SAFETY MANUAL
JEFFERSON COUNTY LITTLE LEAGUE

ESTABLISHED IN 1953
P.O. BOX 339 RANSON, WV 25438
LEAGUE ID NUMBER – 348-06-07

Table of contents

Jefferson County Little League Phone 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
Director of Safety Coordination: Brenda Engle	304-995-3994
Jefferson County Little League Board of Directors	
President: Greg Sager	304-283-2208
Vice President / Director of Tee Ball: Lauren Will	703-517-5678
Secretary/Communications: Erin Settle	571-246-0546
Treasurer: Josh Didion	610-392-0930
Coaches Coordinator: Anthony Thomas	540-409-8593
Player Agent: Abbie Dudley	509-675-3466
Player Agent/Safety Officer: James Greule	585-944-6408
Director Fields/Facilities: Larry Guerra	304-279-4051
Director Softball: Bryan Sutherland	240-315-2925
Director Juniors: Mike Moulton	571-233-2608
Director Majors: Greg Stevens	304-676-1747
Director of Minors: Kevin Corey	703-371-9346
Director of Fundraising: Dina Didion	484-365-1975
Director of Equipment: James Mason	304-995-9874

THE ASAP MISSION

To increase awareness of the opportunities to provide a safe and secure environment for children.

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 old's 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. They act 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.jcllwv.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.jcllwv.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 for
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)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.

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.

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 11, 2023. For the most current and complete list of training seminars please visit our website at: www.jcllwv.com.

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 2021 is Brenda Engle, and she can be reached at the following Email: bmedic482@yahoo.com/ 304-995-3994

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.

LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

AIG
Accident & Health (U.S.)

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

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

League Name | League I.D.

PART 1

Name of Injured Person/Claimant | SSN | Date of Birth (MM/DD/YY) | Age | Sex ☐ Female ☐ Male

Name of Parent/Guardian, if Claimant is a Minor | Home Phone (Inc. Area Code) ( ) | Bus. Phone (Inc. Area Code) ( )

Address of Claimant | Address of Parent/Guardian, if different

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

Does the insured Person/Parent/Guardian have any insurance through: Employer Plan ☐Yes ☐No School Plan ☐Yes ☐No Individual Plan ☐Yes ☐No Dental Plan ☐Yes ☐No

Date of Accident | Time of Accident ☐AM ☐PM | Type of Injury

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

Check all applicable responses in each column:

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

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

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

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

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

Date | Claimant/Parent/Guardian Signature

LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM

INSTRUCTIONS

AIG
Accident & Health (U.S.)

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

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

League Name | League I.D.

PART 1

Name of Injured Person/Claimant | SSN | Date of Birth (MM/DD/YY) | Age | Sex ☐ Female ☐ Male

Name of Parent/Guardian, if Claimant is a Minor | Home Phone (Inc. Area Code) ( ) | Bus. Phone (Inc. Area Code) ( )

Address of Claimant | Address of Parent/Guardian, if different

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

Does the insured Person/Parent/Guardian have any insurance through: Employer Plan ☐Yes ☐No School Plan ☐Yes ☐No
Individual Plan ☐Yes ☐No Dental Plan ☐Yes ☐No

Date of Accident | Time of Accident ☐AM ☐PM | Type of Injury

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

Check all applicable responses in each column:

☐ BASEBALL	☐ CHALLENGER (4-18)	☐ PLAYER	☐ TRYOUTS	☐ SPECIAL EVENT (NOT GAMES)
☐ SOFTBALL	☐ T-BALL (4-7)	☐ MANAGER, COACH	☐ PRACTICE	☐ SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)
☐ CHALLENGER	☐ MINOR (6-12)	☐ VOLUNTEER UMPIRE	☐ SCHEDULED GAME	
☐ TAD (2ND SEASON)	☐ LITTLE LEAGUE (9-12)	☐ PLAYER AGENT	☐ TRAVEL TO	
	☐ INTERMEDIATE (50/70) (11-13)	☐ OFFICIAL SCOREKEEPER	☐ TRAVEL FROM	
	☐ JUNIOR (12-14)	☐ SAFETY OFFICER	☐ TOURNAMENT	
	☐ SENIOR (13-16)	☐ VOLUNTEER WORKER	☐ OTHER (Describe)	
	☐ 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
- ☐ 01 1ST
- ☐ 02 2ND
- ☐ 03 3RD
- ☐ 04 BATTER
- ☐ 05 BENCH
- ☐ 06 BULLPEN
- ☐ 07 CATCHER
- ☐ 08 COACH
- ☐ 09 COACHING BOX
- ☐ 10 DUGOUT
- ☐ 11 MANAGER
- ☐ 12 ON DECK
- ☐ 13 OUTFIELD
- ☐ 14 PITCHER
- ☐ 15 RUNNER
- ☐ 16 SCOREKEEPER
- ☐ 17 SHORTSTOP
- ☐ 18 TO/FROM GAME
- ☐ 19 UMPIRE
- ☐ 20 OTHER
- ☐ 21 UNKNOWN
- ☐ 22 WARMING UP

