



# League Safety Officer Manual

League Name Castro Valley Little League

League # 4 0 5 - 4 5 - 0 8



# Emergency Contact Information

Emergency Fire	911
Alameda County Emergency Communications Center (Dispatch Center)	510-881-8181
Alameda County Emergency Medical Services	510-618-3485
Sherriff, non-emergency	510-670-5045
League President, Anthony Solis	510-200-6759
Safety Officer, Daniel Frye	408-592-1986

# 2017 Qualified Safety Program Registration Form



## Registering your qualified safety plan is as easy as 1, 2, 3!

- 1) Complete all four sides of this Registration Form;
- 2) Complete the 2015 Facility Survey for all fields your league uses (DO NOT copy last year's form);
- 3) Submit **both** forms *with* your complete safety plan — including **all 15 minimum requirements clearly detailed** — with a **postmark** no later than **April 1, 2015**. This will register your safety program with Little League International (see pages 2.1-2.3 for more information). Due to the volume of plans received, plans may be submitted **starting Jan. 1, 2015**.

Approved safety plans will win your league a cash credit based on the number of teams your safety plan covers, if you carry Little League AIG Insurance. In addition, your program will automatically be entered in the 2015 ASAP Awards!

**District Administrators:** To earn the district incentive for ASAP participation, a district's league plans must be **received and approved by Little League International by March 13**. This is different than the league deadline and requirement. Districts with **87%** or better of their leagues that LLI received an approved and qualified safety plan by March 13 will earn a **\$350 credit**. Districts with **70%-86%** of their leagues that LLI received an approved and qualified safety plan by March 13 will earn a **\$150 credit**.

## This Registration Form MUST Accompany Safety Plan Submission

League Name \_\_\_\_\_ League I.D. # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ League I.D. # \_\_\_\_\_  
 (If board operates more than one charter, please list **all**!) League I.D. # \_\_\_\_\_

League Safety Officer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Work Telephone ( ) \_\_\_\_\_  
 Home Telephone ( ) \_\_\_\_\_  
 Cell/Pager Number ( ) \_\_\_\_\_  
 Email \_\_\_\_\_

League President \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Work Telephone ( ) \_\_\_\_\_  
 Home Telephone ( ) \_\_\_\_\_  
 Cell/Pager Number ( ) \_\_\_\_\_  
 Email \_\_\_\_\_

Items included with this application form:

# of pages of league's safety program outline: \_\_\_\_\_

# of non-returnable photographs: \_\_\_\_\_

Person submitting application (if different from above):

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and signature of professional photographer to be credited and granting permission for reproduction of photographs (if applicable)  
 \_\_\_\_\_

**Return this form and 2015 Little League Facility Survey, along with supporting safety manual, to:**

Mailing Address: ASAP Award Program  
 Little League International  
 P.O. Box 3485  
 Williamsport, PA 17701

or

Shipping Address: ASAP Award Program  
 Little League International  
 539 U.S. Route 15 Hwy.  
 So. Williamsport, PA 17702

Returned & Approved by March 13 for DA incentive or no later than April 1 for basic approval

Over →

# Qualified Safety Plan Requirements



## Making It "Safer For The Kids"

These two pages contain the 15 minimum requirements for your safety plan to qualify for the cash credit if you take Little League AIG player accident insurance. Page 4 provides a list of ways to improve on the minimum requirements. ***This form does not constitute a safety program. Please submit the safety manual that was distributed to league personnel, this form and your facility survey***, as well as any other supporting pieces illustrating your safety program. Please specify all areas on which you wish your program to be judged (facilities improvements, safety equipment usage, etc.), and document to the best of your ability those changes (photos, forms, written procedures, etc.). **Judging:** All judging will be conducted based on the material submitted. Non-original safety plans will not be considered for the awards.

**\* Please List Page Number Where Each Item Below Is Located In Your Safety Plan**

• Please list dates when training was/will be held; and where each requirement can be found in your plan.

- 1. Have active safety officer on file with Little League International** **1. Page:** \_\_\_\_\_
- 2. PUBLISH and DISTRIBUTE a paper copy of the applicable safety manual to volunteers** **2. Page:** \_\_\_\_\_
  - The intent is to print and distribute the safety plan to all staff: concession manual to concession workers, equipment policies to facilities crew, first aid to managers and coaches, etc. Keep copies in common areas for all volunteers.
  - While safety plans may be posted on the internet, individuals must be provided with printed copies to carry with them to the areas where their duties are performed.
  - Samples can be found in the example safety manuals on the LL web site.
  - Include all relevant material for coaches, including these minimum standards.
  - Keep a copy for your league. Send a copy to your DA or District Safety Officer. Little League International does not keep copies for leagues' future use.
- 3. Post and distribute emergency and key officials' phone numbers** **3. Page:** \_\_\_\_\_
  - Include emergency procedures for handling injuries and who to contact to track/report them.
  - Include emergency phone numbers for ambulance, police, fire department, etc.
  - Include league president and safety officer, consider head umpire, board members.
- 4. Use 2015 Volunteer Application Form** **4. Page:** \_\_\_\_\_
  - Managers, coaches, board members and any other persons, volunteers or hired workers, who provide regular services to the league and/or have repetitive access to or contact with players or teams **must fill out application form as well as provide a government-issued photo identification card for ID verification.** Check name spellings and numbers for accuracy.
  - Must conduct a search of the Department of Justice's *nationwide* sex offender registry, using 2015 Volunteer Application Forms, on all applicable volunteers.
  - Information on running background checks that contain not only those on a sex offender registry, but other crimes of a sexual and non-sexual nature, can be found on the Little League website.
  - May conduct a supplemental criminal background check using resources such as *First Advantage*.
  - Anyone **refusing** to fill out Volunteer Application is **ineligible** to be a league member.
  - League president must retain these confidential forms for the year of service.
  - Do not send in volunteers' forms; blank copy of league's application form from correct year should be sent.
  - When using First Advantage for background checks, Social Security numbers are required. You must enter these numbers into the database and then redact the social security number and/or other personal information from the paper copy for added protection.
- 5. Provide and require fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.)** **5. Page:** \_\_\_\_\_
  - *It is not necessary for the first aid and training fundamentals to be held before the Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet requirement.*
  - Document date, location, who is required to attend and who did attend. Save copies of attendees to track their participation for future use. Intent is to provide training to ALL coaches and managers; **minimum of one participant per team.**
  - Training qualifies volunteer for 3 years; but one team representative still required each year.
  - High school, college or experienced league coaches can be great resources.
  - Districts can assist by providing training sessions on a district-wide basis.
  - Training should be modified annually to meet the local needs of players and their facilities.**5. Date Was/ Will Be Held:** \_\_\_\_\_  
**5. Date Was/ Will Be Held:** \_\_\_\_\_

# Qualified Safety Plan Requirements



## Making It "Safer For The Kids"

- 6. Require first-aid training for coaches and managers, with at least one coach or manager from each team attending** **6. Page:** \_\_\_\_\_

  - *It is not necessary for the first aid and training fundamentals to be held before Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet requirement.*
  - Due to their training and education, it is not necessary for licensed medical doctors, licensed registered nurses, licensed practical nurses and paramedics to attend first aid training in order to meet requirement; however, it is recommended that leagues utilize these professionals from their league/community to present the training.
  - Other individuals who attend various outside first aid training and courses are **not** exempt.
  - Document date, location, who is required to attend and who did attend. Save copies of attendees to track their participation for future use to show that they have had training in past three years. Again, the intent is to provide training to ALL coaches/managers; **minimum of one participant per team.**
  - Training qualifies volunteer for 3 years, but one team representative still needed each year.

**6. Date Was/ Will Be Held:** \_\_\_\_\_

**6. Date Was/ Will Be Held:** \_\_\_\_\_
- 7. Require coaches/umpires to walk fields for hazards before use** **7. Page:** \_\_\_\_\_

  - Recommend leagues use form to track and document any facility issues needing to be fixed.
  - Common sense activity — look for rocks, glass, holes, etc.
  - Specify who is responsible for doing this — home coach, visitors, umpire, or all?
- 8. Complete the 2015 ANNUAL Little League Facility Survey** **8. Page:** \_\_\_\_\_

  - A requirement each year, can help leagues find and correct facility concerns.
  - Provided in the ASAP section on the Little League web site — [facilitiesurvey.musco.com](http://facilitiesurvey.musco.com) or email [asap@musco.com](mailto:asap@musco.com)
  - Excel spreadsheet included for recording for future use and records.
  - **DO NOT** simply make copy of past year's facility survey; physically review fields for changes and needs from prior year's survey, and record changes/needs on 2015 form.
  - **Keep a copy on file** for future needs; Little League does not maintain copies of surveys.
- 9. Written safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures** **9. Page:** \_\_\_\_\_

  - Local restaurant operators are good resources for training assistance.
  - Training should also cover safe use, care and inspection of equipment.
  - See concession suggestions: April and June, 2000, issues of ASAP News available on Little League's website.
- 10. Require regular inspection and replacement of equipment** **10. Page:** \_\_\_\_\_

  - Inspect equipment before each use by coaches and umpires.
  - Don't just discard bad equipment: destroy it or make it unusable to stop children from attempting to "save it" from waste.
  - Recommend use form to remind coaches and to track equipment needs.
- 11. Implement prompt accident reporting, tracking procedure** **11. Page:** \_\_\_\_\_

  - Accident forms to safety officer within 24-48 hours of incident is common.
  - Forms are available through Little League website.
  - Track "near-misses" as a proactive tool to evaluate practices and avoid future injuries.
  - Share information on accidents and "near-misses" with District staff.
- 12. Require a first-aid kit at each game and practice** **12. Page:** \_\_\_\_\_

  - Many leagues have a complex, but each team needs some form of first-aid kit for off-site practices or travel/tournament games.
  - Local hospitals and medical supply companies are good sources.
  - If necessary, fund through special drive.
- 13. Enforce Little League rules including proper equipment** **13. Page:** \_\_\_\_\_

  - Most Little League rules have some basis in safety — follow them.
  - Ensure players have required equipment at all times, even catchers warming up during infield.
  - Make sure coaches and managers enforce rules at practices as well as games.
  - Make sure all fields have all bases that disengage from their anchors, as required starting in 2008.
  - Remind managers, coaches they are not allowed to catch pitchers (Rule 3.09); this includes standing at backstop during practice as informal catcher for batting practice.
- 14. Submit a qualified safety plan registration form with your ASAP plan.** **14. Page:** \_\_\_\_\_
- 15. Submit league player registration data or player Roster data and coach and manager data** **15. Page:** \_\_\_\_\_

  - League player registration data or player roster data and coach and manager data must be submitted via the Little League Data Center at [www.LittleLeague.org](http://www.LittleLeague.org). This is a requirement for an approved ASAP plan again in 2017.



## Highly Recommended Ideas

*Looking to improve your program? Here are ideas pulled from the leading safety plans in the country:*

### ORGANIZATION

- |     |   |     |             |
|-----|---|-----|-------------|
| 16. | Conduct supplemental criminal checks on all applicable personnel (i.e., thru <i>First Advantage</i> ) | 16. | Page: _____ |
| 17. | Have your safety plan reviewed by your DA or DSO  | 17. | Page: _____ |
| 18. | Include the safety officer as a board position  | 18. | Page: _____ |
| 19. | Have team safety representatives (i.e. team parents)  | 19. | Page: _____ |
| 20. | Have player safety representatives (i.e. team safety officers)  | 20. | Page: _____ |
| 21. | Allocate part of annual budget for safety   | 21. | Page: _____ |
| 22. | Distribute ASAP News newsletters within league  | 22. | Page: _____ |
| 23. | Use local safety resources (i.e. police, fire dept., hospital staff)                                  | 23. | Page: _____ |
| 24. | Have league safety mission statement  | 24. | Page: _____ |

### TRAINING

- |     |   |     |             |
|-----|---|-----|-------------|
| 25. | Provide CPR/AED training to coaches, managers, board members, parents   | 25. | Page: _____ |
| 26. | Provide bicycle and traffic training to players   | 26. | Page: _____ |
| 27. | Provide drug education training to players and volunteers   | 27. | Page: _____ |
| 28. | Provide Parent Orientation Program on <i>Code of Conduct</i>  | 28. | Page: _____ |
| 29. | Teach coaches/managers about heat illnesses, warning signs  | 29. | Page: _____ |
| 30. | Teach coaches/managers about stopping play, breaks for weather:<br>• Stop play for lightning; take breaks between innings for water, shade in high heat | 30. | Page: _____ |
| 31. | Teach coaches/managers about sports fundamentals, like:<br>• Proper warm-ups, running safe practices and games  | 31. | Page: _____ |
| 32. | Involve umpires in safety training and safety importance  | 32. | Page: _____ |

### FACILITIES AND EQUIPMENT

- |     |   |     |             |
|-----|---|-----|-------------|
| 33. | Complete annual LL Lighting Safety Audit for lighted fields               | 33. | Page: _____ |
| 34. | Complete a long-range facility plan for safety improvements               | 34. | Page: _____ |
| 35. | Use reduced impact balls, especially for younger ages                     | 35. | Page: _____ |
| 36. | Use disengage-able bases (mandatory starting in 2008) for ALL fields      | 36. | Page: _____ |
| 37. | Use double-first base to avoid collisions of fielders, runners at first   | 37. | Page: _____ |
| 38. | Use warning tracks in the outfield to protect outfielders                 | 38. | Page: _____ |
| 39. | Use protective/padded fence tops to protect fielders                      | 39. | Page: _____ |
| 40. | Use fencing or netting to protect spectators from foul balls              | 40. | Page: _____ |
| 41. | Have a telephone available to all fields even for practices               | 41. | Page: _____ |
| 42. | Have back guard rails and side rails on taller bleachers                  | 42. | Page: _____ |
| 43. | Have an AED (automatic external defibrillator) available for use          | 43. | Page: _____ |
| 44. | Have electronic weather detector to alert for approaching storms          | 44. | Page: _____ |
| 45. | Have guidelines for safe equipment usage (i.e. no riders on mowers, etc.) | 45. | Page: _____ |
| 46. | Control speed and flow of traffic in and around facilities                | 46. | Page: _____ |

### ACTIVITIES

- |     |  |     |             |
|-----|--|-----|-------------|
| 47. | Encourage league input through 'Safety Suggestion Box'   | 47. | Page: _____ |
| 48. | Provide continuous safety messages through:<br>• Bulletin boards, newsletters, emails, meetings                          | 48. | Page: _____ |
| 49. | Encourage and recognize safety efforts from players:<br>• Safety poster contest, safety tips, player team safety officer | 49. | Page: _____ |
| 50. | Require/Encourage use of protective cups for players, esp. infielders  | 50. | Page: _____ |
| 51. | Require/Encourage use of mouth guards for players, esp. infielders   | 51. | Page: _____ |
| 52. | Require/Encourage use of face guards on batting helmets  | 52. | Page: _____ |
| 53. | Encourage all adults to sign up for Little League E-News   | 53. | Page: _____ |

