the airways narrow, making it difficult to breathe. Soon, the heartbeat races and blood pressure drops. Anaphylactic shock can kill if a person is not treated within 15 minutes.

Breathing difficulties from some things may require emergency care.



In children they include:

- Wheezing
- Croup, a virus with a “barking cough” common in young children
- Epiglottitis, which is inflammation of the flap of tissue at the back of the throat that closes off the windpipe.
- Diphtheria, which is a very contagious throat infection
- Heart defects children are born with

In children and adults they include:

- Severe allergic reactions
- A face, head, nose or lung injury
- Carbon monoxide poisoning
- Harsh chemical burns in the air passages
- Choking
- Drug overdose
- Poisoning
- Asthma
- Bronchitis and pneumonia

In adults they include:

- Emphysema
- Congestive heart failure
- Heart attack
- Blood clot in a lung

# Asthma Emergency Signs

## Seek Emergency Care If a Child Experiences Any of the Following:

- ❖ Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)
- ❖ Child's chest or neck is pulling in while struggling to breathe
- ❖ Child has trouble walking or talking
- ❖ Child stops playing and cannot start again
- ❖ Child's fingernails and/or lips turn blue or gray
- ❖ Skin between child's ribs sucks in when breathing

Asthma is different for every person.

If you are at all uncertain of what to do in case of a breathing emergency...

**Call 9-1-1 and the child's parent/guardian!**

## Broken Bones

There are different kinds of broken bones:

Simple or closed fractures:

- The broken bone is not visible through the skin nor is there a skin wound near the fracture site. An example of this is a greenstick fracture. It is called this because the x-ray shows a barely visible fracture and it resembles the pattern of a very young splintered twig.

Compound or open fracture:

- A bone may separate partially or completely from the other half and a skin wound is also present. The bone can protrude through the skin or the skin has been cut due to the injury.



Bones can break in more than one place. Bones in children are more pliable and may resist breakage more than bones in adults. In most cases, children's bones are still growing, especially the long bones of their arms and legs. Damage to the ends of these bones should be looked at carefully because of the risk of stunting the bone's growth.

Bones in some senior citizens become dangerously thin with age and break easily. Also, many women after menopause and some elderly men suffer from osteoporosis, a condition which weakens the bones.

Broken bones need treatment right away. They may cause future deformities and limited movement if not properly cared for. They are also very painful.

### First Aid for Broken Bones

- Check the person's airway and breathing. If necessary, call 911 and begin CPR, or bleeding control.
- Keep the person still and calm.
- Examine the person closely for other injuries.
- In most cases, if medical help responds quickly, allow the medical personnel to take further action.
- If the skin is broken, steps should be taken immediately to prevent infection. Don't breathe on the wound or probe it. If possible, cover the wound to prevent contamination with sterile dressings.
- If needed, immobilize the broken bone with a splint or sling. Possible splints include cardboard from an empty box, a rolled up newspaper or even a bat. Immobilize the area both above and below the injured bone.
- Apply ice packs to reduce pain and swelling.
- Take steps to prevent shock. Lay the person flat, elevate the feet about 12 inches above the head, and cover the person with a coat or blanket. However, DO NOT move the person if a head, neck, or back injury is suspected.

## Do Not

- DO NOT move the person unless the broken bone is stable.
- DO NOT move a person with an injured hip, pelvis, or upper leg unless it is absolutely necessary. If you must move the person, pull the person to safety by his clothes (such as by the shoulders of a shirt, a belt, or pant-legs).
- DO NOT move a person who has a possible spine injury.
- DO NOT attempt to straighten a bone or change its position unless blood circulation appears hampered.
- DO NOT try to reposition a suspected spine injury.
- DO NOT test a bone's ability to move.

\*If a young child refuses to put weight on an arm or leg after an accident, won't move the arm or leg, or you can clearly see a deformity, assume the child has a broken bone and get medical help.

## Chest Pain



Chest pain can come from a lot of things.

Causes of chest pain that need emergency medical care include:

- Heart attack
- Injury such as to the chest wall or lung
- Collapsed lung
- Blood clot that has traveled to a lung (pulmonary embolism)

Other causes of chest pain include:

- Lung problems such as pneumonia or bronchitis (if severe enough, these might also need emergency care)
- Hiatal hernia
- Heartburn
- Shingles
- Pulled muscle
- Anxiety
- Swallowing too much air

How do you know when need medical help for chest pain? It's not always easy to tell. If you're not sure why your chest hurts, it's best to check it out. Getting help for a heart attack, lung injury or other serious conditions could save a life.

A cardinal symptom for cardiac problems and one of the number one indicators that someone is having a heart attack is that he or she will be in denial. A heart attack can mean certain death to most people. People do not wish to acknowledge death therefore they will deny that they are having a heart attack.

### First Aid for a Heart Attack

- 1) Recognize the signals of a heart attack.
- 2) Convince the victim to stop activity and rest.
- 3) Help the victim to rest comfortably.
- 4) Try to obtain information about the victim's condition.

- 5) Comfort the victim.
- 6) Call **911** and report the emergency.
- 7) If the person becomes unconscious at any time, follow your CPR steps.

## Choking

### Adults: Conscious Victim

- Choking is indicated by the Universal Distress Signal (**hands clutching the throat**).
- If the victim can speak, cough or breathe, do not interfere.
- Rescuers should ask 1 question: "Are you choking?" If the victim has poor air exchange and increased breathing difficulty, a silent cough, cyanosis, or inability to speak or breathe help is needed, give abdominal thrusts (the Heimlich maneuver).

