

Scarborough Little League

ASAP

A SAFETY AWARENESS PLAN

SCARBOROUGH LITTLE LEAGUE

Scarborough Little League 2024 Managers & Coaches Safety Plan Quick Guide

BEFORE PRACTICE/GAME:

- Obtain copies of all players medical release forms. Know which players may require special attention.
- Ensure volunteer forms are completed for any/all persons on-field with players.
- Evaluate any potential weather concerns.

AT THE FIELD:

- Confirm that a working telephone is available.
- Confirm that a First Aid Kit is available and ready for use.
- Walk the field: identify & fix safety concerns (debris/foreign objects/holes etc.)
- Check conditions of fences, backstops, bases, base paths, and dugout.
- Check for and remove any food and/or nuts from the dugout.

READY FOR PLAY:

- Confirm all players are healthy and physically able to participate (players demonstrating obvious signs of injuries or illness shall not participate).
- Hold warm-up drills to properly stretch & prepare players for play.
- Verify players have appropriate PPE, (e.g. helmets)
- Verify players are not wearing jewelry or hard items.
- Inspect League gear (helmets, bats, catchers gear).

SCARBOROUGH

LITTLE LEAGUE

DURING PLAY:

- One BATTER only! Only the active batter in a batter's box may hold a bat; on-deck batters with bats are not permitted.
- Head-first sliding is not permitted, except when returning to a base.
- Catchers must wear catcher's helmet with mask, throat guard, chest guard and shin guards when catching behind the plate, males must wear a protective cup.
- Ensure that extra bats, balls, and loose equipment are kept off the field of play.
- Confirm that all players on the field are alert and ready to play before the pitch.
- All softball infielders at the majors level, are required to wear a fielder's mask. During regular season games, infielders at the minor level are encouraged to wear masks, but only the pitcher is required to wear a fielder's mask.

PARENTS & FAMILY:

- Players who are ejected, ill or injured should remain under supervision until released to the parent or guardian.
- Parents of players who wear glasses should be encouraged to provide "Safety Glasses"
- Only parents, family members and volunteers who have completed League background checks are permitted on the field.

SCARBOROUGH

LITTLE LEAGUE

Table of Contents

Introduction	4
Scarborough Little League Safety Code	5
Player Code of Conduct	9
Parent and Volunteer Code of Conduct	10
Game Operations and Umpire Guidance	Error! Bookmark not defined.
Good Procedures	12
Medical Release	154
Emergency Contact Numbers	16
First-Aid Training and Equipment (AED location)	17
Sports Injury First Aid Treatment	17
Little league first aid supplies	21
Staying Safe in Unsafe Weather	22
Umpire guidelines	24
Equipment	265
Concussion:	26
Incident/injury report	31
Accident notification form	32
Managers & Coaches Responsibilities	33
Concession Stand Safety	35

SCARBOROUGH

LITTLE LEAGUE

ASAP - What is it? In 1995, ASAP (A Safety Awareness Program) was introduced with the goal of re-emphasizing the position of Safety Officer “to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball”. This manual is offered as a tool to place some important information at manager and coach’s fingertips.

Used in conjunction with the Little League Rule Book, Local Option Rules, the Play it Safe book, Protecting Young Pitchers Arms guide, and training for managers, coaches and other volunteers, this manual is part of the overall safety plan for our league.

Please read this manual thoroughly and share it with your team. Safety is both an individual and team effort. If there are any questions, contact the NASA Area Little League Safety Officer - SEE list of IMPORTANT NUMBERS for contact information on the next page.

DISTRIBUTION:

This manual is provided to:

- Each team coach / manager
- All Board member
- All parents by posting on SLL website

SCARBOROUGH

LITTLE LEAGUE

Scarborough Little League Safety Code

1. All Managers/Coaches/Officers/Volunteers are required to complete the Little League Volunteer Application and have it processed by SLL before they are allowed to participate in/at ANY SLL game or practice. Refusal to complete the Volunteer Application will result in that person to be ineligible to be a SLL member.
2. When conducting practice or participating in a game away from a facility with a phone, managers/coaches must ensure that a fully charged cell phone is available for emergencies.
3. Managers/Coaches must have with them and readily available at all practices and games, a copy of this SLL safety plan that contains a medical release form containing medical information and emergency contact telephone numbers. A current year's report of injury form must also be kept on hand and completed within 24 hours of any injury requiring medical attention. This report must be forwarded immediately to the SLL Safety Officer.
4. To prevent children from developing sports related injuries, no bats or balls are permitted on the field until ALL players have done their proper stretching. Refer to attached booklet from LL National for additional warm-up exercise. SLL encourages all managers/coaches to include the following in their pre-game/practice warm-ups
 - a) calf
 - b) groin
 - c) elbow
 - d) hamstrings
 - e) back
 - f) arm and shoulder
 - g) quadriceps
 - h) shoulders
 - i) neck
5. Managers/coaches must ensure that any player returning after an injury provides a written release from his/her doctor stating that it is OK to return to baseball/softball. NO EXCEPTIONS!
6. There are NO metal cleats allowed in the Little League program, neither at a practice nor in a game
7. Managers/coaches will NEVER leave an unattended child after practice or a game.
8. Managers/coaches/parents/volunteers should be made aware of the MANDATORY 5mph limit in ALL SLL parking areas. No smoking or alcoholic beverages within 60 feet of the field.