## 2016-17 Board

<b>Full Name</b>	<b>Position</b>	<b>Mailing Address</b>	<b>Email Address</b>	<b>Phone</b>
<b>Anthony Solis</b>	President	3247 Somerset Ave., Unit K Castro Valley, CA 94546	cvllpres@gmail.com	510.200-6759
<b>Kevin Pon</b>	Vice President	5696 Sun Ridge Ct. 94552	ponsters@sbcglobal.net	510.329-8809
<b>Paulette Johnson</b>	Treasurer/ Snack Bar	19373 San Miguel Ave. Castro Valley, CA 94552	psj50601@gmail.com	
<b>Santina Pitcher</b>	Secretary	5731 Cedar Brook Ct. 94552	santina@bekeley.edu	510.229-8960
<b>Gerry Nicol</b>	League Player Agent	18497 Milmar Blvd. Castro Valley, CA 94546	gerrynicol1@gmail.com	510.881.5560
<b>Jeff Hawthorne</b>	Upper Division Player Agent	4346 Circle Ave. Castro Valley, 94546	hawth6@comcast.net	510.432-1747
<b>Chris Carr</b>	Inter. Division Player Agent	18381 Carmel Dr. Castro Valley, CA 94546	chris_carr@yahoo.com	510.207-4364
<b>Nalor Alejandro</b>	Minor A Division Player Agent	20054 Anita Ave. #8 Castro Valley, CA 94546	nalor.alejandro@te.com	
<b>John Kirkpatrick</b>	Minor B Division Player Agent	3789 Seven Hills Rd. Castro Valley, CA 94546	john.kirkpatrick@me.com	510.914-6244
<b>Carlos Castillo</b>	Farm Division Player Agent	4926 Vannoy Ave. Castro Valley, CA 94546	carlos@elementoneds.com	650.346-5806
<b>Greg McLean</b>	T-Ball/Wee-Ball Division Player Agent	5180 Chesney Glen Dr. Castro Valley, CA 94552	ghmclean@sbcglobal.net	510.407-0304
<b>Steve Montgomery</b>	Information Officer	4625 Lawrence Dr. 94546	Cvll25@att.net	510.303-6914
<b>Rob Robinson</b>	Umpire in Chief	25518 S. Gold Ridge Dr. 94552	r.e.robinson2447@gmail.com	415.725-7522
<b>Dannny Frye</b>	Safety Officer	3172 Carleen Dr., Castro Valley, CA 94546	dannyfrye13@gmail.com	408.592-1986
<b>Michelle Nicol</b>	Sponsor Chair	18497 Milmar Blvd. Castro Valley, CA 94546	shel271@aol.com	
<b>Bobby Smith</b>	Proctor Field Manager		jnylitning@yahoo.com	
<b>Shawn Smith</b>	Palomares/Creekside Field Manager	19641 Betrose Ct. Castro Valley, CA 94546	Sbs7117@gmail.com	

Full Name	Position	Mailing Address	Email Address	Phone
<b>Aiden Anderson</b>	Independent/Vannoy Field Manager	16610 Selby Dr. San Leandro, CA 94578	aj41704@yahoo.com	
<b>David Cornetet</b>	Upper Five Canyons Field Manager	5488 Sontura Ct. Castro Valley, CA 94552	david.cornetet@clorox.com	510.384-4267
<b>VACANT</b>	Lower Five Canyons Field Manager			
<b>Marcos Rios</b>	Training Coordinator	5300 Pacific Terrance Ct. Castro Valley, CA 94552	riosfunds@yahoo.com	510.755-4055
<b>Christina Reyes</b>	Events Coordinator	20438 Beacon Hill Ct. Castro valley, 94552	christinareyes.realtor@gmail.com	510.909-3317
<b>Marcus Rivera</b>	Equipment Manager	19166 Gliddon St. Castro Valley, CA 94546	marcus_rivera22@yahoo.com	
<b>Eric Escoto</b>	Uniform Manager	2074 Boca Raton St. Castro Valley, Ca 94545	eric.escoto@icloud.com	510.363-5305
<b>Eric Cormier</b>	Auxillary	25338 Gold Ridge Dr. Castro Valley CA, 94552	eric.cormier@sbcglobal.net	612.803-9684
<b>Tammie Cormier</b>	Snack Bar Committee	4346 Circle. Ave. Castro Valley, CA 94546	tammie.hawthorne@yahoo.com	510.432-1746

Facility surveys may also be entered online at: <http://facilitysurvey.musco.com>.

# LITTLE LEAGUE BASEBALL® & SOFTBALL NATIONAL FACILITY SURVEY 2017



League Name: Castro Valley Little League

District #: 45

ID #: 405-45-08

(if needed) ID #: \_\_\_\_\_

(if needed) ID #: \_\_\_\_\_

City: Castro Valley State: CA

President: Anthony Solis

Safety Officer: Daniel Frye

Address: 3247 Somerset Ave Unit #K Address: 3172 Carleen Drive

City: Castro Valley City: Castro Valley

State: CA ZIP: 94546 State: CA ZIP: 94546

Phone (work): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (cell): (510)-200-6759 Phone (cell): (408) 592-1986


Email: cvllpres@gmail.com Email: dannyfrye13@gmail.com

## **PLANNING TOOL FOR FUTURE LEAGUE NEEDS**

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields			
b. Basepath/infield			
c. Bases			
d. Scoreboards			
e. Pressbox			
f. Concession stand			
g. Restrooms			
h. Field lighting			
i. Warning track			
j. Bleachers			
k. Fencing			
l. Bull pens			
m. Dugouts			
n. Other (specify):			

**SPECIFIC BALLFIELD QUESTIONS**

• Please list all fields by name.

Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
<p><b>ASAP - A Safety Awareness Program</b> Limited Edition 10-year Pin Collection</p> <p>This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2017 Disney® character collector's pin shown at right featuring Cyclone in center field. Or enter data on the ASAP online site through the Little League Data Center.</p> 	S C A N Y O N S  M A J O R	S C A N Y O N S  M I N O R	C R E E K S I D E  E A S T	I N D E P E N D E N T  # 1	I N D E P E N D E N T  # 2	P A L O M A R E S	R O C K J U N I O R S	R O C K S E N I O R S	V A N N O Y  # 1	V A N N O Y  # 2											
	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:

Please answer the following questions for each field:		Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
<b>GENERAL INVENTORY</b>		(For the following questions, if the answer is "No" please leave the space blank.)																					
1. How many cars can park in designated parking areas?	None																						
	1-50		Y		Y	Y	Y																
	51-100	Y		Y							Y	Y											
	101 or more								Y	Y													
2. How many people can your bleachers seat?	None/NA			Y	Y	Y					Y	Y											
	1-100	Y	Y					Y	Y	Y													
	101-300																						
	301-500																						
	501 or more																						
3. What material is used for bleachers?	Wood																						
	Metal	Y	Y					Y	Y	Y													
	Other																						
4. Metal bleachers: Ground wire attached to ground rod?	Yes	Y	Y					N	N	N													
5. Wood bleachers: Are inspected annually for safety?	Yes																						
6. Is a safety railing at the top/back of bleachers?	Yes	N	N	N				N	N	N													
7. Is a handrail up the sides of bleachers?	Yes	N	N	N				N	N	N													
8. Is telephone service available?	Permanent	Y	Y	N	N	N	N	Y	N	N	N												
	Cellular	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y												
9. Is a public address system available?	Permanent	Y	Y	N	N	N	N	Y	Y	N	N												
	Portable	N	N	N	N	N	N	N	N	N	N												
10. Is there a pressbox?	Yes	Y	Y	N	N	N	N	Y	Y	N	N												
11. Is there a scoreboard?	Yes	Y	Y	N	N	N	N	Y	Y	N	N												
12. Adequate bathroom facilities available?	Yes	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y												
13. Permanent concession stands?	Yes	Y	Y	N	N	N	N	Y	Y	N	N												
14. Mobile concession stands?	Yes	N	N	N	N	N	N	N	N	N	N												

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<b>FIELD</b>																					
15. Is field completely fenced?	Yes	X	X				X														
16. What type of fencing material is used?	Chainlink	X	X	X	X	X	X	X	X												
	Wood																				
	Wire																				
17. What base path material is used?	Sand, clay, soil mix	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y										
	Ground burnt brick																				
	Other:																				
18. What is used to mark baseline?	Non-caustic lime	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y										
	Spray paint																				
	Commerc'l marking																				
19. Is your the infield surface grass?	Yes	X	X	X						X	X										
20. Does field have conventional dirt pitching mound?	Yes	X	X	X			X	X	X												
21. Does field have a temporary pitching mound?	Yes																				
22. Are there foul poles?	Yes	X	X				X		X												
23. Backstop behind home plate?	Yes	X	X	X	X	X	X	X	X	X	X										
<b>PERFORMANCE AND PLAYER SAFETY</b>																					
24. Is there an outfield warning track?	Yes																				
24.a. If yes, what width is warning track? Please specify:	(Width in feet)																				
25. Batter's eye (screen/covering) at center field?	Yes																				
26. Pitcher's eye (screen/covering) behind home plate?	Yes																				
27. Are there protective fences in front of the dugouts?	Yes	X	X	X	X	X	X	X	X	X	X										
28. Is there a protected, on-deck batter's area? (On-deck areas have been eliminated for ages 12 and below.)	Yes																				
29. Do you have fenced, limited access bull pens?	Yes		X																		
30. Is a first aid kit provided per field?	Yes	X	X	X	X	X	X	X	X	X	X										
31. Do bleachers have spectator foul ball protection?	Overhead screens																				
	Fencing behind																				
32. Do your bases disengage from their anchors? (Mandatory since 2008)	Yes	X	X	X	X	X	X	X	X	X	X										
33. Is the field lighted?	Yes																				
34. Are light levels at/above Little League standards? (50 footcandles infield/30 footcandles outfield)	Yes																				
	Don't know																				
35. What type of poles are used? (Wood poles have not been allowed by Little League for new construction of lighting since 1994)	Wood*																				
	Steel																				
	Concrete																				
36. Is electrical wiring to each pole underground?	Yes																				
37. Ground wires connected to ground rods on each pole?	Yes																				
38. Which fields were tested/inspected in the last two years? <b>Please indicate month/year testing was done (example: 3/10)</b>	Electrical System																				
	Light Levels																				
39. Fields tested/inspected by qualified technician?	Electrical System																				
	Light Levels																				

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<b>FACILITY MANAGEMENT</b>																					
40. Which fields have the following limitations:																					
a. Amount of time for practice?	Yes	X	X	X	X	X	X	X	X	X	X										
b. Number of teams or games?	Yes	X	X	X	X	X	X			X	X										
c. Scheduling and/or timing?	Yes	X	X	X	X	X	X			X	X										
41. Who owns the field?																					
	Municipal	X	X				X														
	School			X	X	X		X	X	X	X										
	League																				
42. Who is responsible for operational energy costs?																					
	Municipal						X														
	School																				
	League	X	X	X	X	X		X	X	X	X										
43. Who is responsible for operational maintenance?																					
	Municipal	X	X				X														
	School									X	X										
	League			X	X	X		X	X												
44. Who is responsible for purchasing improvements for the field - ie bleachers, fences, lights?																					
	Municipal																				
	School									X	X										
	League	X	X	X	X	X	X	X	X												
	Other																				
45. What divisions of <b>baseball</b> play on each field?																					
	T-Ball & Minor		X	X	X	X	X			X	X										
	Major	X																			
	Jr., Sr. & Big							X	X												
	Challenger																				
	50 – 70																				
46. What divisions of <b>softball</b> play on each field?																					
	T-Ball & Minor																				
	Major																				
	Jr., Sr. & Big																				
	Challenger																				
47. Do you plan to host tournaments on this field?																					
	Yes	X	X					X	X												

## FIELD DIMENSION DATA

Please complete for each field. Use additional space if necessary.

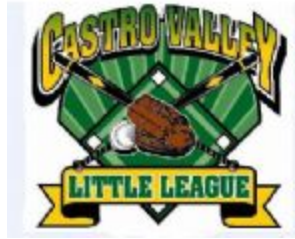
Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:					
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:		
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole
1	4'	225'	225'	225'	25'	20'	20'	20'	20'	20'	20'
2	4'	200'	200'	200'	25'	20'	20'	20'	20'	20'	20'
3	NA	NA	NA	NA	15'	10'	10'	0	0	0	0
4	NA	NA	NA	NA	15'	10'	15'	0	10'	15'	0
5	NA	NA	NA	NA	15'	10'	15'	0	10'	15'	0
6	10'	150	150	150	15	20'	20'	20'	20'	20'	20'
7	NA	NA	NA	NA	25'	15'	20'	0	15'	20'	0
8	NA	NA	NA	NA	25'	15'	20'	0	15'	20'	0
9	NA	NA	NA	NA	15	10	10	0	0	0	0
10	NA	NA	NA	NA	15	10	10	0	0	0	0
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Return completed survey with safety program registration and supporting materials by April 1, 2017 to:

Mailing address:  
 Little League International  
 PO Box 3485  
 Williamsport, PA 17701

Shipping address:  
 Little League International  
 539 US Route 15 Hwy.  
 South Williamsport, PA 17702

Leagues completing their facility survey online at <http://facilitysurvey.musco.com> should include it with safety plan submission.



# Castro Valley Little League

## Mission Statement

Provide a great environment for our children and  
treat each other with respect and dignity

Embrace diversity as an essential component in  
the way we operate

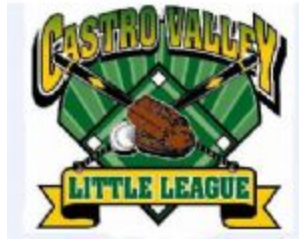
Apply the highest standards of excellence when  
establishing and implement league rules and  
guidelines

Promote players' development and  
sportsmanship on and off the field.

Contribute positively to our community.

Continue ethical business practices that are  
essential to our future.

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2017 ASAP Plan

# First Aid Requirements



# First Aid Clinics

## Requirement 6

"Thanks for getting back to me in a timely fashion. The outline would be great!!! I think I will have had the clinic by the time the next newsletter comes out. As far as format and instructors, I am all set. One of the local firefighters is also an EMT. He did the clinic last year. It was a HUGE success. Stoughton Little League has been around for nearly 50 years and we have never had a safety plan. It is amazing how we survived without it! Kudos to Williamsport and Musco Lighting for ASAP's success. I should be able to formulate a clinic with whatever outline you send."

Thank You,  
Paul McKeen  
Stoughton, MA  
District 8

First, you should know Little League is phasing out the Emergency Management Training Program. However, even without the Emergency Management Training Program, you can put together a quality first aid training class to meet the requirements of first aid training for your coaches and managers. You don't have to follow the specifics of any set program, just get the PRICES – Protection, Rest, Ice, Compression, Elevation, and Support (or RICE or PRICE, whatever you use) – idea into participants' heads and talk about the specifics of first aid and injury prevention for specific baseball/softball injuries.

Start with basic terminology (contusion, laceration, etc.), and give the most up-to-date techniques for preventing sports injuries. Help attendees understand and differentiate between mild, moderate and severe injuries and the appropriate actions to take in each category. Teach appropriate first aid techniques for the injuries they will encounter.

**Basic issues with baseball/softball would be:**

- Contusions
- Muscle pulls and strains

- Over-use injuries
- Sprains
- Fractures
- Injuries to small joints
- Facial injuries
- Injuries to teeth
- Eye injuries
- Insect bites and stings
- Heat illness
- Triage and Emergency Management

Help design an emergency plan for your league when severe injuries occur, and tell the managers/coaches what their role is in that plan:

- Make sure managers/coaches stop all play to protect the player from further injury, as well as those not being closely monitored due to the focus on the injured player.
- Check player's breathing, pulse and alertness to immediately judge the seriousness of the injury:
  - If necessary, send someone to call 9-1-1 or get an ambulance or EMS.
  - Call the player's parents
  - Send someone to nearest intersection to direct emergency services to your location
  - Review the Medical Release form for any important information/warnings about medical conditions the player may have
- Evaluate the injury:
  - Can player be moved off field?
  - If not, clear area around player and begin examination;
  - If so, move player to sideline for closer examination;
  - Determine if player can return to play or needs first aid.
- Give the appropriate first aid for the injury.
- Turn over care to professionals when they arrive and help as directed.
- If parents are not available, go with player to treatment center with ambulance; turn over team

to authorized coach.

- If emergency medical treatment isn't required, urge player and parents to see a doctor for a proper diagnosis and treatment plan.
- Record the injury on an injury report.
- Follow up with the player until injury is healed and player can return to play.
- Get medical release prior to allowing player to return, if formal treatment was required.

You should have medical professionals available either on-site or at most a phone call away — as well as a method to reach them, by cell phone or phone at the field — for severe or life-threatening injuries.


And finally, help the coaches/managers to understand specific techniques to determine whether an injured player is ready to practice and play again; in some cases this may require a doctor's release. The evaluation process involves determining whether injuries are mild, moderate or severe, and should address what to do in each case. The evaluation includes classifying injuries using symptoms and signs, with appropriate looking, listening and careful feeling and, if appropriate, moving of the injured part.

**In evaluating fresh injuries, remember the three types of motion:**

- Active motion – Player is able to move the part themselves,
- Active assistive motion – Player is able to move with a little help from you; watch for warning signs like the player telling you it hurts to move), and
- Passive motion – the player's injured part is moved by someone else; be especially cautious with passive motion that you do not make the injury worse.

Look for disability (the player can't use injured part); this is the most serious injury. If a player sprains his ankle, but can still limp around, it may be mild or moderate; if he can't get up, it is probably severe. Look for swelling, the


# Medical Release Form



**Little League Baseball®**

**Medical Release**

NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.



Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 League Name: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Hospital Preference: \_\_\_\_\_

In case of emergency contact:

Name _____	Phone _____	Relationship to Player _____
Name _____	Phone _____	Relationship to Player _____

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_  
 Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.  
 Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.  
 my documents/league supplies/medical release form

Whether regular season or tournament games or practices, your managers need to carry all their players' Medical Releases. While just as critical for teams in tournament play, the forms are just as important during the regular season.

Most hospitals will not treat a player who does not have a life-threatening injury without one. Imagine if your manager has to accompany a player with a broken leg to the hospital because the parents weren't at the game or practice. Without a Medical Release it's likely to be a long wait with a suffering player as the manager tries frantically to reach them to approve medical treatment.

Make sure your league has all players' Medical Releases, and the manager carries the team's forms with him or her everywhere. Then if a parent isn't at the field when an accident happens, the only call that will really matter is to 9-1-1.

## First Aid Clinics Outline continued from page 2

more immediate and large the swelling, the more serious the injury, because swelling on outside means bleeding on inside. Also, a noticeable deformity means a serious injury. If the body part doesn't look the way it did before the accident, something's wrong. Consider unconsciousness or any eye injury as a serious situation, in the category of severe injuries, until you are assured otherwise by a medical professional.

Use the PRICES guide for treating injuries:

- P** – Protection
- R** – Rest
- I** – Ice
- C** – Compression
- E** – Elevation
- S** – Support

In conclusion, ask for managers/coaches to consider how to prevent injuries:

- Pre-participation health screenings (at least through a health questionnaire/medical release form asking for health concerns and medications);
- Proper maintenance of playing site (game and practice facilities);
- Pay close attention to playing conditions (heat and humidity as well as severe weather);
- Make sure players know basics of good nutrition (especially water replacement on hot days);
- Proper athletic conditioning (stretching, strengthening and endurance, as well as agility and coordination drills);
- Avoid over use (pay special attention to activities outside of Little League, to allow rest to avoid over-use injuries);
- Consistent and proper use of all protective equipment;
- Close coach supervision and

organization of warm-ups, practices and games;

- Careful compliance with all Little League rules, especially those having to do with safety.

This summarizes 62 pages into just a few hundred words, so you're going to want to elaborate on all the proper techniques in dealing with the different injury types and how to treat them effectively, as well as what NOT to do in any given circumstances. And remember, if anyone is ever in doubt to the nature or seriousness of an injury, they should NOT attempt treatment; a health care professional should be consulted immediately.

Finally, remind all managers and coaches to carefully evaluate all injuries and ensure the child does not require professional care. It's not worth risking a child's health just to continue the game.



## First Aid Guide

First aid is everyone's responsibility.

To be prepared to react confidently and without wasting time in either a life-threatening situation or a minor accident, we suggest you study this guide before an emergency occurs. It has been carefully prepared to offer you basic emergency information, with topics listed below for quick and easy reference.

It is vital that you keep emergency telephone numbers on-hand so that they are available for immediate use. It is also important that you keep your medical supplies in a safe and convenient place where you can find them when needed.

Remember, it is important to remain calm and use common sense in any emergency situation.

**For Medical Emergencies, Seek Professional Help**

**For Additional Information Contact:  
Your Local Area Office of the American National Red Cross**

## FIRST AID TOPICS:

### Assessing the Situation

#### MINOR FIRST AID SITUATIONS

Burns & Scalds  
Cuts & Scrapes  
Splinters  
Stings

#### WEATHER-RELATED SITUATIONS

Cold Exposure  
Frostbite  
Heat Exhaustion  
Sunburn  
Sunstroke

### EMERGENCY / TRAUMA SITUATIONS

Bleeding  
Breathing Problems  
Broken Bones  
Chemical Burns  
Choking, Airway Obstruction  
Penetrating Objects  
Poisoning  
Severed Body Parts (Avulsion)  
Shock  
Sprains  
Transporting an Injured Person  
Unconsciousness  
Wounds (Severe)



## ASSESSING THE SITUATION

### *What to Treat First*

1. **Don't panic.** You will be able to assess the situation more effectively. Remember, psychological support is also important.
2. **Remember the ABCs of Life Support:**
  - Airways open** – Open and maintain victim's airway.
  - Breathing restored** – If victim is not breathing, begin rescue breathing techniques immediately.
  - Circulation maintained** – If no pulse is present, get assistance from a person certified in cardiopulmonary resuscitation (CPR) techniques.REMEMBER, to be able to perform CPR effectively, it is essential to be properly trained.
3. **Check for bleeding.** Apply direct pressure and elevate injured limb.
4. **Look for signs of shock and broken bones (fractures).**
5. **Check for emergency medical identification on the victim.**
6. **Get professional medical help quickly.** Know emergency numbers, such as 0 or 911. Telephone appropriate authorities (rescue squad, ambulance, police, poison control center or fire department) and describe the problem. Be sure to give your name, location and the number of persons involved.
7. **Loosen any clothing** that may restrict victim's breathing or interfere with circulation.
8. Never give an unconscious person anything by mouth.
9. **DO NOT move injured persons** unless situation is life-threatening. Keep victim still, quiet and warm (except heat exhaustion and sunstroke). Victims with broken bones (fractures) should not be moved until a splint has been properly applied.

## MINOR FIRST AID SITUATIONS

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### BURNS & SCALDS

#### CAUTION

DO NOT clean burns or break blisters. DO NOT remove any clothing that sticks to burn. DO NOT apply grease, ointment or medication to a severe burn. DO NOT use cotton or material with loose fibers to cover burns.

#### TREATMENT

**First degree burns** – redness or discoloration of skin surface; mild swelling and pain.

1. Apply cool, wet cloths or immerse in water. DO NOT use ice.
2. Blot gently; apply a dry, sterile pad if necessary.
3. Usually medical treatment is not necessary; however, if severe exist, call for professional medical help. Be alert for signs of shock.

**Second degree burns** – deep burn with red or mottled appearance; blisters; considerable pain and swelling; skin surface appears wet. See treatment for first degree burns. If arms and legs are affected, elevate above heart level. Burns may be deep and potentially serious, requiring medical treatment depending on extent and location. Be alert for signs of shock and infection.

**Third degree burns** – deep tissue destruction with a white or charred appearance; no pain. Call for professional medical help immediately. Be alert for signs of shock.



## CUTS & SCRAPES

**BEFORE INITIATING ANY FIRST AID TO CONTROL BLEEDING, BE SURE TO WEAR HEALTH CARE GLOVES TO AVOID CONTACT OF THE VICTIM'S BLOOD WITH YOUR SKIN.**

1. **CLEAN...** wound and surrounding area gently with mild soap and rinse. Blot dry with sterile pad or clean dressing.
2. **TREAT...** to protect against contamination.
3. **PROTECT...** and cover to absorb fluids and prevent further contamination. (Handle only the edges of sterile pads or dressings.) Secure with first aid tape to help keep out dirt and germs.



## SPLINTERS

*Slender Pieces of Wood, Bone, Glass or Metal Objects that Lodge In or Under Skin*

### SYMPTOMS

**May Include:** Pain, redness, swelling

### TREATMENT

1. First wash your hands thoroughly, then gently wash affected area with mild soap and water.
2. Sterilize needle or tweezers by boiling for 10 minutes; wipe with a sterile pad before use.
3. Loosen skin around splinter with needle; use tweezers to remove splinter. If splinter breaks or is deeply lodged, consult professional medical help.
4. Cover with adhesive bandage or sterile pad, if necessary.



## STINGS

### CAUTION

**In highly sensitive persons, do not wait for symptoms to appear. Get professional medical help immediately. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.**

### SIGNS

**Signs of allergic reaction may include:** Nausea; severe swelling; breathing difficulties; bluish face, lips and fingernails; shock or unconsciousness.

### TREATMENT

1. For mild or moderate symptoms, wash with soap and cold water. Remove stinger or venom sac with tweezers or by gently scraping with fingernail (DO NOT squeeze).
2. For multiple stings, soak affected area in cool bath. Add one tablespoon of baking soda per quart of water.

# EMERGENCY / TRAUMA SITUATIONS

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## BLEEDING

**BEFORE INITIATING ANY FIRST AID TO CONTROL BLEEDING, BE SURE TO WEAR HEALTH CARE GLOVES TO AVOID CONTACT OF THE VICTIM'S BLOOD WITH YOUR SKIN.**

### TREATMENT

1. **Act quickly.** Have victim lie down. Elevate injured limb higher than heart unless you suspect a broken bone.
2. **Control bleeding by applying direct pressure on the wound** with a sterile pad or clean cloth.
3. **If bleeding is controlled by direct pressure**, bandage firmly to protect wound. Check pulse to be sure bandage is not too tight.
4. **If bleeding is not controlled by use of direct pressure**, apply a tourniquet only as a last resort.
5. Call for professional medical help immediately.
6. **If you are bleeding and have no one to help you**, call for professional medical help. Lie down, so your body weight applies pressure to the bleeding site.



## BREATHING PROBLEMS

**ESTABLISH NON-RESPONSIVENESS AND ACTIVATE EMERGENCY MEDICAL SERVICES (EMS) OR CALL FOR HELP.**

### SYMPTOMS

**May include:** Shortness of breath, dizziness, chest pain, rapid pulse, bluish-purple skin color, dilated pupils, unconsciousness.

### TREATMENT

**For victim who has stopped breathing:**

1. Lay victim flat on back. Tilt the head back with one hand to open airway, while placing two fingers of the other hand under the chin.
2. Clear airway, using your fingers in a hooked fashion to remove any solid or liquid obstructions.
3. Look, listen, and feel for respiratory movement for 5 seconds. If breathing is absent, pinch victim's nostrils closed, take a deep breath, completely cover victim's mouth, and give two slow, full breaths.
4. Check for carotid pulse in neck and for signs of breathing.
5. If pulse is present:
  - For adults** – continue rescue breathing at a rate of one strong every five seconds. Re-check for pulse and breathing every twelve breaths.
  - For infants and small children** – breathe shallow breaths at a rate of one every three seconds or 20 per minute.
6. If pulse is not present, begin Cardiopulmonary Resuscitation (CPR).
  - For adults...** Exert enough pressure to depress the breastplate 1 1/2 to 2 inches. Continue compressions at a rate of "one and two and..." Every fifteen compressions should be followed with a pause by two rescue breaths.

**For children...** Use the heel of only one hand to depress the breastplate 1 to 1 1/2 inches. Continue compressions at a rate of 100 per minute "one, two, three..." Every five compressions should be followed without a pause by one rescue breath.

**For infants...** Use only fingertips. Apply moderate pressure to depress breastplate 1/2 to 3/4 inches. Continue compressions at a rate of at least 100 per minute. Every five compressions (3 seconds) should be followed without a pause by one rescue breath.



## **BROKEN BONE (FRACTURE)**

### *Break or Crack in a Bone*

#### **SYMPTOMS**

**May include:** The victim hearing or feeling the bone break; area tender to touch with pain in one spot; swelling noted around suspected fracture; limb in an unnatural position; painful movement; abnormal motion; loss of function; grating sensation; discoloration of affected area.

#### **TREATMENT**

1. Keep victim warm and still, treat for shock if necessary. **DO NOT move victim until a splint has been applied** unless there is danger of a life-threatening emergency.
2. **If bone is suspected to be broken but does not pierce the skin** (closed fracture), splint the limb before the victim is moved, immobilizing the joint above and below the suspected fracture site.
3. **If broken bone pierces the skin** (open or compound fracture), apply pressure to appropriate pressure point to control bleeding. **DO NOT** try to straighten limb, return it to a natural position, or replace bone fragments. **DO NOT** touch or clean the wound. Secure a sterile pad or clean cloth firmly in place over the wound and tie with strong bandages or cloth strips.
4. If victim **must** be moved, apply a splint to prevent further damage. Use anything that will keep the broken bones from moving, including broomsticks, boards or rolled magazines. Pad splints with cotton, clothes or clean cloths tied firmly (but not tightly) in place. If victim complains of numbness, loosen splint.
5. Get professional medical help immediately.



## **CHEMICAL BURNS**

#### **TREATMENT**

1. Remove contaminated clothing.
2. Flush burned area with cool water for at least 5 minutes.
3. Treat as you would any major or minor burn.
4. If eye has been burned:
  - A. Immediately flood face, inside of eyelid and eye with cool running water for at least 15 minutes. Turn head so water does not drain into uninjured eye. Lift eyelid away from eye so the inside of lid can also be washed.
  - B. If eye has been burned by a dry chemical, lift any loose particles off the eye with the corner of a sterile pad or clean cloth.
  - C. Cover both eyes with dry sterile pads, clean cloths, or eye pads; bandage in place.
5. Consult professional medical help.



## CHOKING, AIRWAY OBSTRUCTION

### *Partial Obstruction with Good Air Exchange*

#### SYMPTOMS

**May include:** Forceful cough with wheezing sounds between coughs.

#### TREATMENT

Encourage victim to cough as long as good air exchange continues. DO NOT interfere with attempts to expel object.

### *Partial or Complete Airway Obstruction in Conscious Victim with Poor Air Exchange*

#### SYMPTOMS

**May include:** Weak cough; high-pitched crowing noises during inhalation; inability to breathe, cough or speak; gesture of clutching neck between thumb and index finger; exaggerated breathing efforts; dusky or bluish skin color.

#### TREATMENT

##### **For Adult Victim**

**If victim is standing or sitting:**

1. Stand slightly behind victim.
2. Place your arms around victim's waist; place your fist, thumb side in, against victim's abdomen, slightly above the navel and below the rib margins.
3. Grasp fist with your other hand and exert a quick upward thrust. Repeat (five times in a rapid succession) if necessary (Heimlich Maneuver or manual thrust.)

### *Complete Airway Obstruction in Unconscious Victim*

1. Activate EMS system first. Follow breathing problems section



## PENETRATING OBJECTS

### *Such as Sticks or Pieces of Metal Protruding from Body*

#### SYMPTOMS

**May include:** Profuse bleeding; swelling and redness of injured tissue.

#### CAUTION

**DO NOT remove penetrating object.**

#### TREATMENT

1. Get professional medical help immediately.
- 2A. If victim is fixed to object (impaled), cut it off at a safe distance from skin. Immobilize object with

thick dressings made from sterile pads or clean cloths secured in place with first aid tape, a belt or a bandage.

- B. If object is protruding from victim, DO NOT move it. Immobilize object with thick dressings made from sterile pads or clean cloths secured in place with first aid tape, a belt or a bandage. Do not apply bandage so tightly that breathing is restricted.
3. If object penetrates chest and victim complains of discomfort or pressure, quickly loosen bandage on one side and reseal. Watch carefully for recurrence. Repeat procedure if necessary.
4. If breathing problems develop, begin rescue breathing techniques immediately.
5. Treat for shock.



## POISONING

**CALL 911, YOUR LOCAL FIRST AID SQUAD, OR POISON CONTROL CENTER IMMEDIATELY, BEFORE ADMINISTERING FIRST AID.**

### TREATMENT

1. DO NOT give any other first aid if victim is unconscious or is having convulsions. Begin rescue breathing techniques or CPR if necessary. If victim is convulsing, protect from further injury; loosen tight clothing if possible.
2. If professional medical help cannot be reached immediately:
  - A. DO NOT induce vomiting if poison is unknown, a corrosive substance (i.e., acid, cleaning fluid, lye, drain cleaner), or a petroleum product (i.e., gasoline, turpentine, paint thinner, lighter fluid). DO NOT use activated charcoal.
  - B. Induce vomiting if poison is known and is not a corrosive substance or petroleum product. To induce vomiting: Give adult one ounce of syrup of ipecac (1/2 ounce for child) followed by four or five glasses of water. If victim has vomited, follow with one ounce of powdered, activated charcoal in water, if available.
3. Take poison container (or vomitus if poison is unknown) with victim to the hospital.



## SEVERED BODY PARTS (AVULSION)

*Tissue is Partially or Completely Cut or Torn from Body*

### CAUTION

**Wrap the detached part of the body in something clean, and send it to the hospital with the victim so that it may be reattached if possible. Ice may be used to keep the detached part cool; however, prevent it from direct contact with ice and/or from freezing.**

### TREATMENT

1. Stop the bleeding immediately.
2. Treat for shock if necessary. If breathing problems are present, begin rescue breathing techniques.
3. If wound is not deep or is not bleeding severely, gently cleanse with mild soap and warm water. Cover with a sterile dressing or clean cloth and bandage.
4. Get professional medical help immediately.