Reach around the victim's waist. Position one clenched fist above navel and below rib cage. Grasp fist with other hand. Pull the clenched fist sharply and directly backward and upward under the rib cage 6 to 10 times quickly.

In case of extreme obesity or late pregnancy, give chest thrusts. Stand behind victim. Place thumb of left fist against middle of breastbone, not below it. Grab fist with right hand. Squeeze chest 4 times quickly.

- Continue uninterrupted until the obstruction is relieved or advanced life support is available. In either case, the victim should be examined by a physician as soon as possible.

### If Victim Becomes Unconscious:

- Position victim on back, arms by side.
- Shout for "Help". Call 9-1-1 or the local emergency number.
- Perform rescue breathing. If unsuccessful, give 6-10 Chest compressions.
- Repeat sequence: perform finger sweep (only if object can be seen, attempt rescue breathing, perform chest compressions, until successful.
- Continue uninterrupted until obstruction is removed or advanced life support is available. When successful, advise the victim to be examined by a physician as soon as possible.
- After obstruction is removed, begin the ABC's of CPR, if necessary.

### Conscious Infant (Under 1 year old)

- Support the head and neck with one hand. Straddle the infant face down over your forearm; head lower than trunk, supported on your thigh.
- Deliver five back blows, forcefully, with the heel of the hand between the infant's shoulder blades.
- While supporting the head, immediately sandwich the infant between your hands and turn onto its back, head lower than trunk.

- Using 2 or 3 fingers (see illustration for finger position), deliver five thrusts in the sternal (breastbone) region. Depress the sternum 1/2 to 1 inch for each thrust. Avoid the tip of the sternum.
- Repeat both back blows and chest thrusts until foreign body is expelled or the infant becomes unconscious.

ALTERNATE METHOD: Lay the infant face down on your lap, head lower than trunk and firmly supported. Perform 5 back blows. Turn infant on its back as a unit and perform 5 chest thrusts.

### **Unconscious Infant**

- Shout for help. Call 9-1-1 or the local emergency number.
- Perform tongue-jaw lift. If you see the foreign body, remove it.
- Attempt rescue breathing.
- Perform the sequence of back blows and chest thrusts as described for conscious infant.
- After each sequence of back blows and chest thrusts, look for the foreign body and, if visible, remove it.
- Attempt rescue breathing. Repeat steps 4 and 5.
- If foreign body is removed and victim is not breathing, begin the ABC's of CPR.

### **Conscious Child (Over 1 year old)**

To dislodge an object from the airway of a child:

- Perform abdominal thrusts (the Heimlich maneuver) as described for adults. Avoid being overly forceful.

### **Unconscious Child (Over 1 year old)**

If the child becomes unconscious, continue as for an adult except:

- Do not perform blind finger sweep in children up to 8 years old. Instead, perform a tongue-jaw lift and remove foreign body only if you can see it.

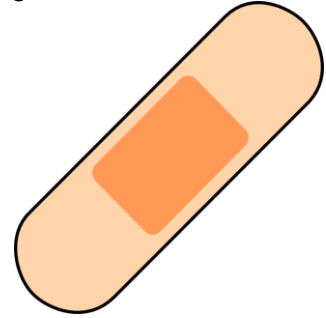
{Note: Abdominal thrusts are not recommended in infants and blind finger sweeps should not be performed on infants or small children.}

## Bleeding

Before initiating any First Aid to control bleeding, be sure to wear the **gloves** included in your First-Aid Kit in order to avoid contact of the victim's blood with your skin.

If a victim is bleeding;

- 1) **Act quickly.** Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
- 2) **Control bleeding** by applying direct pressure on the wound with a sterile pad or clean cloth.
- 3) If bleeding is controlled by direct pressure, **bandage firmly** to protect wound. Check pulse to be sure bandage is not too tight.
- 4) If bleeding is not controlled by use of direct pressure, **apply a tourniquet** only as a last resort and call **911** immediately.



## Cuts, Scrapes, & Punctures

Cuts, scrapes, and punctures can all result in bleeding.

- Cuts slice the skin open.
- Scrapes hurt only the top part of your skin. They can hurt more than cuts, but they heal quicker.
- Punctures stab deep.

You can treat most cuts, scrapes, and punctures yourself. But you should get emergency care if you are bleeding a lot, or if you are hurt very badly. Blood gets thicker after bleeding for a few minutes. This is called clotting. Clotting slows down bleeding. Press on the cut to help slow down the bleeding. You may have to apply pressure for 10 minutes or more for a cut that bleeds a lot. Sometimes a cut needs stitches. Stitches help the cut heal.

### First Aid for Cuts, Scrapes, & Punctures

For cuts and scrapes:

- Clean around the wound with soap and water.
- Press on the cut to stop the bleeding, and continue for up to 10 minutes if you need to. Use a sterile bandage, clean cloth, or if not available, a clean hand. (Try not to use dry gauze. It can stick to the wound). Don't use a band-aid for applying pressure.
- Press on the cut again if it keeps bleeding. Get help if it is still bleeding after 20 minutes or more. Keep pressing on it while you wait for help.

