

2016 Qualified Safety Program Registration Form



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

- 1) Complete all four sides of this Registration Form;
- 2) Complete the 2016 Facility Survey for all fields your league uses (DO NOT copy last year's form);
- 3) Submit **both** forms **with** your complete safety plan — including **all 15 minimum requirements clearly detailed** — online or with a **postmark** no later than **April 1, 2016**. This will register your safety program with Little League International (see pages 2.1-2.3 for more information). Due to the volume of plans received, plans may be submitted **starting Jan. 1, 2016**.

Safety plans approved prior to the posted deadline will win your league a cash credit based on the number of teams your safety plan covers, if your league participates in the AIG Group Accident Insurance for local Little Leagues. In addition, your program will automatically be entered in the 2016 ASAP Awards!

District Administrators: To earn the district incentive for ASAP participation, a district's league plans must be **received and approved by Little League International by March 11**. This is different than the league deadline and requirement. Districts with **86%** or better of their leagues that LLI received an approved and qualified safety plan by March 11 will earn a **\$350 credit**. Districts with **70%-85%** of their leagues that LLI received an approved and qualified safety plan by March 11 will earn a **\$150 credit**.

This Registration Form MUST Accompany Safety Plan Submission

League Name <u>SOUTH PASADENA L.L.</u>	League I.D. # <u>405-18-12</u>
City <u>SOUTH PASADENA</u> State <u>CA</u>	League I.D. # _____
(If board operates more than one charter, please list all:) League I.D. # _____	

League Safety Officer ED LEE
 Address Box 924
 City SOUTH PASADENA
 State CA Zip Code 91031
 Work Telephone () _____
 Home Telephone () _____
 Cell/Pager Number (626) 673-7908
 Email ELEE@USC.EDU

League President JOSEPA PAYNE
 Address 616 CHARTER OAK ST
 City SOUTH PASADENA
 State CA Zip Code 91030
 Work Telephone () _____
 Home Telephone () _____
 Cell/Pager Number (626) 818-8000
 Email JPAYNE@SC.ATT.NET

Items included with this application form:

of pages of league's safety program outline: _____

of non-returnable photographs: _____

Person submitting application (if different from above):

Name JOSEPA PAYNE Title _____
 Address SAME City _____
 State _____ Zip Code _____ Telephone () _____
 Signature J Payne Date 5-12-16

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

Return this form and 2016 Little League Facility Survey, along with supporting safety manual, to:

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

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

Returned & Approved by March 11 for DA incentive or no later than April 1 for basic approval

Over →

Qualified Safety Plan Requirements

Making It "Safer For The Kids"



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

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

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

1. Have active safety officer on file with Little League International

1. Page: 1, 5, 6

2. PUBLISH and DISTRIBUTE a paper copy of the applicable safety manual to volunteers

2. Page: 1, 5, 6, 12, 13

- The intent is to print and distribute the safety plan to all staff: concession manual to concession workers, equipment policies to facilities crew, first aid to managers and coaches, etc. Keep copies in common areas for all volunteers.
- While safety plans may be posted on the internet, individuals must be provided with printed copies to carry with them to the areas where their duties are performed.
- Samples can be found in the example safety manuals on the LL web site.
- Include all relevant material for coaches, including these minimum standards.
- Keep a copy for your league. Send a copy to your DA or District Safety Officer. Little League International does not keep copies for leagues' future use.

Do you have a website? YES ☒ NO ☐

Is your Safety Plan posted on your web-site? YES ☒ NO ☐

3. Post and distribute emergency and key officials' phone numbers

3. Page: 10, 53

- Include emergency procedures for handling injuries and who to contact to track/report them.
- Include emergency phone numbers for ambulance, police, fire department, etc.
- Include league president and safety officer, consider head umpire, board members.

4. Use 2016 Volunteer Application Form

4. Page: 27, 29

- Managers, coaches, board members and any other persons, volunteers or hired workers, who provide regular services to the league and/or have repetitive access to or contact with players or teams **must fill out application form as well as provide a government-issued photo identification card for ID verification.** Check name spellings and numbers for accuracy.
- Must conduct a search of the Department of Justice's *nationwide* sex offender registry, using 2016 Volunteer Application Forms, on all applicable volunteers.
- Information on running background checks that contain not only those on a sex offender registry, but other crimes of a sexual and non-sexual nature, can be found on the Little League website.
- May conduct a supplemental criminal background check using resources such as *First Advantage*.
- Anyone **refusing** to fill out Volunteer Application is **ineligible** to be a league member.
- League president must retain these confidential forms for the year of service.
- Do not send in volunteers' forms; blank copy of league's application form from correct year should be sent.
- When using First Advantage for background checks, Social Security numbers are required. You must enter these numbers into the database and then redact the social security number and/or other personal information from the paper copy for added protection.