## SHOCK

### *Disturbance in the Circulation of the Blood That Can Upset All Body Functions*

#### CAUTION

**Shock is a dangerous condition and can be fatal. Expect some degree of shock in any emergency. DO NOT give anything by mouth.**

#### SYMPTOMS

**May include:** Unusual weakness or faintness; cold, pale, clammy skin; rapid, weak pulse; shallow, irregular breathing; chills; nausea; unconsciousness.

#### TREATMENT

1. Treat known cause of shock as quickly as possible (i.e., breathing difficulties, bleeding, severe pain).
2. Maintain an open airway. If victim vomits, gently turn head to side.
3. Keep victim warm and lying flat. (In cases of head or chest injuries, with no chance of broken neck or back, elevate head and shoulders 10 inches higher than feet if possible.)
4. Get professional medical help immediately.
5. DO NOT give anything by mouth.



## SPRAINS

### *Injury to Soft Tissue Surrounding Joint Due to Wrenching or Laceration of Ligaments, Muscles, Tendons or Blood Vessels*

#### SYMPTOMS

**May include:** Painful movement, swelling, discoloration and tenderness around injured joint.

#### CAUTION

Victim may have a broken bone (fracture) and should be examined by a medical professional.

#### TREATMENT

1. If ankle or knee is affected, do not allow victim to walk. Loosen or remove shoe; elevate leg.
2. Protect skin with thin towel or cloth. Then apply cold, wet compresses or cold packs to affected area. Never pack joint in ice or immerse in icy water.
3. Consult professional medical assistance for further treatment if necessary.



## TRANSPORTING AN INJURED PERSON

**If injury involves neck or back,** DO NOT move victim unless absolutely necessary. Call for professional medical help.

**If victim must be pulled to safety,** move body lengthwise, not sideways. If possible, slide a coat or blanket under the victim:

- A. Carefully turn victim toward you and slip a half-rolled blanket under back.

- B. Turn victim on side over blanket, unroll, and return victim onto back.
- C. Drag victim head first, keeping back as straight as possible.

**If victim must be lifted:**

- A. Support each part of the body. Position a person at victim's head to provide additional stability. Use a board, shutter, table top or other firm surface to keep body as level as possible.



## UNCONSCIOUSNESS

*Victim Is Not Mentally Aware; Does Not Respond to Sensory Stimuli, Such as Sound or Light*

### TREATMENT

1. Call for professional medical help.
2. DO NOT move victim or give anything by mouth.
3. Keep victim warm; loosen any tight clothing.
4. Maintain an open airway. If breathing difficulties develop, begin rescue breathing techniques immediately.
5. Check for emergency medical identification tag to help determine cause of unconsciousness.



## WOUNDS (SEVERE)

*Breaks in Skin or Mucus Membrane (Open) or Injuries to Underlying Tissue Breaks in Skin (Closed)*

### CAUTION

**Some wounds, such as small cuts or minor scrapes, require only simple first aid measures; others, however, require immediate first aid followed by professional medical treatment.**

Before treating any serious incision, abrasion or laceration with extensive bleeding, act quickly to control bleeding. Get professional medical help immediately.

Any wound can become contaminated and infected.

## WEATHER-RELATED SITUATIONS

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## COLD EXPOSURE

### TREATMENT

1. Move victim into warm room as soon as possible.
2. Be alert for breathing difficulties; start rescue breathing techniques if necessary.
3. Remove wet or frozen clothing. Immediately rewarm victim by wrapping in blankets or placing in tub of warm, not hot, water. Dry victim thoroughly after bath.

4. Give victim hot liquids to drink, only if conscious (not alcohol).
5. Follow treatment for frostbite.
6. Consult professional medical help if indicated.



## FROSTBITE

### CAUTION

DO NOT break blisters, rub affected area, or apply heat lamps or hot water bottles. DO NOT attempt rapid thawing if refreezing is a possibility.

### TREATMENT

1. Warm affected areas as quickly as possible by covering with clothing and blankets or immersing frozen part in warm, not hot, water. If frostbitten area has been thawed and refrozen, then warm at room temperature.
2. Discontinue warming techniques as soon as affected area becomes flushed. Expect swelling and pain after thawing. Victim may require an analgesic.
3. Gently exercise affected area after it has been rewarmed.
4. DO NOT apply dressings or clothing unless transportation is required for medical help. If fingers or toes are affected, separate with sterile pads or clean cloths.
5. Elevate frostbitten areas, but not higher than heart.
6. Get professional medical help.



## HEAT EXHAUSTION (Heat Prostration)

### SYMPTOMS

**May include:** Fatigue; irritability; headache; faintness; weak, rapid pulse; shallow breathing; cold, clammy skin; profuse perspiration.

### TREATMENT

1. Instruct victim to lie down in a cool, shaded area or an air-conditioned room. Elevate feet.
2. Massage legs toward heart.
3. Only if victim is conscious, give cool water or electrolyte solution every 15 minutes until victim recovers.
4. Use caution when letting victim first sit up, even after feeling recovered.



## SUNBURN

### TREATMENT

1. Treat for first or second degree burns.
2. Treat for shock if necessary.
3. Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold, water.

4. Give victim fluids to drink.
5. Get professional medical help immediately for severe cases.



## **SUNSTROKE** *(Heat Stroke)*

### **SYMPTOMS**

**May include:** Extremely high body temperature (106°F or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.

### **CAUTION**

**Sunstroke is a life-threatening emergency.**

### **TREATMENT**

1. Get professional medical help immediately.
2. Lower body temperature quickly by placing victim in partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge victim's body until temperature is reduced; then towel dry. If tub is not available, wrap victim in cold, wet sheets in well-ventilated room or use fans and air conditioners until body temperature is reduced.
3. DO NOT give stimulating beverages, such as coffee, tea, or soda.

## **COMMUNICABLE DISEASE PROCEDURES**

While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood born 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.

5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.

6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.

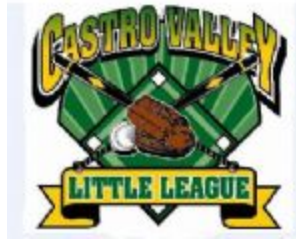
7. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.

8. Contaminated towels should be properly disposed of/disinfected.

9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouthguards and other articles containing body fluids.

Additional information is available from your state high school association and from the National Federation TARGET program.

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2017 ASAP Plan

# Accident Reporting and Procedures



# Accident Notification Form

*"I called today and asked about what form I fill out for an injured kid. You are going to send me one in the mail and I was going to look on-line for what I need. Is this the Incident Tracking Form? When I called they said something about an Accident Notification Form and I can't seem to find it on the website. Can you help?"*

**John Voyles**  
Safety Officer  
Oviedo, Fla., Little League

Here is an example of the Accident Notification Form you need to use in cases of players injured who do or may require medical attention. It should be filled out by a league official and signed by the league president and sent to Little League International Headquarters. Look for it on-line in the League Officials section under the "Insurance" header on the left-hand side (<http://www.littleleague.org/common/insurance/index.asp?cid=5>).

The Incident Tracking Form (on the next page) is for your league to use in all accidents – those requiring medical attention and those not. Doing this tracking will help your league determine if additional training is needed for specifics like sliding (if several players in a division are hurting their legs or ankles, but not enough to go to the hospital); or if players are getting hurt on a specific field from bad hops, the field may need dragging or other work, etc.

*"Do you have examples of injury or accident processes that can be distributed to league parents? I'm looking for ideas for a document to be included in our parent handbook that explains the process in layman's terms."*

**Pat Gallagher**  
Safety Officer  
Capitola Little League, Soquel, Calif.

That's a great question. Here's an example of what we have in the sample safety manual. Attached is a tracking form for your coaches to fill out as

well (on next page); but if an accident occurs, you should fill out and submit the Accident Notification Form.

## Accident Reporting Procedures What to Report

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the league safety officer within 48 hours of incident. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

## When to Report

All such incidents described above must be reported to the Safety Officer within 48 hours of the incident. The Safety Officer is: Daniel Frye who can be reached (day) at 408-592-1986 or (evening) at 408-592-1986

## How to Make the Report

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be given:

- Name and phone number of the person involved
- Date, time, and location of the incident
- As detailed a description of the incident as possible
- Preliminary estimation of the extent of any injuries
- Name and phone number of the person reporting the incident.

**Safety Officer's Responsibilities**  
Within 48 hours of receiving the incident

report, the Safety Officer will contact the injured party or the party's parents and:

- (1) Verify the information received;
- (2) Obtain any other information deemed necessary;
- (3) Check on the status of the injured party; and
- (4) In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Castro Valley Little League's insurance coverages and the provisions for submitting any claims.

If the extent of the injuries are more than minor in nature, the Safety Officer shall periodically call the injured party to (1) check on the status of any injuries, and (2) to check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the league again).

LITTLE LEAGUE BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM				Send Completed Form To: Little League International 528 US Route 15 Hwy, PO Box 3485 Williamsport PA 17701-0485 Accident Claim Contact Numbers: Phone: 570-327-1674 Fax: 570-328-2951			
<b>CHARTIS</b> INSTRUCTIONS For claims occurring after January 1, 2005							
1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident. 2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred. 3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program. 4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan. 5. Limited deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.							
League Name		League I.D.					
Name of Injured Person/Claimant		PART 1 Date of Birth (MM/DD/YY)		Age Sex			
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)		Bus. Phone (Inc. Area Code)			
Address of Claimant		Address of Parent/Guardian, if different					
The Little League Master Accident Policy provides benefits in excess of benefits from other insurance programs subject to a \$50 deductible per injury. Other insurance programs include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.							
Does the insured Person/Parent/Guardian have any insurance through:		Employer Plan		Yes No			
		Individual Plan		Yes No			
Date of Accident		Time of Accident		Type of Injury			
		AM PPM					
Describe exactly how accident happened, including playing position at the time of accident:							
Check all applicable responses in each column:							
<input type="checkbox"/> BASEBALL <input type="checkbox"/> SOFTBALL <input type="checkbox"/> CHALLENGER <input type="checkbox"/> TAD (2ND SEASON)		<input type="checkbox"/> CHALLENGER (5-18) <input type="checkbox"/> T-BALL (5-8) <input type="checkbox"/> MINOR (7-12) <input type="checkbox"/> LITTLE LEAGUE (9-12) <input type="checkbox"/> JUNIOR (13-14) <input type="checkbox"/> SENIOR (14-16) <input type="checkbox"/> BIG LEAGUE (16-18)		<input type="checkbox"/> PLAYER (5-18) <input type="checkbox"/> MANAGER COACH (5-8) <input type="checkbox"/> VOLUNTEER UMPIRE (7-12) <input type="checkbox"/> PLAYER AGENT (9-12) <input type="checkbox"/> OFFICIAL SCOREKEEPER (13-14) <input type="checkbox"/> SAFETY OFFICER (14-16) <input type="checkbox"/> VOLUNTEER WORKER (16-18)		<input type="checkbox"/> TRYOUTS <input type="checkbox"/> PRACTICE <input type="checkbox"/> SCHEDULED GAME <input type="checkbox"/> TRAVEL TO <input type="checkbox"/> TRAVEL FROM <input type="checkbox"/> TOURNAMENT <input type="checkbox"/> OTHER (Describe)	
<input type="checkbox"/> SPECIAL EVENT (NOT GAMES) <input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)							
I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.							
I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.							
I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa., an AIG Company, or its representative, any and all such information. A photostatic copy of this authorization shall be considered as effective and valid as the original.							
Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)						
Date	Claimant/Parent/Guardian Signature						

## Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



**WARNING** — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League® contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer.

## TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury is sustained.

## CHECKLIST FOR PREPARING CLAIM FORM

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

### PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

### PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

**IMPORTANT:** Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.



# LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

**Send Completed Form To:**  
Little League® International  
539 US Route 15 Hwy, PO Box 3485  
Williamsport PA 17701-0485  
**Accident Claim Contact Numbers:**  
Phone: 570-327-1674 Fax: 570-326-9280

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

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

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

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

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

Date of Accident	Time of Accident	Type of Injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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

Check all applicable responses in **each** column:

- |   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> BASEBALL         | <input type="checkbox"/> CHALLENGER (4-18)            | <input type="checkbox"/> PLAYER               | <input type="checkbox"/> TRYOUTS          | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES)               |
| <input type="checkbox"/> SOFTBALL         | <input type="checkbox"/> T-BALL (4-7)                 | <input type="checkbox"/> MANAGER, COACH       | <input type="checkbox"/> PRACTICE         | <input type="checkbox"/> SPECIAL GAME(S)                         |
| <input type="checkbox"/> CHALLENGER       | <input type="checkbox"/> MINOR (6-12)                 | <input type="checkbox"/> VOLUNTEER UMPIRE     | <input type="checkbox"/> SCHEDULED GAME   | (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12)         | <input type="checkbox"/> PLAYER AGENT         | <input type="checkbox"/> TRAVEL TO        |  |
|   | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM      |  |
|   | <input type="checkbox"/> JUNIOR (12-14)               | <input type="checkbox"/> SAFETY OFFICER       | <input type="checkbox"/> TOURNAMENT       |  |
|   | <input type="checkbox"/> SENIOR (13-16)               | <input type="checkbox"/> VOLUNTEER WORKER     | <input type="checkbox"/> OTHER (Describe) |  |
|   | <input type="checkbox"/> BIG (14-18)                  |   |   |  |

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

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

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

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

**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

**PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)**

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: (    ) Business: (    ) Fax: (    )

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

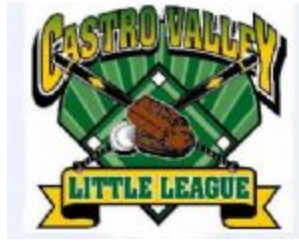
Check the boxes for all appropriate items below. At least one item in each column must be selected.

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

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

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

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



2017 ASAP Plan

# Health and Safety Flyers



# Are You Talking Safety?

*A good safety plan is not a bound plan sitting on a shelf, but an active, participatory approach to increasing safety awareness across your league's membership.*

If you want to increase the impact of your league's safety plan this season, start talking about safety and asking for input. One of the founding ideas of the ASAP program is that "if you talk about safety, people might think about safety, and then take action to make it safer," as one early participant explained it.

## **Start a New Safety Course**

As you continue your season, chart a new course.

Talk about safety and ask for help from all your participants in tackling safety issues. You don't have to add a thing to your already submitted safety plan to do this; just talk about the things you already do to improve safety awareness. Keep people talking about safety and actions will start to change, which will help create an environment that avoids preventable accidents.

## **Gather Feedback, Gain Support**

Team moms, players, coaches, umpires, concession volunteers, board members and facilities crews should all be asked for help in implementing your safety plan and looking for ways to improve it. At board meetings, in league newsletters or posters, even in team meetings, ask your members to spend some time addressing safety issues and take action on any concerns, before an accident happens. Put out "Safety Suggestion" boxes at a central location to gather ideas from these meetings.

Make sure you follow up on suggestions, even if you just tell the person the idea will be put into a "future plans" section of the safety plan and reviewed annually. People want to help, but they want to know their input was valued, or they will stop giving feedback.

If you have a league newsletter or website, publish the suggestions you receive as a way of spreading the safety message and recognizing the effort made. This will then help to prompt others in making suggestions. Create player safety poster competitions or awards for players who spot safety concerns.

Leagues are great about looking at the causes of an accident after it occurs. Talking about factors that can

cause an accident at team meetings and in gatherings of parents and other volunteers will help to keep accidents from happening.

## **Keep Improving Your Plan**

Here's a second idea: No safety plan is complete. Even the best safety plan in the country needs to be looked at and improved. Make sure you keep updating your plan with the ideas and suggestions you implement throughout the season. Then, it will be easy to present the new safety plan to the board next season and have it approved and submitted in plenty of time.

And make copies, electronically and in hardcopies. Every year, people call the ASAP Hotline looking for the plan their league submitted last year. This is a request that shouldn't be necessary, as you should have back-ups on disks or just paper copies with others in the league. So even if your computer crashes, you will still have a copy.

## **Drop in Accidents Slowing**

Why is the slowing decline in accidents important? The overall trend in injuries has been dramatically reduced since ASAP began in 1995, dropping 77 percent. However, in the last several years, the number of injuries has hit a plateau, even though more leagues are submitting safety plans, as leagues continue to have injuries despite having safety plans.