- Lift the part of the body with the cut higher than the heart. This slows down blood flow to that spot.
- Put one or more band-aids on the cut. Do it this way:
- Put the band-aid across the cut so it can help hold the cut together.
- The sides of the cut skin should touch, but not overlap.
- Don't touch the cut with your hand.
- You can use a butterfly bandage if you have one.
- Use more than one bandage for a long cut.
- For scrapes, make a bandage from gauze and first-aid tape.
- Leave the bandage on for 24 hours. Change the bandage every day or two or more often if you need to. Be careful when you take the bandage off. You don't want to make the cut bleed again. If you have used gauze, wet it before you pull it off.

For punctures that cause minor bleeding:

- Let the wound bleed to clean itself out.
- Remove the object that caused the puncture. Use clean tweezers. (Dip the tweezers in alcohol for 5 minutes to clean them. Or you can hold a lit match to the ends.)

{**Note:** *Don't pull anything* out of a puncture wound if blood gushes from it or if it has been bleeding badly. Get emergency care.}

- Wash the wound with warm water and soap or take a bath or shower to clean it.
- Leave the wound open. Cover it with a bandage if it is big or still bleeds a little.
- Wash the wound with warm, water 2 to 3 times a day.

## Nosebleeds

Most nosebleeds are from broken blood vessels just inside the front of the nose. Causes for these minor nosebleeds include:

- Frequent or hard nose blowing or coughs
- Nose picking
- Common cold
- Allergies
- Very cold or very dry air
- A punch or blow to the nose

Blood usually comes out of just one nostril. Medical care is seldom needed for this kind of nosebleed. Self-care/first aid can help stop the bleeding. (See below.) Often the bleeding stops on its own.

Medical care is needed, though, when there is a lot of bleeding from the back of the nose and the blood goes down the back of the throat or backward into the mouth. This type is called a posterior nosebleed and can be caused by:

- Atherosclerosis (hardening) of the nasal passages
- High blood pressure
- Taking blood-thinning medicines

- Bleeding disorders like hemophilia
- A tumor in the nose (Older persons are more likely to get this type of nosebleed.)

## First Aid for Nosebleeds

- Stay calm.
- Breathe through the mouth, not the nose.
- Sit up and bend the head slightly forward.
- Pinch both nostrils shut using a thumb and forefinger. Apply steady pressure for 10 minutes.
- Spit out any blood that collects in the mouth.
- If bleeding has not stopped after 10 minutes of applied pressure, pinch the nostrils for 10 more minutes. Keep breathing through the mouth.
- At the same time, apply cold compresses (such as ice in a soft cloth) to the area around the nose.

## Insect Bites

To most people, bites and stings from insects are nothing more than a temporary annoyance. Since baseball and softball are played outdoors, coaches need to be aware of the implications of stings or bites from bees, wasps, yellow jackets, hornets, ants, spiders, and ticks. If one of your players is allergic to a bite or sting, it can pose a serious, even life threatening problem for the athlete. The coach must know how to handle such a situation.



Insects that sting include:

- Bumblebees
- Honeybees
- Hornets
- Wasps
- Yellow jackets

Most often, the symptoms that come from these insect stings include:

- Quick, sharp pain
- Swelling
- Itching
- Redness at the sting site

Insect stings can even result in a severe allergic reaction. Symptoms of this include:

Severe swelling, all over and/or of the face, tongue, lips

- Weakness, dizziness
- A difficult time breathing or swallowing
- Sometimes death due to airway obstruction or shock

Approximately 1 out of 20 individuals will be allergic to the venom produced by bees, hornets, yellow jackets, or wasps. However, deaths from severe allergic reactions are rare. The symptoms of itching, burning, and hives, along with swelling about the lips and tongue with problems breathing, can indicate that a person is allergic to the venom injected at the time of a sting. Ice should be applied to the site of the bee sting, but the coach should remember that in this type of reaction, time is critical. The emergency plan should be activated and the athlete should be transported to the hospital **immediately**. The stinger can be removed by carefully scraping, trying not to inject more venom.

Players who have a history of allergic reactions to bee stings may carry a special kit with them for treatment. Most commonly, these kits contain adrenaline (epinephrine) in a syringe for quick injection. This can reverse the effects that make it difficult for a player to breathe. Many kits also contain antihistamines in an oral form, but these are slower in providing relief from a sting. If a special insect bite kit is provided by a player's family, the coach must know how to use it and must be sure that the kit is available at all times (during both games and practices). Be sure to go over proper use of the kit with the player and family at the beginning of the season.

Symptoms of a severe allergic reaction usually happen soon after or within an hour of the sting.

You have to get this kit from your doctor. You should also wear a medic alert bracelet that lets others know that you are allergic to insect stings. People who have had severe reactions in the past to bee or wasp stings should ask their doctor about allergy shots.

## First Aid for Insect Bites

- Gently scrape out the stinger as soon as possible. Use a credit card or a fingernail. (This applies to bees only; yellow jackets, wasps and hornets don't lose their stingers.)
- Don't pull the stinger out with your fingers or tweezers. Don't squeeze the stinger. It contains venom. You could re-sting yourself.
- Clean the sting area with soapy water.
- Put a cold compress on the sting. Put ice in a cloth, plastic bag or plastic wrap. Don't put ice directly on the skin. Hold the cold compress on the site for 15-20 minutes.
- Keep the sting area lower than the level of the heart.

