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# SAFETY MANUAL

# JEFFERSON COUNTY LITTLE

# LEAGUE

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ESTABLISHED IN 1953

P.O. BOX 339 RANSON, WV 25438

LEAGUE ID NUMBER – 348-06-07

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# Jefferson County Little League Telephone Numbers

Concession Stand Phone	304-725-6800
Emergency	911
Jefferson County Sheriff Department	304-728-3205
Fire and Ambulance: Independent Fire Company	304-725-2514
Safety Officer: Greg Sager	(H) 304-876-1173 (C) 304-283-2208
<h2>Jefferson County Little League Board of Directors</h2>	
President: Greg Sager	304-283-2208
Vice President / Equipment Manager: Mike Moulton	571-233-2608
Player Agent: Abigail Dudley	509-675-3466
Secretary: Martha Sager	304-279-3487
Treasurer: Heather Lowery	240-285-4182
Director of Junior Baseball: Greg Stevens	301-676-1747
Director of Tee Ball: Lauren Will	703-517-5678
Director of Minor Baseball: Josh Didion	610-392-0930
Director of Softball: Megan Guerra	304-886-9905
Director of Fundraising: Brenda Engle	304-995-3994
Umpire-In-Chief: Peter Jackson	202-701-9842
Director of Fields & Facilities: Larry Guerra	304-279-4051
Director of Concessions: Mary Martin	571-246-0078
Director of Major Baseball: Donald Engle	304-995-3960

# Introduction

**Jefferson County Little League (JCLL)** is a fully chartered Little League open to boys and girls between the ages of 4-14 living within the boundaries for JCLL as determined and approved by Little League Baseball®. We play within the District 6 of the Southeast Region of Little League Baseball®. JCLL consists of the following Divisions:

Tee Ball (ages 4-6), Minors, (“A”, “AA”, “AAA”), Majors, Intermediate, and Junior Baseball as well as Minor, Major and Junior Softball

Each of these Divisions contains teams within each of the following levels:

## **Tee-Ball**

Consists of 4-6 year olds playing organized baseball for the first time. The ball is hit from a tee at home plate and where hitting, throwing, and catching a baseball is taught for the first time.

## **Minor Leagues**

“A”: Consists of 6 and 7-year old. Introduction to pitched balls is made through “coach pitch” or through the use of a “pitching machine” using regulation Little League® baseballs. Protective cups are recommended for players but required for anyone playing the “catcher” position.

“AA”: Consists primarily 7 and 8-year old. “Coach pitch” and “kid pitch” is utilized during the season. Regulation Little League® balls are used and protective cups are required.

“AAA”: Is the first draft Level and consists primarily of 8-11-year old. Players are pitched the ball by another player.

**Majors** (also referred to as “Little League”): Consists of skilled and experienced 9-12-year old.

**Junior**: Consists of 13 – 14-year old playing on fields using the conventional 90’ diamond with a pitching distance from 60 feet, 6 inches.

**Minor League Softball**: Minor league softball is for girls of league age 7 to 12 years old.

**Major League Softball**: Major League Softball is for girls of league age 9 to 12 years old.

**Junior League Softball**: Junior League Girls Softball is for girls of league age 13 to 14 years old.

JCLL started a Safety Plan that was initially authored with spring baseball in mind; it should be pointed out that the Safety Plan is also in effect and enforced for the post season programs as well such as “The Second Season” or “Fall Ball”.

JCLL has long shown a commitment for the safety and well-being for all those involved in all of our divisions of play. It is an active and willing participant in Little League’s “A Safety Awareness Program” (ASAP).

## ASAP

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®”. In order to be an ASAP- compliant league, a Little League® approved Safety Plan must be filed with Little League International in Williamsport, PA.

## JCLL Safety Plan

The goal of the Safety Plan is to develop guidelines for increasing the safety of activities, equipment, and facilities through education, compliance and reporting. In support of the attainment of this goal, JCLL also commits itself to providing the necessary organizational structure to develop, monitor, and enforce the aspects of the plan.

The Safety Plan, by reference, includes JCLL’s Safety Code, JCLL’s Code of Conduct, and the JCLL Safety Manual. The combination of these documents outlines specific safety issues and JCLL’s policy or procedure for each issue. All participants, volunteers, employees, spectators, and guests are bound by the guidelines set forth in these documents.

### Safety Officer

One of the elected members is the Safety Officer. He acts as JCLL’s primary point of contact for the creation and enactment of the Safety Plan. The Safety Officer authors or modifies the League’s Safety Plan, Code of Conduct, Safety Code, and Safety Manual each year, as necessary. These documents are then presented to the Board for approval and ratification (usually in February or March) for the upcoming season. A copy is then to be given to each Board member and Manager/Coach.

### Ongoing in This Season

Each year, JCLL looks for specific ways to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball®. Some of the specific initiatives the league will enact this season:

- No Casts. Casts may not be worn in the playing area. Players, coaches, managers and umpires wearing casts must remain in the dugout during the game.
- Alcohol Prohibited – New language making it clear that alcohol is prohibited at the game site.
- Baseball Bat Alteration – Altered bats are to be removed from play.
- Tobacco Use Prohibited – No player, coach, manager, umpire, or spectator may use any tobacco (including smokeless) while on JCLL grounds.

JCLL continues to maintain initiatives developed in the past years including but not limited to:

- Background checks – JCLL will continue its scope in performing criminal background



checks on league officials, managers, coaches, volunteers; any adult who has interaction with children.

- JCLL understands the extreme importance of background checks and the safety of our children. The league President performs all background checks for JCLL.
- Updated street addresses for JCLL fields – For faster arrival of first responders, educating managers and coaches to be as familiar with their home field locations as they are with their residential and business addresses. Fields are now posted on the JCLL website. <http://www.jcllvv.com>. The physical address for the JCLL fields complex is 1106 Shenandoah Junction Road, Shenandoah Junction, WV 25442
- Pitch counts – To protect the arms of players, JCLL strictly follows the policies and procedures of Little League® by monitoring pitchers as well as maintaining a comprehensive pitch count log.
- Break away bases – To reduce injuries related to bases staked into the playing surface, Little League® has been requiring disengage-able bases on all fields. JCLL does utilize break away bases.
- Continuous Learning – Managers, coaches and parents on ways to prevent injury through the use of proper mechanics and technique.

## Board Meetings

The Board meets at least once every month on the first Sunday of each month. Dates and times of Board meetings can be obtained from the league calendar on the JCLL website. All active members are welcome and encouraged to attend.

The Safety Officer is included on every meeting's agenda. Besides providing an opportunity for the Safety Officer to inform and update the other Board members on the status of certain safety initiatives (whether they be at the local, District or Headquarters level), it also ensures the continued awareness and attention to the subject of safety within the JCLL Safety Committee.

## Rules Committee

This committee, consisting of the President of the Board of Directors, the Umpire-in-Chief and the Vice President of the Board of Directors, is responsible for drafting any proposed new or modified Local Rules for JCLL. Areas such as competitive balance, player participation, speed of play, and safety are discussed and any changes or additions are presented to the Board for discussion and/or ratification. Each and every year, this committee evaluates existing Local Rules and considers any necessary changes and/or additions to these rules.