SCARBOROUGH

LITTLE LEAGUE

9. No Medication will be administered by any SLL personnel; ALL medication will be administered either only by medical personnel or by the child's parent.
10. Managers/coaches/parents should instruct their children that there is no rock throwing, climbing on fences, or climbing on and/or sitting on top of any structure such as a dugout or concession stand/press-box roof.
11. Pets are not allowed onto the playing field.
12. Managers/coaches must attend to any child who is injured in a game or practice. All bleeding must be stopped and any open wound covered before that player is allowed to return to game play.
13. Managers/coaches will encourage all players to wear moth guards bring personal water bottles to games and practices, and encourage parents to provide their child with sunscreen.
14. Managers/ coaches will assure the fields and dugouts will be left clean and free of garbage. Coaches are also asked to rake the infield after each game.

SCARBOROUGH

LITTLE LEAGUE

The Following is a list of reminders for proper conduct while at any SLL playing facilities. Signing the Manager's responsibility sheet included with this manual acknowledges that the managers, coach, players, and parents have read this list. Failure to comply with these rules will bring review of your status with the SLL by the board of directors.

No Person at any time will:

1. Threaten or act with physical abuse towards an official or another person.
2. Verbal abuse of an official, coach, or player for any real or imaginary wrong decision or judgment.
3. Act in an unsportsmanlike manner at an official's decision.
4. Act in an unsportsmanlike or rough physical manner towards another player.
5. Use profanity, vulgar or obscene language or gestures.
6. Appear on any properties controlled by SLL while intoxicated or appearing to be intoxicated or under the influence of a controlled substance.
7. Gamble on the outcome of any play or game.
8. Smoke or use any tobacco product within 60 feet of any property controlled by SLL
9. Challenge the umpire's authority. The umpire will have the authority and discretion to penalize the offender according to the infraction up to removal from the game and or property.
10. Tamper with or manipulate any league rosters, schedules, draft positions, or selections, official scorebooks, rankings, financial records or procedures.
11. Distract an official or coach during a game.
12. Speak negative or in derogatory manner towards a coach or an official.
13. Act in a harmful or unsafe manner while on any property controlled by SLL.

Any questions or comments may be directed to any board member. Please see the listing in this manual for current board members and phone numbers.

RESOLUTION FOR ADOLSCENT ATHLETIC ORGANIZATION CONCERNING POSSESSION OF GUNS BY ADULTS ATTENDING PRACTICES, GAMES, OR OTHER EVENTS OF ORGANIZATION.

This organization hereby adopt the following Policy Statement, which it will publicize and enforce, concerning possession of firearms at any practices, games, or other events of this organization.

"No adult attending any game, practice or other event of this organization, whether a so called home or away event, shall be allowed to attend such event while in the possession of a firearm."

SCARBOROUGH

LITTLE LEAGUE

“The purpose of this policy is to act in a manner to provide as best possible for the health and safety of the children enrolled and registered in this organization as well as their parents, coaches, league officials and others in attendance for whose personal safety is the responsibility or concern of this organization”

“In adopting this resolution, this board states that it believes that the possession of firearms at youth sports events is dangerous in that emotions sometimes run high at such events, and the possession of a firearm by someone who may become emotional at such event would create a risk this organization does not wish to engage in.”

“This organization exempts any off-duty law enforcement officer from this policy, and any other government officials whose job duties require them, under law, to possess firearms at all times.”

“This organization, meanwhile, does NOT exempt from this policy individuals who carry guns pursuant to rights extended by a Concealed Weapons Permit, unless such individuals possess a gun pursuant to a concealed weapons permit, as required by law to perform their job duties at all times.”

“This organization wishes to take all action necessary to allow the organization to enforce policy”

Accordingly, this organization states that any individual found to have violated this policy should receive a written warning upon the first violation, unless it is shown that the person knowingly violated the policy of this organization. In case of such a violation, the person will be prohibited from attending any games, practices and other events of the organization for a period of 30 days.

“A second violation of the policy by an individual, if shown to be a knowing violation, shall result in a one-year expulsion from games, practices and other events of this organization.”

PASSED BY RESOLUTION OF THIS ORGANIZATION ON THIS DATE: _____

Name of organization: Scarborough Little League.

Signature of President and Custodian of Organization Records

SCARBOROUGH

LITTLE LEAGUE



Scarborough Little League

Player Code of Conduct



By participating in the Scarborough Little League Baseball or Softball Program, including practices, scrimmages, regular season games, tournaments and/or other team activities – players agree to follow this Code of Conduct. Any violation of this Code will expose violators to suspension, expulsion, or any other disciplinary action deemed appropriate by the Scarborough Little League President, Ethics Committee, or Board of Directors.

As a player in the Scarborough Little League, I promise to:

1. Practice good sportsmanship at all times.
2. Win with character, lose with dignity, and never, ever quit.
3. Play fair and strive to win, but win or lose, I will always do my best.
4. Work hard to improve my skills.
5. Recognize that any swing, any run, any throw, and any catch can affect our game.
6. Listen and learn from my manager, my coach, and my teammates.
7. Use only positive language when I communicate on and off the field of practice & play.
8. Not use drugs, tobacco, or alcohol while involved in Little League or related activities.
9. Wear my uniform with pride, understanding I will not play if my uniform is incomplete.
10. Accept decisions of game officials with self-respect and never challenge calls.
11. Positively support & encourage my team and teammates during good and bad plays.
12. Demonstrate respect to all players, visitors, coaches, and staff of all teams.
13. Make every effort to attend all practices and games and contact the Coach if I am unable to attend; I am a critical member of a team that depends on me.
14. Never throw anything in anger or frustration and follow all team safety rules.
15. Always hustle on and off the field.