INJURY
- ☐ 01 ABRASION
- ☐ 02 BITES
- ☐ 03 CONCUSSION
- ☐ 04 CONTUSION
- ☐ 05 DENTAL
- ☐ 06 DISLOCATION
- ☐ 07 DISMEMBERMENT
- ☐ 08 EPIPHYSES
- ☐ 09 FATALITY
- ☐ 10 FRACTURE
- ☐ 11 HEMATOMA
- ☐ 12 HEMORRHAGE
- ☐ 13 LACERATION
- ☐ 14 PUNCTURE
- ☐ 15 RUPTURE
- ☐ 16 SPRAIN
- ☐ 17 SUNSTROKE
- ☐ 18 OTHER
- ☐ 19 UNKNOWN
- ☐ 20 PARALYSIS/ PARAPLEGIC

PART OF BODY
- ☐ 01 ABDOMEN
- ☐ 02 ANKLE
- ☐ 03 ARM
- ☐ 04 BACK
- ☐ 05 CHEST
- ☐ 06 EAR
- ☐ 07 ELBOW
- ☐ 08 EYE
- ☐ 09 FACE
- ☐ 10 FATALITY
- ☐ 11 FOOT
- ☐ 12 HAND
- ☐ 13 HEAD
- ☐ 14 HIP
- ☐ 15 KNEE
- ☐ 16 LEG
- ☐ 17 LIPS
- ☐ 18 MOUTH
- ☐ 19 NECK
- ☐ 20 NOSE
- ☐ 21 SHOULDER
- ☐ 22 SIDE
- ☐ 23 TEETH
- ☐ 24 TESTICLE
- ☐ 25 WRIST
- ☐ 26 UNKNOWN
- ☐ 27 FINGER

CAUSE OF INJURY
- ☐ 01 BATTED BALL
- ☐ 02 BATTING
- ☐ 03 CATCHING
- ☐ 04 COLLIDING
- ☐ 05 COLLIDING WITH FENCE
- ☐ 06 FALLING
- ☐ 07 HIT BY BAT
- ☐ 08 HORSEPLAY
- ☐ 09 PITCHED BALL
- ☐ 10 RUNNING
- ☐ 11 SHARP OBJECT
- ☐ 12 SLIDING
- ☐ 13 TAGGING
- ☐ 14 THROWING
- ☐ 15 THROWN BALL
- ☐ 16 OTHER
- ☐ 17 UNKNOWN

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

President

Little League® Volunteer Application – 2021

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 meets 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/local8Gcheck for more information.

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

All RED fields are required.

Name _____ Date _____
First Middle Name or Initial Last

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):

_____

1. Do you have children in the program? ☐ Yes ☐ No
   If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? If yes, list: _____ ☐ Yes ☐ No

3. Do you have a valid driver's license? ☐ Yes ☐ No
   Driver's License#: _____ State _____

4. 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 Security Manager.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? ☐ Yes ☐ No
   If yes, describe each in full: _____
   (Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? ☐ Yes ☐ No
   If yes, describe each in full: _____
   (Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? ☐ Yes ☐ No
   If yes, explain: _____
   (If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

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/BgStateLaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex 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):
Review the Little League Regulation 1(c)(9) for all background check requirements

☐ JDP (Includes review of the SafeSport Centralized Disciplinary and USA Baseball Ineligible List)*

OR

☐ National Criminal Database check
☐ National Sex Offender Registry
☐ SafeSport Centralized Disciplinary Database and/or USA Baseball Ineligible List Sex Offender

*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance 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.

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: ☐ Male ☐ Female

City: _____ State _____ ZIP: _____ Home Phone: ( ) _____

Parent's Name (If Player): _____ Work Phone: ( ) _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

A.) ☐ Baseball ☐ Softball ☐ Challenger ☐ TAD

B.) ☐ Challenger ☐ T-Ball (5-8) ☐ Minor (7-12) ☐ Major (9-12) ☐ Junior (13-14)
☐ Senior (14-16) ☐ Big League (16-18)

C.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event
☐ Travel to ☐ Travel from ☐ Other (Describe): _____

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

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

Type of injury: _____

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

Was professional medical treatment required? ☐ Yes ☐ No If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to 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 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
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 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

(LEXINGTON USE ONLY)