Some injuries are unavoidable. But some injuries could be avoided if the proper steps had been taken to protect players and volunteers. It takes work, and it takes everyone's participation. No matter how good you are as a safety officer, it takes an entire league to reduce injuries. Let's talk safety to help reduce injuries.

# Keeping Them Safe

## ***SAFETY CODE – Dedicated to Injury Prevention***

*Responsibility for Safety procedures should be that of an adult member of the Castro Valley Little League Little League.*

Arrangements should be made in advance of all games and practices for emergency medical services.

Managers, coaches and umpires should have training in first-aid. First-aid kits are issued to each team manager.

No games or practices should be held when weather or field conditions are bad, particularly with lightning.

Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.

All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as “in play”.

Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.

Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team’s manager and coaches.

During practice and games, all players should be alert and watching the batter on each pitch.

During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.

All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (i.e., playing catch, pepper, swinging bats, etc.)

Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.

Batters must wear Little League approved protective helmets during batting practice and games.

Catcher must wear catcher’s helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter at all times (males) for all practices and games. **NO EXCEPTIONS.** Managers should encourage all male players to wear protective cups and supporters for practices and games.

Except when runner is returning to a base, head-first slides are **not** permitted.

During sliding practice, bases should not be strapped down or anchored.

At no time should “horse play” be permitted on the playing field.

Parents of players who wear glasses should be encouraged to provide “safety glasses.”

Player must not wear watches, rings, pins or metallic items during games and practices.

The Catcher must wear catcher’s helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bullpen during a game and also during practices.

Managers and Coaches may **NOT** warm up pitchers before or during a game.

On-deck batters are not permitted (except in Junior/Senior/Big League Divisions).

All managers are required to attend Castro Valley Little League-sponsored managers clinic and all coaches are invited as well.

Our Castro Valley Little League runs background checks on all of the managers, coaches and other applicable volunteer applicants.

# Good Procedures to Implement

## Checklist for Managers, Coaches, and Umpires

*Here are some good procedures for your league to implement and follow on several required areas of the safety plan. Requirements 7, 10, 12 and 13 are all included in the checklists below. These come from several leagues whose volunteers are providing safety leadership through their efforts to increase awareness and help volunteers do the right thing at the right time.*

### A. Safe Playing Areas

Regular safety inspections of all fields, (practice and game), structures, and dugouts, is the best way to eliminate conditions that cause accidents. Managers, coaches, and umpires should routinely check playing area for:

1. Holes, damage, rough or uneven spots, slippery areas, and long grass
2. Glass, rocks, foreign objects
3. Damage to screens or fences, including holes, sharp edges, or loose edges
4. Unsafe conditions around backstop, pitcher's mound, or warning track
5. Proper attire by the catcher at all times, including in the bull pens and in between innings

### B. Safe Equipment

All equipment shall be inspected before each use. Regular safety inspection of equipment is essential. Managers, coaches, and umpires should:

1. Be sure all equipment is LL approved
2. Inspect all bats, helmets, and other equipment on a regular basis. Dispose of unsafe equipment properly.

3. Keep loose equipment stored properly
4. Have all players remove all personal jewelry
5. Parents should be encouraged to provide safety glasses for players who wear glasses
6. Repair or replace defective equipment

### C. Safe Procedures

Managers and coaches must:

1. Have all players' medical release forms with you at every practice and game
2. Have a first aid kit with you all practices and games
3. Have access to a telephone in case of emergencies
4. Know where the closest emergency shelter is in case of severe weather
5. Ensure warm-up procedures have been completed by all players
6. Stress the importance of paying attention, no "horse playing allowed"
7. Instruct the players on proper fundamentals of the game to ensure safe participation
8. Each practice should have at least 2 coaches in case of an emergency

### D. Weather Conditions

Before the Storm

1. Check the weather forecast before leaving for a game or practice
2. Watch for signs of an approaching storm
3. Postpone outdoor activities if storms are imminent

#### Approaching Thunderstorm

1. Take caution when you hear thunder. If you hear thunder, you are close enough to get struck by lightning. During a game, the umpire will clear the field in the event of an approaching storm.

2. Move to a safe environment immediately. Do not go under a tree or stay in the dugout.
3. If lightning is occurring and there is not sturdy shelter near, get inside a hard top automobile and keep the window up.
4. Stay away from water, metal pipes, and telephone lines.
5. Unplug appliances not necessary for obtaining weather information. Avoid the telephone except for emergency use only.
6. Turn off air conditioners.

#### If caught outdoors & no shelter exists

1. Find a low spot away from trees, fences, light poles, and flagpoles. Make sure the site you pick is not prone to flooding.
2. If in the woods, take cover under shorter trees.
3. If you feel your skin begin to tingle or your hair feels like it's standing on end, squat low to the ground, balancing on the balls of your feet. Make yourself the smallest possible target, tuck your head between your legs, and minimize your contact with the ground.

#### What to do if someone is struck by lightning

1. The person who has been struck will carry no electrical charge; therefore, they are safe to touch.
2. Call 9-1-1 as soon as possible for help.
3. Check for burns to the body.
4. Give first aid as needed.
5. If breathing and/or heartbeat have stopped, perform CPR until EMS arrives.
6. Contact the league Safety Officer or President ASAP.



## **HAVE YOU:**

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- Walked field for debris/foreign objects**
- Inspected helmets, bats, catchers' gear**
- Made sure a First Aid kit is available**
- Checked conditions of fences, backstops, bases and warning track**
- Made sure a working telephone is available**
- Held a warm-up drill**

From the sum of the total experience, along with the physical and mental reactions to such experiences, the player begins to develop certain attitudes. These attitudes then manifest themselves in patterns of behavior, behavior that could prove to be acceptable or unacceptable.

Thus, it is extremely important that the experiences arising out of Little League activity be healthy and stimulating. Furthermore, it is equally important that volunteer personnel recognize this fact and strive to help the youngster meet the challenges. It is within the province of responsibility of the volunteer to help the player to develop desirable attitudes.

- I. Is an attempt made to point out the desirability of:
  - a. Fair play.
  - b. Playing without finding fault or making excuses about mistakes.
  - c. Listening to directions.
  - d. Winning without bragging.
  - e. Recognizing certain standards of achievement.
  - f. Subscribing to the spirit of give and take.
- II. Have you observed any progress on the part of the youngsters in your league concerning the following:
  - a. They participate in practice and drills as you have planned them.
  - b. They accept the fact that there are some youngsters who have more or less skills than they do.
  - c. They have respect for other people's property.
  - d. They take care of equipment properly.
- III. In working with the players, do you sense that:
  - a. They are beginning to develop self-confidence.
  - b. They are showing signs of courage.
  - c. They are beginning to develop leadership qualities.
  - d. They are beginning to set standards for themselves.
- IV. In your observations, can you say that you have noticed improvement in the following areas:
  - a. Learning to accept reversals without undue emotional upset.
  - b. Accepting and playing by the rules of the game.
  - c. Learning to develop self-control over personal feelings.
  - d. Widening their circle of friends.
- V. Do you feel that the youngsters under your supervision recognize that:
  - a. Working to improve skills leads to self-satisfaction and achievement.
  - b. Being a good follower in certain situations is as important as being a good leader.
  - c. Self-sacrifice for the good of the team is necessary.
  - d. There are occasions when one must accept certain responsibilities for others.

# EMOTIONAL SECURITY AND ATTITUDES IN CHILDREN



[www.littleleague.org](http://www.littleleague.org)

by  
Dr. Luke LaPorta

An understanding of children is the most important component of the Little League® program. Adults working with youth should be constantly aware of emotional security and attitudes of children under their direction. Dr. LaPorta, of Liverpool, New York, is widely recognized as an authority in this field and was a recipient of the Athletic Director of the Year Award sponsored by the National Council of Secondary School Athletic Directors. He has been active in Little League for more than 40 years and served as the Chairman of the Little League International Board of Directors.

Little League Baseball does not limit participation in its activities on the basis of disability, race, creed, color, national origin, gender, sexual preference or religious preference.

## Emotional Security

In order to grow, children must have food, fresh air, light and exercise. This food, fresh air, light and exercise provide children with nourishment and activity required to satisfy the needs of physical growth and development. Along with this physical development, children must also develop emotionally. As children reach maturity, they will also reach certain levels of emotional maturity. It is hoped that the emotional maturity attained will be at a desirable level so that the individuals may function normally within their own sphere of relationships, whether it be with their peers, their immediate family or other adults.

The nutrients or ingredients necessary for emotional growth are not the same as they are for physical growth. However, they are very bit as important as food and drink are to physical growth and development. These nutrients satisfy the needs for emotional security just as food and drink satisfy a physical hunger pain. If children are to attain a level of emotional maturity, they must first have certain securities.

For example, children need to know that they are loved. It is possible that children who are deprived of love will suffer in a number of ways. One of these ways would be the inability of children to relate to other children and adults. Usually, children who feel they are not loved will be withdrawn, will find it difficult to make friends and, many times, will react to social situations in a manner that is unacceptable as normal behavior. Very often unloved children will react in a way that is harmful to themselves and also to the community in which they live. Some quarters contend that juvenile delinquency, in part, is a result of the deprivation of love.

In addition to being loved, there are other ways that children are able to satisfy the need for emotional security. Children have to feel that they are accepted, whether it is acceptance as part of a family, a school group, church group, gang or club. The need for acceptance is not limited to children, of course. Young teenagers want to be accepted in sororities, fraternities, social cliques or athletic teams. Even adults sometimes feel the need for acceptance in local associations, clubs, school groups and neighborhood circles.

In its healthiest form, acceptance is based on what the child actually is and not what the child has done or what family history reflects. Many times, however, acceptance is not based on the human qualities of the child and is, in effect, denied for a variety of reasons. Some of these being: color, physical handicaps, speech handicaps, or even a mischievous childhood prank that just can't seem to be forgiven.

Children must be made to feel that they are liked and accepted for what they are. This kind of acceptance fosters an independence and confidence, which the child needs in order to grow emotionally. This does not mean that children have Carte Blanche to do anything that they desire without disapproval of their acts. Much to the contrary, unacceptable behavior should be dealt with firmly and with decisive action. For example, a manager in Little League could encounter a problem with a youngster, which, if not handled firmly, might cause further trouble, i.e., talking back to an umpire or rough play. The player could be told that this is not the behavior expected of a Little Leaguer and disapproval could be voiced quite strongly. However, it could be followed with, "remember I like you, but I sure didn't like what you did out on that field."

When working with children it is important to remember that at this particular age they are sensitive to the subtle pressures of acceptance and rejection.

In choosing activities in which they will take part, children make their choices for a variety of reasons. Some will choose an activity where they can be with someone they like, others will choose an activity that they enjoy, but, for the most part, children will choose the game or activity in which they have the greatest success. Children like to do the things that they can do best. The real fast runner wants to run races, the good basketball player wants to shoot baskets, and the heavy hitter wants to play baseball. For the most part, children enjoy most games they play, but they enjoy them that much more when they have a certain degree of success in that game.

Success feelings are necessary for the emotional growth and emotional security in children. These feelings help immeasurably in establishing and developing confidence, independence, poise and positive attitudes in youngsters. Frequently when faced with something new, youngsters will balk somewhat. However, in facing the challenge they suddenly find that they achieve some degree of success. At this point, the balkiness changes to aggressiveness and the newness is met with vigor and confidence.

Furthermore, children seem to respond readily to solicitous encouragement and to recognition of small successes they achieve. Success experiences for children are important to emotional security and to eventual emotional maturity.

Love, acceptance and success are strong emotional needs. They are necessary for establishing emotional security in the child and, in turn, emotional security, if necessary, in the attainment of emotional maturity. Children will satisfy these emotional needs in one way or another. Their first choice, of course, is to do so in a socially acceptable manner. However, if they have no opportunity to do so, they will use other methods, usually in a socially unacceptable manner and from this derive satisfaction from the notoriety of an unacceptable behavior.

Little League Baseball seems to be a well-established, acceptable way to provide degrees of satisfaction for the emotional needs of the child. Little League is an entirely new experience and, with its unique appeal to youngsters, plays a vital role in helping to fulfill these emotional needs. This is especially true if these needs are not met at home, or if there is a loss of a father or mother or if other complications deprive the child of an opportunity to satisfy these needs. In addition, Little League offers adult companionship which, for a variety of reasons, may be lacking at this age.

In an organization such as Little League Baseball, volunteer leaders will run into many problems with youngsters. They will be working with youngsters deprived of love and affection; they will work with highly over-protected children and come in contact with the out and out rejected child. Leaders must do their utmost to help these children, and, if they are unable to help them, the least that can be done is to attempt to understand them.

## Attitudes

In Little League Baseball there are many new and varied experiences facing the youngsters participating in the program. The children, probably for the first time, find themselves in situations that they alone must cope with. They alone must meet the challenge of each new experience.

# Equipment Checklist

## Keep Your Players Safer

*Do you know what equipment is required for player safety on the field? Do you know which optional items can help keep players safer? Check out the following list for ideas and reminders.*

### REQUIRED PLAYER EQUIPMENT

#### Defense

- Athletic supporter** – all male players
- Metal, fiber, or plastic type cup** – all male catchers
- Catcher's helmet and mask**, with “dangling” throat guard; NO skull caps – all catchers; must be worn during pitcher warm-up, infield practice, while batter is in box
- Catcher's mitt** – all baseball catchers
- Chest protector and leg protectors** – all catchers; must be worn while batter is in box; long model chest protector required for Little League (Majors) and younger catchers

#### Offense

- Helmet meeting NOCSAE standards** – all batters, base runners, and players in coaches boxes
- Helmet chinstrap** – all helmets made to have chinstrap (with snap buttons, etc.)
- Regulation-sized ball** for the game and division being played; marked RS for regular season or RS-T for regular season and tournament in baseball
- Regulation-sized bat** – all batters; Little League (Majors) and younger baseball divisions must have bat marked with BPF 1.15 beginning in 2009
- Non-wood bats must have a grip of cork, tape, or composite material**, and must extend a minimum of 10 inches from the small end. Slippery tape is prohibited.

### REQUIRED FIELD EQUIPMENT

- 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> bases that disengage from their anchors
- Pitcher's plate and home plate
- Players' benches behind protective fences
- Protective backstop and sideline fences

### OPTIONAL PLAYER EQUIPMENT

#### Defense

- Metal, fiber, or plastic type cup – any player, esp. infielders
- Pelvic protector – any female, esp. catchers
- Heart Guard/XO Heart Shield/Female Rib Guard – any defensive player, esp. pitchers, infielders
- Game-Face Safety Mask – any player, esp. infielders
- Goggles/shatterproof glasses – any player, esp. infielders or those with vision limitations

#### Offense

- Helmet** – adults in coaches boxes
- Helmet with Face Guards or C-Flap** meeting NOCSAE standards – all batters, esp. in younger divisions
- Mouth guard** – batters, defensive players
- Goggles/Shatterproof glasses** – any player, esp. those with vision limitations
- Batters vest/Heart Guard/Heart Shield/Female Rib Guard** – any batter
- Regulation-sized reduced impact ball**

### OPTIONAL FIELD EQUIPMENT

- Double 1<sup>st</sup> base that disengages from its anchor
- Baseball mound for pitcher's plate
- Portable pitchers baseball mound with pitcher's plate
- Protective/padded cover for fence tops
- Foul ball return in backstop fencing

# Fundamentally Sound Ball

*Make sure to teach your coaches the fundamentals of good play, for everyone's safety.*

One of the cornerstones of any safety plan is the training your league provides to its volunteers. Every year, the potential is present for new volunteers with minimal experience to step into an important role.

Coaching is a prime example, and this training should be a focus of your league each spring.

If you don't have a standard fundamentals training clinic for your coaches, start one now. Whether you plan one for next year or implement yet this spring, a fundamentals clinic is key to your league providing an environment that is as safe as possible for everyone.

## **Don't Be Lulled by History**

Some leagues make the mistake of thinking because they have not had injuries, they are a "safe" league, and don't need training. Any league's injury rate can be low, either through good luck or because coaches already have a good foundation of skills. But without a set fundamentals clinic to ensure coaches, and so their players, are receiving quality and appropriate skills development, that league's good fortune can quickly evaporate.

Create an outline for the safety and fundamentals topics to be discussed, and make sure your trainer, whether an outside trainer – like a high school / college coach or professional trainer – or an experienced league coach, goes over all of them. The league safety representative can discuss issues not addressed by the trainer, as necessary.