5. Provide and require fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.)

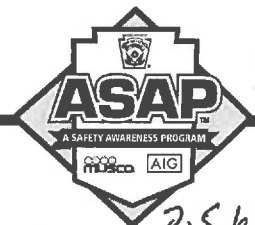
5. Page: 6, 7

- *It is not necessary for the first aid and training fundamentals to be held before the Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet requirement.*
- Document date, location, who is required to attend and who did attend. Save copies of attendees to track their participation for future use. Intent is to provide training to ALL coaches and managers; **minimum of one participant per team.**
- Training qualifies volunteer for 3 years; but one team representative still required each year.
- High school, college or experienced league coaches can be great resources.
- Districts can assist by providing training sessions on a district-wide basis.
- Training should be modified annually to meet the local needs of players and their facilities.

5. Date Was/ Will Be Held: 3-12-16

5. Date Was/ Will Be Held: 3-12-16

Qualified Safety Plan Requirements



Making It "Safer For The Kids"

- 6. Require first-aid training for coaches and managers, with at least one coach or manager from each team attending**
- *It is not necessary for the first aid and training fundamentals to be held before Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet requirement.*
 - Due to their training and education, it is not necessary for licensed medical doctors, licensed registered nurses, licensed practical nurses and paramedics to attend first aid training in order to meet requirement; however, it is recommended that leagues utilize these professionals from their league/community to present the training.
 - Other individuals who attend various outside first aid training and courses are **not** exempt.
 - Document date, location, who is required to attend and who did attend. Save copies of attendees to track their participation for future use to show that they have had training in past three years. Again, the intent is to provide training to ALL coaches/managers; **minimum of one participant per team.**
 - Training qualifies volunteer for 3 years, but one team representative still needed each year.
- 6. Page:** 2, 5, 6
- 6. Date Was/ Will Be Held:** 3-12-16
- 6. Date Was/ Will Be Held:** 3-12-14
- 7. Require coaches/umpires to walk fields for hazards before use**
- Recommend leagues use form to track and document any facility issues needing to be fixed.
 - Common sense activity — look for rocks, glass, holes, etc.
 - Specify who is responsible for doing this — home coach, visitors, umpire, or all?
- 7. Page:** 2, 7, 9, 10
- 8. Complete the 2016 ANNUAL Little League Facility Survey**
- A requirement each year, can help leagues find and correct facility concerns.
 - Provided in the ASAP section on the Little League web site — facilitysurvey.musco.com or email asap@musco.com
 - **DO NOT** simply make copy of past year's facility survey: physically review fields for changes and needs from prior year's survey, and record changes/needs on 2016 form.
 - **Keep a copy on file** for future needs: Little League does not maintain copies of surveys.
- 8. Page:** ATTACHED
- 9. Written safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures**
- Local restaurant operators are good resources for training assistance.
 - Training should also cover safe use, care and inspection of equipment.
 - See concession suggestions: April and June, 2000, issues of ASAP News available on Little League's website.
- 9. Page:** 12, 13
- 10. Require regular inspection and replacement of equipment**
- Inspect equipment before each use by coaches and umpires.
 - Don't just discard bad equipment: destroy it or make it unusable to stop children from attempting to "save it" from waste.
 - Recommend use form to remind coaches and to track equipment needs.
- 10. Page:** 3, 7, 9, 17, 19
- 11. Implement prompt accident reporting, tracking procedure**
- Accident forms to safety officer within 24-48 hours of incident is common.
 - Forms are available through Little League website.
 - Track "near-misses" as a proactive tool to evaluate practices and avoid future injuries.
 - Share information on accidents and "near-misses" with District staff.
- 11. Page:** 10, 11
- 12. Require a first-aid kit at each game and practice**
- Many leagues have a complex, but each team needs some form of first-aid kit for off-site practices or travel/tournament games.
 - Local hospitals and medical supply companies are good sources.
 - If necessary, fund through special drive.
- 12. Page:** 2, 5, 7, 13, 21
- 13. Enforce Little League rules including proper equipment**
- Most Little League rules have some basis in safety — follow them.
 - Ensure players have required equipment at all times, even catchers warming up during infield.
 - Make sure coaches and managers enforce rules at practices as well as games.
 - Make sure all fields have all bases that disengage from their anchors, as required starting in 2008.
 - Remind managers, coaches they are not allowed to catch pitchers (Rule 3.09); this includes standing at backstop during practice as informal catcher for batting practice.
- 13. Page:** 1, 2, 13
- 14. Submit league player registration data or player Roster data and coach and manager data**
- League player registration data or player roster data and coach and manager data must be submitted via the Little League Data Center at www.LittleLeague.org. This is a requirement for an approved ASAP plan.
- 14. Page:** 5-12-16
- 15. Submit a qualified safety plan registration form with your ASAP plan.**
- 15. Page:** 5-12-16

