



# LANGDON LITTLE LEAGUE

**STRIKERS**

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January 1, 2023

Regan Turner  
Safety Officer  
Email: [strikersbaseball.president@gmail.com](mailto:strikersbaseball.president@gmail.com)  
Cell: 403-837-1727

To Whom It May Concern:

Attached is a copy of the Langdon Little League 2023 Safety Plan. This plan has been and continues to be a work in progress and, as such, not all aspects are currently implemented. Langdon Little League will always maintain a safety-first philosophy in regards to the members of our league and will continue to strive to maintain the highest level of safety possible, including the goal of incorporating of all requirements to have an ASAP qualified safety plan for Langdon Little League.

Certain parts of the plan such as the concession section will only apply to our league on an as needed basis. Although our league does not maintain a full-time facility, there is a possibility that a temporary concession may be in place for hosted tournaments or opening day activities. Whenever a concession is arranged by Langdon Little League it will follow the guidelines set forth by this safety plan.

Should you have any questions or comments regarding our safety plan, please feel free to contact me and I will endeavor to answer all your questions.

Regards,

Regan Turner  
Safety Officer, Langdon Little League



Langdon Little League

# SAFETY PLAN

# 2023

# LANGDON LITTLE LEAGUE 2020 SAFETY PLAN

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## **IMPORTANT PHONE NUMBERS**

### **Emergency Services**

Police, Fire, Ambulance      911

Police – Non-Emergency      403-266-1234

### **SAFETY OFFICER CONTACT INFORMATION (Langdon Little League)**

Name                              Regan Turner

Cell Phone                      403-837-1727

E-mail: [strikersbaseball.president@gmail.com](mailto:strikersbaseball.president@gmail.com)

A Langdon Little League Board of Directors listing is located on the following page.

For the most up to date contact information for the Board of Directors and other volunteer administrative and coordinator positions, please contact the Safety Officer or refer to our website at [www.strikersbaseball.ca](http://www.strikersbaseball.ca).



# LANGDON LITTLE LEAGUE

**STRIKERS**

## LANGDON BOARD OF DIRECTORS 2023

POSITION	NAME	DATE (VOTED TO POSITION)
President (Executive)	Regan Turner	November 27, 2022
Vice President (Executive)	Trish Norquist	November 27, 2022
Treasurer (Executive)	Lyndsay Bittner	November 27, 2022
Secretary (Executive)	Dani McKearney	November 27, 2022
Safety Officer	Regan Turner	November 27, 2022
Equipment Coordinator	Robin Smart	November 27, 2022
Coach Coordinator	Sam Busswood	November 27, 2022
Fundraising Coordinator	Erika Paterson	November 27, 2022
Evaluation Coordinator	Brandon Benna	November 27, 2022
Scheduler	Regan Turner	November 27, 2022
Webmaster	N/A	November 27, 2022
Casino Coordinator	Charmaine James	November 27, 2022
Umpire in Chief	Jim McKinstry	November 27, 2022

# **SAFETY PLAN OVERVIEW**

League ID #551-03-287295

## **The Mission**

The intent of this safety plan is to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Langdon Little League.

## **The Future**

Our efforts will collectively raise safety awareness among participants of Langdon Little League. Safety will become a habit and activities will become “safer for the kids” through our incorporation of an ASAP Qualified Safety Program. Our safety plan will survive transitions in leadership, and our league will gain control over injury and liability concerns that may come about.

## **Commitment to Safety**

Before the start of each season each manager and coach will be directed to this Safety Plan which contains important safety and first aid information with which all volunteers should be familiar. All managers and coaches will be provided with the **Safety Code** that they must fill out and return to the Safety Officer.

<b>FOR DISTRICT USE ONLY</b>	
The District Safety Officer has reviewed this Safety Plan.	
_____	_____
<b>Date</b>	<b>Initials</b>

## **ASAP - Qualified Safety Plan Requirements**

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Requirement 1:	File an active Safety Officer with Little League International
Requirement 2	Publish and distribute a paper copy of the applicable safety manual to all appropriate and applicable volunteers
Requirement 3	Post and distribute phone numbers for emergency and key officials
Requirement 4	Use the Little League Official Volunteer 2014 Application Form and check for sexual abuse
Requirement 5	Provide and require fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.)
Requirement 6	Require first-aid training for coaches and managers, with at least one coach or manager from each team attending
Requirement 7	Require coaches/umpires to walk fields for hazards before use
Requirement 8	Complete the annual Little League Facility Survey
Requirement 9	Have written safety procedures for concession stand; concession manager must be trained in safe food handling, preparation and procedures
Requirement 10	Require regular inspection and replacement of equipment
Requirement 11	Implement prompt accident reporting and tracking procedures
Requirement 12	Require a first aid kit at each game and practice
Requirement 13	Enforce Little League rules including proper equipment

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## **SAFETY OFFICER RESPONSIBILITIES**

- Update and issue Annual Safety Plan
- Support safety plan by facilitating league mandated safety classes
- Inspect the fields before and during playing season
- Act immediately to resolve any safety violation once it has been brought to their attention
- Ensure that all first aid kits are fully stocked and retained in the designated areas
- Record and retain all injury reports
- At the end of the season, supply the Board of Directors, with a summary of all safety related incidents, near misses and corrective actions taken
- Follow up on injury reports. If necessary, collect pertinent information from managers, players and parents to complete insurance claims
- Consult with the Board of Directors to ensure that all safety concerns are resolved in a timely fashion
- Provide a copy of the League Safety Plan to volunteers
- Inform the District Safety Officer whenever an accident or near miss occurs in an effort to help all leagues improve their safety plans
- Provide the District Safety Officer a copy of every *Activities/Reporting ASAP Incident/Injury Tracking Report* (attached to this Safety Plan) as appropriate (i.e. at District Administrator League President meetings, email, fax etc.)



## **SAFETY CODE OF CONDUCT**

The Langdon Little League Board of Directors has mandated the following *Safety Code*. All managers and coaches will read this **Safety Code** and read it to the players on their team prior to the start of league play. Signatures are required in the spaces provided below acknowledging that the manager, coach and players understand and agree to comply with the **Safety Code**. **Tear the signature sheet on the dotted line and return to Safety Officer.**

- Arrangements should be made in advance of all games and practices for emergency medical services. Parents should be encouraged to be present at all practices and games.
- Responsibility for safety procedures belongs to every adult member of the local league. It is the responsibility of the manager to report ALL injuries that occur during sanctioned practices or games.
- Each player, manager, designated coach and umpire shall use proper reasoning and care to prevent injury to themselves and to others.
- Only league approved managers and/or coaches are allowed to practice teams and supervise batting cages.
- It is mandatory for all managers and coaches to attend a coach/safety fundamentals training clinic.
- First aid kits will be available at every field site.
- No games or practices will be held when weather or field conditions are poor, particularly when lightning is in the area. Play area will be inspected before games and practices 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 live ball territory.
- Pitching machines must be operated only by managers and coaches.
- Responsibility for keeping bats and loose equipment off the field of play should be that of the team manager and designated coaches.
- During practice and games, all players must be alert and watching the batter on each pitch. Managers should inform parents to stay away from the dugout area so that players remain focused forward towards the field for safety reasons.
- During warm up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- Managers are responsible for ensuring all players (particularly pitchers) are properly warmed up before playing (practices and games).
- All pre-game warm ups should be performed within the confines of the playing field and not within areas that are frequented by spectators, (i.e. playing catch, swinging bats, etc.)
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit. Bats should be checked by managers and coaches. NO illegal (as designated by Little League International) bats shall be allowed for use in practice or games for safety reasons. Coaches should go through the list of approved bats with parents before starting each season.
- 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. This does not apply to ages 13 and above.
- During sliding practice, bases should not be strapped down or anchored.
- At no time should "horse play" be permitted on the playing field or in the dugouts.
- Parents of players who wear glasses should be encouraged to provide "safety glasses" for their children.
- On-deck batters are not permitted except in junior division and above.
- All players must wear athletic supporters during games. Managers will encourage athletic support to also be worn at practices. Catchers must wear athletic support at all times.

- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Junior and above baseball may wear either the long or short model chest protector.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catchers helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catchers helmet during practice, pitcher warm up and games. Note: Skullcaps are not permitted.
- Players will not wear bands, watches, rings, 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.)
- Managers will never leave an unattended child at a practice or game.
- Report any present or potential safety hazard to the Safety Officer immediately.
- Arrange to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- Speed Limit should be observed while driving around the facility.
- No alcohol or drugs are allowed on the premises at any time.
- No playing in the parking lots at any time.
- No playing in construction areas at any time.
- No playing on and around lawn equipment or machinery at any time.
- No smoking within twenty feet of the dugouts.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
- No throwing rocks.
- No climbing fences.
- No swinging on dugout roofs.
- Managers and coaches must remember they are not permitted to warm up pitchers.
- Observe all posted signs.
- Players and spectators should be alert at all times for foul balls and errant throws.
- All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- Use crosswalks when crossing roadways. Always be alert for traffic.
- No running or climbing on the bleachers.