## Jaw, Mouth and Tooth Emergencies

Jaw injuries can be as minor as scraping the chin or as serious as a fracture. If identified early and treated appropriately, short- and long-term problems may be avoided. While injuries to teeth may not be life threatening or as serious as a severe jaw injury, damage to permanent teeth can cause significant disfigurement and long-term problems for the young player. The time from injury to treatment of tooth injuries may be of critical importance in determining the survival of an injured tooth. The time factor in this particular case is even more important than with some injuries to the muscles, joints, and bones.



Mouth guards are more and more being considered top priority as sports equipment. They protect not just the teeth, but the lips, cheeks and tongue. They help protect children from head and neck injuries such as concussions and jaw fractures.

**For the mouth guard to be most effective, it is essential that it fit properly and stay in place during practice and games.**

### Evaluate for:

- History of a direct blow to the jaw or mouth.
- Complaints of pain around the jaw, mouth, teeth, or ear.
- Complaints of trouble breathing, swallowing, or speaking.
- A report that the player feels like an object is in the throat (a piece of a cracked tooth lodged in place).
- A report by the player that he or she feels a chip, a crack, looseness, roughness or other abnormality of a tooth.
- Complaints of difficulty bringing the teeth together or parting them, or pain with biting down.
- Complaints of a numb feeling in the neck, chin, mouth, lip, tongue, or ear.
- Difficulty moving the tongue, feeling the tongue, or controlling the tongue muscles (This should alert you to a potential airway problem that could be life-threatening).

### Look for:

- The tooth or fragment of tooth on the ground, if it has been knocked out. **This is critically important!**
- Missing teeth or fragments of teeth in the player's mouth
- An uneven tooth that appears to have been driven into the gum
- Cuts or swelling around lips, gums, mouth, or tongue
- Some asymmetry in the appearance of the face from one side to the other
- Some abnormal position of the lower jaw
- Teeth that don't line up properly. Do the top teeth protrude over the bottom teeth more than normal, or do the bottom teeth stick out in front of the upper teeth?

### First Aid for Jaw, Mouth and Tooth Emergencies:

- Control bleeding by placing pressure on the area with your gloved hand, using clean gauze or cloth. If bleeding doesn't stop within 10 minutes, get the player to an emergency department or summon help.

- Do not have the person swallow anything until all bleeding has stopped and he or she can speak, move the jaw fully, and breathe without difficulty or pain.
- Except for mild injuries, if the person has any trouble breathing, speaking, swallowing, or moving the tongue, lips, or jaw or shows some asymmetry of the face, the player should be sent to an emergency department immediately.
- Notify parents.
- Immediately refer player to a dentist or hospital for a tooth or a tooth fragment that has been knocked out. *Be sure to send the tooth or fragment with the player.*

When is a dental injury not serious? If the teeth are in place, are not loose, are intact, and don't hurt when biting down, speaking, swallowing, or breathing, then usually the tooth problem is not urgent. However, parents should still be notified, and they should make the final decision as to whether the player sees the dentist or not. All other dental problems should be evaluated immediately.

**What should you do with a knocked-out tooth?** The ideal treatment of a tooth that is knocked out is early replacement and stabilization.

#### **TIME IS CRITICAL!**

***Re-implantation within one hour*** provides the best chance for saving the tooth. The other significant consideration is handling and transporting the tooth. It must be kept wet.

**DO NOT TOUCH THE ROOT OF THE TOOTH** (the area where blood or tissue is attached). All dirt and other loose debris should be *gently* rinsed off with a sterile solution or, if that is not available, tap water. The best way to transport a tooth is in a commercial tooth transport kit that contains the appropriate solution. These are not yet available in your first aid kits. Instead the other options would be to transport the tooth wrapped in a sterile moist gauze or sponge, in a cup of fresh milk or the person's own saliva. Again please notify parents IMMEDIATELY!

## Eye Injuries



At no time does the baseball travel faster on the diamond than when it is hit solidly with the bat. Speeds of up to 100 miles per hour for the batted ball have been recorded. While such a speeding projectile could cause many types of damage, some of the most serious and crippling may be to the eye. The ability to evaluate eye injuries properly is an important skill. Generally, eye injuries will require physician referral and treatment, but your initial handling of the injury, along with safety precautions on and off the field, can make the difference between full recovery and permanent blindness.

### Evaluate for:

- Complaints of sharp, stabbing, or deep, throbbing pain in the eye
- Complaints of blurred vision
- Complaints of double vision
- A report of seeing halos of light, flashing lights, or the sensation of a floating object inside the eye
- Complaints of extreme sensitivity to light
- Complaints of loss of part or all of the visual field (looks like the view through a camera lens, with a finger covering part or the entire lens)

### Look for:

- One eye bulging or protruding more than the other
- Cut or puncture on the eyeball (*Figure 2*)
- Pupils that are not equal in size or shape
- Blood in the eye
- Foreign particle on the iris or elsewhere in or around the eye
- Swelling, bruising, or discoloration around the eye: a “black eye” (mild, moderate, severe).