SCARBOROUGH

LITTLE LEAGUE



Scarborough Little League

Parent and Volunteer Code of Conduct



By participating in the Scarborough Little League Baseball or Softball Program, including practices, scrimmages, regular season games, tournaments and/or other team activities –parents(s), guardians, family members, coaches, and managers agree to follow this Code of Conduct. Any violation of this Code will expose violators and associated players to suspension, expulsion, or any other disciplinary action deemed appropriate by the Scarborough Little League President, Ethics Committee, or Board of Directors.

Scarborough Little League Families and Volunteers:

1. Are expected to maintain appropriate levels of behavior as an example to the players.
2. Are accountable for their behavior while engaged in any activity involving players. This includes but is not limited to practices, games, and team gatherings.
3. Are not permitted to smoke or consume alcohol in the presence of players prior, during, or immediately following practices or game competition at the field or in the parking lot.
4. Shall not use foul language towards the players, coaches, officials, other parents or fans.
5. Shall not exhibit uncontrolled temper prior, during, or immediately following game competition.
6. Shall show respect to coaches, umpires, and players at all times. If a parent wishes to address issues regarding their player's participation on the team, they will do so at an appropriate time and with respect. Such inquiries will come at a time that does not conflict with practices or games. Meeting place will not be on a field or in a parking lot with other players or parents present. The coach shall make every attempt to handle any issues in person with the parent or player within 24 hours or at a mutually agreed upon time.
7. Shall not draw attention away from the game by behaving in a loud or inappropriate manner. Verbally criticizing officials, coaches, parents or players in a manner that allows other people to overhear your comments is highly inappropriate.
8. Shall not blame the outcome of the game on officials, coaches, or individual players.
9. Must at all times, in all aspects of their lives, attempt to reflect well on the team and league.

SCARBOROUGH

LITTLE LEAGUE

Best Practices on Organizing, Playing, And Watching Little League® Baseball and Softball During the Coronavirus Pandemic

Game Operations and Umpire Guidance

Key Audiences

Managers/Coaches

Umpires

League/District Officials and Volunteers

Pre-Game Plate Meetings:

- If possible, plate meetings should be eliminated.
- Social distancing of six feet between individuals should be implemented during all pre-game plate meetings between teams and umpires.



- Plate meetings should only consist of one manager or coach from each team, and game umpires.
- All participants should wear a cloth face covering.
- No players should ever be a part of plate meetings.

Equipment Inspection:

- Players should place their individual equipment in a well-spaced out manner for inspection. Umpires should avoid direct contact with equipment where possible but, when required, use hand sanitizer that contains at least 60% alcohol after the inspection of each individual piece of equipment.



Limit League/Game Volunteers:

- For each game, there should only be the required team managers/coaches, umpires, and one (1) league administrator (i.e. Safety Officer, player agent, etc.) in attendance.
- Practices should be limited to the managers/coaches and players.
- Scorekeeping should be done by team coaches or team parent/guardian via GameChanger. Proper social distancing should be practiced.
- Press boxes should not be utilized unless there is ample room for social distancing to occur within them.

Field Preparation and Maintenance:

- Fields should be mowed, raked, and lined prior to teams and spectators arriving at the complex and after they depart. It is encouraged that volunteers already participating in the game (managers/coaches, umpires, and league administrator) perform these tasks to limit individuals at the site.
- It is recommended that any shared field preparation equipment be sprayed or wiped with cleaner and disinfectant before and after each use.



Umpire Placement:

- Umpires are permitted to be placed behind the pitcher's mound/circle to call balls and strikes. Umpires are encouraged to keep a safe distance from players as much as possible and wear protective gloves.
- If physically able, umpires are encouraged to wear cloth face coverings while umpiring.



Last updated : May 27, 2020

SCARBOROUGH

LITTLE LEAGUE

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 lightening 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.

SCARBOROUGH

LITTLE LEAGUE

Medical release


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.
 © 1994 Little League Baseball, Inc. All rights reserved.

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.

SCARBOROUGH

LITTLE LEAGUE



Little League Baseball and Softball MEDICAL RELEASE



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

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: _____ Email: _____

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: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:


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

Date of last Tetanus Toxoid Booster: _____

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.

Mr./Mrs./Ms.  Date: _____

Authorized Parent/Guardian Signature

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL. Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

SCARBOROUGH

LITTLE LEAGUE



EMERGENCY CONTACT PROCEDURES

The most important help you can provide to a victim who is seriously injured is to call for professional medical help.

Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these steps.

1) **First dial 9-1-1.**

2) **Give the dispatcher the necessary information.** Answer any questions that he or she might ask. Most dispatchers will ask:

- **The exact location or address of the emergency?** Include the name of the city or town, nearby intersections, landmarks, etc. as well as the field name and location of the facility, if applicable.

Our address is: _____ Cross streets are:

- **The telephone number from which the call is being made?**
- **The caller's name.**
- **What happened** — i.e., a baseball-related accident, bicycle accident, fire, fall, etc.?
- **How many people are involved?**
- **The condition of the injured person** — i.e., unconscious, chest pains, or severe bleeding?
- **What help is being given** (first aid, CPR, etc.)?

3) **Do not hang up until the dispatcher hangs up.**

The dispatcher may be able to tell you how to best care for the victim.

4) **Continue to care for the victim until professional help arrives.**

5) **Appoint someone to go to the street and look for the ambulance or fire engine and flag them down if necessary.** This saves valuable time. Remember, every minute counts.