I have read or been read the Langdon Little League Safety Code and promise to adhere to these rules and regulations.

Print Name of Manager (above)	Print Name of Coach (above)	Print Name of Coach (above)
Manager's Signature (above)	Coach's Signature (above)	Coach's Signature (above)
Team Name (above)	Team Division (above)	

## WEATHER

In Calgary weather changes quickly and can create unsafe playing conditions.

### Rain

If it begins to rain:

1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
2. Determine the direction the storm is moving.
3. Evaluate the playing field as it becomes more saturated.
4. Stop practice if the playing conditions become unsafe -- use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.



### Lightning



skies overhead.

- The average lightning strike 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 strikes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.
- On average, the thunder from a lightning strike can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you.
- **Make it Easy – “If you can see it, flee it; if you hear it, clear it”!**
- **By the time you can hear the thunder, the storm has already approached to within 3-4 miles!**

When halting activities due to lightning, seek shelter immediately and stay away from windows, doors, and anything that conducts electricity such as corded phones, wiring, plumbing.

Safe shelter is:

- ideally a substantial building with wiring and plumbing
- failing that, a hard-topped metal vehicle with windows rolled up

Small buildings, including dugouts, rain shelters, sheds, etc. are NOT SAFE.

## INJURY REPORTING AND MONITORING

Langdon Little League uses an Injury Report Form on the league website ([www.strikersbaseball.ca](http://www.strikersbaseball.ca)) for reporting all injury incidents. Copies of the form are also in every coach binder package.

The manager (or, if absent, coach) of the injured player/coach/volunteer is responsible for completing an Injury Report form within 48 hours of the incident. In the event that the injury is sustained by a neutral party (e.g. umpire, spectator, etc.), the home team manager shall file the Injury Report.

Per the guidance of Little League Canada, a player must have the written consent of a doctor before being allowed to return to games or practices if they:

- have been diagnosed with a concussion, or
- sustain an injury during a game or practice that results in a loss of consciousness, no matter how brief, or
- Following contact of any nature, exhibit signs of a possible head injury such as blurred or double vision, dizziness, headaches, etc.

The Safety Officer will keep an injury tracking report for the season that will be presented to the Board of Directors at the end of the season so the board may be aware of the recurrence of injury types.

## FIRST AID KITS



First aid kits will be available in all Coach Bags

The Safety Officer will replenish all kits at the start of each season and be sure they are fully stocked throughout the playing season.

## CLINICS

There will be a mandatory Coach/Safety Clinic for managers and coaches each season. The Fundamental Clinic is an annual requirement for one manager or coach from each team, who will then be qualified for three years. Each season there must be one representative from each team even if they have previously attended during the last three years. This clinic will be an overview of the rules and guidelines in the safety plan as well as any Little League rules, issues, and information.

The *Safety Tracking Form for Little League ASAP* must be completed to ensure all managers and coaches are compliant with mandatory training. The District Staff and/or Canadian Region will hold umpire clinics that you are encouraged to attend in addition to the mandatory coach/safety meeting.

## **EQUIPMENT**

At the start of each season, all teams of Langdon Little League will be provided with equipment that has been examined by the Equipment Manager and Safety Officer to be sure that it complies with the Little League Rules and Regulations.

Any equipment that falls below the standards outlined in the Little League rulebook during the playing season will be immediately returned to the Equipment Manager for replacement. The below standard equipment will then be destroyed so that no child may use it in the future.

No chemicals or potentially dangerous materials will be stored in or by the equipment room. Managers and/or coaches will inspect equipment before practices and games. Umpires will inspect all equipment before the game begins. Inspections will include all bats, batting helmets and catcher's gear, whether league supplied or a player's personal property. All non-compliant equipment will be removed from the playing field and dugouts.

The manager or coach will inspect all batting cage equipment and machines before use by their team. An adult will supervise the players using the batting cages at all times.

## **FIELD HAZARDS**

The Safety Officer will check each field before the start of each season to ensure that it is a safe playing environment; if not, he will notify the proper authority to have the problems resolved before the season starts.

Managers, coaches and umpires will walk the field before the start of their game checking for any safety violations on the field; such as glass, rocks, sharp objects and standing water. Anything that is considered a hazard or risk will be resolved before the start of the game or before the game continues if any hazard is noticed during play. Any hazards found shall be reported to the league Safety Officer.

Note that coyotes are known to frequent the Langdon / Indus diamonds, particularly around the hillside and marshy areas. Coyote attacks on humans are rare but can occur. Attacks on unleashed dogs are more common. Do not leave children unattended in the area beyond the outfield fences (including the green space) and keep dogs under control at all times.

Alberta Fish and Wildlife have been contacted regarding the situation. Here are two references for those who would like more information on this topic:

- Alberta Fish and Wildlife recorded information line 403-297-7789
- Wikipedia [http://en.wikipedia.org/wiki/Coyote#Attacks\\_on\\_humans](http://en.wikipedia.org/wiki/Coyote#Attacks_on_humans)

## BEST SAFETY PRACTICES

### Checklist for Managers, Coaches and Umpires

The following checklists can serve as reminders to managers, coaches, umpires and volunteers before practices or games to help prevent an accident.

#### **A. Safe Playing Areas**

Regular safety inspection of the field, practice fields, structures and dugouts are the best way to eliminate conditions that cause accidents.

Managers, coaches and umpires should routinely check playing areas for:

- Holes, damage, rough or uneven spots, slippery areas and long grass;
- Glass, rocks and other debris and foreign objects;
- Damage to screens or fences, including holes, sharp edges or loose edges;
- Unsafe conditions around the backstop, pitcher's mound or warning track;
- Catchers must wear catcher's helmet, face mask and throat guard in warming up pitchers. This applies between innings and in bullpen practice.

Keep dugouts clean and free of debris.

#### **B. Safe Equipment**

All equipment should be inspected before each use. Regular safety inspection of equipment is essential.

Managers, coaches and umpires should:

- Be sure that all equipment is Little League approved;
- Inspect bats and other equipment on a regular basis. Cracked or broken bats should never be used;
- Check to see that all personal protective equipment fits players properly. This includes helmets, masks, catcher's pads and shoes. A plastic cup supporter is required for all catchers and is recommended for all male players in addition to a regular athletic supporter;
- Keep loose equipment such as bats, gloves, masks, balls, helmets, etc. properly stored;
- Have players remove personal jewelry, watches, pins, rings or other metallic items;
- Parents of players who wear glasses should be encouraged to provide safety glasses;
- Repair or replace all defective equipment.

#### **C. Safe Procedures**

Managers and coaches must:

- Have players medical release forms at all practices and games (copy included in the Safety Plan);
- Have the League provided first aid kit at all practices and games.
- Have access to a telephone at all games and practices in case of an emergency;
- No fewer than two coaches should be present at a game or practice in case of an emergency;
- Locate an appropriate shelter upon arrival to the field in case of severe weather;

- Stress to others the importance of being alert and attentive during all activities;
- Ensure that appropriate warm-up for players has been completed before play;
- Stress "no horseplay" with players;
- Check to see that all jewelry, watches, rings, etc. have been removed prior to play;
- Instruct players on the proper fundamentals of the game to ensure safe participation.

Unsafe acts are far more difficult to control than hazardous conditions. They are challenging to managers and coaches because they are involved almost entirely with the human element. It has been estimated that unsafe acts account for 80% of all accidents. Definite steps must be taken to counteract them.

The following section of this manual offers coaching and training techniques that will foster safe and positive action on the baseball field.



### **Attitude**

1. An attitude of alertness, hustle and enthusiasm that has been recommended as a guideline for good coaching should be carried down to all players to spark them in the development of better skills.
2. Good sportsmanship and courtesy, necessary for a harmonious and safe environment, can be taught best through the good example set by all adults on and off the field.
3. Your most effective tool to inspire an attitude of self- confidence and a desire to excel is the use of much PRAISE and RECOGNITION. Of course, this must be given when deserved so it is not cheapened by too much repetition. After all, a good try rewarded by a word of encouragement may be a good play on the next attempt.
4. Guidance on the most constructive attitude or point of view for both adults and youngsters can be summarized by recommending a POSITIVE APPROACH to all training techniques. Good training is the most effective weapon against accidents caused by unsafe acts.

### **Warm Up Drills**

Use of the term "warm up drills," in connection with safety, refers to ball handling practice rather than calisthenics. Misdirected balls can result in serious accident exposure. The following practices will help reduce the danger of being struck by a misdirected ball:

1. All unauthorized people should remain off the field during drills.
2. After the number of targets has been reduced to a minimum, one of the best preventive measures is to stress that the eye must be kept on the ball. This safe practice should be drilled so continuously that it becomes a reflex action.