Telephone immediate notice to Little League® International — CN

Insured	Name of League		League I.D. Number (Used as location code)
	Name of League Official (please print)		Position in League
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)
			Phone No. (Bus.)
Time and Place of Accident	Date of Accident	Hour ☐ AM ☐ PM	Accident occured at (Street, City, State, Zip)
	Arising out of Operations conducted at		
	Was Police Report made? If yes, where? ☐ Yes ☐ No		
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)		
	Who owns Premises		Person in charge of Premises
Coverage Data	Limits BI/PD: Med. Pay: None		Elevator: Yes / Products: Yes / Cont: Yes
	Policy Number		Policy Dates: Begin: End:
	Is there any other insurance applicable to this risk? ☐ Yes ☐ No		
Property Damage	Name of Owner		Description of Property
	Address (Street, City, State, Zip)		Name of Insurance Co.
			Nature and Extent of Damages and Estimate of Repair
Insured Person and Injuries	Name		Phone No. (Res)
	Address (Street, City, State, Zip)		Occupation / Age / ☐ Married ☐ Single
			Phone No. (Bus)
	Employers Name and Address		
	Did you provide or authorize medical attention? ☐ Yes ☐ No	Attending Doctor's Name and Address	
	Description of Injury		
	Where was the injured taken after accident?		Probable length of Disability
Witnesses:	Name, Address, Phone Number		
	Name, Address, Phone Number		
	Name, Address, Phone Number		
Date of Report:	Signature of League Official:		Position in League

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT

CHARTIS

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

Wet
warm water

Wash
20 seconds
Use soap

Rinse

Dry
Use single-service paper towels

Gloves

WHEN

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

Wash after you:

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

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

Use gloves, tongs, deli tissue or other serving utensils.

Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

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

If you wear gloves:

- wash your hands before you put on new gloves

Change them:

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

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

UMASS EXTENSION

First Aid

All JCLL managers and coaches will receive first-aid training before the season begins. First Aid kids 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 of practice.

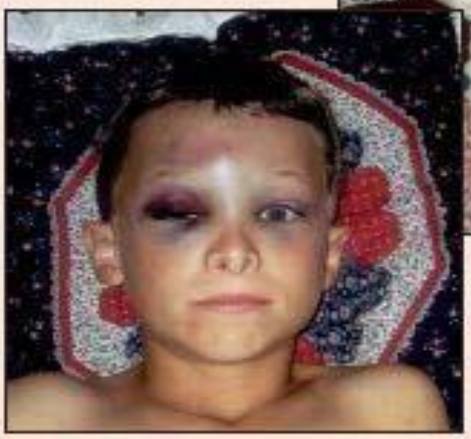
Little League Baseball uses an acronym called PRICES to help remember the basics of first aid:

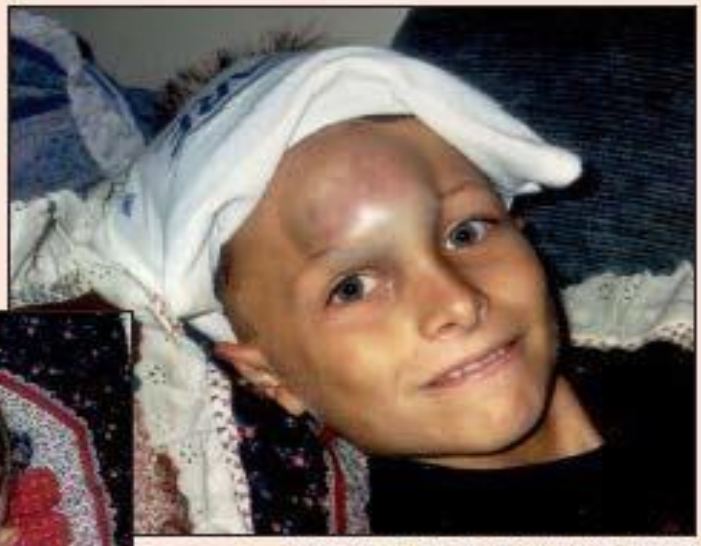
- Protection – When a player feels pain or just "something wrong", he or she should stop immediately to protect the area from further harm. If a player "plays thru the pain", he or she risks further injury, delayed recovery and more pain.
- Rest – Not playing until recovery is complete; don't use the arm, stay off the leg, or use a crutch to properly rest a limb if appropriate.
- Ice – Should be applies as soon after an injury to reduce swelling and inflammation. Apply ice for no more that 5-10 mins and then remove for 5-10 mins, 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 pimk for light skinned players or darker for dark skinned players, remove the ice.
- Compress – the injured area to further reduces 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.

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:
  - **R**est: Rest the injured part until it's less painful.
  - **I**ce: 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.
  - **C**ompression: Support the injured part with an elastic compression bandage for at least 2 days.
  - **E**levation: 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.