### First Aid for Eye Injuries:

- Ask the player to slowly move both eyes in all directions while following your finger. Compare movement of injured eye to movement of uninjured eye.
- If you find any of the abnormalities described above other than a minor scrape or bruise, cover the eye with an eye shield or patch (provided in your team first aid kit) and have the player transported to the nearest emergency department.
- For a simple foreign body like sand or dirt, it is acceptable to flush the eye with plain water. Other foreign bodies such as metal or glass should be covered and sent to the emergency

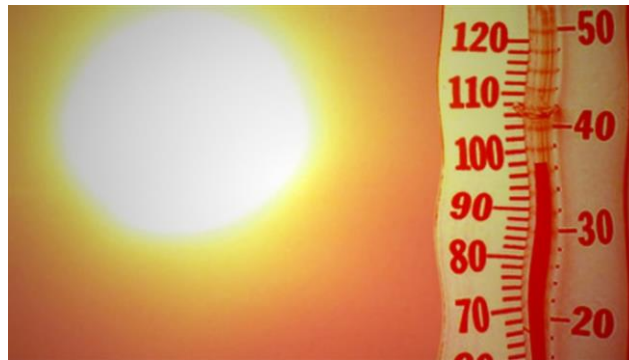
department for removal. **DO NOT** pull any foreign object out that is embedded or sticking in the eye. Have the player seen immediately in the nearest emergency department.

- If a chemical irritant such as chalk from the foul lines is in the eye and the remainder of the eye is fine, wash the eye with a sterile salt solution or water. If burning or irritation persists, take the player immediately to the emergency department.
- Ice is the only acceptable painkiller for an eye injury.
- Notify parents **IMMEDIATELY**.

## Eye Protection

Any athlete who routinely wears glasses should wear some type of safety glasses when playing baseball or softball, since regular glasses not only do not protect the eye from injury, but may actually cause injury if they do not meet safety requirements. These should be made with sturdy polycarbonate frames molded to the temples. This is especially important in children and adolescents who have small faces and features. Lenses should be made of polycarbonate that is 3 mm thick. These have been shown to provide the best protection.

## First Aid for Heat Illness



### Treatment

Move player immediately out of the sun and into the shade. If for some reason this is not possible, adults should stand close to the player, providing shade with their bodies.

### For Heat Cramps:

- Provide rest, cooling.
- Stretch gently.
- Give electrolyte drinks such as Gatorade, Pedialyte etc. by mouth if player is awake and alert.

### For Heat Exhaustion:

- Provide rest, rapid cooling.
- Give electrolyte drinks such as Gatorade, Pedialyte etc. by mouth if player is awake and alert.
- Activate emergency care plan (call 911) as necessary or transport to local medical facility.
- Notify parents **immediately**.
- Watch for progression to heat stroke!

### For Heat Stroke:

- ***Extreme medical emergency!***
- Cool rapidly, remove clothing, pack in ice, wet, and fan.
- Activate emergency care plan! (Call 911)
- Notify parents **IMMEDIATELY!!!**.

*Caution:* Do not try to force a player to drink water unless you are certain that he or she is conscious.

Children are somewhat more susceptible to heat illness than adults, so in the young age groups be especially careful. According to the American Academy of Pediatrics: “Kids do not adapt to extremes of temperature as effectively as adults. Children frequently do not feel the need to drink enough to replenish fluid loss during prolonged exercise. This may lead to severe dehydration.”

**WATER, WATER, WATER** - Almost all heat illnesses are related to **dehydration!** As temperature and humidity go up, athletes must be almost forced to drink adequate amounts of water. Plain water is still the best and the cheapest. However, a flavored salt-containing sport drink may stimulate players to drink a greater volume.

**NEVER** use salt tablets. The American Academy of Pediatrics specifically recommends that a child should not only be well-hydrated prior to activity, but should also be forced to drink a specific amount of fluid even if he or she does not feel thirsty. For example, every 20 minutes,

an 88-pound child should be encouraged to drink five ounces of cold tap water or a flavored salted beverage. An adolescent weighing 132 pounds should consume nine ounces. These considerations could be especially important if your team is playing a doubleheader or is in a tournament.

## Head Injuries

**Concussion online training is required and mandatory of all Managers, Coaches, Umpires and Parents and is pass/fail. This is an annual requirement. [http://www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html)**

Other serious medical problems you may encounter on the field, although typically associated with contact sports, are concussions. **Concussions** are defined as brain tissue injuries that result in an abnormality in brain function. *A direct blow to the head causes them.*

Typical mechanisms of injury in baseball are: a blow from the ball or bat or collision with another player or with an object such as the fence or the ground. It is important to realize that concussions range in severity from very mild to life-threatening injuries. Although they can result in unconsciousness, most concussions that occur during sports are milder. However, even without a loss of consciousness, these are serious injuries and should not be ignored just because an athlete wasn't knocked out. In addition to unconsciousness, other signs and symptoms that indicate someone may have sustained a concussion include headache, poor muscle coordination, confusion, irritability, memory loss, double vision, nausea, and vomiting.



Concussions can be classified as mild, moderate, or severe. In **mild** concussions, symptoms (including headache) are completely resolved within a short period of time following the injury (less than 15 minutes). **Moderate** injuries are those that last longer before symptoms resolve. **Severe** concussions are those in which there is ANY loss of consciousness or when symptoms other than headache last longer than 30 minutes.

### Evaluate for:

- A history of a blow to the head from a collision with an object or another player
- Complaints of an injury to the head such as a contusion, laceration, or other head and neck injury
- Complaints of headache or vision problems
- Accurate memory of recent events (things that happened during the game or earlier that day)

**Look for:**

- Localized area of injury such as a laceration or contusion on the head or face
- Imbalance in walking or moving
- Size and reaction of pupils (they should be equal and get smaller in response to bright light)
- Eye movements following your finger
- Localized area of tenderness on head
- A skull fracture indicated by grating or soft spot where blow occurred.