Emergency Contact Numbers

Scarborough Little League

Medical Emergency	911		
Scarborough Police dept.	207-883-6361		
Central Maine Power	1-800-696-1000		
Poison Center	1-800-442-6305		
District 6 Safety Officer (Glen Fox)	207-415-9635		
Williamsport Ins Claim Office	570-327-1674		
<u>Hospitals</u>			
Maine Medical Center	207-871-0001		
Mercy Hospital	207-879-3000		
<u>Scarborough Little League Board</u>			
President	Dennis Meehan	meehandennis@gmail.com	207-523-9990
Treasurer	Dan Quinn	danielfrancisquinn@gmail.com	978-869-2163
Secretary	Nicole Burke	Nicole.burke26@yahoo.com	207-712-4873
Softball Player Agent	Jennifer Chon	Jen.chon@maine.gov	207-650-1392
Baseball Player Agent	Scott Weimer	Sweimer31@gmail.com	412-592-4310
Safety Officer	Nick Haar	nhaar2210@gmail.com	207-838-8884
VP of Baseball/majors director	Todd Jamison	mtjamison@gmail.com	207-450-3064
VP of Softball	Drew Niles	fdrewniles@gmail.com	207-317-0610

SCARBOROUGH LITTLE LEAGUE

First-Aid Training and Equipment

- **First-Aid Training**: All Managers and Coaches are required to have training in first-aid. Courses will be offered by the league prior to Opening Day. Recertification is required biannually.
- **First-Aid Kits**: Each of the TCLL fields is equipped with a tool box sized, first aid kit with various accessories including (e.g., ice packs, bandages, synthetic gloves, goggles, hydrogen peroxide, and CPR/Ambu masks). Emergency Contact Telephone Numbers are attached to the inside lid of each of the TCLL first-aid kits. The kits are stored in the storage sheds or equipment boxes at each field and are replenished on a regular basis. Portable first-aid kits are issued to the Manager of each team that travels to other communities. These should be brought to all practices and games outside the TCLL.
- **AEDs**: An AED (Automated External Defibrillator) is located in the equipment Shed at the following fields: Peterson 1
- **Cell Phones**: Managers and Coaches must have accessible, at both practices and games, at least one fully operational and charged cell phone.

SCARBOROUGH

LITTLE LEAGUE

Sports Injury First Aid Treatment

By Elizabeth Quinn

Updated January 07, 2019

Accidents happen, especially during sports. While it may be possible to limit the number and severity of injuries with prevention strategies, one wrong step or a collision on the field can result in a sudden and painful injury.

When this happens, you need to be prepared to act quickly. Ideally, you will have access to a well-stocked first aid kit or have medical help nearby.

Acute Injuries

The primary goal of sports injury first aid is to stop the activity and prevent further injury or damage. Most sports injuries that require immediate treatment are called "acute injuries." These occur suddenly and generally cause the following symptoms or conditions:

- Pain and swelling
- Cuts and abrasions
- Fractures
- Sprains and strains
- Concussion

With an acute injury, it's usually obvious what caused the injury. Nonetheless, determining the exact cause of the injury is an important part of making quick treatment decisions. The first treatment for most acute soft tissue injuries (bruises, strains, sprains, and tears) is to prevent, stop, and reduce swelling. When soft tissue is damaged, it swells or possibly bleeds internally. This swelling causes pain and loss of motion, which limits the use of the muscles.

Injury First Aid with RICE

The primary treatment to stop swelling of injured soft tissue is with the RICE method. This acronym makes it easy to remember the steps you need to take when treating the injury:

SCARBOROUGH

LITTLE LEAGUE

Protection, Rest, Ice, Compression, Elevation. It's also known as RICE, which does not include "protection," though that is an important step.

- **Protection:** In this case, protection means stopping activity immediately and protecting the injured part from additional damage.
- **Rest:** Rest the area to allow the tissues time to heal.
- **Ice:** Applying cold therapy (ice or an ice pack wrapped in a thin towel) to an acute injury reduces swelling and pain. Ice is a vasoconstrictor. It causes the blood vessels to narrow and limits internal bleeding at the injury site. Apply cold to the affected area every two hours for no more than 20 minutes at a time. Allow the skin temperature to return to normal before icing it again. You can ice an acute injury several times a day for up to three days.
- **Compression:** Compression of an acute injury is perhaps the next most important immediate treatment tip. By quickly wrapping the injured body part with an elastic bandage or wrap, you help keep swelling to a minimum. If possible, it's helpful to apply ice to the injured area over the compression wrap to limit the swelling.
- **Elevation:** Elevating the injured area is another way to reduce the blood flow and swelling to the area.

Soft Tissue Injury Step-By-Step

In summary, here is what you should do immediately when you sustain any soft tissue injury:

1. Stop the activity immediately.
2. Wrap the injured part in a compression bandage.
3. Apply ice to the injured part (use a bag of crushed ice or a bag of frozen vegetables, if needed) for 10 minutes to 15 minutes. Let the

SCARBOROUGH

LITTLE LEAGUE

area warm completely before applying ice again (to prevent frostbite).

4. Elevate the injured part to reduce swelling.
5. Get to a physician for a proper diagnosis of any serious injury.

First Aid for Cuts and Abrasions

If the injury causes a cut or abrasion that leads to bleeding, it's important to stop the blood flow quickly. Wash the wound with soap and water, and apply an appropriate bandage until medical help arrives.

A deep cut will probably require stitches. However, if you can pull the edges of the cut together, you may be able to use a butterfly bandage to hold it closed.

Chronic and Overuse Injuries

While the most dramatic sports injuries are acute and sudden, the majority of sports injuries come on gradually and result in vague aches and pains. The chronic pain of overuse injuries, such as tendonitis, tends to have subtle or vague symptoms that develop slowly. What begins as a small, nagging ache or pain can grow into a debilitating injury if it isn't recognized and treated early. Treating overuse injuries requires rest and reducing exercise intensity, frequency, and duration. Icing an overuse injury can also help reduce inflammation and pain. For more serious overuse injuries, physical therapy, over-the-counter (OTC) medications, and complete rest may be necessary.