## **Ideas for Safer Practices**

If you can, break up your training to specific divisions of play. This allows the more skill-specific training that is

appropriate by division (Tee Ball, Minors, Little League, Juniors, Seniors, Big League).

Then train your coaches to those appropriate skills for the level of play for the children. An otherwise excellent coach can put players at risk by teaching advanced skills to children who cannot yet correctly perform the skills.

The reverse is also true. If a coach does **not** teach the proper skills, such as sliding or proper catching, players are at risk when they are in game situations and can't perform as they need to, both to play the position/skill and protect themselves. As just one example, facial injuries to defensive players can be reduced by proper hand positions. If a player doesn't have their non-glove hand between the glove and their face, a "bad hop" can do serious damage.

## **Use Just One Ball**

Coaches often get caught up in trying to maximize practice or pre-game infield time to the extent safety is the first casualty. Make sure you emphasize the need to keep safety as a priority, even to the drills the coaches run.

Teach players to focus on the ball, and keep drills at one ball. If a coach introduces two or more balls during a drill, players are put in a situation they never face in a game: having to focus on two balls. If the player watches the wrong ball, it is easy to see after the fact how the player was injured, and unnecessarily so. Make sure coaches understand the danger of multiple balls with any player drill.



*Are these players far enough apart that a missed ball won't injure a player involved in a different activity? Proper spacing is an important factor in safe warm-ups for both teams and all players. Don't allow players involved in one drill to be placed too close behind or beside another group, where a hit or throw ball could hit someone not watching that drill.*

## **Use Common Sense**

Make sure the drills are age specific and appropriate for the players. Have several coaches watch the players during practice for form, but also safety. If not, when the coach is focused on a specific player, other players are then at risk of unintended actions from unsupervised players (swinging bats, thrown balls, horse-play).

With some planning, your league can provide a high-quality training program that will increase the playing ability of and reduce the injury risk to your players, while providing a safer environment for your players, volunteers, and spectators.

Qualified safety plans must require coaches to attend training once every three years, and for every team to have a representative at each annual fundamentals training. This approach will spread the information out to the coaches, and not just team managers, so all activities are being planned and operated with safety in mind. By spending the time to make your fundamentals training worthwhile for all coaches, and you won't have any difficulty in getting your volunteers to attend.

# Curveballs, Catchers and Fatigue

*Research needs to continue on links between overuse injuries and two hottest topics.*

New research suggests that curveballs aren't as dangerous as some in the medical field have suggested, with stresses similar between the curveball and fastball. But let's not be so quick to accept curveballs for youngsters, warns Dr. James Andrews, orthopaedic surgeon and baseball injuries researcher. Add to that concern that catchers are joining the growing trend of patients seeing orthopaedic surgeons needing to repair their injured arms.

Dr. Andrews stated that while the most recent studies "can't show in the lab that the curveball causes more damage" than the fastball or other pitches, he does not advocate teaching or throwing curveballs until a player's arm is close to fully developed, at age 13 to 15.

## Fatigue Still the Key Risk

"We still believe the two major pitches to throw... are the fastball and the change-up," Dr. Andrews said. "My personal opinion is fatigue is ... the highest risk factor in youth baseball related to injuries. If you can prevent fatigue, then you will have done 95% of what you can do to keep these kids healthy."

"So how does the curveball interact with fatigue? If you are playing competitively... they want to win, and the curveball is a major factor" in winning games, Dr. Andrews said. "Fatigue comes from the inability of a young player to throw the curveball properly with good mechanics. That's the whole key."

Dr. Andrews stated he does not call curveballs "safe" for younger players. "However, if you throw the curveball with good mechanics, there are no greater forces on the shoulder or elbow than throwing the fastball, apparently, from what we can measure in the lab."

He also explained that throwing a curveball requires a great deal of control, and "is not an easy pitch to throw, and certainly not everyone can throw it properly."

## Teach Proper Curveball Mechanics

And teaching good curveball mechanics is important, no matter what age, he said. "Do we have knowledgeable coaches teaching these kids the curveball?" Dr. Andrews asked. "We've got to be really careful. When you put a kid in a competitive situation, a championship series, and call for 70% curveballs, what's that going to do to the fatigue factor? Remember, it's a highly neurologically controlled pitch: if the mechanics get off because you're fatigued, and throwing 70% curves, then we're in trouble. So be careful throwing curveballs." Dr. Andrews repeated the caution

from the position statement, that "throwing curveballs too early may be counterproductive, leading to arm fatigue as well as limiting the youth's ability to master fastball mechanics," he said. "In theory, don't throw curves till you can shave."

## Catchers at Increasing Risk

When the most talented and athletic players are catchers, a coach's natural desire is to make that player a pitcher, too. But Dr. Andrews warned that catchers, good catchers who are mirroring every throw from the pitcher as well as being asked to throw long, fast, accurate throws to first, second and third bases are at increased risk of arm fatigue and subsequent injury.

"We're seeing a lot of injuries with catchers. I had a catcher come in from Atlanta, and I did surgery on him. I asked him how he got hurt. He's 15 years of age, and he's not supposed to have an injury [at that age]; but believe me, they're out there all over the place in that age group," Dr. Andrews stated.

He said the player was at a showcase and was asked to throw 100 throws in 200 seconds. Throwing a ball from home to second in 2 seconds is a good throw; and the organizers were timing the catchers on the total they could throw down in 200 seconds. "So he would throw as hard as he could throw, and then reach and they'd put a ball in his hand and do it again, to see how he fell off, what kind of stamina he had," Dr. Andrews related. "And about the 50<sup>th</sup> throw, he tore his ligament.

"Now that particular situation was almost criminal, and unfortunately what might happen down the road is it might become a criminal offense," he added. "So the timing is right to get this under control, before the federal courts and the state courts and the lawyers get it under control."

# Learn, Teach the D



*Improve dialog  
between  
coaches,  
players and  
parents to  
catch arm  
injuries earlier.*

You can't be part of baseball and not worry about players' throwing arms. Stories of high school pitchers undergoing surgery to repair damage from overuse injuries are now common, and the micro-traumas responsible likely started before they even took the mound in high school.

Dr. James Andrews brought his message of pitcher protection to the Little League Baseball World Series this year, as part of the unveiling of a new national concern for baseball pitchers' arms.

## **Recognize Signs Early**

If coaches are to avoid overuse injuries, they need to know how to recognize the signs of a developing problem. According to the USA Baseball Medical and Safety Advisory Committee report, "Preventing Overuse Injuries in Youth Baseball," overuse injuries are caused by repetitive stresses on the muscles and supporting structures of youngsters that are not given sufficient time to heal after pitching.

In the study "Elbow Injuries in Young Baseball Players," published in *The Physician and Sportsmedicine*, the damage starts innocuously:

- **Arm Fatigue** – first sign of impending injury;
- **Local Soreness** – if an injury is developing this will follow fatigue; and
- **More Severe Pain** – persisting into the next day (or longer) after initial pain.

A more erect delivery, poor arm positioning/low elbow height, poor or no follow-through, and improper foot positioning are some signs a coach can use to recognize fatigue in the pitcher. Coaches cannot count on the player to tell them when the player's arm is fatigued.

Additional studies have shown that when youth pitch with arm fatigue, they have a much higher risk of surgery later in their careers.

## **Wear, Tear Progresses Over Time**

Many times, a pitcher coming to him requiring surgery will have years of accumulated damage, as the micro-

tears from individual, distinct traumas that never healed properly, Dr. Andrews cautioned. "The coaches say, 'I've never seen a youth injured under my watch,'" Dr. Andrews explained of these early, un-rehabilitated injuries. "You didn't see [an injury], but it saw you."

Authors of "Elbow Injuries in Young Baseball Players," James Whiteside MD, Dr. Andrews and Glenn S. Fleisig Ph.D., wrote that a player may initially indicate an arm injury by saying his arm is "stiff," or he has difficulty "getting loose" or the player may not say anything, and the injury may demonstrate as inaccurate throws producing more pain or other symptoms.

The authors warn that according to their research, players usually only seek medical attention when arm pain impairs the player's throwing or hitting ability. Players recounted that local soreness in the arm began after repeated hard throwing but went away after rest, only to flare up again during throwing.

## **Ask Player if Pitching is 'Off'**

"Coaches and parents can help prevent more serious injuries by investigating when players exhibit abnormal mannerisms while fielding, throwing or batting," the report states. And if the player waits for the injury to be determined a clinical diagnosis, meaning a separation is developing between key parts of the elbow, the amount of time needed for the arm to heal is often season ending, if not worse. Catching the injury early is imperative.

The new position statement on pitching suggests pitchers throw no more than 1000 pitches per season and stay within the limits imposed by their league per game. It also recommends against pitching on more than one team with overlapping seasons.

If a pitcher's arm doesn't get time off from competitive throwing, the stresses put on the pitcher's arm – the micro-tears – could combine to the point that a single throw can cause damage requiring surgery to repair.

Dr. Andrews explained that often pitchers talk about a pop or snap sound in their arm as the injury occurs. But that throw was just "the straw that broke the camel's back," and not a single event that caused injury. "I've said for years that we take better care of our professionals than we do our youth players," Dr. Andrews said in issuing the pitching guidelines. "Those injuries [of older pitchers] don't begin at 26 years of age."

## **Communicate Outside Pitching**

"The number one thing that is becoming more apparent and more of a problem is travel ball, where we have no control over what they pitch. They play Little League on Friday night, and then go... play in a travel league on

# Dangers of Overuse Injuries

Friday, Saturday, Sunday, and pack as many games in as they possibly can. And we don't know what they do in these travel leagues. So they come back and pitch, following our rules, after four days rest, but they've already been in a travel ball league where you have no control over what they do," he stated. This leads to arm fatigue and injury, even though the player has met Little League's pitch count requirements, he cautioned. So the coach needs to communicate with the players who are in multiple leagues about when they pitch. The player should alert their travel ball team coach on pitching they've done in Little League, prior to an outside tournament as well.

## Treatment and Rehabilitation

The study suggests coaches can follow some simple advice to help reduce the inflammation that hastens the onset of the development of the damage to throwers' elbows: ice. Apply ice for 15 minutes per hour for three or four hours after hard throwing to protect the muscles of the arm, either shoulder or elbow or both. If soreness

develops, take it to the next step: RICE – Rest, Ice, Compression, Elevation. (See page 8 for more.) That can mean stopping play for the player to rest the muscles, either for a few days or longer. Go see a sports physician at the first signs of arm injury to determine the correct course of action, whether simple rest and anti-inflammatory actions (ice, medication) or more extensive treatment.

"Some people criticize the pitch counts," Dr. Andrews stated. "Baseball is a developmental sport, and the players need to start early to learn it. Encourage throwing, but not *competitive* throwing. Year-round competitive throwing is the problem."

Dr. Andrews, medical director at the American Sports Medicine Institute in Birmingham, Ala., is the first surgeon to perform ulnar collateral ligament reconstruction, or, as it is better known, Tommy John surgery. In 2008, he was elected as the 23<sup>rd</sup> member of the Little League International Board of Directors.

## Pitchers Need Rest in Season, Time Off Between Seasons

The American Sports Medicine Institute has issued a position statement to help educate coaches, players and parents about the risks of baseball pitching, and the ways to pitch more safely. Dr. James Andrews, medical director for ASMI, issued the following statement at the Little League Baseball World Series in Williamsport, Pa.

### Position Statement for Youth Baseball Pitchers, August 2009

With the rise in elbow and shoulder injuries in youth baseball pitchers, the adult community needs to take steps to prevent these injuries. Research points to overuse as the principle risk factor. Poor pitching mechanics also contribute to injury risk. Another suggested risk factor is poor physical fitness.

Throwing curveballs has been suggested as a risk factor, but the existing research does not support this concern. However, a youth pitcher may not have enough physical development, neuromuscular control and proper coaching instruction to throw a curveball with good mechanics. Throwing curveballs too early may be counterproductive, leading to arm fatigue as well as limiting the youth's ability to master fastball mechanics.

### Thus, the recommendations for preventing injuries in youth baseball pitchers are

- Watch and respond to signs of fatigue. If a youth pitcher complains of fatigue or looks fatigued, let him rest from pitching and other throwing.
- No overhead throwing of any kind for at least two to three months per year (four months is preferred). No competitive baseball pitching for at least four months per year.
- Follow limits to pitch counts and days rest.
- Avoid pitching on multiple teams with overlapping seasons.
- Learn good throwing mechanics as soon as possible. The first steps should be learned, in order: 1) basic throwing, 2) fastball pitching, and 3) change-up pitching.
- Avoid using radar guns.
- If a pitcher complains of pain in his elbow or shoulder, get an evaluation from a sports medicine physician.
- Inspire youth pitchers to have fun playing baseball and other sports. Participation and enjoyment of various physical activities will increase the youth's athleticism and interest in sports.





**WHEN IT'S HOT,  
DRINK BEFORE  
YOU'RE THIRSTY.**

© 1996 Little League Baseball® and Musco Lighting, Inc.

### **Drinking Guidelines For Hot Day Activities**

**Before:** Drink 8 oz. immediately before exercise

**During:** Drink at least 4 oz. every 20 minutes

**After:** Drink 16 oz. for every pound of weight lost

**Dehydration signs:** Fatigue, flushed skin, light-headed

**What to do:** Stop exercising, get out of sun, drink

**Severe signs:** Muscle spasms, clumsiness, delirium



# Too Busy for Warm-ups and Exercises? Don't Be.

*To avoid player injuries, make sure coaches have a game plan to prepare their players to play.*

Are your coaches so busy working their players on skills development that even stretching gets “left for later?” Your players may be suffering for it. Proper warm-ups and conditioning activities can help to protect your players from injury.

Research has shown that players who are less physically fit – whether in aerobic fitness, flexibility or core strength areas – are at a much greater risk of being injured doing the same things as their peers who are in better condition.

## **Fitness Shows Injury Potential**

A study of US Army recruits going through basic training found less-fit recruits were injured at twice the rate of their more fit companions, and 2.5 times as likely to be so seriously injured that they missed training. The less-fit recruits were more often women, but when the initial fitness levels were used to classify all the recruits by ability, rather than gender, the injury rates became consistent for both males and females, based on their fitness.

In ball playing, the injuries may be slight, a simple muscle strain or joint sprain, such as a pulled thigh muscle or sprained ankle, or they could be acute, from a fall due to poor motor control or weak muscles unable to stabilize the athlete during a fielding attempt. In either situation, stronger muscles are at lower risk of injury.

The good news is that during the study, for all recruits, the less-fit saw

bigger gains than their more-fit peers, as a percentage of gain. So the gap in physical fitness can be closed to make all the athletes safer.

## **Warm Up Before Playing**

Numerous experts and studies continue to assert the benefit of pre-event warm-ups and post-event cool-down exercises. In addition, players and coaches can't expect playing the sport will do enough to prepare the less-fit players for play. Conditioning is just that, and players need to do conditioning exercises to prepare their bodies for the stops, starts, quick turns and full runs ball playing requires.

The benefit of warm-up exercises is not just for the increased muscle flexibility and tone that protects muscles from strains and ligaments from sprains but the increase in oxygen flow to the body, preparing it for the demands of the game.

Make the exercises match the demands of the sport: sprints should be worked on above distance running. Provide shoulder stretches and arm limbering as well as core and lower body warm-ups. Speed, quickness and coordination count for more than endurance; balance drills promoting foot and hand speed and coordination with more traditional exercises.

Start early with conditioning and build gradually to increased conditioning demands. Players' bodies need time to adjust to the

physical stresses and build muscle mass and tone to be able to handle the loads of throwing long strikes from center field or sliding into home plate. The muscles that move the body also support and protect it, so the stronger those muscles, the less likely a serious injury will occur from a “normal” baseball or softball play.

## **Finally, Keep it Fun**

Find ways to keep your practices fun like making sprints be base-stealing attempts. Alternate trips around the bases for warm-ups with “the home run trot,” and for speed or endurance with “you're going for an inside the park home run!” Have throwing races between different groups of players for short distances, to work on muscle tone, accuracy and technique.

The players will enjoy it more with just a little time spent working on making the *why* they need to do it a fun activity, instead of saying “it's good for you” or “because I told you to!”

Because a fit player is less likely to be injured, it's worth the extra time and effort to improve everyone's physical fitness.