**First aid for Head Injuries:**

All concussions should be treated as potentially serious injuries, even if they appear to be mild. Severe concussions require immediate transfer to a medical care facility for evaluation.

An unconscious athlete who has sustained a blow to the head requires special precautions. Because they may also have a neck injury, the head and neck should be immobilized until trained personnel arrive. Three or four assistants can logroll a person who is face down while the head and neck are stabilized and kept in alignment with the body.

Standard CPR techniques should be employed to evaluate airway, breathing, and circulation (ABCs, as taught in Red Cross training) while awaiting transport by emergency medical personnel. A physician should evaluate any concussion (moderate or severe) as soon as possible. This includes concussions associated with any loss of consciousness or cases with no loss of consciousness where symptoms don't resolve quickly. Therefore, after an initial assessment, the athlete should be re-evaluated every five minutes or so until symptoms resolve. If any symptoms persist after 15 minutes or if they worsen, the player should be evaluated by a trained physician immediately. There is no specific treatment for most concussions other than rest and prevention of re-injury.

Other head injuries such as lacerations and contusions are often associated with concussions. These should be treated as appropriate with PRICES as described in First Aid for Sports Injuries.

In rare circumstances, swelling or bleeding in the brain may develop hours after the initial injury. Thus, even an individual who appears to have recovered from a mild injury should be watched for any worsening in condition. The player should not be left alone after even a mild concussion that resolves quickly. Parents or other family members should be informed about the injury and warned to be on the lookout for any unusual behavior or symptoms. If anything unusual occurs, immediate evaluation is required.

One of the most important reasons for recognizing and treating concussions is to prevent second impact syndrome (SIS). SIS is a condition that may occur if the brain is subjected to a second impact before it has completely recovered from an initial injury. This complication can

occur even if the second blow is mild. Severe brain damage, even death, may occur. Half of people who develop SIS die, while others **sustain permanent brain damage!** Therefore it is essential that a player who has suffered a concussion be kept from playing until all symptoms are resolved, an appropriate amount of time has passed, and a physician has given clearance for return to play.

## Return to Play

All players with possible concussions should be removed from playing for at least 15 minutes for rest and evaluation. In order to prevent re-injury and avoid the catastrophic results of **SIS**, players that sustain concussions should not return to play unless they meet several criteria.



First, any player that suffers a concussion cannot return to play that same day. That includes anyone with any symptoms (including headache) lasting longer than 15 minutes. Trained medical personnel, preferably a physician, should see them promptly. Typically, they will not be able to play for at least one week and then may return only if they have had no symptoms and are cleared by a physician. Chino American Little League requires a note from their physician clearing them to return to play.

If they sustain a second injury that season after returning, they typically would not be able to play for a month or more. In cases of very mild concussions, those that resolve within 15 minutes and involve **NO LOSS OF CONSCIOUSNESS**, it is not usually necessary to require medical evaluation. The athlete should be removed from playing or practicing for the duration of that event. It is important that all symptoms resolve. The player's family or responsible adult should be notified immediately and should be warned to watch for any worsening in the player's condition. Someone should stay with the player for the next 24 hours. If any symptoms persist or worsen, medical personnel should evaluate the player.

A player who has been cleared to return to play should perform some basic exercises such as push-ups, sit-ups, and several short sprints. If no headache or other symptoms develop, the player may be allowed to return to play. However, if any symptoms are present or the player just doesn't seem right, return to play should be delayed and further evaluation performed. **You can never be faulted for protecting a player you are not sure about.**

# Concussion Awareness

**Concussion online training is required and mandatory of all Managers, Coaches, Umpires and Parents and is pass/fail. This is an annual requirement.**

[http://www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html)

## THE FACTS

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

## WHAT IS A CONCUSSION?

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



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

## RECOGNIZING A POSSIBLE CONCUSSION

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

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

## SIGNS AND SYMPTOMS

Signs observed by coaching staff

- Appears dazed or stunned

- Is confused about assignment or position
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

### Symptoms Reported By Athlete

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

Athletes who experience any of these signs or symptoms after a bump or blow to the head will be kept from play until given permission to return to play by a health care professional (see Licensed Health Care Provided list below) with experience in evaluating for concussions. Signs and symptoms of concussion can last from several minutes to days, weeks, months, or even longer in some cases.

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

## PREVENTION AND PREPARATION

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

- Educate athletes and parents about concussion. Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches. Pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs.
- Insist that safety comes first.

- Teach athletes safe playing techniques and encourage them to follow the rules of play.
- Encourage athletes to practice good sportsmanship at all times.
- Make sure athletes wear the right protective equipment for their activity. Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Review the athlete fact sheet with your team to help them recognize the signs and symptoms of a concussion.
- Teach athletes and parents that it's not smart to play with a concussion. Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let athletes persuade you that they're "just fine" after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.
- Prevent long-term problems. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. This more serious condition is called second impact syndrome.<sup>4,5</sup> Keep athletes with known or suspected concussion from play until they have been evaluated and given permission to return to play by a healthcare professional with experience in evaluating for concussion. Remind your athletes: "It's better to miss one game than the whole season."