Apendix O

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 6 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 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

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 6 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 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

P

Appendix P Covid Policies and Guidelines

Jefferson County Little League

Responsible Restart

Baseball and Softball

	Mandatory	Recommended Best Practices
Arrival to Venue	• **All participants, spectators, and employees must adhere to six-foot physical distancing while at the facility** • Must conduct daily symptom assessments by coaches and players (self-evaluation). Anyone experiencing symptoms must stay home.* • No team water coolers or shared drinking stations. • No sunflower seeds or gum. • Prior to the season, the league must alert the local health department of the season schedule. • These requirements must be shared prior to the season with all players, coaches, and members prior to their arrival at the venue.	• Lineups should be entered online or by spoken word and recorded by officials/umpires without exchanging any physical documents with coaches or players. • Athletes are strongly recommended to travel to the venue with a member of their immediate household.
Practice	• **Coaches and players must adhere to physical six-foot distancing except when the ball is in play.** • Must conduct daily symptom assessments by coaches and players (self-evaluation). Anyone experiencing symptoms must stay home.* • No team water coolers or shared drinking stations. • No sunflower seeds or gum.	• Coaches must wear face coverings at all times. • Athletes must wear face coverings at all times while not actively participating in the field of play. • Face coverings are strongly recommended for any spectators. • For each practice session, it is recommended that coaches divide players into groups and establish rotating shifts when possible. • Athletes should bring individual water containers. • Virtual meetings should be considered when possible. • Athletes are strongly recommended to travel to the venue with a member(s) of their immediate household, if possible. • Whenever possible, equipment and personal items should have proper separation and should not be shared. If equipment must be shared, proper sanitation should be administered between users.
Athletes	• Must adhere to six foot social distancing practices off the field of play. • Must conduct daily symptom assessments by coaches and players (self-evaluation). Anyone experiencing symptoms must stay home.* • Must not share water or equipment. Belongings should be used only by the individual owner or operator including, but not limited to water bottles, gloves, bats, hats, and other on- and off-field gear. • No touch rule – players should refrain from high fives, handshake lines, and other physical contact with teammates, opposing players, coaches, umpires, and fans. A "tip the cap" can be used following the game in lieu of the handshake line. • No spitting or eating seeds, gum, other similar products.	• Must wear face coverings at all times when not actively participating in the field of play. • Hand washing or hand sanitizing, in the absence of soap and water, are strongly recommended for athletes during the games. • Whenever possible, equipment and personal items should have proper separation and should not be shared. If equipment must be shared, proper sanitation should be administered between users.

* Per the CDC, symptoms include cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headaches, sore throat, and new loss of taste or smell.

	Mandatory	Recommended Best Practices
Spectators	• Must adhere to six foot social distancing practices. This includes in and around bleachers for anyone not in the same family. • Must conduct daily symptom assessments (self-evaluation). Anyone experiencing symptoms must stay home.* • Must not enter player areas (on the field of play or bench areas). • Must keep six-feet or more distance from the backstop. • Must adhere to six-foot social distancing practices.	• Stongly recommended to wear face mask coverings at all times. • Hand washing or hand sanitizing, in the absence of soap and water, is recommended strongly during the games.
Coaches	• Must conduct daily symptom assessments (self-evaluation). Anyone experiencing symptoms must stay home.* • No spitting or eating seeds, gum, or other similar products. • No touch rule- coaches should refrain from high fives, handshake lines, and other physical contact with teamates, opposing players, coaches, umpires and fans. A "tip the cap" can be used following the game in leiu of the handshake line. • Must ensure that players are following COVIS-19 related prevention measures incldued herein.	• Coaches should ensure the players are adhering to social distancing in dugouts and other seating areas and wearing face coverings while not actively participating on the field of play. • Whenever possible, equipment and personal items should have proper separation and should not be shared. If equipment must be shared, proper sanitation should be administered between users.
Umpires/ Officials	• Must adhere to six-foot social distancing practices when interacting with players, coaches, and spectators off the field of play. • Must conduct daily symptom assessments (self-evaluation). Anyone experiencing symptoms must stay home.* • Must avoid exchanging documents or equipment with players, coaches, or spectators.	• Umpires calling balls and strikes should allow adequate distance behind the catcher while
Leaving the Venue	• Individuals should not congregate in common areas or parking lot following the event or practice • Umpires should adhere to social distancing practices when interacting with players, coaches, and spectators off the field of play. • Individuals should not exchange items.	• Athletes are strongly recommended to travel to the venue with a member(s) of their immediate household, if possible. • Team meals should only occur in compliance with the guidelines issued for restaurants in the state of West Virginia. • Team Meetings should occur virtually or over the phone rather than in a team huddle
Confirmed Cases	• Immediately isolate and seek medical care for any individual who develops symptoms. • Contact the local health district about suspected cases or exposure. • Organizer must maintain a complete list of coaches, players, and employees present at each event to include the date, beginning and ending time of the event, plus name, address, and phone contact to be made available upon request from the local health district.	• Work with the local health department to identify potentially infected or exposed individuals to help facilitate effective contact tracing/notifications. • Once testing is readily available, test all suspected infections or exposures. • Following testing, contact the local health department to initiate appropriate care and tracing.

* Per the CDC, symptoms include cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headaches, sore throat, and new loss of taste or smell.