2016 Qualified Safety Program Registration Form



Highly Recommended Ideas

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

ORGANIZATION

- | | |
|---------------------------------------------------------------------------------------------------|-------------------|
| 16. Conduct supplemental criminal checks on all applicable personnel (i.e., thru First Advantage) | 16. Page: 3-29-16 |
| 17. Have your safety plan reviewed by your DA or DSO | 17. Page: NONE |
| 18. Include the safety officer as a board position | 18. Page: 1 |
| 19. Have team safety representatives (i.e. team parents) | 19. Page: 2 |
| 20. Have player safety representatives (i.e. team safety officers) | 20. Page: 2 |
| 21. Allocate part of annual budget for safety | 21. Page: 2 |
| 22. Distribute ASAP News newsletters within league | 22. Page: 2 |
| 23. Use local safety resources (i.e. police, fire dept., hospital staff) | 23. Page: 53 |
| 24. Have league safety mission statement | 24. Page: 2 |

TRAINING

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 25. Provide CPR/AED training to coaches, managers, board members, parents | 25. Page: 2 |
| 26. Provide bicycle and traffic training to players | 26. Page: NA |
| 27. Provide drug education training to players and volunteers | 27. Page: NA |
| 28. Provide Parent Orientation Program on Code of Conduct | 28. Page: 48 |
| 29. Teach coaches/managers about heat illnesses, warning signs | 29. Page: 25 |
| 30. Teach coaches/managers about stopping play, breaks for weather:
• Stop play for lightning; take breaks between innings for water, shade in high heat | 30. Page: 2 |
| 31. Teach coaches/managers about sports fundamentals, like:
• Proper warm-ups, running safe practices and games | 31. Page: 2 |
| 32. Involve umpires in safety training and safety importance | 32. Page: 2 |

FACILITIES AND EQUIPMENT

- | | |
|-------------------------------------------------------------------------------|--------------|
| 33. Complete annual LL Lighting Safety Audit for lighted fields | 33. Page: 9 |
| 34. Complete a long-range facility plan for safety improvements | 34. Page: 9 |
| 35. Use reduced impact balls, especially for younger ages | 35. Page: 9 |
| 36. Use disengage-able bases (mandatory starting in 2008) for ALL fields | 36. Page: 9 |
| 37. Use double-first base to avoid collisions of fielders, runners at first | 37. Page: 9 |
| 38. Use warning tracks in the outfield to protect outfielders | 38. Page: NA |
| 39. Use protective/padded fence tops to protect fielders | 39. Page: 9 |
| 40. Use fencing or netting to protect spectators from foul balls | 40. Page: 9 |
| 41. Have a telephone available to all fields even for practices | 41. Page: 9 |
| 42. Have back guard rails and side rails on taller bleachers | 42. Page: 9 |
| 43. Have an AED (automatic external defibrillator) available for use | 43. Page: NA |
| 44. Have electronic weather detector to alert for approaching storms | 44. Page: NA |
| 45. Have guidelines for safe equipment usage (i.e. no riders on mowers, etc.) | 45. Page: 9 |
| 46. Control speed and flow of traffic in and around facilities | 46. Page: 9 |

ACTIVITIES

- | | |
|------------------------------------------------------------------------------------------------------------------------------|--------------|
| 47. Encourage league input through 'Safety Suggestion Box' | 47. Page: 49 |
| 48. Provide continuous safety messages through:
• Bulletin boards, newsletters, emails, meetings | 48. Page: 49 |
| 49. Encourage and recognize safety efforts from players:
• Safety poster contest, safety tips, player team safety officer | 49. Page: 4 |
| 50. Require/Encourage use of protective cups for players, esp. infielders | 50. Page: 49 |
| 51. Require/Encourage use of mouth guards for players, esp. infielders | 51. Page: 49 |
| 52. Require/Encourage use of face guards on batting helmets | 52. Page: 49 |
| 53. Encourage all adults to sign up for Little League E-News | 53. Page: 49 |

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I. INTRODUCTION

In 1995, Little League introduced the ASAP - A Safety Awareness Program. The purpose of the ASAP is "to create awareness through education and information, of the opportunities to provide a safer environment for the kids and all participants in Little League."

This Manual is published by South Pasadena Little League for the purpose of furthering and enhancing SPLL's commitment to safety. **It is being distributed to all Managers, Coaches, Board Members, League Vice-Presidents and Player agents** for their use in ensuring the safest possible environment for the children of our community to play baseball and softball. The safety provisions and requirements contained in this Manual are based on Little League rules, most of which have their basis in safety concerns. **SPLL is committed to enforcing Little League's rules along with the provisions and requirements of this Manual at both games and practices.**

Copies of this Manual have also been placed in all concession stands where they will be available to all SPLL volunteers.