Throwing and catching drills should be set up with players in two lines facing one another.

## **Safe Ball Handling**

1. Misjudging the flight of a batted ball may be corrected by performing drills with fly balls which begin easy and are made more difficult as a player's judgment and skill improves. Everyone should eventually be able to handle balls that go overhead.
2. In addition to a player never losing sight of a ball from the time it leaves the bat, the player should keep the glove positioned and the body relaxed for a last split-second move, if needed.
3. An infielder can best be protected by an aggressive short hop fielding play by having their nose pointed at the ball and their eyes "glued on the ball". In addition, by moving forward, the player is in a better position to make a throw.
4. It is safer for a player to knock the ball down then re-handle rather than to let the ball determine the play.

## **Collisions**

Collisions are the main cause of injuries. They are usually a result of judgment errors or a lack of teamwork between fielders. It is important to establish zones of defense to avoid collisions; particularly important when players are chasing high fly balls. Once the zones are established, play situation drills until these moves and patterns become familiar to the players. The responsible player should call out their intentions in a loud voice to warn others away. Here are some general rules to follow:

1. The fielder at third base should catch all balls that are reachable and are hit between third base and the catcher.
2. The fielder at first base should catch all balls that are reachable and are hit between first base and the catcher.
3. The shortstop should call all balls reachable that are hit behind third base.
4. The fielder at second base should call all balls reachable that are hit behind first base.
5. The shortstop has the responsibility for fly balls hit in the center of the diamond and in the area of second base. Since the glove is on the left hand, it is easier for the shortstop than the fielder at second base to catch fly balls over second base.
6. The center fielder has the right of way in the outfield and should catch all balls that are reachable. Another player should take the ball if it is seen to be unreachable by the center fielder.
7. Outfielders should have priority over infielders for fly balls hit between them.
8. Priorities are not so easy to establish on ground balls, but most managers expect their third base player to field all ground balls they can reach, including cutting in front of the shortstop on slow hit grounders.
9. The catcher is expected to field all topped and bunted balls that can be reached except when there is a force play or a squeeze play at home plate.

## Sliding Safety

As is the case with other baseball fundamentals, a correct slide is also a safe one. It is well to guard against the accident of a collision and the possibility of a player being struck by a thrown ball as the player "hits the dirt".

1. Long grass has been shown to be better than sand or a sawdust pit for teaching sliding.
2. The bases must not be anchored down.
3. Sliding pads are recommended, given that our infields are dirt, shale or gravel.
4. The player should keep in mind that when approaching the base their hands and feet should be in the air.
5. Once the player has committed to slide, they must not change strategy. Last minute hesitation causes most sliding injuries.
6. Tennis shoes are suggested for beginning sliding and tagging practice to avoid injury to the defensive player.
7. If the ground along the baselines becomes soft on a rainy day, such weather offers an excellent opportunity to have sliding drills. Base runners should be wearing long pants.
8. Keep in mind that sliding head first has been eliminated for ages 12 and under, except when returning to a base.



## Batter Safety



A batter's greatest exposure to an accident is from the unsafe acts of others, namely wild pitches and account for a major portion of all accidents. This type of injury is more prevalent in Major rather than in Minor League play. Since the danger is increased as pitchers learn to throw with greater force and as more games are played, it is important to take whatever countermeasures are necessary. The best defense is an alert, confident concentration on the ball.

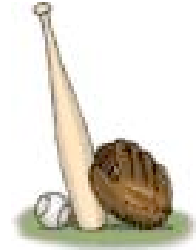
1. A well-fitted NOCSAE approved helmet is the first requirement.
2. The development of the novice batter's ability to take evasive action can be improved by getting the player to relax and concentrate on the ball from the time the pitcher starts their delivery until it lands in the catcher's mitt. Players with slow reflexes can also be helped by simulated batting and ducking practice with a tennis ball.
3. The unsportsmanlike practice of crowding the plate or jumping around to rally the pitcher should not occur. This could endanger the batter if it causes the pitcher to lose control.
4. Painful finger and hand injuries can be reduced by making sure the batter holds the bat correctly when bunting. Youngsters have a tendency to lean too far over the plate and not keep the ball well out toward the end of the bat.
5. When the batter becomes a base runner, the player should be taught to run outside the foul lines when going from home plate to first base and from third base to home plate to reduce the risk of being hit by a thrown ball.

## Safe Handling of Bats

The most easily preventable type of accident is the too frequent fault of beginners throwing the bat while running to first base. This may be corrected through individual instruction to drop the bat safely by:

1. Having the player drop the bat in a marked-off circle near where running starts;
2. Counting the player "out" in practice whenever the player fails to drop the bat correctly;
3. Providing bats with grips that are not slippery; and
4. Ensuring bats are Little League approved.

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



A more serious injury that might occur is when a player inadvertently walks into the swing of a coach's bat when the coach is hitting fly balls or when the player inadvertently walks into the swing of a player swinging a bat. These situations demonstrate the need for everyone to become safety-minded, for their own good and the safety of others. The following precautions are suggested:

1. The player, usually a catcher, assigned to catch balls for the coach hitting fly balls, should also be given the specific assignment of warning away anyone who comes too close.
2. All players and adults should be trained to walk around batters swinging a bat. The ingrained safety habit of keeping clear may save someone a painful injury.

## Catcher Safety

The catcher, as might be expected from the amount of action involved, has more accidents than any other player. Statistics show that the severity of injuries is less in Major League play than in Minor League play. This bears out the fact that the more proficient the player the less chance of injury.

1. Assuming the catcher is wearing the required protection, the greatest exposure is to the ungloved hand. The catcher must learn to:
  - relax
  - always have the back of the throwing hand toward the pitcher when in position to catch;
  - Hold all fingers in a cupped position near the mitt, ready to trap the ball and throw it when runners are on base.
2. The catcher should be taught to throw the mask and catcher's helmet in the direction opposite the approach in going for a high fly. The catcher should hold the mask and flip it away at the last moment
3. As the catcher learns to play this difficult position, a good habit is to keep a safe distance back from the swinging bat. Estimate this distance as one foot farther from the batter than the ends of the outstretched fingers.



The best protection is keeping the eye on the ball.

### **General Inattention**

Going back to the "why" of most ball handling accidents, it appears that inattention due to inaction or boredom is an underlying accident cause with which we must deal. This situation can be partly offset by using idle time to practice the basics of skillful and safe play, such as:

1. Encourage otherwise idle fielders to "talk it up." Plenty of chatter encourages hustle and enthusiasm.
2. Players waiting for a game or practice to start can pair off and play catch to improve their basic eye-on- the-ball technique.
3. Practice should include plenty of variety in the drill work.
4. Put a time limit on each drill and do not hold the total practice for more than two hours, or less if interest begins to lag.
5. Idle players along the sideline can be given the job of studying the form of other players to improve their own techniques. They may then report on what they have learned to improve their own form on running, ball handling, throwing, batting, defense and sliding.
6. Open dugouts create a safety issue. Parents are discouraged from hanging around the dugouts. Players should be encouraged to sit down on the bench to remove their upper bodies and heads from the direct flight of foul balls.

### **Control of Horseplay**

Horseplay includes any type of youthful, distracting behavior that could even remotely be the cause of an accident. Team play requires 100% cooperation among players. If showoffs and smart-alecks cannot find sufficient outlet for their high spirits in a game, then quick and impartial disciplinary action must be taken.

## **SPORT PARENT CODE OF CONDUCT**

Langdon Little League has implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

### ***Preamble***

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these “six pillars of character.”

### **I THEREFORE AGREE:**

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.

7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

---

Parent/Guardian Signature

# First Aid



## Emergency Plan

Serious injuries which could be considered life threatening occur infrequently. However, a manager or coach must be prepared. An adequate emergency plan must be developed to assist in handling an emergency. The following should be included in your emergency plan.