Treating Other Sports Injuries

There are many possible types of injuries that may occur while playing sports. It's a good idea for anyone involved in sports to be familiar with first aid treatment for some of the more common sports injuries:

- Possible Neck Injuries
- Ankle Sprains

SCARBOROUGH

LITTLE LEAGUE

- Blisters
- Fractured Shoulder
- Hamstring Tear or Pull
- Muscle Cramps
- Common Running Injuries
- Calf Muscle Pull or Strain
- Groin Pull

Returning After an Injury

After you've treated your injury, what comes next? Most athletes want to know how soon they can return to their sport. This answer tends to be different for everyone because each athlete and each injury is unique.

Returning to sports too soon can increase your risk of re-injury or developing a chronic problem that will lead to a longer recovery. Waiting too long, however, can lead to unnecessary fitness declines (deconditioning)

Little league first aid supplies

Sports first aid basics

Youth sports activities are in full swing during the spring and summer months, which means cuts and scrapes. One of the most common questions little league type sports organizations ask is what goes in our first aid kit? Each governing organization may have their own recommended list of items but often times it is left up to the team coach or trainer.

Be sure to include the basics

Think about the potential injuries that could occur with your team.

Consider the types of injuries that have happened in the past. All of these should be a good way to identify first aid supplies you will most likely need when a team-mate gets injured.

SCARBOROUGH

LITTLE LEAGUE

The short list

Here is the short list of supplies to help common sports related injuries:

- **Cold packs** or Ice is one of the most commonly used first aid supplies out on the practice field or at the game. Bumps, bruises or another type of swelling caused from impact will call for ice. Instant cold packs are convenient. Be sure they are safe and not leaking when you apply them, especially around the face.
- **Bandages** of all sizes and shapes will be used when there are cuts or scrapes. Scraped knees and elbows call for larger "patch" style bandages but gauze can be used as well.
- **Gauze pads & absorbent dressings** will help absorb blood and can be used to apply pressure and stop bleeding.
- Basics like **tape or an elastic wrap** will help keep cold packs and dressings in place so be sure to include those on your list as well.
- You will want to have **antiseptic wipes** and creams available to apply to the wound. Cleaning the wound is important and keeping it from being infected is a priority.
- Of course you will want to protect yourself when assisting in a first aid situation so be sure to keep **disposable medical gloves** on hand. We suggest a "Non-Latex" glove made from vinyl or nitrile. Latex can cause skin irritations or even severe allergic reactions.

Staying Safe in Unsafe Weather

Wherever you live, your local Little League® program and its volunteers, players, and parents need to know that a little preparation can make a big difference when there is potentially dangerous weather.

Current weather-tracking technology is better than it's ever been, which means it's becoming easier to identify potentially inclement conditions. Checking the weather before a game or practice is an easy task. Coaches and umpires should be quick to postpone a practice or game if the weather conditions become dangerous.

SCARBOROUGH

LITTLE LEAGUE

What to do for different weather patterns

So volunteers have checked the weather, and it looks agreeable for play. But what if an issue arises while players are on the field? Below are just a few key concerns and actions that should be taken for different types of dangerous weather.

Heat and Humidity:

Whether your region experiences dry heat or high levels of humidity, when the temperature rises, caution must be exercised. If a player is thirsty, it's already a sign that they are becoming dehydrated. Encourage players to drink at least eight (8) ounces of water or Gatorade drink at least every 15 minutes, and find ways to give players a break in the shade.

Heat-related injuries are some of the easiest weather issues to prevent.

The Sun:

Sunlight can have damaging effects on the skin. Not only is a sunburn painful, but each instance of such an injury can increase someone's chances of developing skin cancer. The Sun Protection Factor (SPF) of a sunscreen indicates how many times longer it takes for the user to develop skin damage from the sun. Be sure parents are properly protecting their kids by ensuring they apply sunscreen while dressing for a game or practice, even under their uniforms. Sunscreen should be reapplied frequently, at least on the arms and face, as sweating can wash it away.

Thunder and Lightning:

The old adage "If you hear it, clear it; if you see it, flee it" is an important one. Baseball and softball fields are big, open spaces, which are susceptible to potential lightning strikes. A strike can hit from up to 10 miles away, which means it could happen before you even see dark clouds in the sky. The only way to be as prepared as possible for a thunderstorm is to monitor the weather. If a storm should strike, have everyone head to an enclosed space.

SCARBOROUGH

LITTLE LEAGUE

Cars are also safe. Shelter houses without walls and dugouts are NOT safe places. Be sure to wait at least 30 minutes after the storm to begin resuming activities, being sure to monitor the weather anyway you can.

High Winds and Flooding:

Certain areas may also be at risk for high winds and tornados.

These same areas may also be at risk for flooding. Like with lightening, be sure to identify safe zones where players, parents, and volunteers can take cover from such conditions. This is especially important if your field is surrounded by flat area (winds and tornados) or sunk into the ground (flooding). Always check conditions beforehand. Be sure everyone in your league is familiar with possible weather concerns in your area, and that your league has a plan in place for when these weather issues arise.

SCARBOROUGH

LITTLE LEAGUE

Umpire guidelines

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!”

SCARBOROUGH

LITTLE LEAGUE

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

- 1st, 2nd and 3rd 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 1st 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

IMPORTANT:

BPF RULE GOES INTO EFFECT FOR BASEBALL DIVISIONS

Buying bats for your league's baseball divisions? If it is composite metal, make sure it has the BPF 1.15 label. Bats in use in Little League Baseball (Majors Division and younger) must have the new bat performance factor listed on the bat.