## ACTION PLAN

### WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

1. Remove the athlete from play. Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion should not be allowed to return to play. When in doubt, keep the athlete out of play.
2. Ensure that the athlete is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help healthcare professionals in assessing the athlete after the injury:
  - Cause of the injury and force of the hit or blow to the head
  - Any loss of consciousness (passed out/knocked out) and if so, for how long
  - Any memory loss immediately following the injury
  - Any seizures immediately following the injury
  - Number of previous concussions (if any)
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion. Make sure they know that the athlete should be seen by a

healthcare professional experienced in evaluating for concussion.

4. Allow the athlete to return to play only with permission from a healthcare professional with experience in evaluating for concussion. A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare second impact syndrome by delaying the athlete's return to the activity until the player receives appropriate medical evaluation and approval for return to play.

#### Licensed Health Care Providers

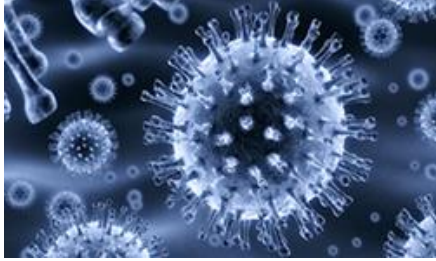
What licensed health care providers are trained in the evaluation and treatment of concussions/brain injuries and authorized to allow the athlete to return to play?

- Medical Doctors (MD)
- Doctor of Osteopathy (DO)
- Advanced Registered Nurse Practitioner (ARNP)
- Physicians Assistant (PA)
- Licensed Certified Athletic Trainers (ATC)

Any athlete even suspected of suffering a concussion will be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours.

## Communicable Disease Procedures

These procedures, also printed in each of the Official Regulations and Playing Rules, should be understood and followed by all managers, coaches, and umpires. While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote

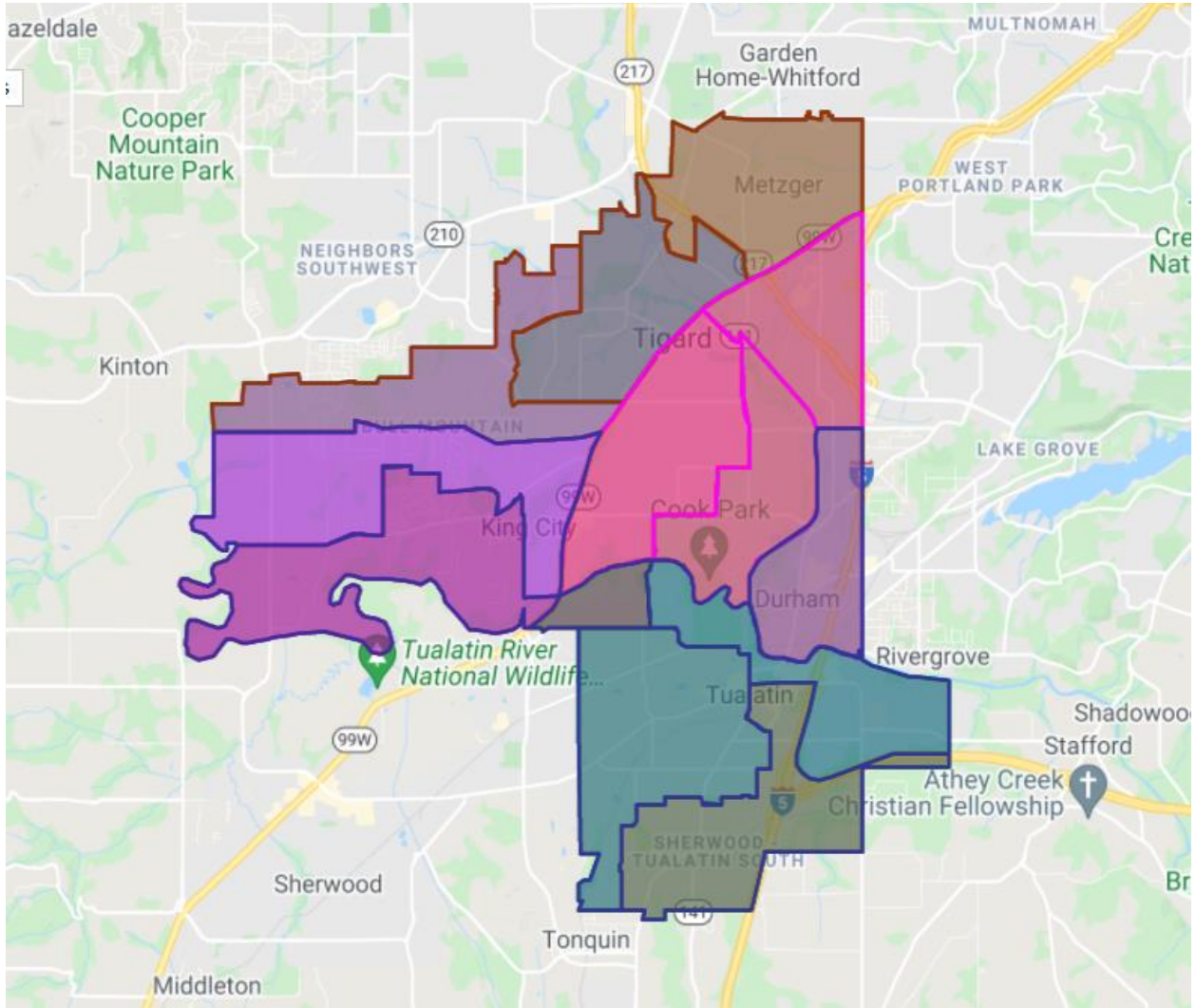


risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood, as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

1. The bleeding must be stopped, the open wound covered, and if there is an excessive amount of blood on the uniform, it must be changed before the athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all blood contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels, and other sharp instruments or devices.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
7. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.
8. Contaminated towels should be properly disposed of or disinfected.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth-guards, and other articles containing body fluids.