Revised 5/20

Appendix Q AED Policies

POLICY-AED and HEARTSAVER CPR

PURPOSE: Provide life saving intervention for the cardiac arrest victim or for anyone having a life threatening rhythm which requires defibrillation. Provide intervention by certified providers who have been trained per American Heart Standards.

1. AED to be housed in a cool, dry enviornment with electrical source for charging batteries and maintaining back up batteries .
2. Regular weekly checks done on AED and documentation logged. Documentation should reflect maintainance per the manufacturer's recommendations and guidelines.
3. All board members and JCLL managers will be certified via American Heart Association standards for Heartsaver CPR with AED for community.
4. JCLL secretary will keep the certifications filed with personnel records.
5. Maintainance plan purchased and renewed yearly as required by manufacturer.
6. JCLL will provide required training at no cost to the volunteers by certified American Heart Association instructors yearly.

Submitted for board approval February 9, 2020

Topics Covered

- Assess and Phone 9-1-1
- Perform High-Quality CPR
- Use an AED
- Putting It All Together: Adult High-Quality CPR AED Summary

Assess and Phone 9-1-1

When you encounter an adult who may have had a cardiac arrest, take the following steps to assess the emergency and get help:

- Make sure the scene is safe.
- Tap and shout (check for responsiveness).
- Shout for help.
- Phone 9-1-1 and get an AED.
- Check for normal breathing.

Depending on the particular circumstance and the resources you have available, you may be able to perform some of these actions at the same time. You might, for example, phone 9-1-1 with your cell phone on speaker mode while checking for breathing.

Make Sure the Scene Is Safe

Before you assess the person, make sure the scene is safe. Look for anything nearby that might hurt you. You can't help if you get hurt too.

Some places that may be unsafe are

- A busy street or parking lot
- An area where power lines are down
- A room with poisonous fumes

As you give care, be aware if anything changes and makes it unsafe for you or the person needing help.

Tap and Shout (Check for Responsiveness)

Tap and shout to check if the person is responsive or unresponsive (Figure 2).

Lean over the person or kneel at his side. Tap his shoulders and ask if he is OK.

If	Then
The person moves, speaks, blinks, or otherwise reacts when you tap him.	He is *responsive.* Ask the person if he needs help.
The person doesn't move, speak, blink, or otherwise react when you tap him.	He is *unresponsive.* Shout for help so that if others are nearby, they can help you.

Figure 2. Tap and shout (check for responsiveness).

Shout for Help

In an emergency, the sooner you realize that there's a problem and get additional help, the better it is for the person with a cardiac arrest. When more people are helping, you are able to provide better care to the person.

If the person is unresponsive, shout for help (Figure 3).

Figure 3. Shout for help.

Phone 9-1-1 and Get an AED

If someone comes to help and a cell phone is available

Ask the person to phone 9-1-1 and get an AED. Say, "You—phone 9-1-1 and get an AED." Ask that the phone be placed on speaker mode so that you can hear the dispatcher's instructions.

If someone comes to help and a cell phone is not available

Ask the person to go phone 9-1-1 and get an AED while you continue providing emergency care.

If you are alone and have a cell phone or nearby phone

If no one comes to help, phone 9-1-1. Put the phone on speaker mode so that you can hear the dispatcher's instructions while you continue providing emergency care. If an AED is needed, you will have to go get it yourself.

If you are alone and don't have a cell phone

Leave the person to go phone 9-1-1 and get an AED. Return and continue providing emergency care.

Follow the Dispatcher's Instructions

Stay on the phone until the 9-1-1 dispatcher tells you to hang up. Answering the dispatcher's questions will not delay the arrival of help.

The dispatcher will ask you about the emergency—where you are and what has happened. Dispatchers can provide instructions that will help you, such as telling you how to provide CPR, use an AED, or give first aid.

That's why it's important to put the phone on speaker mode after phoning 9-1-1 so that the dispatcher and the person providing CPR can speak to each other.

Check for Normal Breathing

If the person is unresponsive, check for normal breathing (Figure 4).

Scan the chest from head to chest repeatedly for at least 5 seconds (but no more than 10 seconds) looking for chest rise and fall. If the person is not breathing normally or is only gasping, he needs CPR. (See "Heartsaver Terms and Concepts" for more information on gasping.)

If	Then
The person is unresponsive and is breathing normally.	• This person does not need CPR. • Roll him onto his side (if you don't think he has a neck or back injury). This will help keep the airway clear in the event the person vomits. • Stay with the person until advanced help arrives.
The person is unresponsive and not breathing normally or is only gasping.	• This person needs CPR. • Make sure the person is lying on his back on a firm, flat surface. • Begin CPR.