# Sex Offender Background Checks Procedure

Effective in 2007, the local league must conduct a nationwide search that contains the applicable government sex offender registry data. Little League International has contracted with J.D. Palatine (JDP) to provide local leagues and districts with a special Internet site that allows members to search a criminal records database of more than 450 million criminal records - instantly. This site provides searches of available criminal records from various repository sources and state-level sex offender registries. The fee for the first 125 searches per chartered league and district is free to the local league and district as the cost for these searches is being provided by Little League International.

JCLL will use JDP to perform the background checks. As always, JCLL will render a volunteer candidate ineligible if their name is discovered with any crime against a child or appears on a sex offender registry (SOR). In addition to the important task of protecting children, this endeavor ensures our volunteers match Little League Baseball's® commitment to character, commitment and loyalty. You will find a copy of the volunteer form at [www.jcllv.com](http://www.jcllv.com).

Each year JCLL looks for specific ways “to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball®”. We believe that the Safety Plan that follows provides for the maximum opportunity to put forth a formal methodology that can be easily repeated and reused from year to year. We also believe that the plan accommodates new recommendations and initiatives that can be “rolled” into the plan for the future.

## Equipment

Little League Baseball® provides a comprehensive list of mandatory as well as optional equipment to help reduce injuries associated with the game. JCLL has a dedicated Equipment Manager on a board level position to ensure not only there is sufficient stock on hand but to make certain it is in an unbroken condition.

While JCLL provides basic safety equipment for team use, players are responsible for providing their own personal safety equipment. A list of required equipment will be presented by managers, coaches and team parents during the first team meeting. Managers and coaches (Home Team) as well as umpires inspect the field and all equipment prior to each game. Unsafe equipment is removed from the game and returned to the Equipment Manager for destruction and replacement.

### 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 Field Equipment:

- Double 1st base that disengages from its anchor. Currently our "Tee Ball/Minor Field is configured this way.
- Baseball mound for pitcher's plate (Note: Used on select fields by JCLL)
- Portable pitcher's baseball mound with pitcher's plate
- Protective/padded cover for fence tops (Note: used on select fields by JCLL)
- Foul ball return in backstop fencing

## Required Player Equipment: Defense Mandatory:

- 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

## Defense Optional:

- Metal, fiber or plastic type cup – any player, especially infielders
- Pelvic protector – any female, especially catchers
- Heart Guard/XO Heart Shield/Female Rib Guard – any defensive player, especially pitchers, infielders
- Game-face safety mask – any player, especially infielders
- Goggles/Shatterproof glasses – any player, especially those with vision limitations

## Offense Mandatory:

- Helmet meeting NOCSAE (National Operating Committee on Standards for Athletic Equipment) standards – all batters, base runners and players in coaches' boxes
- 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 respectively
- The bat for baseball must be a baseball bat which meets the USA Baseball Bat standard as adopted by Little League and in accordance with rule 1.10 of the baseball rule book depending on the division in which the player is participating.
- The bat for softball must be a softball bat which meets Little League specifications and standards as noted in the rule 1.10 of the softball rule book. Non-wood bats shall be printed with a BPF (bat performance factor) of 1.20

## Offense Optional:

- Helmet – adults in coaches' boxes
- Helmet with Face Guards or C-Flap meeting NOCSAE standards – all batters, especially in younger divisions
- Helmet chinstrap – all helmets made to have chinstrap (with snap buttons, etc.)
- Mouth guard – batters, defensive players
- Goggles/Shatterproof glasses – any player, especially those with vision limitations
- Batters vest, Heart Guard/Heart Shield/Female Rib Guard – any batter
- Regulation-sized reduced impact ball



Little League Baseball® has a rich history of pioneering baseball safety innovations. Following recommendations from researchers and medical professionals in the field of sports medicine, it has been determined that the actual number of pitches thrown is a safer method to regulate pitching in youth baseball. A maximum number of pitches allowed are dependent upon league age.

Since 2010, Little League Baseball® has aligned regular season and tournament pitching rules. Pages 38-39 of the Little League Baseball® Green Book describes in detail how the pitch count is to be administered. Below is a general overview of Little League Baseball's® pitch count rules:

## VI - PITCHERS

### Baseball

- (a) Any player on a regular season team may pitch. **Exception:** *Any player who has played the position of catcher in four (4) or more innings in a game is not eligible to pitch on that calendar day.*
- (b) A pitcher once removed from the mound cannot return as a pitcher. Junior Division only: A pitcher remaining in the game, but moving to a different position, can return as a pitcher anytime in the remainder of the game, but only once per game.
- (c) The manager must remove the pitcher when said pitcher reaches the limit for his/her age group as noted below, but the pitcher may remain in the game at another position:

League Age	Maximum Pitches
17-18	105 pitches per day
13-16	95 pitches per day
11-12	85 pitches per day
9-10	75 pitches per day
7-8	50 pitches per day

**Exception:** If a pitcher reaches the limit imposed in Regulation VI (c) for his/her league age while facing a batter, the pitcher may continue to pitch until anyone of the following conditions occurs: 1. That batter reaches base; 2. That batter is put out; 3. The third out is made to complete the half-inning. Note 1: A pitcher who delivers 41 or more pitches while not covered by the threshold exception in a game cannot play the position of catcher for the remainder of that day.



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

- If a player pitches 66 or more pitches in a day, four (4) calendar days of rest must be observed.
- If a player pitches 51 - 65 pitches in a day, three (3) calendar days of rest must be observed.
- If a player pitches 36 - 50 pitches in a day, two (2) calendar days of rest must be observed.
- If a player pitches 21 - 35 pitches in a day, one (1) calendar day of rest must be observed.
- If a player pitches 1 - 20 pitches in a day, no rest must be observed.
- Note: Under no circumstance shall any player pitch three consecutive days.

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

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

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

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

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

(k) A player may not pitch in more than one game in a day. (Exception: In the Big League Division, a player may be used as a pitcher in up to two games in a day).

(l) Players selected from the pool to play for another team are ineligible to pitch for that team.

(m) A pitcher who delivers 41 or more pitches in a game cannot play the position of catcher for the remainder of that day.

#### NOTES:

1. The withdrawal of an ineligible pitcher after that pitcher is announced, or after a warm-up pitch is delivered, but before that player has pitched a ball to a batter, shall not be considered a violation. Little League officials are urged to take precautions to prevent protests. When a protest situation is imminent, the potential offender should be notified immediately.

2. Pitches delivered in games declared “Regulation Tie Games” or “Suspended Games” shall be charged against pitcher’s eligibility.

3. In suspended games resumed on another day, the pitchers of record at the time the game was halted may continue to pitch to the extent of their eligibility for that day, provided said pitcher has observed the required days of rest.

Example 1: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on the following Thursday. The pitcher is not eligible to pitch in the resumption of the game because he/she has not observed the required days of rest.

Example 2: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on Saturday. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game because he/she has observed the required days of rest.

Example 3: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes two weeks later. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game, provided he/she is eligible based on his/her pitching record during the previous four days. Note: The use of this regulation negates the concept of the “calendar week” with regard to pitching eligibility.