A copy is also provided to the District 18 Administrator.

Along with this Manual, First Aid kits are provided to each Team Manager. These kits include the items necessary to treat an injured player until professional emergency help arrives or is available. Like the Manuals, First Aid kits have been placed in all concession stands.

SPLL's commitment to safety is further reflected by our appointment of a Safety Officer to serve as a member of SPLL's Board of Directors. The SPLL Board also commits a portion of its annual budget to safety and addresses safety matters, issues and concerns at each of its monthly Board Meetings.

For the year 2006 2007 SPLL's Safety Officer is Michele Downing SPLL Director of Safety and Education.

Michele's telephone number and e-mail address are included on the roster of SPLL Board Members which is attached as Appendix A to this manual.

Addresses and telephone numbers for the South Pasadena Police and Fire Departments and Huntington and Alhambra Hospitals can be found on Appendix B to this manual.

Any member of SPLL with concerns or suggestions regarding safety-related matters is encouraged to bring them to the attention of the SPLL President and Safety Officer.

2. OUR MISSION STATEMENT

South Pasadena Little League is a non profit organization run by volunteers whose mission is to provide our community's children with an opportunity to play baseball and softball in a safe and friendly environment

3. SOUTH PASADENA LITTLE LEAGUE SAFETY CODE

THE SOUTH PASADENA LITTLE LEAGUE BOARD OF DIRECTORS HAS MANDATED THE FOLLOWING *SAFETY CODE* :

- Responsibility for safety procedures belongs to every adult member of SPLL.
- **Only SPLL Board-appointed Managers and Coaches are allowed to run practice for teams.**
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.
- **Managers and designated Coaches will have mandatory First Aid training.**
- **First Aid kits are issued to each team Manager and are also located at each concession stand.**
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- **Playing areas should be inspected frequently, especially before games and practices, for holes, damage, stones, glass and other foreign objects.**
- All team equipment should be stored within the team dugout or behind screens, and not within the area defined by the Umpires as "in play".
- Only Players, Managers, Coaches and Umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play may be assigned to a Player but ultimately belongs to the team's Manager and Coaches.
- Procedures should be established for the safe retrieval of foul balls batted out of the playing area.

- During practices and games, all Players should be alert and watching the batter on each pitch.
- During warm-up drills, Players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups (i.e. playing catch, pepper, swinging bats, etc.) should be performed within the confines of the playing field and not within areas that are frequented by spectators.
- **Equipment should be inspected regularly to verify it is in good condition and that it fits properly.**
- **During practices and games batters must wear Little League approved protective helmets.**
- **Catchers must wear a catcher's helmet, mask, throat guard, long model chest protector, shin guards and, for males, protective cups with athletic supporter, at all times 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 a base, head first slides are not permitted.
- During sliding practice, bases should not be strapped down or anchored.
- At no time should "horse play" be permitted on the playing field.
- Parents of Players who wear glasses should be encouraged to provide "safety glasses" for their children.
- Players may not wear watches, rings, pins or metallic items during games or practices.
- **The catcher must wear a catcher's helmet and mask with throat guard when warming up a pitcher. This applies between innings and in the bullpen during a game and also during practices.**
- **Managers and Coaches may not warm up or catch pitchers before or during a game or during batting practice.**
- On-deck batters are not permitted except in the Junior Division.
- No medications may be administered to a Player except by his or her parents.

- No food or beverages other than water or Gatorade are allowed in the dugouts at any time.
- The speed limit is 5 mph in the roadways and parking lots adjacent to SPLL fields. Watch for small children around parked cars.
- No alcohol is allowed in the parking lots, on the fields or within the common areas at any SPLL facilities.
- No playing is permitted in the parking lots adjacent to SPLL fields at any time.
- No playing is allowed on or around equipment or machinery at any SPLL fields.
- Use cross walks when crossing roadways. Always be alert for traffic.
- No profanity or obscene or vulgar language may be used at SPLL facilities.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of an SPLL location.
- No throwing balls against dugouts or against backstops.
- **Catchers must be used for all batting practice sessions.**
- No throwing rocks.
- No playing or running on the bleachers.
- No "horse play" is allowed at any time in the spectator or common areas.
- No climbing fences.
- Only a player on the field and at bat may swing a bat (ages 5-12). Juniors (ages 13-14) on the field and either at bat or on deck may swing a bat. Be alert to the area around you when swinging a bat while in the on deck position.
- Observe all posted signs. Player and spectators should be alert at all times for foul balls and errant throws.
- During games, Players not in the field or at bat must remain in the dugout area and conduct themselves in an orderly manner at all times.
- After each game, each team must clean up trash in its dugout and around the stands.