Always have with you at games and practices:

- Players' Medical release forms
- First Aid Kit
- A cell phone or access to a telephone
- Maintain a complete team roster, which includes the following:
  - Players' names
  - Parents' home telephone number and work telephone number
  - Emergency contact person and phone number (try and get two)
  - Doctor's name and telephone number
  - Any religious restrictions, if known
  - Any disabilities, medications or allergic conditions, if known
  - CPR certified coaches or parents on each team
  - Any special conditions



### Emergency Action

DO	DO NOT
Reassure and aid children who are injured, frightened or lost	Administer any medication
Provide or assist in obtaining, medical attention for those who require it	Allow the player to move if a neck or back injury is suspected (wait for professional help to arrive)
Know your limitations	Provide food or beverages other than water
Look for signs of injury: bleeding, fractures, deformities, shock	Hesitate to give aid when it is needed
Follow Infectious Disease Procedures if blood is present	Be afraid to ask for help if you are not sure of the proper procedures
Listen to the injured describe what happened and what hurts	Transport injured individuals except in extreme emergencies
Feel the injured area gently and carefully for signs of swelling or broken bones	Leave an unattended child at a practice or a game
Contact Professional medical help quickly (call 9-1-1)	
Contact parents as soon as possible	
Keep the player calm, warm, still and comfortable	
Report any present or potential safety hazard to the League Safety Officer	

## **Bites and Stings**

Bites or stings can be received from a number of different circumstances. Stings are usually caused by bees and other bugs. Bites can come from cats, dogs, spiders, ants or mosquitoes. All of these should be evaluated and treated when a player complains of a bite or sting. Many individuals are highly sensitive to stings that can cause them to develop breathing difficulties and very rapidly go into shock. This condition can be life threatening if not detected and treated as soon as possible. It is important that coaches and managers are aware of any members on their team that have reactions to stings and that the proper emergency equipment is available at all times.

### **Stings**

If a player complains of a sting, the manager or coach should look for:

1. Swelling in the area
2. Signs of allergic reactions (if any condition exists, call 9-1-1)
  - Nausea
  - Severe swelling
  - Breathing difficulties, including coughing and wheezing
  - Bluish face, lips, fingernails
  - Signs of shock
  - Unconsciousness
3. The stinger or venom sac still in the skin

### Treatment of Bee Stings

1. Remove the stinger or venom sac with tweezers or by gently scraping with the fingernail or a knife. Do not squeeze the stinger or venom sac.
2. Wash the area and apply a Band-Aid to cover the area.
3. For multiple stings, soak area in cool water.
4. Check for allergic reactions (if any condition exists, call 9-1-1).

### Treatment of Ant Bites

1. Wash area thoroughly with clean water.
2. Apply sting lotion or a paste made of baking soda and water.
3. Cover the bite with very cold water to avoid swelling.
4. Watch for any signs of an allergic reaction.

### Treatment of Animal Bites

1. Control any bleeding that may occur.
2. Flush the area with cool clean water.
3. Cover the area with a sterile pad or clean cloth.
4. Contact parents and notify police.

## **Contusions**

A contusion is commonly called a bruise and can be identified by a dark discoloration of the skin. The area in which the injury has occurred will become black and blue due to small blood vessels in the area rupturing and bleeding into the tissue around the injury. The bleeding may cause swelling which is the second sign of a contusion.

The most common cause of a contusion for Little League players is being hit with the ball. Contusions can also be caused by being hit with the bat, a player falling and hitting the ground, sliding into another player or running into a hard object.

If a player complains of pain over an area after a hard blow, the manager or coach should:

1. Look for swelling in the area and/or discoloration of the body tissue in the area.
2. Feel the area for tenderness.
3. Have the player try to move the injured area. Try to determine how much pain is associated with the movement. Extreme pain could indicate a severe injury.
4. Pull a player from the game or practice if the contusion produces moderate to severe pain on movement.

### Treatment

1. Apply ice or a cold pack to the area.
2. Notify parents.
3. Recommend to the parent that a physician be contacted if the contusion is moderate or severe.

## **External Bleeding**

External bleeding from a player can be caused by many sources in Little League. A player being hit by a pitched ball, taking a bad hop in the infield or sliding into a base, may cause bleeding. Communicable diseases are a major concern. Refer to the Infectious Disease Policy in this Safety Plan for policies established by the league which detail minimum requirements for disease control.

Bleeding must be stopped as soon as possible. These instructions describe how to control or stop external bleeding. Managers and coaches should also observe the league's Infectious Disease Policy and utilize the first aid kits supplied by the league to each team.

### Treatment

1. Act quickly. Have the player lie down if needed. If possible, elevate the injured area higher than the heart.
2. Control bleeding by applying direct pressure on the wound with a sterile pad or cloth. Wear latex gloves and follow the league's Infectious Disease Policy.
3. Once bleeding is controlled, bandage the area firmly with clean bandages. Do not make them too tight.
4. If pressure is ineffective in stopping the bleeding – CALL 9-1-1. The bleeding can usually be controlled by applying strong finger pressure to one of the following pressure points:

- Scalp: press thumb against the bone in front of the ear (pressure may be needed on both sides).
  - Face: press fingers against hollow area of the jaw (pressure may be needed on both sides).
  - Neck: place thumb against the back of the neck against the vertebrae, slide three fingers to the side of the airway where the injury is located. Locate the pulsating artery, and then squeeze it toward the thumb. Do not compress both sides of the neck.
  - Arm: Place flat side of finger in groove between muscles on the inner side of the arm. Place thumb on the outside of the arm, press toward bone at a point halfway between the shoulder and elbow.
  - Hand: Place your thumb on the inner side of the wrist, press toward bone.
  - Leg: At the groin area where the legs and torso meet, press inner thigh against the bone with the fist or heel of the hand
5. Apply a tourniquet as a last resort.
  6. Call 9-1-1 if it is an emergency.

## **Shock**

Shock occurs when the body's organs and tissues do not receive an adequate flow of blood. Inadequate blood flow deprives the organs and tissues of oxygen and allows the buildup of waste products. When the circulatory system is unable to get enough blood to the vital organs, the body goes into shock. Sometimes even a mild injury will lead to shock. The body starts shutting down. **Shock is a life-threatening medical emergency** and can result in serious damage or even death. If a person develops signs of shock, **CALL 911** or other emergency services and begin treatment immediately.

Signs of shock include:

- Cool, pale, clammy skin
- Weak, rapid pulse.
- Shallow, rapid breathing
- Faintness, weakness, dizziness or loss of consciousness
- Low blood pressure
- Thirst, nausea or vomiting
- Confusion, anxiety, restlessness, irritability

## Treatment

Prompt treatment can save the life of a person who is in shock. Try the following:

- Have the person lie down and elevate his or her legs 12 inches or more. If there is an injury to the head, necks, or chest, keep the legs flat. If the person vomits, roll the person to one side to let fluids drain from the mouth. Use care if there could be a spinal injury.
- Control any bleeding and splint any fractures.
- Keep the person warm but not hot. Place a blanket underneath the person, and cover him or her with a sheet or blanket, depending on the weather. If the person is in a hot place, try to keep the person cool.
- Take and record the person's pulse every 5 minutes.
- Comfort and reassure the person to relieve anxiety.
- Give victim no food or drink, even though they are likely to be thirsty.

## Fractures

Fractures (broken bones) are not a frequent injury in Little League. Circumstances causing a player to fracture a bone include a batter being hit by a pitched ball, an improper slide, a collision with another player or a fall while attempting a play. A fracture must be treated as a major injury mostly because the injured player will probably be in a great deal of discomfort and could go into shock.

### Treatment

1. Act quickly; treat for shock, if necessary.
2. Have someone notify parents.
3. Call 9-1-1 and get professional help immediately if the injury is in the back or neck. Keep the player still until EMT personnel arrive.
4. If the bone is suspected to be broken but does not pierce the skin, place the limb in as natural a position as possible without causing discomfort to the player.
5. If the bone is piercing the skin (compound fracture), apply pressure to the appropriate pressure point to stop any bleeding that might occur. Do not straighten the limb, return to a natural position or replace bone fragments. Do not touch or attempt to clean the injury. Place a sterile pad or cloth firmly in place to cover the injury.
6. If the player must be moved, apply a splint or stabilize the area to prevent further damage. Use anything that will keep the bone from moving (broomsticks, boards, etc.). Pad splints with cotton, clothes or anything soft and clean. Tie the splints firmly, but not tightly. If the victim complains about numbness, the splint may be too tight.

## Heat Illness

The following measures should be taken to reduce the risk of heat illness during competition or practice:

1. Before the activity begins, drink 8 ounces of fluids.
2. During the activity, drink at least 4 ounces of fluids every 20 minutes.
3. After the activity, drink 16 ounces for every pound of weight lost.

<b>EARLY SIGNS OF DEHYDRATION</b>	<b>SEVERE SIGNS OF DEHYDRATION</b>
Fatigue	Muscle spasms
Loss of appetite	Clumsiness
Flushed skin	Sunken eyes/dim vision
Light-headedness	Delirium
Dark urine with strong odor	

### Prevention

As temperature and humidity go up, managers and coaches must encourage their players to drink adequate amounts of fluids. Plain water is best, but one of the salt-containing sports drinks is acceptable. Recommend to players that they get plenty of salt in their diet. Managers and coaches must pay attention to weather conditions. The danger zone is present whenever the temperature is above 90F or the humidity is above 95%. Give the players plenty of rest time in a cool area. Under these extreme conditions, no player should be allowed to catch more than three innings.