JCLL has furnished the complete copy of the Little League Baseball® Pitch Count Regulation Guide to all board members, managers and coaches. JCLL will document pitch counts by use of a Little League® Baseball Game Pitch Log as well as Little League Baseball® Pitcher Eligibility Tracking Forms that will be signed by both opposing managers. A scorekeeper or volunteer can be assigned to perform pitch count entries; however, each manager owns the accuracy and accountability of the pitch count.

Completed pitch logs and eligibility tracking will follow the same routing as the score sheet to the President of JCLL or the assigned board representative.

## Softball

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

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

## First Aid

All JCLL managers and coaches will receive general first-aid training before the season begins. First-aid kits will be distributed to the Managers at the beginning of the season. Ice and bandages are also available at the concession stand. At least one representative of each team must attend. Managers must have a first-aid kit at every game or practice.

Little League Baseball® uses an acronym called **PRICES** to help remember the basics of first aid:

- **Protection** – When a player feels pain or just “something wrong”, he or she should stop immediately to protect the area from further harm. If a player “plays through the pain,” he or she risks further injury, delayed recovery and more pain.
- **Rest** – Not playing until recovery is complete; don’t use the arm, stay off the leg or use a crutch to properly rest a limb if appropriate.
- **Ice** – should be applied as soon after an injury as possible to reduce swelling and inflammation. Apply ice for no more than 5-10 minutes and then remove for 5-10 minutes, repeating the cycle several times. Apply the ice over a towel or other dressing, and make sure the skin does not come in direct contact with the ice. Ice the area several times each day. Be careful to watch the skin color to avoid damage to the skin; when the skin is pink for light-skinned players or darker for dark-skinned athletes, remove the ice.
- **Compress** – the injured area to further reduce swelling, which if not controlled can put pressure on muscles and connective tissues, causing damage. Use elastic bandages, air casts or splints. This should be done carefully, as circulation can be restricted if done improperly; if throbbing begins, loosen the wrapping.
- **Elevate** – the area when possible above the heart to further reduce swelling.
- **Support** – Keep the limb supported and protected from further harm.

## Conscious Choking - Adult & Child

The American Red Cross recommends the following procedures for rendering aid to victims of conscious choking. Note that a victim is considered an adult over the age of 12 while a child is considered to be 1 through 12 years of age:

- Check the scene, then check the victim.
- Have someone initiate emergency call to the medical technician per emergency call procedures.
- Obtain consent to help.
- Lean the victim forward and give 5 back blows with the heel of your hand in the space between the victim’s shoulder blade and spine.
- Give 5 quick, upward abdominal thrusts.
- Continue back blows and abdominal thrusts until:
  - Object is forced out
  - Victim can breathe or cough forcefully



Person becomes unconscious

## Unconscious Choking & CPR - Adult & Child

In the event the victim becomes unconscious, the American Red Cross recommends the following procedures for rendering aid to victims of unconscious choking:

- If not already done, initiate emergency call per prior instruction.
- Lie the victim on a hard surface, tilt the head back (slightly less for children under 12 years old) and provide 2 rescue breaths.
- If chest does not rise, give 30 chest compressions with two hands in the center of chest (on lower half of the sternum). Compress 1 ½ to 2". For children under age 12, compress 1 to 1 ½". Compressions are to be completed in about 18 seconds.
- Look for an object.
- Remove if one is seen.
- Try two more rescue breaths.
- Continue CPR until:
  - Another trained person takes over CPR for you
  - Emergency Medical Technicians arrive
  - You are too exhausted and unable to continue
  - The scene becomes unsafe
  - Signs of life return

## Coaches and Managers Training

JCLL requires all coaches and managers to attend a training seminar/managers meeting. The managers' meeting is scheduled for Saturday, March 14, 2020. For the most current and complete list of training seminars please visit our website at: [www.jcllv.com](http://www.jcllv.com).

## Code of Conduct

The JCLL Code of Conduct has been adopted by the Board of Directors. This Code is enforced by the Safety Officer, the League President, and the League Directors. All league officers, participants, employees and volunteers are required to abide by this code. It is the job of the Safety Officer to author and/or make any revisions to this Code of Conduct from year to year, as necessary.



## JCLL Code of Conduct

- Speed limit 5 mph in roadways and parking lots while attending any JCLL function.
- Watch for small children around parked cars.
- No alcohol or tobacco allowed in any parking lot, field, or common areas within the JCLL complex.
- No playing in parking lots at any time.
- No playing on or around lawn equipment.
- Use crosswalks when crossing roadways. Always be alert for traffic.
- No profanity.
- No swinging bats at any time within the walkways and common areas of the JCLL complex.
- No throwing balls against dugouts or against backstop.
  - All gates to the field should remain closed at all times. After players have entered or left the playing field, all gates should be closed and secured.
- No throwing baseballs at any time within the walkways and common areas of the JCLL complex. Caution should be exercised with kids playing "wall ball" against the side of the concession stand. Only tennis balls should be used.
- No throwing rocks.
- No horse play in walkways at any time.
- No climbing fences.
- No pets are permitted at games or practices.
- Only a player on the field and at bat may swing a bat (Age 4-12). Intermediate/Juniors (Age 11-13) on the field at bat or on deck may swing a bat. Be Alert of area around you when swinging a bat while in the on deck position.
- Observe all posted signs. Players and spectators are to be alert at all times for foul balls and errant throws.
- During a game, players must remain in the dugout in an orderly fashion at all times.
- After each game, each team must clean up trash in dugout and around stands.

***Failure to comply with this Code of Conduct may result in expulsion from the Complex.***

# Safety Code

The JCLL Safety Code has been adopted by the Board of Directors and is enforced by the Safety Officer. All league officers, participants, employees and volunteers are required to abide by this code.

It is the job of the Safety Officer to make any revisions to the Safety Code from year to year, as necessary.

## JCLL Safety Code

- Responsibility for safety procedures should be that of an adult member of JCLL.
- Managers, coaches and umpires should have training in first-aid. First-aid kits are distributed to managers and extras are located at the concession stand.
- Managers of the home team will be responsible for inspecting the field for holes, damage, stones, glass and other foreign objects prior to games or practices.
- In games where umpires are presiding, the umpire will ensure that field inspections have been carried out by the managers. Umpires have the discretion to call the game if it is determined that the field is not suitable for play.
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- 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.
- A procedure should be established for retrieving foul balls batted out of the playing area.
- 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.
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League Baseball® approved protective helmets during batting practice and games.
- Catcher must wear catcher’s helmet, mask, throat guard, long model chest protectors, 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 a runner is returning to 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”.
- Players 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 bull-pen during a game and also during practices.
- On-deck batters are not permitted.
- 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.).

## Injury Reporting Procedures

The following reporting procedures should be used by all managers, coaches, parents, umpires, and volunteers concerning injuries.

**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 Safety Officer. The terms “medical treatment and/or first aid” include even passive treatments such as the evaluation and diagnosis of the extent of the injury. Any incident that (a) causes a player to miss any practice or game time; or (b) any event that has the potential to require medical assistance must be reported promptly.