# FIGHT THE BITE!



## JOIN THE "SWAT TEAM" AGAINST WEST NILE VIRUS

### Defend Yourself Against Mosquitoes:

**DRAIN** standing water around the house weekly since it's where mosquitoes lay eggs, including: tires, cans, flowerpots, clogged rain gutters, rain barrels, toys and puddles.

**DUSK & DAWN** are when mosquitoes that carry the virus are most active., so limit outdoor activities or take precautions to prevent mosquito bites.

**DEET** is an effective ingredient to look for in insect repellents. Always follow label instructions carefully.

**DRESS** in long sleeves and pants during dawn and dusk or in areas where mosquitoes are active.

**West Nile Virus** disease is rare, but if you have symptoms including high fever, severe headache and stiff neck, contact your health care provider immediately.

### Combata la Picadura:

**Desague** agua estancada alrededor de la casa (en llantas, cubos de basura, macetas, canalones y charcos) pues ahí ponen huevos los mosquitos. Corte la hierba y arbustos y no riegue demasiado.

**AL ATARDECER y AMANECER** están más activos los mosquitos que portan el virus. Evite actividades afuera o tenga precauciones para prevenir picaduras.

**"DEET"** es un ingrediente que deben tener los repelentes de insectos para que sean efectivos. Siga las instrucciones.

**VISTASE** con camisas de manga larga y pantalones cuando esté afuera en la tarde o al amanecer o donde haya muchos mosquitos.

La enfermedad del virus del Nilo Occidental es muy rara, pero si usted tiene los siguiente sintomas como dolor de cuello, fiebre alta y fuerte dolor de cabeza, contacte inmediatamente a su proveedor de servicios

[www.fightthebitecolorado.com](http://www.fightthebitecolorado.com)

# Asthma Emergency Signs

## Seek Emergency Care If A Child Experiences Any Of The Following:

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

**Asthma is different for every person.**

The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.

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

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

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Michigan Asthma Steering Committee of the Michigan Department of Community Health



# Avoid Collisions on the Field

*Whether between teammates or opposing players, baseball and softball are not contact sports. Make sure everyone understands who should make the play, and who should make way, to avoid collisions between players.*

## Call the Ball

Defensive players should be trained early to “call the ball” when going for a catch. Don’t have two players collide because neither knew the other was trying to make the play. Fielders should be taught which player has priority for fly balls on the various areas of the field, unless called off by another player (i.e., on the third base side of the diamond, the shortstop has priority for fly balls, while on the first base side, the second baseman has priority, and outfielders generally should give ground to the center fielder).

## Don’t Obstruct Base Paths for Runners or Interfere with Fielders

Base runners and fielders: Only a player with the ball, or making a play on a batted ball should be in the base paths. Avoid injuries on the base paths by making it clear to offensive players that runners must slide or avoid a fielder **with the ball** and avoid a fielder making a play on a batted ball. For defensive players, tell them that fielders **without the ball** must vacate the base paths for runners.

**Rule 7.08:** “Any runner is out when – (a)(3) the runner does not slide or attempt to get around a fielder who has the ball and is waiting to make the tag; . . . (b) intentionally interferes with a thrown ball; or hinders a fielder attempting to make a play on a batted ball (NOTE: A runner who is adjudged to have hindered a fielder who is attempting to make a play on a ball is out whether it was intentional or not).”

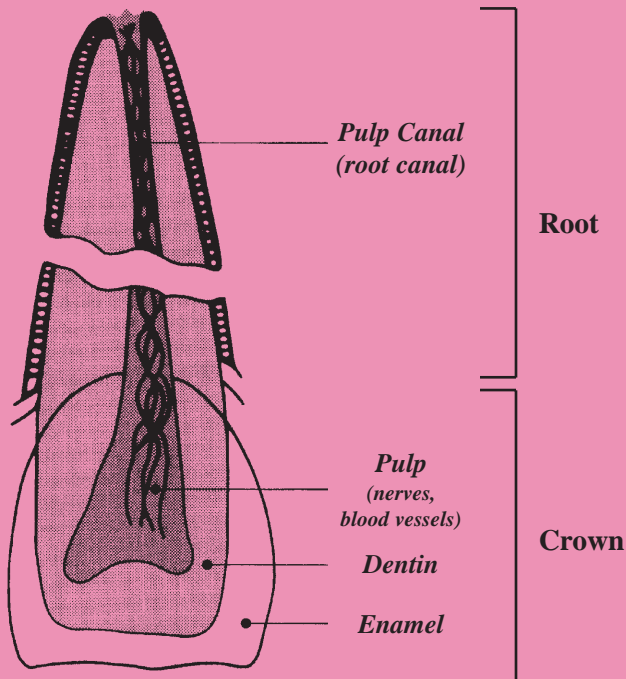
**Rule 7.09:** “It is interference by a batter or runner when – (f) the runner fails to avoid a fielder who is attempting to field a batted ball, or intentionally interferes with a thrown ball . . .”

## 2.00 – Definition of Terms

**OBSTRUCTION** is the act of a fielder who, while not in possession of the ball, impedes the progress of any runner. A fake tag is considered obstruction. (NOTE: Obstruction shall be called on a defensive player who blocks off a base, base line or home plate from a base runner while not in possession of the ball.)

*A fielder without the ball should make way for the advancing base runner; a runner seeing a fielder with the ball must slide or avoid. Don’t allow collisions on the base paths from overly-aggressive play.*

# Emergency Treatment of Athletic Dental Injuries



*Professionally-made, properly fitted Custom Mouthguards greatly reduce the risk and severity of mouth injuries. Mouthguards are recommended injury prevention equipment for all at-risk sports.*

## AVULSION (Entire Tooth Knocked Out)

1. Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
2. If debris is on tooth, *gently* rinse with water.
3. If possible, reimplant and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert and conscious.
4. If unable to reimplant:
  - Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."
  - 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2% milk.
  - 3rd best - Wrap tooth in saline-soaked gauze.
  - 4th best - Place tooth under athlete's tongue. Do this **ONLY** if athlete is conscious and alert.
  - 5th best - Place tooth in cup of water.
5. Time is very important. Reimplantation within 30 minutes has the highest degree of success rate. **TRANSPORT IMMEDIATELY TO DENTIST.**

## LUXATION (Tooth in Socket, But Wrong Position)

### THREE POSITIONS

**EXTRUDED TOOTH** - Upper tooth hangs down and/or lower tooth raised up.

1. Reposition tooth in socket using firm finger pressure.
2. Stabilize tooth by gently biting on towel or handkerchief.

**3. TRANSPORT IMMEDIATELY TO DENTIST.**

**LATERAL DISPLACEMENT** - Tooth pushed back or pulled forward.

1. Try to reposition tooth using finger pressure.
2. Athlete may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.

**3. TRANSPORT IMMEDIATELY TO DENTIST.**

**INTRUDED TOOTH** - Tooth pushed into gum - looks short.

1. Do nothing - avoid any repositioning of tooth.
2. **TRANSPORT IMMEDIATELY TO DENTIST.**

## FRACTURE (Broken Tooth)

1. If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on towel or handkerchief to control bleeding.
2. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
3. Save all fragments of fractured tooth as described under Avulsion, Item 4.
4. **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST.**

**Academy for Sports Dentistry**  
**875 North Michigan Ave.**  
**Suite 4040**  
**Chicago, IL 60611-1901**

**1800-273-1788**  
**1800-ASD-1788**

The Academy for Sports Dentistry, a professional organization dedicated to the dental needs of athletes at risk to sports injuries, recommends that every sports medicine team include a dentist knowledgeable in sports dentistry.

***MOUTHGUARDS SHOULD NOT BE OPTIONAL EQUIPMENT***

# Protect Players, Volunteers

*Death of batter, head injuries to catchers, umpires underscore need to ensure safety of helmets for those closest around the plate.*

Are you adequately protecting your batters, catchers and umpires?

Head injuries are an area of critical importance for any league due to their severity of risk. One of the positions most at risk for head injuries is the batter, because of the proximity to both pitched, hit and foul balls. But the catcher and umpire are both similarly close and have the same risks and needs. The death of actress Natasha Richardson from a skiing fall has raised awareness around the world of head injuries.

Does your safety plan address head safety, from equipment to prevent injuries to education on what steps to take if an injury occurs?

## **Baseball Death Underscores Need**

The death of high school batter Patrick Clegg, a Waynesville, Mo., High School baseball player, who was hit by a pitch while batting also serves as a cautionary tale. Clegg, 16, was batting in a game on April 21. The pitch was reportedly high and inside, causing Clegg to turn his back to it and duck his head. However, the pitch didn't hit his helmet, but his neck, just at the base of his skull under his helmet.

The story, reported in the *Springfield, Mo., News-Leader*, indicated he was struck in the brain stem and immediately collapsed on the field. Two days later, he was declared brain dead and taken off life support.

## **Batting Helmets Must Fit**

Part of your plan should be efforts of prevention, making sure batters, catchers and umpires have proper protection. Since many players and volunteers use community equipment designed as one-size-

# with Proper Equipment

fits-all, make sure it does fit everyone, or that different models are available.

Injuries happen when helmets fall off while the player is running the bases, too. Make sure chin straps are on all helmets that have the snaps or latches to hold the strap in place. Smaller players are at risk of poorly fitting helmets falling off, leaving their heads unprotected. Little League requires each team to have six NOCSAE-approved helmets available for each team's batters. Make sure a variety of sizes are available, to meet the need of varying sized players' heads.

Are your league's helmets inspected and maintained properly? Another concern for helmets is the need for replacement after a hard hit.

Manufacturers state that once a baseball batting helmet has been hit hard once, it should be discarded. Don't wait for a crack to show that the shell is compromised, as a break could happen *before* an obvious crack appears.

Helmets cost between \$15 and \$40, depending on style and manufacturer. Don't put players at risk over whether a helmet has served its use.

## Umpires Need Quality Masks, Helmets, Too

In separate instances within a week of each other, two MLB umpires were sidelined with head injuries after being hit by a broken bat and a foul ball while behind the plate.

On April 19, home plate umpire Ed Hickox was tagged in the center of his facemask with a foul tip. Hickox worked the rest of the game but spent the night in the hospital under observation. He was expected to be out of action for a week with the resulting concussion.

In a more severe injury, MLB umpire Kerwin Danley was removed from the field on a stretcher after the

top of a broken bat hit him in the helmet during a game April 24. Danley also suffered a concussion, but because he wore a full hockey-style mask and helmet, it was speculated that equipment saved him from a worse injury.

Does your league provide umpires with quality masks and helmets? Make sure these volunteers are well protected, too.

## Don't Modify Helmets with Paint, Stickers

Finally, check all your helmets for unapproved paint or stickers. Helmet manufacturers have warned Little League for several years that any modification, either of stickers or paint, not approved by the helmet manufacturer will void the warranty.

That should tell your league the manufacturer, who knows its product best, is concerned that these helmets will fail with no warning if they've been modified, and the manufacturer won't be held responsible. Applying paint or stickers to the shell can cause a chemical reaction that destroys the helmet's hard, protective ability. Helmets may not be repainted or stickers applied unless approved in writing by the manufacturer. See rule 1.16 and 1.17 for specifics on this.

Don't allow league helmets, including personal player helmets, to be used if they have been painted or stickers have been put on them, for the players' safety.

## Make Sure Players Wear Helmets When Required

*One concern for any league should be that its players and volunteers follow proper procedures for wearing helmets.*

### Here are some reminders on helmet use, for both practices and games:

#### Catcher's helmet and "dangling" throat guard

- Warming up a pitcher
- Catching during infield/outfield warm-ups
- Playing position of catcher during games or practices (with chest protector, shin guards, and cup for males)
- **NOTE:** Skull caps not permitted

#### Batting helmet (facemask optional)

- Batting practice (anywhere on field or in batting cage)
- Batting in games
- Running bases
- Pitching practice (standing in batter's box while pitchers throw to catcher)
- Players coaching first or third bases in coaches' boxes
- *Optional:* Adults coaching first or third bases in coaches' boxes

# Weather it's Safe to Play?

## Don't Strike Out Against Deadly Weather – 'See It, Flee It; Hear It, Clear It' for Lightning; 'Just Cool It' for High Heat

*This is the time of year for making improvements to your safety plan. A key component of that effort should be preparing the training for your volunteers on hazardous weather. Take time this off-season to prepare handouts, signs and general weather policies for your league to follow next year when the regular season begins again.*

### Make it Easy

When storms roll in, do your volunteers know what to do? Rain is not necessarily a reason to stop play. But add lightning to the storm, and even if it isn't raining, you need clear instructions to ALL people to leave your fields and find a safe place to wait until the storm passes or the game is rescheduled.

The quick and easy approach for lightning is "if you see it, flee it; if you hear it, clear it." Lightning can travel up to 10 miles from the storm's edge, so if it is seen or heard, the fields should be cleared and the game paused to wait for the lightning to pass. If lightning is not seen for a reasonable time (usually 30 minutes), the game can continue. Players should be instructed to stay until the game is cancelled, so all players are accounted for while a game is in storm delay.

Have clear instructions for high heat and humidity, too. Playing in the hot sun without water breaks or cool shade for players to escape the sun's heat between defensive innings is a recipe for disaster. Children do not dissipate heat as well as adults do. But you can protect your players from the heat by instituting water breaks, shade covers for dugouts, 5-10 minute breaks between innings and misters/sprinklers/cold cloths to help cool players down. And make sure players are drinking plenty of water or sports drinks *before* they get thirsty.

### Take Out the Human Factor

For storms, use electronic detectors, whether those that detect actual lightning strikes (Sky Scan®) or that detect the potential for lightning (Thor-Guard®), to eliminate guesswork; having a sensor allows the umpire to keep his eyes on the game and not the sky. Too many games are played under approaching

storms because an umpire had his back to a lightning strike. Consider purchasing a lightning detector this fall to have a consistent limit to how close lightning gets to your games before the field is cleared.

Waiting for a storm to pass on the field or in an open area around the field(s) is NOT acceptable, especially for players who don't know any better, and your league needs to set expectations that at the least people will wait out the storm in their cars with the windows rolled up. If an enclosed building is large enough for the teams and spectators to go inside to wait, that is even better.

### Keep it Posted

Signs posted around your facility are a great way to remind people of what to do in an emergency. When time counts, simple reminders can help everyone follow the correct procedure. It's amazing how parents and players can help remind coaches of the proper response to a weather situation, when they are given the information. Provide handouts of the signs to coaches and other volunteers during their preseason training on safety policies. Make sure your umpires receive the same training and information, as they are the league's agents for proper halting of games in progress.

### Follow Your Procedures

No one should be allowed to ignore the warnings of umpires, board members or other authorized league representatives to follow safety procedures. Too much is at stake to allow anyone to not heed warnings, even if they want to take responsibility for doing so. Your league needs to protect people in spite of themselves. You don't allow catchers not to wear their helmets because they don't want to; make sure everyone understands these rules are for their protection and must be followed.

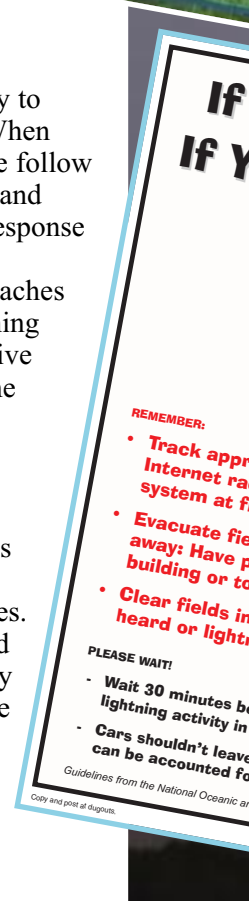
### Put up Posters, Signs to Educate About Lightning

NOAA National Weather Service – <http://www.lightningsafety.noaa.gov>

Little League's Lightning Safety – [http://www.littleleague.org/Learn\\_](http://www.littleleague.org/Learn_)

'See It, Flee It' ASAP Poster, NOAA 'Coaches Guide to Lightning Safety

ASAP Safety Procedures Examples (Requirement 10) – <http://www.littleleague.org>

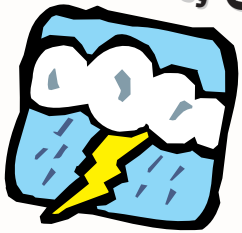


# Don't Rely on Experience for Storms

People Routinely Avoid Lightning Strikes, but Lightning Deaths Show Tragedy of This Error



**You See It, Flee It;  
You Hear It, Clear It**



Approaching storms the best way possible:  
Check radar websites, dedicated storm warning  
apps, field, or other storm warnings

Evacuate fields when storms are about 10 miles  
away. Players and spectators go to enclosed  
buildings or cars with windows rolled up  
immediately after thunder has been  
clearly seen!