**Report any cases of heat illness to the League President or the Safety Officer.** Most severe heat illness can be divided into three categories depending on its severity: heat cramps, heat exhaustion and heat stroke. A summarization of these conditions appears below.

TYPE	SYMPTOMS	PHYSICAL FINDINGS
<b>Heat Cramps</b>	Muscle tightening and spasm with intense pain, usually in lower leg, but may be abdominal or rib cage.	Muscle spasms, either seen or felt, that usually does not respond to kneading or massage.
<b>Heat Exhaustion</b>	Severe fatigue, weakness, light headedness; may also include flu-like symptoms: headache, muscle aches, nausea, vomiting, diarrhea	<ul style="list-style-type: none"><li>• Elevated temperature 98.6 to 103 F</li><li>• Elevated pulse rate</li><li>• Loss of consciousness is rare</li></ul>
<b>Heat Stroke</b>	Confusion, disorientation, some agitation in milder cases; there may be delirious behavior or coma, if severe.	<ul style="list-style-type: none"><li>• Temperature of at least 105F</li><li>• Hot, flushed, dry</li></ul>

Look and listen for any of the complaints noted on the chart above. Determine if there is a history of recent illness, especially if the player is taking medication. Feel for:

- Cool and damp skin, which might indicate heat exhaustion
- Warm and dry skin, which might indicate heat stroke
- Pulse

### Treatment

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

#### **FOR HEAT CRAMPS**

- Rest, cooling
- Gentle stretching
- Diluted salt solution (1 teaspoon salt to one-quart water) by mouth

#### **FOR HEAT EXHAUSTION**

- Have player lie down in a cool shaded area, elevate feet and massage legs toward heart
- Diluted salt solution (1 teaspoon salt to one-quart water) by mouth if the player is awake
- Call 9-1-1 for emergency medical assistance
- Notify parents
- Be alert for progression to heat stroke

## Heat stroke

### **NOTE: HEAT STROKE IS A LIFE-THREATENING EMERGENCY**

- Call 9-1-1 for emergency medical assistance
- Cool the body; remove clothing, pack in ice; wet and fan the victim
- Do not give beverages such as coffee, tea or soda
- Notify parents and league President or Safety Officer
- Do not try to force a player to drink fluids unless you are sure he/she is conscious.
- Allow the player to drink only if his eyes are open and he/she can hold the cup.

Children are more susceptible to heat illness than adults, so managers and coaches need to be especially alert in the younger age groups. Heat exhaustion may lead to heat stroke, so treat heat exhaustion as quickly as possible. Heat stroke can be fatal. The outcome for the player is related to how quickly the body temperature can be brought down to a safe level.

## **Protection from the Sun**

The FDA has new labeling requirements; sunscreens cannot claim to have an **SPF (Sun Protection Factor)** greater than 30. Anything higher has little more UV protection. Not all sunscreens completely protect against UVA rays, even if the front of the label says so. The only way to know you are completely protected is to check the back of the label. Look for one of these three active ingredients: titanium dioxide, zinc oxide or parasol 1789 -- also known as avobenzone.

### Sunscreens, Tanning Products and Sun Safety

Skin damage from sunlight builds up with continued exposure, whether sunburn occurs or not. In addition to skin cancer and sunburn, effects related to premature aging can include wrinkling and, in time, an almost leathery appearance of the skin. Research also suggests that excessive exposure to UV radiation may interfere with the body's immune system.

Sunburn is associated with the shorter ultraviolet wavelengths, known as ultraviolet B (UVB). The longer wavelengths, known as ultraviolet A (UVA), however, can penetrate the skin and damage connective tissue at deeper levels, even if the skin's surface feels cool. It is important to limit exposure to both UVA and UVB.

Sunscreens play an important role as one part of a total program to reduce the harmful effects of the sun that first includes limiting sun exposure and wearing protective clothing. Sunscreens are labeled with SPF numbers. SPF stands for "Sun Protection Factor." The higher the SPF number, the more sunburn protection the product provides. Experts recommend using sunscreens with an SPF number of 15 or higher that also provide protection from UVA rays. Remember, sunscreen use alone will not prevent all of the possible harmful effects of the sun.

The effectiveness of a sunscreen is reduced if it is not applied in adequate amounts or if it is washed off, rubbed off, sweated off or otherwise removed. For maximum effectiveness, apply a sunscreen liberally before going outside and reapply it frequently on all sun-exposed skin. Unless otherwise stated on the label, a general rule of thumb is to apply 30 minutes before going outside and to reapply at least every two hours thereafter.

Remember that the sun's rays are the strongest from 10:00 a.m. to 4:00 p.m., especially during the late spring and summer. It is equally important to protect your eyes from the sun. Too much UV radiation can damage the cornea and lead to cataracts, a clouding of the lens of the eye that can cause blindness. Not all tinted glasses - even very dark ones - protect against UV radiation. The UV filtration results from an invisible chemical applied to the sunglasses. Check the label when choosing sunglasses in order to make sure that they provide protection against UV radiation.

Further information can be found on the FDA web site: <http://www.cfsan.fda.gov/~dms/cos-220.html>.

## **COMMUNICABLE DISEASE PROCEDURES**

While the risk of one athlete infecting another with HIV /AIDS during competition is close to non-existent, there is a remote risk that 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 contaminated surfaces and equipment with an appropriate disinfectant before competition resumes. This disinfectant is available in the concession stand.
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, a barrier shield for CPR use is available in most first aid kits.
7. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athlete 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.

# Concession Stand

## Policies & Procedures



### **Concession Stand Guidelines (As Required)**

- Signs will be posted in concession stands regarding hand washing.
- Signs will be posted in concession stand listing location of first aid kit.
- A listing of all important phone numbers, including board member list, will be posted in concession stand.
- 3 to 5 bags of ice will be prepared and kept ready in freezer for potential injury use.
- Operating procedures for safe handling of food will be posted in concession stand.
- Communicable disease procedure list will be posted.
- The League Safety Officer will meet with concession manager at season start to ensure their understanding and compliance of the above conditions.

## Keep It Clean: Concession Stand Tips

### 12 Steps to Safe and Sanitary Food Service Events

**1. Menu.** Keep your menu simple and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. *Complete control over your food, from source to service, is the key to safe, sanitary food service.*

**2. Cooking.** Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41°F or below (if cold) or 140°F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155°F; poultry parts should be cooked to 165°F. *Most food borne illnesses from temporary events can be traced back to lapses in temperature control.*

**3. Reheating.** Rapidly reheat potentially hazardous foods to 165°F. Do not attempt to heat foods in crock pots, steam tables or other holding devices. *Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.*

**4. Cooling and Cold Storage.** Foods that require refrigeration must be cooled to 41°F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. *Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of food borne illness.*

**5. Hand Washing.** *Frequent and thorough hand washing remains the first line of defense in preventing food borne disease.* The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

**6. Health and Hygiene.** Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

**7. Food Handling.** Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. *Touching food with bare hands can transfer germs to food.*

**8. Dishwashing.** Use disposable utensils for food service. Keep your hands away from food contact surfaces and never reuse disposable dishware. *Ideally, dishes and utensils should be washed in a four-step process:*

1. Washing in hot soapy water,
2. Rinsing in clean water,
3. Chemical or heat sanitizing, and
4. Air drying.

**9. Ice.** Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. *Ice can become contaminated with bacteria or viruses and cause food borne illness.*

**10. Wiping Cloths.** Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and ½ teaspoon of chlorine bleach). Change the solution every two hours. *Well sanitized work surfaces prevent cross contamination and discourage flies.*

**11. Insect Control and Waste.** Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

**12. Food Storage and Cleanliness.** Keep foods stored at least six inches off the floor. After your event is finished, clean the concession area and discard unusable food. *(Remember: Training your concession stand volunteers is one of the 13 requirements for a qualified safety plan.)*

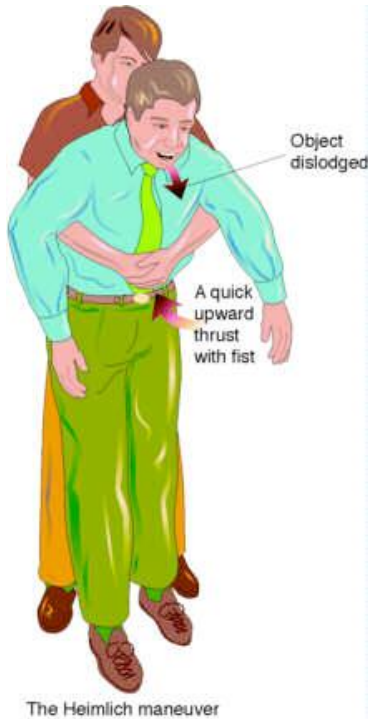
#### Top Six Causes

From past experience, the US Centers for Disease Control and Prevention (CDC) list these circumstances as the most likely to lead to illness. Check this list to make sure your concession stand has covered these common causes of food borne illness.