# Appendix

# Player Eligibility Boundary



# 2022 Tigard Diamond Sports

## Incident / Injury Tracking Report



*For Local League Use Only*



### A Safety Awareness Program's Incident/Injury Tracking Report

League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Incident Date: \_\_\_\_\_

Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Parent's Name (If Player): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

**Incident occurred while participating in:**

- A.)  Baseball  Softball  Challenger  TAD
- B.)  Challenger  T-Ball (5-8)(4-7)  Minor (7-12)(7-11)  Major (9-12)  Intermediate (50/70) (11-13) Junior (13-14)
- Junior (12-14) Senior (14-16)  Big League (16-18) Senior (13-16)  Big League (15-18)
- C.)  Tryout  Practice  Game  Tournament  Special Event
- Travel to  Travel from  Other (Describe): \_\_\_\_\_

**Position/Role of person(s) involved in incident:**

- D.)  Batter  Baserunner  Pitcher  Catcher  First Base  Second  Third  Short Stop
- Left Field  Center Field  Right Field  Dugout
- Umpire  Coach/Manager  Spectator  Volunteer  Other: \_\_\_\_\_

Type of injury: \_\_\_\_\_

Was first aid required?  Yes  No If yes, what: \_\_\_\_\_

Was professional medical treatment required?  Yes  No If yes, what: \_\_\_\_\_ (If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.) Type of incident and location:

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>A.) On Primary Playing Field</li> <li><input type="checkbox"/> Base Path: <input type="checkbox"/> Running or <input type="checkbox"/> Sliding</li> <li><input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched or <input type="checkbox"/> Thrown or <input type="checkbox"/> Batted</li> <li><input type="checkbox"/> Collision with: <input type="checkbox"/> Player or <input type="checkbox"/> Structure</li> <li><input type="checkbox"/> Grounds Defect</li> <li><input type="checkbox"/> Other: _____</li> </ul> | <ul style="list-style-type: none"> <li>B.) Adjacent to Playing Field</li> <li><input type="checkbox"/> Seating Area</li> <li><input type="checkbox"/> Parking Area</li> <li>C.) Concession Area</li> <li><input type="checkbox"/> Volunteer Worker</li> <li><input type="checkbox"/> Customer/Bystander</li> </ul> | <ul style="list-style-type: none"> <li>D.) Off Ball Field</li> <li><input type="checkbox"/> Travel:</li> <li><input type="checkbox"/> Car or <input type="checkbox"/> Bike or</li> <li><input type="checkbox"/> Walking</li> <li><input type="checkbox"/> League Activity</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
|--|--|---|

Please give a short description of incident: \_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at [http://www.littleleague.org/Assets/forms\\_pubs/asap/AccidentClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf) and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: [http://www.littleleague.org/Assets/forms\\_pubs/asap/GLClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf).

Prepared By/Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Little League Accident Notification Form Page 1



## LITTLE LEAGUE<sup>®</sup> BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:  
Little League, International  
539 US Route 16 Hwy, PO Box 3485  
Williamsport PA, 17701-0485  
Accident Claim Contact Numbers:  
Phone: 570-327-1674

Accident & Health (U.S.)

- This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
- Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
- When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
- Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- Limited deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
- Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name		League I.D.	
Name of Injured Person/Claimant	SSN	DATE OF BIRTH (MM/DD/YY)	Age Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor	Home Phone (Inc. Area Code)		Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different	

The Little League Master Accident Policy provides benefits in excess of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the Insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Accident: \_\_\_\_\_ Time of Accident:  AM  PM

Type of Injury: \_\_\_\_\_

Describe exactly how accident happened, including playing position at the time of accident.

Check all applicable responses in each column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-7)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> PRACTICE GAME
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (8-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	<input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League incorporated)
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (30/70) (13-18)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-18)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	
	<input type="checkbox"/> BIG (14-18)			

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date \_\_\_\_\_ Claimant/Parent/Guardian Signature (in a two parent household, both parents must sign this form.)

Date \_\_\_\_\_ Claimant/Parent/Guardian Signature

## Little League Accident Notification Form Page 2

**For Residents of California:**

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**For Residents of New York:**

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**For Residents of Pennsylvania:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For Residents of All Other States:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)		
Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: { } Business: { } Fax: { }

Were you a witness to the accident?  Yes  No  
Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use batting helmets with attached face guards?  YES  NO  
If YES, are they  Mandatory or  Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date	League Official Signature
------	---------------------------



**Facility and Field Inspection Checklist**

**Facility Name** \_\_\_\_\_

**Inspector** \_\_\_\_\_

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_

- Holes, damage, rough or uneven spots
- Slippery Areas, long grass
- Glass, rocks and other debris & foreign objects
- Damage to screens, fences edges or sharp fencing
- Unsafe conditions around backstop, pitchers mound
- Warning Track condition
- Dugouts condition before and after games
- Make sure telephones are available
- Area's around Bleachers free of debris
- General Garbage clean-up

**NOTES/ HAZARDS**

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**Signature** \_\_\_\_\_