Do not return to play after last sign of  
storm in your area  
until the game is called, so all players  
are safe.

Adapted from the National Weather Service  
and the National Oceanic and Atmospheric Administration's (NOAA) National Weather Service

Earlier this year, tragedy struck in Virginia when a Little Leaguer was killed by lightning, and another boy was severely injured. This tragedy underscores what experts know: people cannot use their lifetime of experience in storms as a gauge for their safety. Just because you have never been struck does not mean you cannot be.

Two Little League players in Virginia were injured, one fatally, when they were struck by a lightning bolt while playing catch in early June. According to news reports, the youngsters were playing catch on their league's baseball field after their game had been halted. The fields cleared by the umpires due to the threat of lightning, although no rain was falling at the time of the lightning strike.

## Lightning a Top Threat

While this was a huge heartbreak for the Little League family, annually lightning is one of the top weather-related killers of people in the US after heat and flooding. And most of those killed by lightning are just trying to enjoy the outdoors or continue whatever they had been doing. Do you have procedures to avoid a similar tragedy?

In some cases, lightning strikes are catastrophic without being fatal. A Georgia football player was struck and seriously injured by the first reported lightning strike of a local storm on

Aug. 12 in Belleville, Ga. Sheriff Randall Tippins was reported in local news as saying a 14-year-old was in critical condition after being hit by a lightning bolt that came out of nowhere. A defibrillator was used along with CPR by his coaches to resuscitate the player until an ambulance could arrive.

## Storms Can Kill

Although recent years have seen reduced fatalities from lightning, according to the National Weather Service in 2009 lightning has claimed 27 victims across the nation to mid-August, many seeking shelter from the storm that killed them. Others were just going about their normal lives:

⚡ In early August, a 53-year-old Pennsylvania man was killed by lightning while trimming bushes in his yard.

⚡ On July 27, a 49-year-old man was killed while jogging on a beach in North Carolina.

⚡ A 14-year-old girl from Minnesota was playing outside in the rain in her front yard when she was hit and killed by lightning on July 21.

⚡ Others were doing yard work, taking out the trash, walking, clearing brush, golfing, fishing and playing soccer.

Remind people in your league that lightning can kill, no matter how lucky they have been in the past in avoiding it.

**Lightning, Heat Risks – Follow these links to the examples above and some other top lightning and heat injury info online:**

<http://www.noaawatch.gov/>

<http://www.noaawatch.gov/More/programs/asap/lightning.htm>

[http://www.littleleague.org/Learn\\_More/programs/asap/safetyposters.htm](http://www.littleleague.org/Learn_More/programs/asap/safetyposters.htm)

[http://www.littleleague.org/Learn\\_More/programs/asap/SafetyRequirementsExplained.htm](http://www.littleleague.org/Learn_More/programs/asap/SafetyRequirementsExplained.htm)



2017 ASAP Plan

# Code of Conduct Umpire Guidelines



# Coaches Code of Conduct

## CODE OF CONDUCT – Coaches are Role Models

“Our Little League is in the process of putting together a newsletter for the coaches stating Coaches Code of Conduct. I thought in the past in one of the ASAP newsletters I saw one but I cannot find it. Our local league is putting a newsletter together on this and it would help if Little League already had some information on this and additional ideas for a list to be handed out and signed by the Managers and Coaches as to their conduct during games and practices to help guide them.”

### George Colby

Easton, Conn., Little League, District 2

*Editor’s Note: Here is a Code of Conduct that is used in many safety plans. On the next page (pg 8) is a Volunteer Code of Conduct that serves as a reminder of the important role coaches and managers have in the development of youth people. It stresses that sports should be about fun, physical exercise and character development, and not winning.*

**Speed Limit 5 mph** in roadways and parking lots while attending any \_\_\_\_\_ Little League function. Watch for small children around parked cars.

**No Alcohol** allowed in any parking lot, field, or common areas within the \_\_\_\_\_ Little League complex.

**No SMOKING or Tobacco products** of any kind (including spit tobacco) allowed in any common areas within the \_\_\_\_\_ Little League complex.

**No Playing in parking lots** at any time.

No Playing on and around lawn/maintenance equipment.

**No Profanity** allowed in any parking lot, field, or common areas within the \_\_\_\_\_ Little League complex.

**No Swinging Bats** or throwing baseballs at any time within the walkways and common areas of the Little League complex.

**No throwing balls against dugouts** or against backstop.

**No throwing rocks** and no climbing fences.

Only a player on the field and at bat, may swing a bat (Ages 5 - 12).

**Observe all posted signs.** Players and spectators should be alert at all times for Foul Balls and Errant Throws.

During game, players must remain in the dugout area in an orderly fashion at all times.

After each game, each team must clean up trash in dugout and around stands.

All gates to the field must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.

**No children under age of 16** are to be permitted in the Snack Bars.

Failure to comply with the above may result in expulsion from the \_\_\_\_\_ Little League field or complex.



# Sport Parent Code of Conduct

We, the \_\_\_\_\_ Little League, have 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 well-being 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.

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Parent/Guardian Signature

# Umpire Guidelines

## Before the Game — Meet at home plate

- Introduce plate and base umpires, managers/coaches
- Receive official lineup cards from each team
- Discuss any local playing rules (time limit, playing boundaries, etc.)
- Discuss the strike zone
- Discuss unsportsmanlike conduct by the players
- Discuss the innings pitched by a pitcher rule
- Clarify calling the game due to weather or darkness
- Inspect playing field for unsafe conditions
- Discuss legal pitching motions or balks, if needed
- Discuss no head-first slides, no on-deck circle rules
- Get two game balls from home team
- Be sure players are not wearing any jewelry
- Be sure players are in uniform (shirts in, hats on)
- Inspect equipment for damage and to meet regulations
- Ensure that games start promptly

## During the Game — Umpires and Coaches

- Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to take the field with two outs
- Make sure catchers are wearing the proper safety equipment
- Continually monitor the field for safety and playability
- Pitchers warming up in foul territory must have a spotter and catcher with full equipment
- Keep game moving — one minute or eight pitches to warm up the pitcher between innings or in case of mid-inning replacement
- Make calls loud and clear, signalling each properly
- Umpires should be in position to make the call
- No protesting of any judgment calls by the umpire
- Managers are responsible for keeping their fans and players on their best behavior
- Encourage everyone to think “Safety First!”

# Make league's barbecues safe

## Keep food safe from bacteria, check grill for problems

### Barbecue Safety

Safely transporting food, precooking and preventing cross-contamination are the major ingredients of barbecue safety.

### Chill Foods to Stop Bacteria

When transporting food, either from the grocery store or to a picnic area, keep it cool to minimize bacterial growth. Pack meat, poultry, salads and other perishables in an insulated cooler with ice.

Marinade is a savory acidic sauce in which a food is soaked to tenderize and add flavor. Always marinate meats in the refrigerator, not on the counter. Reserve a portion of the marinade that hasn't touched raw meat for a dip or basting sauce. Don't reuse marinade used on raw meat or poultry unless it has been boiled first to destroy any bacteria.

### Take Care With Meat Items

Meats and poultry may be precooked on the stove, microwave or oven to reduce grilling times. If foods are partially precooked, place immediately on the grill to finish cooking. Never partially cook meats and poultry and wait to finish cooking later. If meats and poultry are completely cooked ahead of time and chilled, they may be reheated on the grill to provide a barbecued flavor.

If take-out foods such as fried chicken or barbecued beef will be reheated on the grill, and they won't be reheated/eaten within two hours of purchase, buy them ahead of time and chill thoroughly.

### Keep Foods Separate, Clean Up Often

Don't use the same platter and utensils for raw and cooked meats and poultry. Be sure there are plenty of clean utensils and platters to allow separate handling of raw foods and cooked foods. Pack clean, soapy sponges, clothes and wet towelettes for cleaning surfaces and hands. There is an antibacterial soap on the market now that does not need water and would be ideal to carry on a picnic for cleaning platters and utensils.

### Cook Foods Thoroughly

Cook everything thoroughly. Rare or medium meat or poultry can harbor harmful bacteria. Fish should always be

"Can you give us some advice on barbecue safety? Every Saturday we have a barbecue during the ball games. Are there guidelines for sanitizing utensils between each use, maintaining food (such as hamburger beef and tomatoes) to ensure we keep PHFs out of the temperature danger zones, using and storing propane tanks, and any other barbecue safety info?"

**Douglas Polgar, safety officer  
Sierra Little League,  
Sunnyvale, Calif.**

fully cooked. For greatest safety, ground meat should reach 160° F on a meat thermometer, and poultry should reach 180° F for doneness. Since grilled food often browns very fast on the outside, make a "sample cut" to visually check for doneness. The juices should run clear and meat should not be pink, although meat color is not accurate (check Page 3).

Based on current research findings, eating moderate amounts of grilled meats, fish, and poultry, cooked thoroughly without charring, does not pose a health problem.

### Resources:

- USDA Consumer Information Publication.1996. "Barbecue Food Safety".
  - Food Safety and Inspection Service, USDA Food Safety Publications.1996.  
<http://www.fsis.usda.gov/OA/pubs/barbecue.pdf>
  - USDA Meat and Poultry Hotline: 1-800-535-4555
- Material written by Mary Abgrall and Scottie Misner, May 1998. Part of Food Safety Tips, College of Agriculture, University of Arizona. Document located at <http://ag.arizona.edu/pubs/health/foodsafety/az1069.html>

### Grilling Safety

According to the Insurance Information Institute, backyard barbecues result in more than 2,000 fires and even three deaths each year. Most problems happen when you fire up a grill that hasn't been used for several months.

**Gas grill:** check it over thoroughly before using it. Check for leaks, cracking or brittleness, and clean out the tubes that lead into the burner — look for blockages from spiders or food waste.

Make sure the grill is at least 10 feet from *any* buildings or trees. And never leave the grill unattended.

**Charcoal grill:** use starter fluid sparingly and never put it on an open flame. And it's always best to have a fire extinguisher nearby... it can stop a fire before it spreads.

Also, be careful if you pick up gas canisters... never leave them in a hot car. The heat could cause some of the gas to leak out.

*(Also, see the April, 2000 ASAP News for more food tips.)*

# USDA encourages use of thermometers

WASHINGTON, D.C. — The United States Department of Agriculture launched a new food safety education campaign in Spring 2000 to promote the use of food thermometers. The campaign theme is: “It’s Safe to Bite When the Temperature is Right!”

“This national food safety education campaign is designed to encourage consumers to use a food thermometer when cooking meat, poultry, and egg products. Using a food thermometer is the only way to tell when food has reached a high enough temperature to destroy harmful pathogens that may be in the raw food,” said Under Secretary for Food Safety Catherine Woteki.

“Color is misleading and should not be relied on to indicate a safely cooked product. Meat or poultry color can fool even the most experienced cook. USDA research shows that one out of every four hamburgers turns brown in the middle before it is safely cooked,” Woteki said.

USDA introduced its new messenger, “Thermy™,” to promote the use of food thermometers in the home.

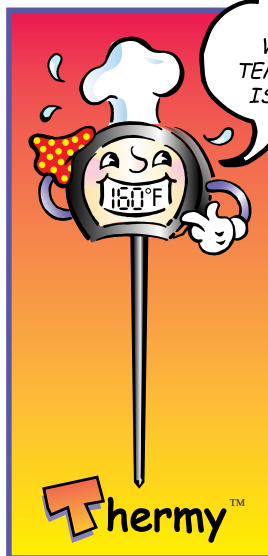
“Consumers will soon see ‘Thermy™’ at many retail stores and in broadcast messages as a reminder to purchase and use a food thermometer when cooking,”

Woteki said.

Tom Billy, USDA’s Food Safety and Inspection Service administrator, said, “I am concerned that... only a small percent of consumers use (food thermometers) often when cooking small foods like hamburgers, pork chops, or chicken breasts.”

Food thermometers help ensure food is cooked to a safe temperature, prevent overcooking, and take the guesswork out of preparing a safe meal. “Food thermometers should be used every time you prepare hamburgers, poultry, roasts, chops, egg casseroles, meat loaves, and combination dishes,” says Billy.

Billy said that there are a wide variety of reliable food thermometers available in grocery and kitchen stores, and that many are inexpensive. “They are high-tech and easy to use. Their cost is minimal when considering your family’s safety. This is especially true for people who are at high risk, including young children, pregnant women, people over 65, and those with chronic illnesses.”



Food Safety and Inspection Service, USDA



## Prepare for dangerous storms



In baseball, three strikes and you’re out. With lightning, one strike is all it takes.

When considering lightning, safety officers should think in terms of preparation, rather than prevention. Lightning and dangerous storms cannot be stopped. At any given time, more than 2000 thunderstorms are in progress around the world. Strikes to earth are random, and total protection from lightning impossible. However, leagues can reduce the risk of catastrophe by educating personnel and developing an evacuation plan.

The National Lightning Safety Institute lists six steps to safety for outdoor athletic events:

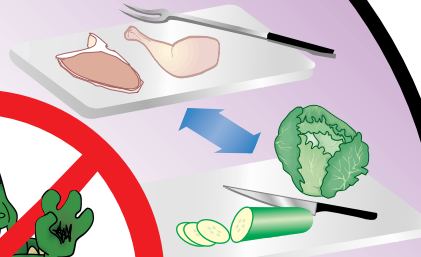
1. **A responsible person should be designated to monitor weather conditions.** Local weather forecasts should be monitored 24 hours prior to events. A portable weather radio is recommended.
2. **Suspension and resumption of activities should be planned in advance.** Safe evacuation sites include metal vehicles with windows up, enclosed buildings, or if necessary, low ground.
3. **Unsafe shelter areas include all outdoor metallic objects like flag poles, fences, light poles, and metal bleachers.** Avoid trees, water, open fields, and using the telephone.
4. **Lightning’s distance from you can be referenced by noting the time from its flash to the bang of associated thunder.** For each five second count, lightning is one mile away, i.e. 10 seconds = 2 miles. Since the distance from one strike to the next can be up to 1.5 miles, the NLSI suggests you activate your lightning evacuation plan *no later* than a count of 15.
5. **If you feel your hair standing on end or hear “crackling noises,” you are in lightning’s electric field.** Immediately remove metal objects and objects with metal pieces like baseball caps, place your feet together, duck your head, and crouch like a catcher with hands on knees.
6. **People struck by lightning do not carry an electrical charge and are safe to handle.** Apply CPR immediately if qualified, and get emergency help.

# FIGHT BAC!

**CLEAN**  
Wash hands  
and surfaces  
often.



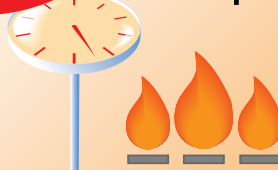
**SEPARATE**  
Don't cross-  
contaminate.



**CHILL**  
Refrigerate  
promptly.



**COOK**  
Cook to proper  
temperatures.



Keep Food Safe From Bacteria

TM



**T**hermy™ says:

"It's Safe to Bite  
When The Temperature is Right!"

Food Safety and Inspection Service, USDA

# Concession Stand Tips

## SAFETY FIRST

### Requirement 9

*12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.*

#### 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 foodborne 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, over sterno units 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 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 foodborne illness.

#### 5. Hand Washing.

Frequent and thorough hand washing remains the first line of defense in preventing foodborne 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. Wash 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 and viruses and cause foodborne illness.

#### 10. Wiping Cloths.

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 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 off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

#### 13. Set a Minimum Worker Age.

Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

*Safety plans must be postmarked no later than May 1st.*

# Volunteers Must Wash Hands

## HOW



## WHEN

**Wash your hands before you prepare food or as often as needed.**

**Wash after you:**

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

**Do not touch ready-to-eat foods with your bare hands.**

Use gloves, tongs, deli tissue or other serving utensils.  
Remove all jewelry, nail polish or false nails unless you wear gloves.

**Wear gloves.**

when you have a cut or sore on your hand  
when you can't remove your jewelry

**If you wear gloves:**

- ▶ wash your hands before you put on new gloves

**Change them:**

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education. United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.



**UMASS  
EXTENSION**