Unless this marking is present, the bat will be removed from games.

Little League officials are aware some bats do not have the required markings but are Little League approved. And some of the bats on the approved bat list may not carry the required BPF 1.15 marking, depending on when they were manufactured and licensed.

Little League is building a list of bats that are approved but do not have the BPF marking due to special circumstances. For these bats, the eligibility for play will be extended until December 31, 2009. As Little League is made aware of bats that meet the BPF rule for this extension, the bats will be added to the list.

ONLY bats with a BPF 1.15 marking or that are listed below will be allowed for use in the Little League (Majors) Baseball and younger divisions in 2009.

Non-BPF-marked bats approved until Dec. 31, 2009:

Adidas – Vanquish (blue design) A newer model of this bat, also named Vanquish with copper and black markings, has the proper labeling, so is therefore not subject to the one-year rule.

DeMarini – Black Coyote, Rogue, Distance, Rumble, Tengu, Mach 10, Patriot

Easton – LZ-810, LZ-800, Stealth Optiflex LST 1,

Louisville Slugger – YB31

NIKE – Areo

Spring 2009 5

SCARBOROUGH

LITTLE LEAGUE

Scarborough Little League

HEADS UP CONCUSSION ACTION PLAN



IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE THE FOLLOWING STEPS:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

► **"IT'S BETTER TO MISS
ONE GAME THAN THE
WHOLE SEASON."**

CONCUSSION SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

SYMPTOMS REPORTED BY ATHLETE

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

SIGNS OBSERVED BY COACHING STAFF

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



JOIN THE CONVERSATION AT www.facebook.com/CDCHeadsUp

SCARBOROUGH

LITTLE LEAGUE

Scarborough Little League

A Fact Sheet for COACHES

**HEADS UP
CONCUSSION**

One of the main jobs of a youth sports coach is keeping athletes safe. This sheet has information to help you protect athletes from concussion or other serious brain injury, learn how to spot a concussion, and know what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

HOW CAN I HELP KEEP ATHLETES SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. As a youth sports coach, your actions create the culture for safety and can help lower an athlete's chance of getting a concussion or other serious injury. Aggressive and/or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury. Here are some ways you can help keep your athletes safe:

Talk with athletes about the importance of reporting a concussion:

- Talk with athletes about any concerns they might have about reporting their concussion symptoms. Make sure to tell them that safety comes first and you expect them to tell you and their parent(s) if they think they have a concussion.

Create a culture of safety at games and practices:

- Teach athletes ways to lower the chances of getting a concussion.
- Enforce the rules of the sport for fair play, safety, and sportsmanship.
- Ensure athletes avoid unsafe actions such as:
 - › Striking another athlete in the head;
 - › Using their head or helmet to contact another athlete;
 - › Making illegal contacts or checking, tackling, or colliding with an unprotected opponent; and/or
 - › Trying to injure or put another athlete at risk for injury.



- Tell athletes that you expect good sportsmanship at all times, both on and off the playing field.

Keep up-to-date on concussion information:

- Review your state, league, and/or organization's concussion guidelines and protocols.
- Take a training course on concussion. CDC offers concussion training at no cost at www.cdc.gov/HEADSUP.
- Download CDC's HEADS UP app or a list of concussion signs and symptoms that you can keep on hand.

Check out the equipment and sports facilities:

- Make sure all athletes wear a helmet that fits well and is in good condition when appropriate for the sport or activity. There is no "concussion-proof" helmet, so it is important to enforce safety rules that protect athletes from hits to the head and when a helmet falls off during a play.
- Work with the game or event administrator to remove tripping hazards and ensure that equipment, such as goalposts, have padding that is in good condition.

Keep emergency contact information handy:

- Bring emergency contact information for parents and health care providers to each game and practice in case an athlete needs to be taken to an emergency department right away for a concussion or other serious injury.
- If first responders are called to care for an injured athlete, provide them with details about how the injury happened and how the athlete was acting after the injury.

SCARBOROUGH

LITTLE LEAGUE

HOW CAN I SPOT A POSSIBLE CONCUSSION?

Athletes who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

SIGNS OBSERVED BY COACHES OR PARENTS:

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can’t recall events prior to or after a hit or fall.

SYMPTOMS REPORTED BY ATHLETES:

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right”, or “feeling down”.

NOTE: Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not be noticed or may not show up for hours or days.

WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or ensure an athlete is taken to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

CONCUSSIONS AFFECT EACH ATHLETE DIFFERENTLY.

While most athletes with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with an athlete’s parents if you notice their concussion symptoms come back after they return to play.

WHAT SHOULD I DO IF I THINK AN ATHLETE HAS A POSSIBLE CONCUSSION?

As a coach, if you think an athlete may have a concussion, you should:

REMOVE THE ATHLETE FROM PLAY.

When in doubt, sit them out!

KEEP AN ATHLETE WITH A POSSIBLE CONCUSSION OUT OF PLAY ON THE SAME DAY OF THE INJURY AND UNTIL CLEARED BY A HEALTH CARE PROVIDER.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion. After you remove an athlete with a possible concussion from practice or play, the decision about return to practice or play is a medical decision that should be made by a health care provider. As a coach, recording the following information can help a health care provider in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body.
- Any loss of consciousness (passed out/knocked out) and if so, for how long.
- Any memory loss right after the injury.
- Any seizures right after the injury.
- Number of previous concussions (if any).

INFORM THE ATHLETE’S PARENT(S) ABOUT THE POSSIBLE CONCUSSION.

Let them know about the possible concussion and give them the HEADS UP fact sheet for parents. This fact sheet can help parents watch the athlete for concussion signs or symptoms that may show up or get worse once the athlete is at home or returns to school.