**When to report** - All such incidents described above must be reported to the Safety Officer within 24 hours of the incident. The Safety Officer for 2020 is Greg Sager, and he can be reached at the following Email: [jcllwvpresident@gmail.com](mailto:jcllwvpresident@gmail.com).

**How to make the report** – reporting incidents can come in a variety of forms. Most typically, they are by way of Incident/Injury Tracking Report (Appendix B). At a minimum, the following information must be provided:

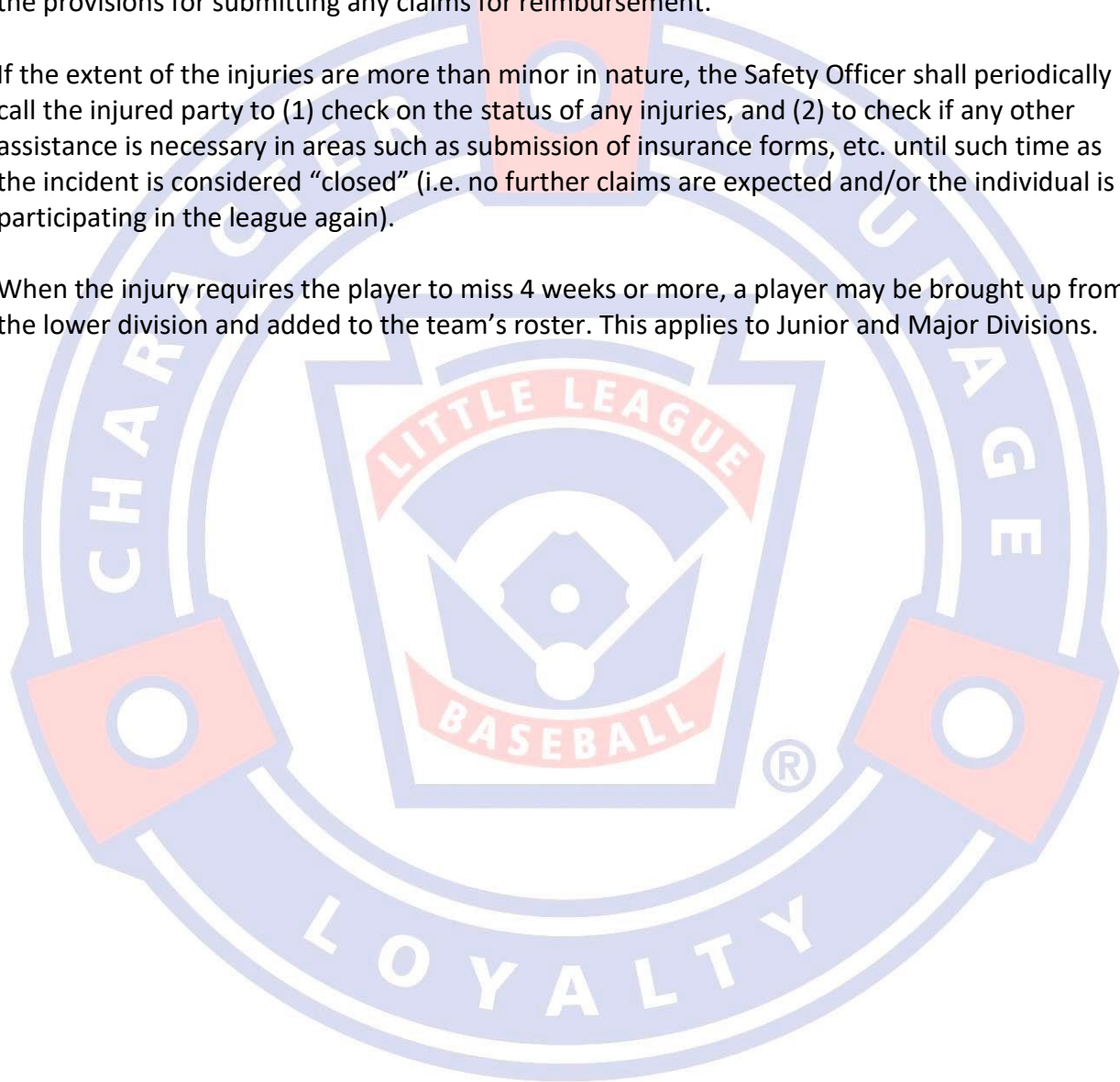
- The name and phone number of the individual involved (or of their parents)
- The date, time and location of the incident
- As detailed a description of the incident as possible
- The preliminary estimation of the extent of any injuries
- The name and phone number of the individual reporting the incident



Safety Officer's Responsibilities - The Safety Officer will receive this injury report and 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 JCLL insurance coverage through Chartis and the provisions for submitting any claims for reimbursement.

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).

When the injury requires the player to miss 4 weeks or more, a player may be brought up from the lower division and added to the team's roster. This applies to Junior and Major Divisions.







# LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

Accident & Health (U.S.)

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 <input type="checkbox"/> AM <input type="checkbox"/> PM	Type of Injury
------------------	---	----------------

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

Check all applicable responses in each column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<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.

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 \_\_\_\_\_

## General Health

**Medical Approval and Release** - Although not required, the Medical Approval and Release form is provided to all managers. This form contains vital information regarding the child's current general health, the child's doctor's name, address, and phone number, and any other special medical considerations (i.e. allergies, etc.). Managers are strongly encouraged to obtain a completed Release for each of the players on their team and are instructed to have these forms with them for every practice and game.

**Communicable Disease Procedures** - While the risk of one participant infecting another with HIV/AIDS during league activities is small, there is a remote risk other blood borne infectious diseases can be transmitted. Procedures for reducing the potential for transmission of infectious agents should include, but not limited to the following:

- Bleeding must be stopped, the open wound covered and if there is any extra amount of blood on the uniform, it must be changed before an athlete may participate.
- Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
- Immediately wash hands and other skin surfaces and equipment with a solution made from a proper dilution of household bleach or other disinfectant before competition resumes.
- Practice proper disposal procedures to prevent injuries caused by needles and other sharp instruments or devices.
- 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.
- Managers, coaches, umpires and volunteers with bleeding or oozing skin should refrain from all athletic care until condition is resolved.
- Contaminated towels should be disposed of or disinfected properly.
- Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings and other articles containing body fluids.

Copies of the Code of Conduct, the Safety Code, and the Manager's Expectations are provided to each manager. It is expected that the manager provide each member of his or her team with a copy of each of these. The Code of Conduct and the Safety Code were listed previously in this document. The Manager's Expectations can be found below.

# Manager's Expectations

## What Do I Expect from My Players?

- To be on time for all practices and games.
- To always do their best whether in the field or on the bench.
- To be cooperative at all times and share team duties.
- To respect not only others, but themselves as well.
- To be positive with teammates at all times.
- To try not to become upset at their own mistakes or those of others...we will all make our share this year and we must support one another.
- To understand that winning is only important if you can accept losing, as both are important parts of any sport.