- o All gates to the fields must remain closed at all times. After Players have entered or left the playing field, the gates should be closed and secured.
- c Managers shall never leave an unattended child after a practice or a game.
- o Do not hesitate to report any actual or potential safety hazards to the Director of Safety immediately.

4. **RESPONSIBILITY FOR SAFETY**

A. **SPLL President**

The President of SPLL is responsible for ensuring that the policies and regulations of the SPLL Safety Officer are carried out by the entire membership to the best of his/her abilities.

B. **SPLL Safety Director**

The main responsibility of the SPLL Safety Director is to develop and implement the League's safety program:

The SPLL Safety Director is the link between the SPLL Board of Directors and its Managers, Coaches, Umpires and Players.

The SPLL Safety Director's responsibilities include:

- Coordinating with Managers and Coaches to provide the safest environment possible for all.
- Assisting parents and individuals with making insurance claims.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- **Insuring that each team receives its Safety Manual and its First Aid kit at the beginning of the season.**
- **Installing First Aid kits in all concession stands and re-stocking the kits as needed.**
- Making Little League's "no tolerance of child abuse" policy clear to all.
- **Scheduling a First Aid clinic and a CPR training class for all Managers, designated Coaches and Player Agents.**

- Acting immediately to resolve unsafe or hazardous conditions once a situation has been brought to his/her attention.
- **Tracking all injuries and “near misses” in order to identify injury trends. The Safety Director will use the ASAP Incident/Injury Tracking Report Form for SPLL’s internal tracking purposes.**
- Making sure that safety is a monthly Board Meeting topic, and allowing experienced people to share ideas on improving safety.

C. Managers and Coaches

During the Pre-Season

- **Take possession of this Safety Manual and the First Aid kit supplied by SPLL.**
- **Attend a *mandatory training session* on emergency First Aid procedures offered by SPLL with his/her designated Coaches. At a minimum, at least one participant – either the Manager or a Coach – must attend from every Team.**
- **Attend a “fundamentals” clinic offered annually by SPLL. Attendance at this clinic is required for all Managers and Coaches. The clinic will cover catching, fielding, throwing, hitting, pitching, base running and sliding and provide suggestions on how to run an effective and efficient practice. At a minimum, at least one participant – either the Manager or a Coach – must attend from every Team.**
- At the “parent meeting” discuss Little League philosophy and safety issues.
- Cover the basics of safe play with his/her team before starting the first practice.
- **At practices, provide each of his/her Players with training in the *fundamentals* of the game while advocating safety.**
- Teach Players how to slide before the season starts. (A Board representative will be available to teach these fundamentals if the Manager or designated Coaches do not know them.)
- Notify parents that if a child is injured, he or she can not return to practice unless they have a note from their doctor. This medical release protects you if that child should become further injured. ***There are no exceptions to this rule.***
- Encourage Players to bring ***water bottles*** to practices and games.

- Tell parents to bring *sunscreen* for themselves and their child.
- Encourage your Players to wear *mouth protection*.

During the Season

- Ensure that *equipment* is in first-rate working order.
- Make sure that *telephone access* is available at all practices and games. It is suggested that a *cellular phone* always be on hand.
- Not expect more from their players than what the players are capable of.
- Teach his/her Players the *fundamentals* of the game.
- Be open to ideas, suggestions or help.
- Enforce the principle that prevention is the key to keeping accidents to a minimum.
- Have Players wear sliding pads if they have cuts or scrapes on their legs.
- Always have the First Aid kit and Safety Manual on hand.
- Use common sense.

Before Games and Practices

- Make sure that Players are healthy, rested and alert.
- Make sure that Players returning from an injury have a medical release form signed by their doctor. Otherwise, they can't play.
- Make sure Players are wearing the proper uniform and (male) catchers are wearing a cup.
- Make sure that the equipment is in good working order, fits properly and is safe.
- Agree with the opposing Manager that the field is fit for play.
- Along with the Umpire, check the field for any hazards especially holes, rocks, glass and other foreign objects.
- Enforce the rule that no bats or balls are permitted on the field until all Players have done their proper stretching and throwing.

- Have the First Aid kit and Safety Manual on hand.

During Games

- Make sure that Players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Keep Players *alert*.
- Maintain *discipline* at all times.
- Be organized.
- Keep Players and substitutes sitting on the team's bench or in the dugout unless they are participating in the game or preparing to enter the game.
- Make sure catchers are wearing the *proper equipment*.
- Encourage everyone to think "*Safety First*".
- Observe the "*no on-deck*" rule for batters and keep Players behind the screens at all times. No Player should handle a bat in the dugouts at any time.
- Keep Player off fences.
- Get Players to *drink* often so they do not dehydrate.
- Do not play children that are ill or injured.
- Attend to children that become injured during a game.
- Do not lose focus by engaging in conversation with parents or spectators.