ASK FOR WRITTEN INSTRUCTIONS FROM THE ATHLETE’S HEALTH CARE PROVIDER ON RETURN TO PLAY.

These instructions should include information about when they can return to play and what steps you should take to help them safely return to play.

SCARBOROUGH

LITTLE LEAGUE

WHY SHOULD I REMOVE AN ATHLETE WITH A POSSIBLE CONCUSSION FROM PLAY?

The brain needs time to heal after a concussion. An athlete who continues to play with concussion has a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect an athlete for a lifetime. It can even be fatal.

SOME ATHLETES MAY NOT REPORT A CONCUSSION BECAUSE THEY DON'T THINK A CONCUSSION IS SERIOUS.

They may also worry about:

- Losing their position on the team or during the game.
- Jeopardizing their future sports career.
- Looking weak.
- Letting their teammates or the team down.
- What their coach or teammates might think of them.

WHAT STEPS CAN I TAKE TO HELP AN ATHLETE RETURN TO PLAY?

An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a health care provider. When available, be sure to also work closely with your team's certified athletic trainer.

Below are five gradual steps that you, along with a health care provider, should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

BASELINE:

Athlete is back to their regular school activities, is no longer experiencing symptoms from the injury when doing normal activities, and has a green light from their health care provider to begin the return to play process.

An athlete should only move to the next step if they do not have any new symptoms at the current step.

STEP 1:

Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

STEP 2:

Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight than a typical routine).

STEP 3:

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

STEP 4:

An athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

STEP 5:

An athlete may return to competition.

REMEMBER:

It is important for you and the athlete's parent(s) to watch for concussion symptoms after each day's return to play progression activity. If an athlete's concussion symptoms come back, or he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him- or herself too hard. The athlete should stop these activities, and the athlete's health care provider should be contacted. After the okay from the athlete's health care provider, the athlete can begin at the previous step.



SCARBOROUGH

LITTLE LEAGUE

For Local League Use Only

Activities/Reporting

A Safety Awareness Program's Incident/Injury Tracking Report

League Name: _____ League ID: _____ - _____ - _____ Incident Date: _____
 Field Name/Location: _____ Incident Time: _____
 Injured Person's Name: _____ Date of Birth: _____
 Address: _____ Age: _____ Sex: Male Female
 City: _____ State _____ ZIP: _____ Home Phone: () _____
 Parent's Name (If Player): _____ Work Phone: () _____

 Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

A.) Baseball Softball Challenger TAD
 B.) Challenger T-Ball Minor Major Intermediate (50/70)
 Junior Senior Big League
 C.) Tryout Practice Game Tournament Special Event
 Travel to Travel from Other (Describe): _____

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

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

Type of injury: _____

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

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

Type of incident and location:

A.) On Primary Playing Field
 Base Path: Running or Sliding
 Hit by Ball: Pitched or Thrown or Batted
 Collision with: Player or Structure
 Grounds Defect
 Other: _____
 B.) Adjacent to Playing Field
 Seating Area
 Parking Area
 C.) Concession Area
 Volunteer Worker
 Customer/Bystander
 D.) Off Ball Field
 Travel:
 Car or Bike or
 Walking
 League Activity
 Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

Prepared By/Position: _____ Phone Number: () _____
 Signature: _____ Date: _____

SCARBOROUGH

LITTLE LEAGUE

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: 570-327-1874

Accident & Health (U.S.)

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

League Name		League I.D.	
Name of Injured Person/Claimant	SSN	Date of Birth (MM/DD/YY)	Age
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different	

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

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

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

Date of Accident	Time of Accident	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) (Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	
<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)	

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

SCARBOROUGH

LITTLE LEAGUE

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

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

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

Were you a witness to the accident? Yes No

Provide names and addresses of any known witnesses to the reported accident.

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

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

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

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

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

SCARBOROUGH

LITTLE LEAGUE

Managers & Coaches Responsibilities

The Manager shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.

The Manager is also responsible for the safety of all players. The manager is also ultimately responsible for the actions of designated coaches.

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

MANAGERS MUST:

- Take possession of this Safety Manual and the First-Aid Kit supplied by ILL and bring both to all practice or games.
- Make sure that *telephone access* is available at all activities including practices. It is required that a *cellular phone* always be on hand for emergencies.
- Attend a **mandatory training session** on Safety, concussion/head injuries, injury prevention and First Aid given by ILL. At least one team representative is required to attend each year (either coach or manager).
- Obtain and
- Teach players the **fundamentals** of the game while advocating safety, including but not limited to:
 - Catching fly balls
 - Sliding correctly
 - Proper fielding of ground balls
 - Simple pitching motion for balance, mechanics and technique
 - Batting positioning, loading, swinging, ball contact and safety
- Not expect more from their players than what the players are capable of.
- Notify parents that if a child is injured, sustains a suspected concussion, or is ill, the child cannot return to practice unless they have a note from their doctor. This **medical release** protects you if that child should become further injured or ill. **There are no exceptions to this rule.**
- Encourage players and volunteers to bring *water bottles* to practices and games. Also, strongly encourage parents that they bring **sunscreen** for themselves and their child.
- Insure all of their coaches and volunteers have submitted completed current year volunteer application forms for background checks and not permit anyone to assist with practice or games or have substantial contact with ILL children who have not complied with this requirement.
- Insure all forms (Concussion Information, Medical Release, and Parent/Player Code of Conduct) are executed by players and parents and supplied to you before a player may attend practice or games with Scarborough little league.