Remember	Unresponsive + No normal breathing or only gasping = Provide CPR

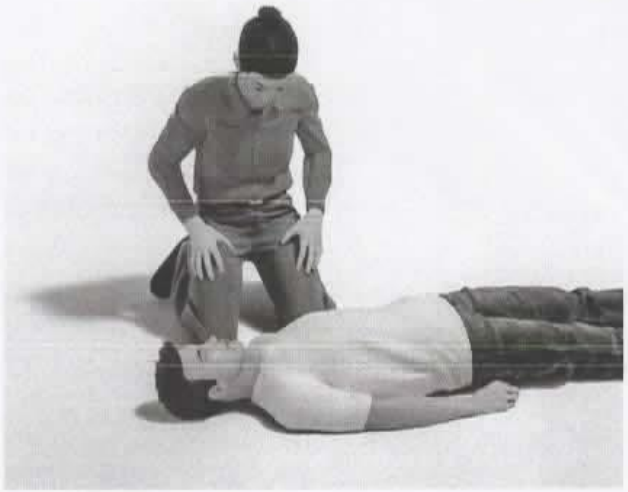


Figure 4. Check for normal breathing.

What to Do If You Are Not Sure

If you think someone needs CPR but you aren't sure, provide CPR because you may save a life. CPR is not likely to cause harm if the person is not in cardiac arrest.

It's better to give CPR to someone who doesn't need it than not to give it to someone who does need it.

Summary

Here is a summary of how to assess the emergency and get help when you encounter an ill or injured adult:

Assess and Phone 9-1-1

☐ Make sure the scene is safe.

- Tap and shout (check for responsiveness).
- If the person is *responsive,* ask him if he needs help.
- If the person is *unresponsive,* go to the next step.

☐ Shout for help.

(continued)

(continued)

- ☐ Phone 9-1-1 and get an AED.
  - Phone or send someone to phone 9-1-1 and get an AED.
  - If you're alone and have a cell phone or a nearby phone, put it on speaker mode and phone 9-1-1.
- ☐ Check for breathing.
  - If the person is breathing normally, stay with the person until advanced help arrives.
  - If the person is *not* breathing normally or only gasping, begin CPR and use an AED. See "Perform High-Quality CPR."

Perform High-Quality CPR

Learning how to perform high-quality CPR is important. The better the CPR skills are performed, the better the chances of survival.

Life is Why

Saving Lives is Why

Sudden cardiac arrest remains a leading cause of death, so the American Heart Association trains millions of people each year to help save lives both in and out of the hospital.

CPR Skills

CPR has 2 main skills:

- Providing compressions
- Giving breaths

You will learn how to perform these skills for an adult in cardiac arrest in this section.

Provide Compressions

A compression is the act of pushing hard and fast on the chest. When you push on the chest, you pump blood to the brain and heart.

To provide high-quality compressions, make sure that you

- Provide compressions that are deep enough
- Provide compressions that are fast enough
- Let the chest come back up to its normal position after each compression
- Try not to interrupt compressions for more than 10 seconds, even when you give breaths

Compression depth is an important part of providing high-quality compressions. You need to push hard enough to pump blood through the body. It's better to push too hard than not hard enough. People are often afraid of causing a person injury by providing compressions, but injury is unlikely.

Compression Technique

Here is how to provide compressions for an adult during CPR (Figure 5):

How to Provide Compressions for an Adult During CPR

- ☐ Make sure the person is lying on his back on a firm, flat surface.
- ☐ Quickly move clothes out of the way.
- ☐ Put the heel of one hand on the center of the chest (over the lower half of the breastbone). Put your other hand on top of the first hand (Figure 5).
- ☐ Push straight down at least 2 inches.
- ☐ Push at a rate of 100 to 120 compressions per minute. Count the compressions out loud.
- ☐ Let the chest come back up to its normal position after each compression.
- ☐ Try not to interrupt compressions for more than 10 seconds, even when you give breaths.

A B

Figure 5. Compressions. **A,** Put the heel of one hand on the center of the chest (lower half of the breastbone). **B,** Put the other hand on top of the first hand.

Switch Rescuers to Avoid Fatigue

Performing chest compressions correctly is hard work. The more tired you become, the less effective your compressions will be.

If someone else knows CPR, you can take turns providing CPR (Figure 6). Switch rescuers about every 2 minutes, or sooner if you get tired. Move quickly to keep any pauses in compressions as short as possible.

Remind other rescuers to perform high-quality CPR as described in the box labeled "How to Provide Compressions for an Adult During CPR."

Give Sets of 30 Compressions and 2 Breaths

When providing CPR, give sets of 30 compressions and 2 breaths.

How to Give Sets of Compressions and Breaths to an Adult

- ☐ Make sure the person is lying on his back on a firm, flat surface.
- ☐ Quickly move clothes out of the way.
- ☐ Give 30 chest compressions.
  - Put the heel of one hand on the center of the chest (over the lower half of the breastbone). Put your other hand on top of the first hand.
  - Push straight down at least 2 inches.
  - Push at a rate of 100 to 120 compressions per minute. Count the compressions out loud.
  - Let the chest come back up to its normal position after each compression.