## What Can You and Your Child Expect from Me?

- To be on time for all practices and games.
- To be as fair as possible for giving playing time to all players.
- To do my best to teach the fundamentals of the game.
- To be positive and respect each child as an individual.
- To set responsible expectations for each child and for the season.
- To teach the players value of winning and losing.
- To be open to ideas, suggestions and help.
- To never holler at any member of my team, the opposing team or umpires. Any confrontation will be handled in a respectful, quiet and individual manner.

## What Do I Expect from You as Parents and Family?

- To come out and enjoy the game. Cheer to make all players feel important.
- To allow me to coach and run the team.
- To try not to question my leadership. All players will make mistakes and so will I.
- Do not holler at me, the players or the umpires. We are all responsible for setting examples for our children. We must be the role models in society today. If we eliminate negative comments, the children will have an opportunity to play without any unnecessary pressures and will learn the value of sportsmanship.
- If you wish to question my strategies or leadership, please do not do so in front of players or fans. My phone number will be available for you to call at any time if you have a concern. It will also be available if you wish to offer your services at practice. A helping hand is always welcome – a volunteer form is required!

Finally, don't expect the majority of children playing Little League Baseball® to have strong skills. We hear all our lives that we learn from our mistakes. Let's allow them to make their mistakes, but always be there with positive support to lift their spirits!



## Some Important Do's and Don'ts

### DO...

- Reassure and aid children who are injured, frightened or lost.
- Provide, or assist in obtaining medical attention for those who require it.
- Know your limitations.
- Carry your first-aid kit to all games and practices.
- - Assist those who require medical attention – and when administering aid, remember to:
  - LOOK for signs of injury (Blood, Black-and-blue deformity of joint, etc.).
  - LISTEN to the injured describe what happened and what hurts if conscious.
  - Before questioning, you may have to calm and soothe an excited child.
  - FEEL gently and carefully the injured area for signs of swelling, or grating of broken bone.
- Have your players' Medical Release forms with you at all games and practices.
- Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

### DON'T...

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you aren't sure of the proper procedures (i.e. CPR, etc.).
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the Safety Officer immediately.

## Lightning Safety

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. All individuals are required to clear the fields and seek shelter – away from trees. At the JCLL complex, individuals should move to the overhang under the concession stand. 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. In addition, JCLL does own and utilize a lightning detector during inclement weather.

## Storage Container Procedures

The following applies to all of the storage areas used by JCLL and apply to anyone who has been issued a key by JCLL to use those areas.

All individuals with keys to the JCLL equipment sheds (i.e. Managers, Umpires, etc.) are aware of their responsibilities for the orderly and safe storage of rakes, shovels, bases, etc.

Remember, safety is everyone’s job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Safety Officer or another Board member immediately. Don’t play on a field that is not safe or with unsafe playing equipment. Be sure your players are fully equipped at all times, especially catchers and batters. And, check your team’s equipment often. Locking the storage containers is always mandatory.

## Conclusion

I wish to thank all of you who helped make last season at Jefferson County Little League a safe and rewarding year and look forward to working with all of you in the current season. Remember, safety is everyone’s job and prevention is the key to reducing accidents. If you ever have a question or suggestion, please don’t hesitate to contact me. Thank you and let’s make this year the best in our 60+ years of Jefferson County Little League.

Sincerely,

Greg Sager

Safety Officer

# Appendix A – Volunteer Form

## Little League® Volunteer Application - 2020

Do not use forms from past years. Use extra paper to complete if additional space is required.



This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meet the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit [littleleague.org/localibg-check](http://littleleague.org/localibg-check) for more information.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name	First	Middle Name or Initial	Last	Date
Address				
City	State	Zip		
Social Security # (mandatory)				
Cell Phone	Business Phone			
Home Phone:	E-mail Address:			
Date of Birth				
Occupation				
Employer				
Address				
Special professional training, skills, hobbies:				
Community affiliations (Clubs, Service Organizations, etc.):				
Previous volunteer experience (including baseball/softball and year):				

- Do you have children in the program?  
If yes, list full name and what level? Yes ☐ No ☐ If yes, list: Yes ☐ No ☐
- Special Certification (CPR, Medical, etc.)? Yes ☐ No ☐ If yes, list: Yes ☐ No ☐
- Do you have a valid driver's license?  
Driver's License #: State Yes ☐ No ☐
- Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?  
If yes, describe each in full: Yes ☐ No ☐  
(If volunteer answered yes to Question 4, the local league must contact the Little League International Security Manager)
- Have you ever been convicted of or plead no contest or guilty to any crime(s) if yes, describe each in full: Yes ☐ No ☐  
(Answering yes to question 5, does not automatically disqualify you as a volunteer)
- Do you have any criminal charges pending against you regarding any crime(s)? Yes ☐ No ☐  
(Answering yes to question 6, does not automatically disqualify you as a volunteer)
- Have you ever been refused participation in any other youth programs? Yes ☐ No ☐  
If yes, explain: \_\_\_\_\_

In which of the following would you like to participate? (Check one or more.)

- ☐ League Official ☐ Umpire ☐ Manager ☐ Concession Stand  
☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ Other \_\_\_\_\_

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone	

**IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: [littleleague.org/libg-check.aspx](http://littleleague.org/libg-check.aspx)**

ASA CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background checks on me now and as long as I continue to be active with the organization, which may include a review of open offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature	Date
If Minor/Parent Signature	Date
Applicant Name (please print or type)	

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

### LOCAL LEAGUE USE ONLY:

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked):  
 Regulation 1(c)9 Mandates all checks include criminal records and sex offender registry records

\* JDP ☐ Sex Offender Registry Data and National Criminal ☐  
 Records check, as mandated in the current season's official regulations

\*Please be advised that if you use JDP and there is a name match in the sex states where only name match was used, the JDP should not be used. The JDP will receive a letter or directly from JDP in consultation with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this application.

Last Updated: 10/10/2019

## Appendix B – Injury Tracking Form

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: <input type="checkbox"/> Male <input type="checkbox"/> Female
City: _____ State _____ ZIP: _____	Home Phone: ( ) _____	
Parent's Name (If Player): _____	Work Phone: ( ) _____	
Parents' Address (If Different): _____		City _____
<b>Incident occurred while participating in:</b>		
A.) <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Challenger <input type="checkbox"/> TAD B.) <input type="checkbox"/> Challenger <input type="checkbox"/> T-Ball (5-8) <input type="checkbox"/> Minor (7-12) <input type="checkbox"/> Major (9-12) <input type="checkbox"/> Junior (13-14) <input type="checkbox"/> Senior (14-16) <input type="checkbox"/> Big League (16-18) C.) <input type="checkbox"/> Tryout <input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> Tournament <input type="checkbox"/> Special Event <input type="checkbox"/> Travel to <input type="checkbox"/> Travel from <input type="checkbox"/> Other (Describe): _____		
<b>Position/Role of person(s) involved in incident:</b>		
D.) <input type="checkbox"/> Batter <input type="checkbox"/> Baserunner <input type="checkbox"/> Pitcher <input type="checkbox"/> Catcher <input type="checkbox"/> First Base <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Short Stop <input type="checkbox"/> Left Field <input type="checkbox"/> Center Field <input type="checkbox"/> Right Field <input type="checkbox"/> Dugout <input type="checkbox"/> Umpire <input type="checkbox"/> Coach/Manager <input type="checkbox"/> Spectator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____		
Type of Injury: _____		
Was first aid required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____		
Was professional medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____		
(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)		
<b>Type of Incident and location:</b>		
A.) On Primary Playing Field      B.) Adjacent to Playing Field      D.) Off Ball Field <input type="checkbox"/> Base Path: <input type="checkbox"/> Running or <input type="checkbox"/> Sliding <input type="checkbox"/> Seating Area <input type="checkbox"/> Travel: <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched or <input type="checkbox"/> Thrown or <input type="checkbox"/> Batted <input type="checkbox"/> Parking Area <input type="checkbox"/> Car or <input type="checkbox"/> Bike or <input type="checkbox"/> Collision with: <input type="checkbox"/> Player or <input type="checkbox"/> Structure      C.) Concession Area <input type="checkbox"/> Walking <input type="checkbox"/> Grounds Defect <input type="checkbox"/> Volunteer Worker <input type="checkbox"/> League Activity <input type="checkbox"/> Other: _____ <input type="checkbox"/> Customer/Bystander <input type="checkbox"/> Other: _____		
Please give a short description of incident: _____		
Could this accident have been avoided? How: _____		
This form is for Little League purposes only, to report 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 claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.		
Prepared By/Position: _____		Phone Number: ( ) _____
Signature: _____		Date: _____