- **Inadequate cooling and cold holding**
- **Preparing food too far in advance for service**
- **Poor personal hygiene and infected personnel**
- **Inadequate reheating**
- **Inadequate hot holding**
- **Contaminated raw foods and ingredients**

## The Heimlich maneuver

The Heimlich maneuver is an emergency technique for preventing suffocation when a person's airway (windpipe) becomes blocked by a piece of food or another object. When approaching a choking person who is still conscious, ask: "Can you cough? Can you speak?" If the person can speak or cough, do not perform the Heimlich maneuver or pat them on the back. Encourage them to cough.



### To perform the Heimlich:

Grasp the choking person from behind:

- Place a fist, thumb side in, just below the person's breastbone (sternum), but above the navel;
- Wrap second hand firmly over this fist;
- Pull the first firmly and abruptly into the top of the stomach.

It is important to keep the fist below the chest bones and above the navel (bellybutton). The procedure should be repeated until the airway is free from obstruction or until the person who is choking loses consciousness (goes limp). These will be violent thrusts, as many times as it takes.

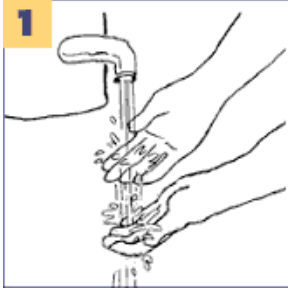
### For a child:

- Place your hands at the top of the pelvis;
- Put the thumb of your hand at the pelvis line;
- Put the other hand on top of the first hand;
- Pull forcefully back as many times as needed to get object out or the child becomes limp.

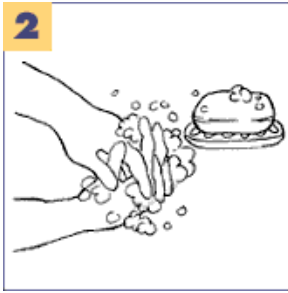


Most individuals are fine after the object is removed from the airway. However, occasionally the object will go into one of the lungs. If there is a possibility that the foreign object was not expelled, medical care should be sought. If the object cannot be removed completely by performing the Heimlich, immediate medical care should be sought by calling 911 or going to the local emergency room.

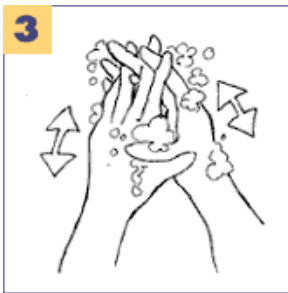
## Steps of Hand Washing



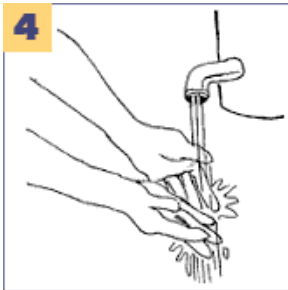
1. Wet hands with running water.



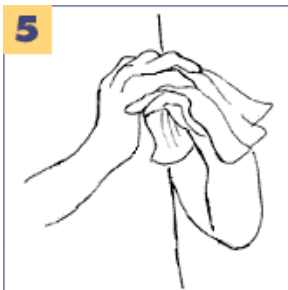
2. Rub hands together with soap and lather well, covering all surfaces.



3. Weave fingers and thumbs together and slide them back and forth.



4. Rinse hands under a stream of clean, running water until all soap is gone.



5. Blot hands dry with a clean towel.

## **VOLUNTEER APPLICATION FORMS**

All managers, coaches, board members, and any other volunteer who comes in repeated contact with the children of Langdon Little League will fill out and return to the local league a volunteer application form.

The volunteer will be agreeing to a background check by signing the application. The local league using the information supplied on the application form will do a background check to comply with the policy of Little League Baseball.

It is the responsibility of the Safety Officer or a board-approved individual to ensure that all forms have been turned into the local league.

**Langdon Little League uses the Strathmore Police Service to verify ALL volunteers meet the requirements of Little League International's background check. These background checks are done in compliance with the privacy act in effect. A Vulnerable Sector search is performed as part of the background check.**

The information obtained for these background checks is used solely for the purpose of confirming a volunteer's compliance with the rules and regulations of Little League and will not be disclosed to anyone for any purpose. Langdon Little League takes the safety of its members to be a serious issue and will not compromise on the standards set forth by Little League International and the Strathmore Police Service.



# RETURN TO PLAY PLAN – SAFETY PLAN

This document is a draft for Districts & Leagues to use to create their Safety Plan addendum re: COVID-19 Version: 2020-02

Last Amended: June 11/20

Valid For: Baseball Relaunch Phases 1-3

Created by: Little League Alberta Administrative Office

## Little League Alberta

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## Forward

Little League Alberta has been monitoring all relevant policies, guidelines, and protocols in order to create this document which member leagues and districts can use as a template for their own “Return to Play Safety Plan” this summer/fall that is consistent with the following:

- A. Little League International/Little League Canada guidelines
- B. Government of Alberta/Alberta Health Services orders, policies, and guidelines
- C. Little League Alberta Baseball Relaunch Document

Any member league/district that desires to use this template must also verify with their local municipality/jurisdiction for any additional requirements.

The goal of our relaunch is based on the belief that it is fundamentally safe for participants to play outdoor sports in a controlled and supervised environment at fields and areas dedicated for that purpose. We are advocating, and thus supporting, a strong team effort that educates our members on how to develop and implement a safe operation plan.

The overarching purpose of each safety plan addendum is to prevent transmission of COVID-19

Thank you for your attention to this document and we hope you are able to use it to assist in getting kids back onto the playing fields safely in the coming weeks.

Yours Truly,

A handwritten signature in blue ink that reads "Kevin Kvame". The signature is written in a cursive style with a large initial 'K'.

Kevin Kvame  
President/CEO  
Little League Alberta

## SECTION 1 - Considerations & Assumptions

- Facility management or responsible person will implement active daily screening of staff, volunteers and patrons for symptoms and close contact with persons with COVID- 19 through the screening checklist which is attached as Appendix 1
- Emphasize that anyone who is sick or has anyone in their household with cold-like symptoms such as cough, fever, runny nose, sore throat or shortness of breath, **MUST NOT** be in the facility and must leave the facility or designated play area immediately.
- Patrons with these symptoms will not be allowed in the facility and will be advised to return home.
- To enable quick contact with participants and patrons, facility staff or a responsible person will maintain an up-to-date contact list for anyone who enters the facility, including names and phone numbers.
- See Appendix 1 for the recommended checklist
- For the purposes of tracing close contacts, facility staff should be able to indicate
  - who was working or playing onsite at any given time block
  - Who an employee or volunteer may have worked with on any given shift.
  - Anyone who was in the facility at a given time
- Temperature checks will be recommended as a personal initiative before coming to facilities. Anyone showing a fever of 38.0 degrees Celsius will not be permitted to enter the facility and is asked to stay home.
- We recommend that visitors to the facility download the ABTraceTogether app as an additional safety measure
- PPE is necessary when physical distancing of 2 meters **CANNOT** be maintained. We will encourage players and parents to wear medical or nonmedical grade face coverings when attending events.
- Spitting is not permitted. Tobacco use of any kind, unshelled sunflower seeds, and unshelled peanuts are not permitted at any facility.
- A basic safety practice script for coaches, supervisors, umpires, and game spotters to use will be created as a tool for consistent messaging. Players need to be educated and reminded on a continual basis about the safety measures.
- As per the Province of Alberta Relaunch Phase 1, Summer Camps are permitted as of May 14<sup>th</sup>. Our plan in this initial phase of our strategy is to allow youth camps in a safe, supervised, outdoor environment. The camps will have a leader (who is over the age of 18) to camper ratio of 1:10 or 2:15 and social distancing will be a key strategy to these fun, interactive opportunities for youth. These camps for the period through August 2020 will be performed **outside** only in venues.

- If a participant, coach, staff or volunteer develops COVID-19 symptoms during the activity, they should be sent home to begin isolation immediately.
- In the event that a participant requires first aid, consider having a family member attend to the injured. If not possible, the first aider should use appropriate Personal Protective Equipment, including fabric face coverings or medical mask and gloves.
- Protocols for safety of a participant with a disability must be put in place if needed.

## **SECTION 2 – Activity Protocols**

- Players are encouraged not to touch their face or put any part of their hands in their mouth or nose. Pitchers are not allowed to put their fingers to their mouth.
- Anytime a baseball leaves the playing field it needs to be cleaned, disinfected, sanitized, and allowed to dry before it can be used again.
- Coaches will sanitize hands and practice hand hygiene prior to handling baseballs.
- No dugout use will be permitted.
- Each program offering youth camps/clinics/training must have an outline of drills, practice plans, and activities outlined that show their ability to offer these programs following proper social distancing measures.
- No indoor facility use is allowed at this time
- Encourage participants to come dressed to play.