(continued)

(continued)

☐ After 30 compressions, give 2 breaths.

- Open the airway and give 2 breaths (blow for 1 second for each). Watch for the chest to begin to rise as you give each breath.
- Try not to interrupt compressions for more than 10 seconds.

Here is how to provide compressions for a child during CPR:

How to Provide Compressions for a Child During CPR

- ☐ Make sure the child is lying on his back on a firm, flat surface.
- ☐ Quickly move clothes out of the way.
- ☐ Use either 1 hand or 2 hands to give compressions.
  - **1 hand:** Put the heel of one hand on the center of the chest (over the lower half of the breastbone).
  - **2 hands:** Put the heel of one hand on the center of the chest (over the lower half of the breastbone). Put your other hand on top of the first hand.
- ☐ Push straight down at least one third the depth of the chest or about 2 inches.
- ☐ Push at a rate of 100 to 120 compressions per minute. Count the compressions out loud.
- ☐ Let the chest come back up to its normal position after each compression.

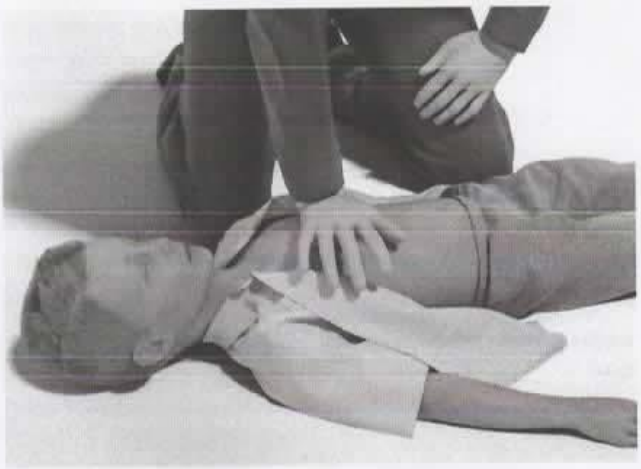


Figure 18. Using 1 hand to give compressions to a child.

Give Breaths

The second skill of CPR is giving breaths. After each set of 30 compressions, you will need to give 2 breaths. Breaths may be given with or without a barrier device, such as a pocket mask or face shield.

When you give breaths, the breaths need to make the chest rise visibly. When you can see the chest rise, you know you have delivered an effective breath.

Open the Airway

Before giving breaths, open the airway (Figure 21). This lifts the tongue from the back of the throat to make sure your breaths get air into the lungs.

Follow these steps to open the airway:

How to Open the Airway

- ☐ Put one hand on the forehead and the fingers of your other hand on the bony part of the chin (Figure 21).
- ☐ Tilt the head back and lift the chin.

Avoid pressing into the soft part of the neck or under the chin because this might block the airway.

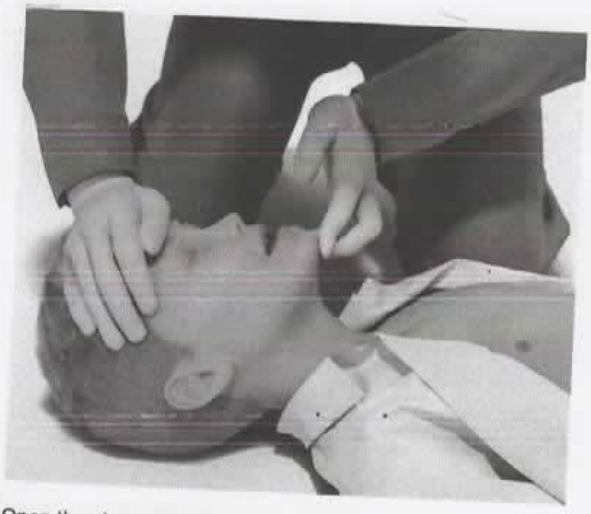


Figure 21. Open the airway by tilting the head back and lifting the chin.

Give Breaths Without a Pocket Mask

If you choose to give someone breaths without a barrier device, it is usually quite safe because there is very little chance that you will catch a disease.

As you give each breath, look at the child's chest to see if it begins to rise. For small children, you will not need to blow as much as for larger children. Actually seeing the chest begin to rise is the best way to know that your breaths are effective.

Follow these steps to give breaths without a pocket mask or face shield (Figure 22):

How to Give Breaths (Without a Mask)

- ☐ While holding the airway open, pinch the nose closed with your thumb and forefinger.
- ☐ Take a normal breath. Cover the child's mouth with your mouth.
- ☐ Give 2 breaths (blow for 1 second for each). Watch for the chest to begin to rise as you give each breath.
- ☐ Try not to interrupt compressions for more than 10 seconds.

Figure 22. Cover the child's mouth with your mouth.

What to Do If the Chest Doesn't Rise

It takes a little practice to give breaths correctly. If you give someone a breath and the chest doesn't rise, do the following:

- Allow the head to go back to its normal position.
- Open the airway again by tilting the head back and lifting the chin.
- Then, give another breath. Make sure the chest rises.