## Appendix C – Medical Release Form



### Little League Baseball and Softball M E D I C A L   R E L E A S E



**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 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: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ League/Group ID#: \_\_\_\_\_

**If parent(s)/guardian cannot be reached 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

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. \_\_\_\_\_  
Authorized Parent/Guardian Signature
Date: \_\_\_\_\_

#### 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.

# Appendix D – General Liability Claim Form

## General Liability Claim Form

Send Completed form to:  
 Little League Baseball and Softball  
 539 US Route 15 Hwy  
 P.O. Box 3485  
 Williamsport, Pennsylvania 17701-0485  
 (570) 326-1921 Fax (570) 326-2951

Telephone immediate notice to Little League® International

(LEXINGTON USE ONLY)

CN 

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<b>Insured</b>	Name of League		League I.D. Number (Used as location code)	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
	Name of League Official (please print)		Position in League									
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)									
		Phone No. (Bus.)										
<b>Time and Place of Accident</b>	Date of Accident	Hour	<input type="checkbox"/> AM <input type="checkbox"/> PM	Accident occurred at (Street, City, State, Zip)								
	Arising out of Operations conducted at											
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Description of Accident</b>	State cause and describe facts surrounding accident (Use reverse side if needed)											

Who owns Premises		Person in charge of Premises			
<b>Coverage Data</b>	Limits	Med. Pay: None	Elevator: Yes	Products: Yes	Cont: Yes
	Policy Number		Policy Dates: Begin: End:		
	Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Property Damage</b>	Name of Owner		Description of Property		
	Address (Street, City, State, Zip)		Name of Insurance Co.		
			Nature and Extent of Damages and Estimate of Repair		
<b>Insured Person and Injuries</b>	Name		Phone No. (Res.)		
	Address (Street, City, State, Zip)		Occupation	Age	<input type="checkbox"/> Married <input type="checkbox"/> Single
	Employer's Name and Address		Phone No. (Bus.)		
	Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attending Doctor's Name and Address		
		Description of Injury			
Where was the injured taken after accident?		Probable length of Disability			
<b>Witnesses:</b>	Name, Address, Phone Number				
	Name, Address, Phone Number				
	Name, Address, Phone Number				

Date of Report:	Signature of League Official:	Position in League
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USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT



## Appendix E – Concession Stand Safety

# 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 Cooperative. UMass Extension provides equal opportunity in programs and employment.





## Appendix F – General Safety

# Don't Swing It

...Until You're Up to the Plate!



(Photos from North Scott, Iowa, Little League)

**Don't let this happen to you, or to a teammate.**

**REMEMBER:**

**Don't pick up your bat until you leave the dugout, to approach the plate.**

**RULE 1.08, Notes**

"1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division."

**Note: On-Deck batters are NOT permitted! The only player with a bat in their hands should be the batter on the field**

# Appendix G – Head Injuries

## Head Injuries

Most childhood head injuries are minor and hurt only the outside of the head. On rare occasions, a severe head injury can cause bruising or bleeding in the brain. This type of head injury requires immediate medical attention.



### Signs and Symptoms

#### Of a mild head injury:

- minor scalp swelling
- cut on the scalp
- mild headache
- vomiting two or three times

#### Of a potentially serious head injury:

- unconsciousness or unresponsiveness
- obvious serious wound
- blood or clear fluid from the nose or ear
- changes in behavior, such as sluggishness, agitation, confusion, or excessive sleepiness
- dizziness or stumbling
- seizure
- vomiting more than two or three times or vomiting hours after the injury
- severe or worsening headache



### What to Do:

- **Call 911 for any serious head injury.** Do not move an unconscious child. If the child is not breathing, perform cardiopulmonary resuscitation (CPR) if you've been trained.
- Call the doctor right away if an infant's head is hurt or a child of any age has neck pain or won't stop crying after a head injury.
- Allow the child to sleep if he or she is tired.



### Think Prevention!

- Childproof your house.
- Avoid using infant walkers.
- Make sure kids wear protective gear for contact sports, biking, skating, and skateboarding.

## Appendix H – Dislocations

### Dislocations

A dislocation is when two connected bones become separated. Dislocations are caused by falls and hard impacts, such as in sports injuries, and are more common in teens than young children. These injuries require emergency medical care to avoid further damage.



#### Signs and Symptoms

A joint is where two or more bones come together. A joint may be dislocated if it is:

- swollen
- bruised or red
- painful
- difficult to move
- out of place



#### What to Do:

If you think the child has a dislocation, **seek emergency medical care or call 911**. Until care is received, do the following:

- **Leave the joint alone.** Attempting to move or jam a dislocated bone back in can damage blood vessels, muscles, ligaments, and nerves.
- **Apply ice.** Ice can reduce the swelling and pain in and around the joint.
- **Use ibuprofen or acetaminophen for pain.**



#### Think Prevention!

- Make sure kids wear the appropriate safety gear during sports activities.
- Supervise children when they're playing – a hard fall can happen anywhere, anytime.
- Avoid tugging on a child's hand.

# Appendix I – Broken Bones

## Broken Bones

Broken bones (or fractures) are a common injury in kids, especially after a fall. No matter what part might be broken or how big or small the injury may seem, all broken bones need medical care.



### Signs and Symptoms

The child may have a broken bone if:

- you heard a “snap” or a grinding noise during an injury
- there’s swelling, bruising, or tenderness
- the injured part is difficult to move or hurts when moving, being touched, or bearing weight



### What to Do:

- Remove clothing from the injured area.
- Apply an ice pack wrapped in cloth.
- Keep the injured limb in the position you find it.
- Place a simple splint, if you have one, on the broken area.
- Get medical care, and don’t allow the child to eat in case surgery is required.