After the Game

- Do not leave the field until every team member has been picked up by a known family member or designated driver.
- *Notify parents if their child has been injured* no matter how small or insignificant the injury is. *There are no exceptions to this rule.* This protects you, Little League Baseball, Incorporated and SPLL.
- If there was an injury, make sure an accident report was filled out and given to the SPLL Safety Director.

- Return the field to its pre-game condition, per SPLL policy.

D. Umpires

Before the Game

- **Check the equipment in the dugouts of both teams. Equipment that does not meet specifications must be removed from the game.**
- **Make sure catchers are wearing helmets when warming up pitchers.**
- Make sure that bats have grips.
- Make sure there are foam inserts in helmets and that helmets meet Little League *NOCSAE* specifications and bear Little League's seal of approval.
- Inspect helmets for cracks.
- **With the Managers for each Team, walk the field for hazards and obstructions (e.g. rocks and glass).**
- Check Players to see if they are wearing jewelry.
- Check Players to see if they are wearing metal cleats.
- Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.
- Secure official Little League balls for play from both teams.

During the Game

- Govern the game as mandated by Little League rules and regulations.
- Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- Act as the sole judge as to whether and when play shall be suspended or terminated because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- Act as the sole judge as to whether and when play shall be suspended or terminated because of low visibility due to atmospheric conditions or darkness.

- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment.
- Continue to monitor the field for safety and playability.

After the Game

- Check with the Managers of both teams regarding any safety violations.
- Report any unsafe situations or conditions to the SPLL Safety Director by telephone and in writing.

5. ACCIDENT REPORTING PROCEDURE

What to report

Any incident that causes a Player, Manager, Coach, Umpire, or Volunteer to require or receive medical treatment and/or First Aid must be reported to the SPLL Safety Director. This includes even passive treatment such as the evaluation and diagnosis of the extent of the injury.

When to report

All such incidents must be reported to the SPLL Safety Director within 24 hours of the incident. The SPLL Safety Director Michele Downing, be reached at 626-441-3219 or Shell2Sell@sbcglobal.net.

How to make a report

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

- The name and phone number of the individual involved.
- 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 person reporting the incident.

Manager's Reporting Responsibilities

The Manager or his/her designee will fill out the Little League Incident/Injury Tracking Report Form and submit it to the SPLL Safety Director within 24 hours of the incident. (This Report Form can be found at Appendix C.)

Reporting incidents involving someone other than a team member (e.g., spectator, concession stand worker or third-party) shall be handled directly by the Safety Director.

Safety Director's Responsibilities

Within 24 hours of receiving an Incident/Injury Tracking Report Form, the Safety Director will contact the injured party or the party's parents and:

- Verify the information received;
- Obtain any other information deemed necessary;
- Check on the status of the injured party; and
- In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.), advise the injured party or his/her parent or guardian of SPLL's insurance coverage and the procedures for submitting a claim.

If the extent of the injuries are more than minor in nature, the Safety Director shall periodically call the injured party to:

- Check on the status of any injuries, and
- Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the Player is participating in the League again).

6. INSURANCE POLICIES

SPLL's accident insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated.

Unless expressly authorized by the Board of Directors of SPLL, games played for any purpose other than to establish a League champion or as part of the International Tournament are prohibited.

Explanation of Coverage

The *SPLL insurance policy* (see *Appendix E*) is designed to afford protection to all participants at the most economical cost to SPLL. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, SPLL insurance takes over and provides benefits, after a *\$100 per claim deductible*, for all covered injury treatment costs up to the maximum stated benefits.

This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is in force at all times during the season.

How The Insurance Works

- First, have the child's parents file a claim under their insurance policy.
- Should the family's insurance plan not fully cover the injury treatment, the SPLL policy will help pay the difference, after a *\$100 per claim deductible*, up to the maximum stated benefit.
- If the child is not covered by any family insurance, the SPLL policy becomes primary and will provide benefits for all covered injury treatment costs, after a *\$100 per claim deductible*, up to the maximum benefit provided by the policy.

Filing A Claim

A copy of the Form to use when submitting a claim is attached at Appendix C. When filing a claim, all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of insurance coverage must accompany a claim form.

See *Appendix D* for more details regarding the procedure for filing a claim.

7. CONCESSION STAND SAFETY

- No person *under the age of 13* will be allowed behind the counter in the concession stands.
- Those responsible for managing and operating SPLL's People concession stands will be trained in safe food handling and preparation. Their training will also cover the safe use, care and inspection of SPLL's concession stand equipment. This training will be provided by the SPLL Board member responsible for concessions. He/she will consult with local restaurant operators for training assistance.
- Written safety procedures will be posted in each concession stand.