## **SECTION 3 - Health & Hygiene**

- Maintain bathrooms and any associated amenities in a clean and sanitary condition. The frequency of cleaning and disinfection will vary depending on usage.
- Consider physical distancing of users in order to prevent the spread of COVID-19. Distancing can be facilitated by the use of partitioned stalls, decommissioning toilets or urinals that are less than 2 meters apart.
- Facilities must maintain an adequate supply of soap, paper towel, toilet paper, hand sanitizer and other necessary supplies.
- No showers are to be provided at any facility
- Regular household cleaning and disinfecting products are effective against COVID-19 when used according to the directions on the label.
  - Facilities will use a disinfectant that has a Drug Identification Number (DIN) and a virucidal claim (efficacy against viruses).
  - Alternatively, facilities can use a bleach-water solution with 100 ml of bleach to 900 ml water.

- Health Canada has approved several hard-surface disinfectants and hand sanitizers for use against COVID-19. Use these lists to look up the DIN number of the product you are using or to find an approved product.
- Make sure to follow instructions on the product label to disinfect effectively
- Facilities will make disposable towels and spray cleaners, or disposable wipes, available to staff, volunteers and (as necessary) patrons to regularly clean commonly used surfaces.
- Facilities will remove all communal items that cannot be easily cleaned, such as newspapers, magazines, and stuffed toys.
- Facilities will use a “wipe-twice” method to clean and disinfect. Wipe surfaces with a cleaning agent to clean off soil and wipe again with a disinfectant. **Key factors in ensuring the equipment is properly cleaned and disinfected include:**
  - Cleaning any visible soiling of the surface.
  - Full coverage of surfaces in disinfectant.
  - Use friction when cleaning and disinfecting. This helps ensure all areas are covered & to help destroy & remove any viruses or bacteria.
  - Each facility shall develop and implement procedures for increasing the frequency of cleaning and disinfecting of high traffic areas, common areas, & public washrooms.
- Frequently clean and disinfect high-touch/shared surfaces such as:
  - Doorknobs, light switches, toilet handles, faucets and taps, railings, gates
  - Equipment handles, hand tools, machinery control panels, seat belt buckles, joysticks, steering wheels and controls on powered mobile equipment
- All participants must clean and disinfect their equipment after each event and prior to the next one (preferably 24 hours apart).
- Participants must wear clean clothing/uniforms to each event. Uniforms must be cleaned after each event and prior to the next event/activity.
- It is strongly recommended that participants shower after each event at the earliest opportunity possible.
- All programs must clean, disinfect, and not use for 24 hours any equipment they may sign out to individuals before the first use of said equipment.
- Baseballs must be sanitized before and after each event and prior to being re-entered into games or practices. Sanitization should use recommended products to ensure the maximum safety.
- Facilities will promote and facilitate frequent and proper hand hygiene for employees, volunteers and patrons.

- Facilities will provide a means to sanitize hands at points of entry to the facility and at other locations in the facility where patrons and staff are known to handle goods.
- Facility management will instruct staff and volunteers to wash their hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer (greater than 60% alcohol content).
- Hand washing with soap and water is required if the employee or volunteer has visibly dirty hands.

#### **SECTION 4 – Safety and Physical Distancing**

- We will restrict the number of employees, volunteers and patrons in a facility at any one time to 50 persons.
- Bleachers, chairs, tables will be positioned to meet this requirement. Seats will be marked with

“Do not use due to Social Distancing Restrictions” posters to assist in facilitating this procedure.

- No physical contact (handshakes, fist bumps, high 5’s, etc.) at any time including between Players and between players and coaches.
- No gathering around the park until your scheduled arrival time. Please remain in your own vehicle until 5 minutes before your scheduled arrival time.
- All participants/patrons must leave the facility immediately following the conclusion of the event. Post-game meetings are encouraged to be done via video conference call on apps like Skype, Zoom, House Party, etc. once everyone has arrived home safely.
- Maintaining a 2 meter separation between individuals social distancing (e.g., workers, volunteers, and patrons) is mandatory and achievable in any facility during phases 1-3.
- Spectators are not allowed to enter designated participant-only spaces.
- Only guardians and/or families of a participant can spectate in a designated area. No public spectators are permitted.

#### **SECTION 5 - Administrative Considerations**

- We will conduct virtual training sessions with organization board members, umpires, coaches, players, and then parents to explain reopening conditions.
- Schedule windows will be larger for events to avoid unnecessary congestion between activities and to allow for necessary cleaning.
- At a large venue, such as an outdoor baseball park, we believe that social distancing can occur in a widespread out fashion. Gathering of separate groups of people will be prohibited at all times even if the 2 meter social distancing can occur.

- No sharing of cell phones, clothing items, or personal items. If someone does not have a phone, that person must go to the leader/coach who will make the phone call on behalf of said person. Also, cell phones should be disinfected prior to arriving at the facility and at the first opportunity when you arrive home.
- No sharing of water bottles or food of any kind. Water/beverages should be brought from home. Please ensure water bottles are labelled with participant name.
- Email communication to all participants in advance.
- Website and social media information will contain resources and protocols for these programs.
- Members to update Zero Tolerance Policy on new provisions related to COVID- 19 baseball relaunch.
- All Equipment needs to be assigned to the individual or owned by the individual. No sharing of equipment is permitted unless it has been cleaned, disinfected, and not used for 24 hours.
- Facility staff will make every effort to encourage and educate on respiratory etiquette (e.g., coughing or sneezing into a bent elbow, promptly disposing of used tissues in the trash, and followed by hand hygiene) is followed.
- Ride sharing (carpooling) is not recommended. Players should travel only with an immediate family member/members of the household. If necessary, a pod of two families can be created (only includes immediate family members of two nearby families) to assist in getting each other's children to the game/practice, but group carpooling is not recommended or endorsed in any way.
- For Stage 2 of Relaunch, activities should be restricted to local community opportunities. Participants should not seek sport, physical activity and recreation opportunities in other regions, or out of province.
  - Cross-jurisdictional, or inter-regional, play should not occur at this stage.
- Signage will be posted in bathroom areas that informs users of how to mitigate risks of COVID- 19 transmission (E.g., hand hygiene, respiratory etiquette).
- The use of posters that remind staff, volunteers and patrons to practice respiratory etiquette and hand hygiene will be easily seen within the facility (e.g., entrances, washrooms and staff rooms). Signs on appropriate hand hygiene will be posted at hand hygiene areas and in public view
- Signage at all facilities and events. (Social Distancing & Hand Hygiene)
- To support public health contact tracing efforts in the event that an attendee tests positive, operators should consider collecting the names and contact information of attendees.

- Providing information is voluntary for attendees. An organization must obtain an individual's Consent and notify them about the purpose and legal authority for the collection.
- Information about attendees will only be requested by Alberta Health Services if a potential exposure occurs onsite.
- Records should only be kept for two weeks. An organization must make reasonable security arrangements to protect the personal information.
- Any personal information that is collected for COVID-19 contact tracing can only be used for this purpose, unless an individual provides their consent.

## **SECTION 6 – Game Protocols**

- Baseball is a sport where we cannot always assure social distancing. It is essential to limit the number of contacts between different participants. This is done by playing within set cohorts (e.g., mini-leagues or bubbles with a fixed number of participants).
  - Mini-leagues and bubbles cannot exceed 50 people. This number includes those participants, officials, coaches and trainers who cannot maintain two meters of distance from others at all times. This number does not include parents and spectators.
  - Mini-leagues should remain together for the duration of Stage 2 of Relaunch.
  - Mini-leagues allow baseball teams to return to a safe level of play, and will help to mitigate risk of widespread transmission by limiting the number of athletes that come within close contact.
- Cohorts, mini-leagues and bubbles should remain together during Stage 2 of Relaunch and only play within the same geographical region (e.g., within a county, town or quadrant of a city).
- It is recommended that mini-leagues and bubbles be supervised by a responsible person whose role is oversight over maintenance of the group and other public health guidance.
- Each mini-league can be comprised of multiple teams, to a maximum of 50 people. Game play between teams must be limited to teams within the same cohort/mini-league.
  - Teams in different mini-leagues cannot play each other.
- Cohort Examples
  - 4 teams of 10 players, 2 coaches, 2 officials
  - 2 teams of 10 players, 2 teams of 11 players, 2 coaches per team, official(s) socially distance
- The 50 person maximum includes coaches/staff, instructors, participants from multiple teams, officials, and volunteers who cannot maintain two meters of distance from others at all times.
- Within each mini league, game play can resume between teams. At least two-meters distancing should be maintained between all when off the field of play (e.g., on benches, in dugouts)
  - The two-meter physical distancing rule can be relaxed for participants from the same household.