#### Do Not Move The Child and Call 911 Right Away If:

- You suspect a serious injury to the head, neck, or back.
- A broken bone comes through the skin. While waiting for help:
  - Keep the child lying down.
  - Do not wash the wound or push in any part that’s sticking out.



### Think Prevention!

It’s practically impossible to prevent every fracture — but you can help curb the likelihood of a break by:

- using safety gates at bedroom doors and at both the top and bottom of stairs (for babies or toddlers)
- enforcing helmet and safety gear rules for young athletes and any child riding a bicycle, tricycle, skateboard, scooter, or any type of skates and roller blades
- avoiding the use of infant walkers



## Appendix J – Strains and Sprains

### Strains and Sprains

Strains are injuries to muscle due to overstretching, while sprains involve a stretch or a partial tear of ligaments (which connect two bones) or tendons (which connect muscle to bone). Sprains and strains happen more often in teens than in younger children.



#### Signs and Symptoms

- pain in the joint or muscle
- swelling and bruising
- warmth and redness of the injured area
- difficulty moving the injured part



#### What to Do:

- Make sure the child stops activity right away.
- Think **R.I.C.E.** for the first 48 hours after the injury:
  - **Rest:** Rest the injured part until it's less painful.
  - **Ice:** Wrap an icepack or cold compress in a towel and place over the injured part immediately. Continue for no more than 20 minutes at a time, four to eight times a day.
  - **Compression:** Support the injured part with an elastic compression bandage for at least 2 days.
  - **Elevation:** Raise the injured part above heart level to decrease swelling.
- Give the child ibuprofen or acetaminophen for pain and to reduce swelling.

#### Seek Emergency Medical Care if the Child Has:

- severe pain when the injured part is touched or moved
- continued trouble bearing weight
- increased bruising
- numbness or a feeling of "pins and needles" in the injured area
- a limb that looks "bent" or misshapen
- signs of infection (increased warmth, redness, streaks, swelling, and pain)
- a strain or sprain that doesn't seem to be improving after 5 to 7 days



#### Think Prevention!

Teach kids to warm up properly and to stretch before and after exercising or participating in any sport, and make sure they **always wear appropriate protective equipment**.

## Appendix K – Nosebleeds

### Nosebleeds

Although they can be scary, nosebleeds are common in children and usually aren't serious. Most stop on their own and can be treated safely at home. Nosebleeds occur more often in winter and when the air is dry.



#### What to Do:

- Have the child sit up with his or her head tilted slightly forward. **Do not have the child lean back** (this may cause gagging, coughing, or vomiting).
- Pinch the soft part of the nose (just below the bony part) for at least 10 minutes.

#### Seek Medical Care if the Child:

- has frequent nosebleeds
- may have put something in his or her nose
- tends to bruise easily, or has heavy bleeding from minor wounds
- recently started a new medication

#### Seek Emergency Medical Care if Bleeding:

- is heavy
- is accompanied by dizziness or paleness
- continues after two or three attempts of applying pressure for 10 minutes each
- is the result of a blow to the head or a fall



#### Think Prevention!

To help prevent dryness in the nose, use saline (saltwater) nasal spray or drops (or put petroleum jelly on the inside edges of the child's nostrils) and use a humidifier in the child's room. Discourage nose picking and keep the child's fingernails short.

## Appendix L – Cuts

### Cuts

Many kids get cut from falls or using sharp objects like scissors. Some cuts can be safely treated at home. Large, gaping, and deeper cuts – or any wounds that won't stop bleeding – need medical treatment.



#### What to Do:

If the cut is severe and you can't get the child to a hospital right away or must wait for an ambulance, begin this treatment:

- Rinse the cut or wound with water and apply pressure with sterile gauze, a bandage, or a clean cloth.
- If blood soaks through the bandage, place another bandage over the first and keep applying pressure.
- Raise the injured body part to slow bleeding.
- When bleeding stops, cover the wound with a new, clean bandage.
- **Do not apply a tourniquet.**

#### Seek Medical Care if:

- the cut is deep or its edges are widely separated
- the cut continues to ooze and bleed even after applying pressure
- the bite is from an animal or human

#### Call 911 Right Away if the Child:

- has a body part, such as a fingertip, that is cut off (**Put the part that was cut off in a sealed plastic bag right away. Dunk the bag in a container with ice water.**)
- has a cut and the blood is spurting out and difficult to control
- is bleeding so much that bandages are becoming soaked with blood



#### Think Prevention!

- Childproof so that infants and toddlers are less likely to fall or become injured on table corners, sharp objects, or doors that may slam shut.
- Be sure children wear shoes when playing outside.
- Watch teens when they are cutting with sharp knives.

# Appendix M – Dehydration

## Dehydration

Dehydration can occur if a child is not drinking enough fluids. Kids can also become dehydrated when a large amount of fluid is lost through vomiting, diarrhea, or both. In cases of dehydration, it's important to replenish fluid losses as quickly as possible.



### Signs and Symptoms

#### Mild to moderate:

- tongue becomes dry
- few or no tears when crying
- rapid heart rate
- fussiness in an infant
- no wet diapers for 6 hours in an infant
- no urination for 8 hours in children

#### Severe:

- very dry mouth (looks "sticky" inside)
- dry, wrinkly, or doughy skin (especially on the belly and upper arms and legs)
- inactivity or decreased alertness and excessive sleepiness
- sunken eyes
- sunken soft spot on top of an infant's head
- no urination for 8 or more hours in an infant and 10 or more hours in a child
- deep, rapid breathing
- rapid or weakened pulse



### What to Do:

Mild dehydration can often be treated at home. If the child has diarrhea but no vomiting, continue feeding a normal diet.

If the child is vomiting, stop milk products and solid foods and:

- Give infants an oral electrolyte solution (a solution that restores lost fluids and minerals) – about 1 tablespoon every 15-20 minutes.
- Give children over 1 year old sips of clear fluids such as an oral electrolyte solution, ice chips, flat non-caffeinated soda, clear broth, or ice pops – 1 to 2 tablespoons every 15-20 minutes.

#### Seek Emergency Medical Care if the Child:

- shows **any** sign of severe dehydration
- is unable to keep clear fluids down



### Think Prevention!

- Frequent hand washing is key to avoiding many of the illnesses that can lead to dehydration.
- Encourage frequent, small amounts of fluids to avoid dehydration during illnesses.
- If vomiting occurs, use only clear fluids to rehydrate.



# Appendix N – Heat Illness

## Heat Illness

Heat exhaustion starts slowly and if not quickly treated can progress to heatstroke. In heatstroke, a child's temperature reaches 105° F (40.5° C) or higher. Heatstroke requires **immediate emergency medical care** and can be fatal.



### Signs and Symptoms

#### Of heat exhaustion:

- increased thirst
- weakness
- fainting
- muscle cramps
- nausea and vomiting
- irritability
- headache
- increased sweating
- cool, clammy skin
- elevation of body temperature to less than 105° F (40.5° C)

#### Of heatstroke:

- severe headache
- weakness, dizziness
- confusion
- rapid breathing and heartbeat
- loss of consciousness leading to coma
- seizures
- may not be sweating
- flushed, hot, dry skin
- elevation of body temperature to 105° F (40.5° C) or higher



### What to Do:

For a child with symptoms of heatstroke, **seek emergency medical care immediately**. In cases of heat exhaustion or while awaiting help for a child with possible heatstroke:

- Bring the child indoors or into the shade immediately.
- Undress the child.
- Have the child lie down; elevate feet slightly.
- If the child is alert, place in cool bath water. If outside, spray the child with mist from a garden hose.
- If the child is alert and coherent, give frequent sips of cool, clear fluids.
- If the child is vomiting, turn onto his or her side to prevent choking.