- Cooking equipment will be inspected periodically and repaired or replaced if need be.
- Propane tanks will be turned off at the grill and at the tank after use.
- Food not purchased by SPLL to sell in its concession stands will not be cooked, prepared or sold in the concession stands.
- Cleaning chemicals must be stored in a locked container.
- All concession stand workers will attend a training session in the *Heimlich maneuver*.
- A fully stocked First Aid kit will be placed in each concession stand.
- A copy of this Manual will be maintained in each concession stand.

8. INJURY PREVENTION

A. CONDITIONING & STRETCHING

Conditioning is an intricate part of *accident prevention*. Extensive studies on the effect of conditioning, commonly known as “warm-up,” have demonstrated that:

- The *stretching* and *contracting* of muscles just before an athletic activity improves general control of movements, coordination and alertness.
- Such drills also help develop the *strength* and *stamina* needed by the average youngster to compete with minimum accident exposure.

The purpose of stretching is to increase *flexibility* within the various muscle groups and prevent tearing from *overexertion*. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility.

Hints on Stretching

- Stretch necks, backs, arms, thighs, legs and calves.
- Don't ask the child to stretch more that he or she is capable of.
- Hold the stretch for at least 10 seconds.
- Don't allow bouncing while stretching.
- This tears down the muscle rather than stretching it.

- Have one of the players lead the stretching exercises.

Hints on Calisthenics

- Repetitions of at least 10.
- Have kids synchronize their movements.
- Vary upper body with lower body.
- Keep the pace up for a good cardio-vascular workout.

B. PITCHING

PITCH COUNT MATTERS!

In the Major Leagues, a pitcher is often removed from the game after approximately 100 pitches. *A child cannot be expected to perform like an adult!*

Little League Managers and Coaches are usually quick to teach their pitchers how to get movement on the ball. Unfortunately, the technique that older Players use is not appropriate for children thirteen (13) years and younger. The snapping of the arm used to develop this technique will most probably lead to serious injuries to the child as he/she matures.

Arm stress during the acceleration phase of throwing affects both the inside and the outside of the growing elbow. On the inside, the structures are subjected to distraction forces, causing them to pull apart. On the outside, the forces are compressive in nature with different and potentially more serious consequences.

The key structures on the inside (or medial) aspect of the elbow include the tendons of the muscles that allow the wrist to flex and the growth plate of the medial epicondyle ("Knobby" bone on the inside of the elbow). The forces generated during throwing can cause this growth plate to pull away (avulse) from the main bone. If the distance between the growth plate and main bone is great enough, surgery is the only option to fix it. This growth plate does not fully adhere to the main bone until age 15!

Similarly, on the outside (or lateral) aspect of the elbow, the two bony surfaces can be damaged by compressive forces during throwing. This scenario can lead to a condition called Avascular Necrosis or Bone Cell Death as a result of compromise of the local blood flow to that area. This disorder is permanent and often leads to fragments of the bone breaking away (loose bodies) which float in the joint and can cause early arthritis. This loss of elbow motion and function often precludes further participation.

Studies have demonstrated that curveballs cause most problems at the inside of the elbow due to the sudden contractive forces of the wrist musculature. Fastballs, on the other hand, place more force at the outside of the elbow. Sidearm delivery, in one study, led to elbow injuries in 74% of pitchers compared with 27% in pitchers with a vertical delivery style.

PRELIMINARY DATA HAVE DEMONSTRATED THE FOLLOWING:

- A significantly higher risk of **elbow** injury occurred after pitchers reached 50 pitches/outing.
- A significantly higher risk of **shoulder** injury occurred after pitchers reached 75 pitches/outing.
- In one season, a **total of 450 pitches or more** led to cumulative injury to the elbow and the shoulder.
- The mechanics, whether good or bad, **did not** lead to an increased incidence of arm injuries.
- The preliminary data suggest that throwing curveballs increases risk of injury to the shoulder more so than the elbow; however, subset analysis is being undertaken to investigate whether or not older children were the pitchers throwing the curve.
- The pitchers who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury to their throwing arm.
- A slider increased the risk of **both elbow and shoulder** problems.

Based on the data, a recommendation can be made to reduce the number of pitches per outing to 50-60 for the 8-12 age groups and 50-75 for the 13 and 14 year olds.

Based on this research, SPLL recommends against the teaching or throwing of curveballs under the age of 13. If a curveball is taught, the Manager should instruct the child to throw the curveball like a football without snapping the arm or the wrist. If the Manager or Coach is unsure how to do this, he/she can consult the Baseball Commissioner.

It is also recommended that each team come up with their own pitch count rule since this is something SPLL cannot directly enforce because the official Little League Rule Book does not address pitch count. Managers and Coaches should look to their players' future and make an effort to protect their elbows against the tragedy of Avascular Necrosis. We advise the following ranges for pitch counts based on age.