SCARBOROUGH

LITTLE LEAGUE

Concession safety

The Scarborough Little League Concession representative will be knowledgeable of the following:

- Agents that cause food-borne illnesses
- Personal Hygiene
- Safe practices for handling and preparing food
- Cleaning and sanitation of food service equipment and utensils
- Food stand facilities

Our league has the following safety rules in place regarding the concession stand:

- No person under the age of eighteen will be allowed to work the grill.
- No child under the age of 15 will be allowed to work the registers.
- People working in the concession stands will follow **Safe Food Preparation** measures.
- Cooking equipment will be inspected periodically and repaired or replaced, if needed.
- Propane tanks are turned off between seasons. They are located outside of the concession and are kept on during the season because of the pilot light.
- Grill hoods will be cleaned by County Maintenance at least once a year or whenever it is needed.
- Cooking grease will be stored safely in containers away from open flames.
- Cleaning chemicals will be safely stored in a back storage room and not in the concession where food is prepared.
- A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times. Fire Extinguishers are checked by the County Fire Chief every year.
- The Concession Manager is instructed in the use of fire extinguishers.
- A fully stocked First Aid Kit will be placed in each Concession Stand.
- The Concession Stand main entrance door will not be locked or blocked while people are inside.
- Hand washing will be followed by all volunteers on a frequent basis when handling food.

SCARBOROUGH

LITTLE LEAGUE

E. coli Breakouts

No league wants the reputation of having an E. coli breakout. Eating meat, especially ground beef that has not been cooked sufficiently to kill the *E. coli* O157:H7 bacteria, can cause infection. Contaminated meat looks and smells normal. The number of organisms required to cause disease is very small. Other known sources of infection are consumption of sprouts, lettuce, spinach, salami, unpasteurized milk and juice, and by swimming in or drinking sewage-contaminated water.

Bacteria in loose stool of infected persons can be passed from one person to another if hygiene or hand washing habits are inadequate. This is particularly likely among toddlers who are not toilet trained. Family members and playmates of these children are at high risk of becoming infected. Parents need to ensure that when their children use the restroom, they wash their hands thoroughly. Let the Concession Stand know if there is not enough toilet paper, soap or towels in the restrooms.

SCARBOROUGH

LITTLE LEAGUE

Safe Food Preparation

CLEAN – WASH HANDS AND SURFACES OFTEN!

- Wash hands with hot soapy water before handling food.
- Wash cutting boards, dishes, utensils and counters with hot soapy water after preparing each food item.
- All wiping cloths must be stored in a sanitizing solution made up of bleach and water at approximately 1 capful of bleach per 1 gallon of water.
- A supply of disposable towels and hand soap must be available.
- Use the thin plastic-type gloves when preparing/handling any type of food.

SEPARATE – DON'T CONTAMINATE

- Keep raw meat separate from ready-to-eat foods.
- Use a clean plate for cooked foods. Never place cooked food on a plate that previously held raw food.
- All food items should be covered, whenever possible.
- Wash fruits and vegetables under running water, especially those that will not be cooked. Be aware that bacteria are sticky, so even thorough washing may not remove all contamination. Remove the outer leaves of leafy vegetables.
- Store food at least six inches off the floor to minimize contamination and allow proper floor cleaning.
- Wash hands frequently!

COOK – COOK FOOD TO PROPER TEMPERATURES

- When cooking in a microwave oven, cover food, stir and rotate for even cooking.
- Keep hot foods *hot*, and cold foods *cold*! Hot foods must be kept at 140°F or above, and cold foods must be kept at 41°F or below.
- Hamburgers should be cooked to 160°F; or by not having patties that are pink in the middle.
- Use a clean metal stemmed thermometer to measure the internal temperature of cooked food to ensure it is thoroughly done.

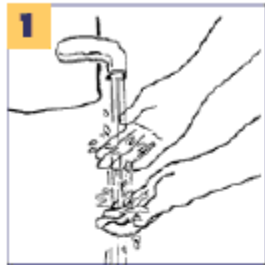
CHILL – REFRIGERATE PROMPTLY

- Refrigerate foods quickly. Cold temperatures keep harmful bacteria from growing and multiplying.
- Refrigerator temperature must be set at 40°F or lower, and freezer at 00°F or lower. Check these temperatures often.
- Thaw food in the refrigerator.
- Divide large amounts of food into small, shallow containers for quick cooling.
- Don't over-pack the refrigerator.
- Keep the freezer and refrigerator closed when not in use. This keeps the cold air inside.

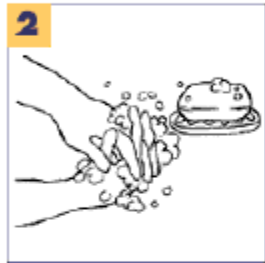
SCARBOROUGH

LITTLE LEAGUE

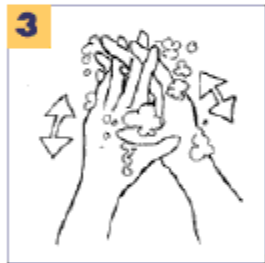
Hand Washing Steps



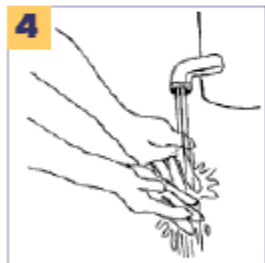
1. Wet hands with running water.



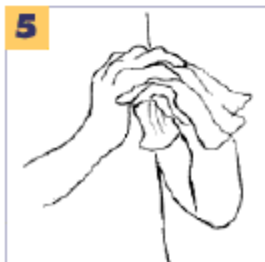
2. Rub hands together with soap and lather well, covering all surfaces.



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



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



5. Blot hands dry with a clean towel.