### Think Prevention!

- Teach kids to always drink plenty of fluids before and during any activity in hot, sunny weather – even if they aren't thirsty.
- Make sure kids wear light-colored, loose clothing.
- Do not have your child participate in heavy activity outdoors during the hottest hours of the day.
- Teach kids to come indoors immediately whenever they feel overheated.

## Appendix O – CPR (ages 1-8)

# LEARN CPR

You Can Do It!

### CPR for Children (Ages 1-8)

 [CLICK HERE FOR A VIDEO DEMONSTRATION](#)

CPR for children is similar to CPR for adults. The compression to ventilation ratio is 30:2. If you are alone with the child give 2 minutes of CPR before calling 911.



- 1) Use the heel of one or two hands for chest compression
- 2) Press the sternum approximately one-third the depth of the chest (about 2 inches) at the rate of least 100/minute



- 3) Tilt the head back and listen for **breathing**. If not breathing normally, pinch nose and cover the mouth with yours and blow until you see the chest rise. Give 2 breaths. Each breath should take 1 second.

**CONTINUE WITH 30 PUMPS AND 2 BREATHS UNTIL HELP ARRIVES**

## CPR (ages 8+)

# LEARN CPR

You Can Do It!

### CPR IN TWO SIMPLE STEPS - HANDS-ONLY CPR

This method of CPR was recommended by the AHA in 2010. It is intended for bystanders untrained in CPR. It is also recommended for situations when the rescuer is unable or unwilling to provide mouth-to-mouth ventilations. (Please try to attend a [CPR training course](#))

 [CLICK HERE FOR A VIDEO DEMONSTRATION](#)

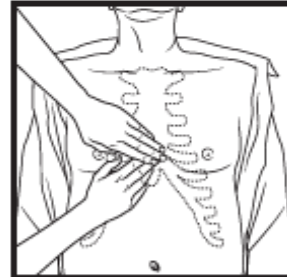
#### 1. CALL

Check the victim for **unresponsiveness**. If the person is not responsive and not breathing or not breathing normally, call 911 and return to the victim. In most locations the emergency dispatcher can assist you with CPR instructions.



#### 2. PUMP

Begin chest compressions. **Push** down in the center of the chest 2 inches and keep doing it. Pump hard and fast at the rate of at least 100/minute, faster than once per second.



**CONTINUE UNTIL HELP ARRIVES**

## Appendix P – First Aid Kits (League Provided)

# First Aid Kits: What goes in them?

### Requirement 12

*"Hello, I need a list of what to put in a team first aid kit as well as the big first aid kits kept at the fields. I have a sponsor willing to fill this need. I just need to give them a list of what we need and how many."*

**Thanks,  
Marc Paladino  
(via email)**

A team's first aid kit should contain ice in bags; these will be used almost anytime you have an injury to help reduce the pain and potential swelling. If using chemical cold packs, be cautious using around the face in case of leaks. Also, bandages, both large and small, gauze, some kind of dressing material like an Ace wrap or elastic wrap to hold gauze in place, or athletic tape. You should also provide water or a cleanser (antiseptic wipes, etc.) to clean abrasions or cuts. Check local expectations for first aid kits, as some states do not allow these cleansers other than at home or by health care professionals.

Also, don't forget latex or rubber gloves and some kind of small bag to properly dispose of blood and blood-soiled items like wipes or towelettes; blood-borne pathogens should be an important part of your safety training, so people do not put their health and future safety at risk dealing with unknown risks.

Finally, each team should have some kind of emergency telephone (mobile or land-line) to call an ambulance as well as a map or written directions to the area medical facilities anyone evacuated by medical professionals would be taken to. In an emergency, people need all the help they can get. Check the November/December 2003 ASAP News for some examples of that kind of information.

**NOTE:** Individual leagues decide what they need in a first aid kit. These give a good idea of fully-stocked kits. Items any kit should contain: A good supply of ice, drinking water, and personal items

or medications; emergency phone numbers; coins for pay phones; and directions and/or a map to/from emergency medical facilities.

**ALSO:** Keep a list of original supplies in your first aid kit, so it can be stocked and replenished! If managers or coaches use any first aid supplies, replace them before the next time the team meets.

**Here are three good examples of a well-stocked first aid kit:**

#### LLB's Emergency Management and Training Program

Little League's EMTP manual recommends your first aid kit include:

Ice bags  
Plastic bags of crushed ice  
Elastic bandages  
3, 4 and 8 inch widths  
Sterile dressings  
3 by 3 inch individual gauze  
2 to 3, 5 by 9 inch pads  
Telfa or non-stick dressings  
Eye patches  
Adhesive bandages  
3/4, 1 and 2 inch widths  
Bandages  
Triangular shape and in rolls  
Adhesive tape  
1/2, 1 and 1 1/2 inch widths  
Eye shields  
Small flashlight  
Scissors  
Antiseptic soap  
Splints  
Inflatable, cardboard or wooden, for arm and leg (large enough for your largest player)  
Petroleum jelly  
Safety pins  
First aid manual  
Towels  
Blanket  
Small pocket notebooks and pencils  
Water for drinking and plenty of paper cups. (Water and paper cups can also do double duty in some first aid applications.)

#### Fyrst USA Sport Medical Kits

A new first aid kit, available both in a team size and a league size, is offered by Fyrst USA. It was developed specifically for sports injuries. A unique feature: resupplies can be ordered by phone and to you in 5-7 days. Call 800/782-1355 or go to [www.fyrstusa.com](http://www.fyrstusa.com) to order.

1 Reusable ice bag: 9 inches  
4 Instant cold packs: 6 by 10 inches  
1 Blister Kit  
20 Bandages: 1- by 3-inches  
6 Large bandages: 2 by 4 1/2 inches  
1 Elastic wrap  
1 Scissors  
20 Antimicrobial skin wipes  
10 Blood-off cloth towelettes  
20 Latex gloves  
1 Antiseptic hand cleaner: 4 ounces  
2 Rolls of athletic tape  
1 Roll of pre-wrap  
3 Sport wound care kits  
FYRST USA now carries the SAVE-A-TOOTH Preservation System (with ADA Seal of Acceptance)

#### Little League First Aid Kit

**Recommended First Aid kit supplies are as follows:**

Bandages — sheer and flexible  
Non-stick pads — assorted sizes  
Soft-Gauze bandages  
Oval eye pads  
Triangular bandage  
Hypo-allergenic first aid tape in dispenser  
2-inch elastic bandage  
Antiseptic wipes  
First aid cream  
Instant cold pack  
Tylenol® extra-strength caplets  
Scissors  
Tweezers  
First aid guide  
Contents card  
Disposable gloves