- Players are required to sanitize hands every ½ inning. They should be reminded not to touch their face at any time.
- No handshakes between the teams after each game.
- Pre-Game Coach/Umpire meeting must follow social distancing requirements (no exchanging of line-ups).
- Scorekeepers, announcers, and scoreboard operators must follow social distancing protocols.
- Dugouts to be cleaned, disinfected, and sanitized before and after each event
- Each game will need to have 1 volunteer as a spotter. Spotters are there to ensure that all baseballs that leave the field of play return to the field after being properly cleaned, disinfected, and sanitized.

If an individual answer **yes** to any of the questions, they **must not** be allowed to participate in the sport. Children and youth will need a parent to assist them to complete this screening tool.

1	Does the person attending the activity, have any of the below symptoms that are not related to a chronic condition or seasonal allergies diagnosed by a medical doctor:	CIRCLE ONE	
	Fever	YES	NO
	Cough	YES	NO
	Shortness of Breath / Difficulty Breathing	YES	NO
	Sore throat	YES	NO
	Chills	YES	NO
	Painful swallowing	YES	NO
	Runny Nose / Nasal Congestion	YES	NO
	Feeling unwell / Fatigued	YES	NO
	Nausea / Vomiting / Diarrhea	YES	NO
	Unexplained loss of appetite	YES	NO
	Loss of sense of taste or smell	YES	NO
	Muscle/ Joint aches	YES	NO
	Headache	YES	NO
	Conjunctivitis	YES	NO
2	Have you, or anyone in your household, travelled outside of Canada in the last 14 days?	YES	NO
3	Have you or your children attending the program had close unprotected* contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever?	YES	NO
4	Have you or anyone in your household been in close unprotected contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

If you have answered “**yes**” to any of the above questions **do not** participate. Go home and use the AHS Online Assessment Tool to determine if testing is recommended.

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**Release/Waiver of Liability and Assumption of Risk Agreement**  
**(For participants under the age of majority)**

In consideration of being allowed to participate in the (Insert Program Name Here) athletic program and related events and activities, the undersigned acknowledges, appreciates, understands, and agrees that:

- \_\_\_\_\_ Initials
1. Participation includes possible exposure to and illness from COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist and (PROGRAM NAME) cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while utilizing (PROGRAM NAME)'s services and/or premises. It is impossible to prevent the presence of the disease. Therefore, if you choose to utilize (PROGRAM NAME)'s services and/or enter onto (PROGRAM NAME)'s premises you may be exposing yourself to COVID-19 and/or increasing your risk of contracting or spreading COVID-19, and,
- \_\_\_\_\_ Initials
2. I, the undersigned, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- \_\_\_\_\_ Initials
3. I willingly agree to comply with all of (PROGRAM NAME)'s stated and customary terms and conditions for participation as regards protection against COVID-19. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest (PROGRAM NAME) official immediately; and,
- \_\_\_\_\_ Initials
4. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the (PROGRAM NAME) and their officers, directors, officials, agents, employees, other participants, owners, and lessors of premises used to conduct (PROGRAM NAME) events ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, in connection with exposure, infection and/or spread of COVID-19 related to utilizing (PROGRAM NAME)'s services and/or premises WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against COVID-19. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_



Little League Alberta  
Return to Play  
Current Status – June 11/20



The decision to lift baseball suspensions in Alberta requires permission from **ALL** relevant authorities... & we are **NOT** there yet!

Little League International authorities resumption of play



Little League Canada gives protocols to resume play



Provincial Government/ Alberta Health lifts restrictions and authorities' activities



Municipality/ Region lifts restrictions needed to resume



Insurance provider binds coverage



League Safety Plan on File with District



Return to approved Activities

Before on-field baseball activities can occur anywhere in Alberta, the following conditions must be met:

- ✓ Little League International authorizes local return to play activities
- ✓ Little League Canada lifts suspension of sanctioned baseball, **AND**
- ✓ Provincial Government/Alberta Health Services lift applicable restrictions, **AND**
- ✓ Municipalities / Regions lift applicable restrictions, **AND**
- ✓ Little League Alberta verifies insurability of baseball activities under COVID- 19 conditions, **AND**
- ✓ District Members support modified season in their jurisdiction via a detailed safety plan, **THEN**
- ✓ Little League Alberta will notify Leagues/Districts as restrictions lift and additional phases can proceed

**\*\*\*The first phase of Return to Baseball includes single team, training sessions ONLY.**

Baseball Activities that cannot maintain 2m/6ft social distancing requirements will **NOT** be permitted and will continue to be prohibited in Phase 1 of the Little League Alberta Relaunch.

Phase 2 can proceed once training, safety plan, and local region lifts any restrictions such as facility use.

Phase 3 age grouping launch date are still recommended, but are league choice.

Phase 3 launch date (playing of games) is available on June 12/20 with protocols that must be followed.

# Little League Alberta Zero Tolerance Policy

Little League Alberta believes all participants in Little League baseball deserve to be treated with respect. Players and game officials are learning the game. Coaches and managers are volunteers. In order to create an environment that allows all participants to learn and grow, Little League Alberta will impose and enforce a Zero Tolerance Policy with respect to abuse of any participant, Coach, manager, official, player or parent/fan.

Abuse will be defined as any form of physical, emotional and/or sexual mistreatment or lack of care which causes physical injury or emotional damage to a child. A common characteristic of all forms of abuse against children and youth is an abuse of power or authority and/or breach of trust. In Alberta a person is considered a child up to the age of 18 years.

Emotional abuse is a chronic attack on a child's self-esteem; it is psychologically destructive behavior by a person in a position of power, authority or trust. It can take the form of name-calling, threatening, ridiculing, berating, intimidating, isolating, hazing or ignoring the child's needs.

Physical abuse is when a person in a position of power or trust purposefully injures or threatens to injure a child or youth. This may take the form of slapping, hitting, shaking, kicking, pulling hair or ears, throwing, and shoving, and grabbing, hazing or excessive exercise as a form of punishment.

The Little League Alberta Zero Tolerance policy will include any abuse against adults including that which may cause emotional distress for our players, officials and fans.

Any ejection for abuse will automatically result in a 3-game suspension, with the game in question counted as the first game. In the event the abuse comes from outside the playing field, a written complaint must be formally lodged with league executive. The complaint may be lodged by any player, coach, game official, or observer and the offending party will be asked not to attend the next three games.

Any confrontation that escalates to physical violence defined as "intentional physical contact with force" will result in a suspension, the minimum being one-year suspension from all little league parks within the boundaries of Little League Alberta to a maximum lifetime suspension. Physical violence shall include but not be limited to pushing, punching, tripping, kicking or hitting with any object including a person's hand or any part of their body.

The zero tolerance policy is enhanced in 2020 due to COVID-19. We expect all persons to respect social distancing guidelines and any other health protocols required when you are in attendance in any capacity at a Little League function. You will be asked to leave the facility if you do not respect these safety protocols that have been put in place.

Any person subject to a suspension shall be entitled to a hearing before a committee convened to rule on the validity of the complaint. At such a committee meeting the ejected party shall have the right to hear all charges, read any written complaints and defend his / her position to the committee. In the event that any individual cannot attend the hearing, that individual may designate someone to speak on their behalf or provide a written statement to the committee. Should any individual pass on attending or participating in the opportunity to defend him / herself the committee reserves the right to rule based on the material before them? The committee retains the right to impose

Sanctions for the good of Little League Alberta Baseball, including it's' players, coaches, managers, game officials and Fans. The decision of the hearing committee will be final.

The hearing committee will consist of the following representatives or their designates;

- The District Administrator
- District Umpire in Chief / Tournament umpire in chief
- District interlock coordinator / Tournament coordinator
- 2 league presidents independent of the league(s) involved in the hearing

The disciplinary hearing should take place within 5 days of the incident.

The following parties shall be entitled to attend the disciplinary hearing to answer questions from the committee;

- The parties involved in the incident under review
- Witnesses on behalf of each party.
- Any game or league official who witnessed the incident
- In the event a player is involved a parent will be encouraged to attend.

The hearing will proceed as follows;

- The committee members will convene and select a chair from among the members present
- The accused or his/her representative will be asked to be present
- The official complaint shall be read into the record or heard from the accuser
- The accused party shall have an opportunity to respond
- The accuser will be allowed to call witnesses one at a time who the hearing committee chair shall ask for his / her evidence.
- The accused will be allowed to call witnesses one at a time who the hearing committee chair shall ask for his / her evidence.
- Once the hearing committee is satisfied it has the information it requires the hearing will be adjourned
- The committee will reconvene without any witnesses to render a decision in the matter within five days, the decision will be delivered in writing to the accused and copied to the executive of the league involved
- All non-party witnesses must remain outside.

The decision will be final and binding. Should new information come to light the committee reserves the right to recall the issue based on a majority vote of the original members of the hearing committee.