CPR combined with using an AED provides the best chance of saving a life. If possible, use an AED every time you provide CPR.

AEDs can be used for children and infants, as well as adults.

- Some AEDs can deliver a smaller shock dose for children and infants if you use child pads or a child-cable key or switch.
- If the AED can deliver the smaller shock dose, use it for infants and children less than 8 years of age.
- If the AED cannot deliver a child shock dose, you can use the adult pads and give an adult shock dose for infants and children less than 8 years of age.

AEDs are safe, accurate, and easy to use. Once you turn on the AED, follow the prompts. The AED will analyze if the child needs a shock and will automatically give one or tell you when to give one.

Turn on the AED

To use an AED, turn it on by either pushing the "on" button or lifting the lid (Figure 24). Once you turn on the AED, you will hear prompts, which will tell you everything you need to do.

Figure 24. Turning on the AED.

Attach the Pads

Many AEDs have pads for adults and a child pad-cable system or key for children and infants.

- Use child pads if the child or infant is less than 8 years old. If child pads are not available, use adult pads.
- Use adult pads if the child is 8 years old or older.

Before you place the pads, quickly scan the child to see if there are any special situations that might require additional steps. See "Special Situations" below.

Peel away the backing from the pads. Follow the pad placement as shown on the images on the pads or package. Attach the pads to the child's bare chest (Figure 25).

When you put the pads on the chest, make sure they don't touch each other. If the child's chest is small, the pads may overlap. In this case you may need to put one pad on the child's chest and the other on the child's back.

Figure 25. Place pads on a child by following the pictures on the pads.

Clear the Child if a Shock Is Advised

Let the AED analyze the heart rhythm. If the AED advises a shock, it will tell you to stay clear of the child. If so, then loudly state, "Clear." Make sure that no one is touching the child just before you push the "shock" button (Figure 26).

Figure 26. Make sure that no one is touching the child just before you push the "shock" button.

Steps for Using the AED for a Child

Use the AED as soon as it is available. Here are the steps for using the AED for a child:

How to Use an AED for a Child

☐ Turn the AED on and follow the prompts.
- Turn it on by pushing the "on" button or lifting the lid (Figure 24).
- Follow the prompts, which will tell you everything you need to do.

☐ Attach the pads.
- Use child pads if the child is less than 8 years old. If child pads are not available, use adult pads.
- Use adult pads if the child is 8 years old or older.
- Peel away the backing from the pads.
- Following the pictures on the pads, attach them to the child's bare chest (Figure 25). Make sure the pads don't touch each other.

☐ Let the AED analyze.
- Loudly state, "Clear," and make sure that no one is touching the child.
- The AED will analyze the heart rhythm.
- If a shock is not needed, resume CPR.

☐ Deliver a shock if needed (Figure 26).
- Loudly state, "Clear," and make sure that no one is touching the child.
- Push the "shock" button.
- Immediately resume CPR.

Special Situations

There are some special situations that you may need to consider before placing AED pads. Although it is not very common, you may encounter a medicine patch or a device on a child, which may interfere with the AED pad placement.

Quickly scan the child to see if he has any of the following *before* applying the pads:

If the victim...	Then
Is lying in water	• Quickly move the victim to a dry area.
Is lying on snow or in a small puddle	• You may use the AED (the chest doesn't have to be completely dry). • If the chest is covered with water or sweat, quickly wipe it before attaching the pads.
Has water on the chest	• Quickly wipe the chest dry before attaching the pads.
Has an implanted defibrillator or pacemaker	• Don't put the AED pad directly over the implanted device. • Follow the normal steps for operating an AED.

(continued)

(continued)

Has a medicine patch where you need to place an AED pad	• Don't put the AED pad directly over a medicine patch. • Use protective gloves. • Remove the medicated patch. • Wipe the area clean. • Attach the AED pads.

Continue Providing CPR and Using the AED

As soon as the AED gives the shock, immediately resume chest compressions. Continue to follow the AED prompts, which will guide the rescue.

Provide CPR and use the AED until

- Someone else arrives who can take turns providing CPR with you
- The child begins to move, speak, blink, or otherwise react
- Someone with more advanced training arrives

Sport Parent Code of Conduct

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

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

Preamble

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

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

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

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Parent/Guardian Signature

Addendum regarding Covid-19

We at the Jefferson County Little League take our role of responsibility to manage the season during covid 19 very seriously. We will continue to monitor the latest guidelines from the West Virginia Department of Health and the Jefferson County school board. Since our complex is situated on school property, we will be following their rules; however, we may have rules in place that exceed the quarantine times of the schools due to the nature of our exposures and tracking procedures. Please help us to keep your children safe and promote a safe Little League baseball season.

Thank you,

James Greule
Safety Coordinator JCLL