8 – 12 YEAR OLDS – 50-60 PER OUTING

13-14 YEAR OLDS – 50-75 PER OUTING

Once these pitch counts are reached, we recommend replacing the pitcher. Should that player be inserted back into the lineup, we recommend against the position of catcher as the number of throws required mirrors that of the pitcher.

Ice is a universal First Aid treatment for minor sports injuries. Ice controls the pain and swelling. Pitchers should be taught how to ice their arms at the end of a game. If the Manager or Coach is unsure how to do this, he/she can consult teaching materials in the clubhouse or contact a SPL board member for further instruction.

Children should not be encouraged to "play through pain."
Pain is a warning sign of injury. Ignoring it can lead to greater injury.

C. HYDRATION

Good *nutrition* is important for children. Sometimes, the most important nutrient children need is *water* -- especially when they're physically active. When children are physically active, their muscles generate *heat* thereby increasing their *body temperature*. As their body temperature rises, their cooling mechanism - sweat - kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become *overheated*.

We usually think about *dehydration* in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly.

It does not matter if it's January or July, thirst is not an indicator of fluid needs. Therefore, *children must be encouraged to drink fluids even when they don't feel thirsty*.

Managers and Coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning of a game.

During any activity, water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent

carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. ***Caffeinated beverages (tea, coffee, Colas) should be avoided*** because they are diuretics and can dehydrate the body further. ***Avoid carbonated drinks***, which can cause gastrointestinal distress and may decrease fluid volume.

D. COMMON SENSE

Playing safe boils down to using ***common sense***. For instance, if you witnessed a strange person walking around the SPLL fields who looked like he/she didn't belong there, you would investigate the matter and have the person in question removed before anything could happen if, indeed, that person did not belong there.

Another example of ***common sense*** – You witness kids throwing rocks or batting rocks on SPLL's fields. The kids are having fun but are unknowingly endangering others. Don't just walk on by figuring that someone else will deal with the situation. Stop and explain to the kids what they are doing wrong and ask them to stop.

Webster's Dictionary definition of ***common sense*** is: Native good judgment; sound ordinary sense. In other words, to use ***common sense is to realize the obvious***. Therefore, ***if you witness something that is not safe, do something about it!*** And encourage all volunteers and parents to do the same.

E. EQUIPMENT

The Equipment Director is an elected SPLL Board Member and is responsible for purchasing and distributing equipment to the individual teams.

This equipment is checked and tested when it is issued but it is the Manager's responsibility to maintain it.

Managers should regularly inspect their equipment. At a minimum, all equipment should be inspected before each game and each practice.

The SPLL Equipment Director will promptly replace damaged or ill-fitting equipment. Any such equipment will be destroyed or otherwise rendered unusable.

If Players bring their own equipment to practices or games, it can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

At the end of the season, all equipment must be returned to the SPLL Equipment Director. First Aid kits and Safety Manuals must be turned in with the equipment.

The following requirements shall govern use of equipment during practices and games:

- Each team shall have seven (7) protective helmets which must meet NOCSAE specifications and standards in the dugout at all times. These helmets will be provided by SPLL at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.
- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a Player acting as a base coach is mandatory.
- Use of a helmet by an adult base coach is optional.
- All male Players must wear athletic supporters.
- Male catchers must wear the metal, fiber or plastic-type cup and a long-model chest protector.
- Female catchers must wear long or short-model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, a "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. NOTE: Skullcaps are not permitted.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.
- Only Official Little League balls will be used during practices and games.
- **Make sure that the equipment issued to you is appropriate for the age and size of the Players on your team. If it is not, get replacements from the Equipment Director.**
- Make sure helmets fit.

Replace questionable equipment immediately by notifying the SPLLE Equipment Director.

Make sure that Players respect the equipment that is issued.

F. WEATHER

Most of our days in Southern California are warm and sunny but there are those days when the weather turns bad and creates *unsafe weather conditions*.

Rain

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

Lightning

- The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second.
- The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour.
- Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.
- On average, the thunder from a lightning stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles!
- The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles

from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

- If you can HEAR, SEE OR FEEL A THUNDERSTORM:
 - Suspend all games and practices immediately.
 - Stay away from metal including fencing and bleachers.
 - Do not hold metal bats.
 - Get Players to walk, not run to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.

Hot Weather

One thing we do get in Southern California is hot weather. Precautions must be taken in order to make sure the players on your team do not *dehydrate* or *hyperventilate*.

- Suggest Players take drinks of water when coming on and going off the field between innings.
- If a Player looks distressed while standing in the hot sun, substitute that Player and get him/her into the shade of the dugout ASAP.
- If a Player should collapse as a result of heat exhaustion, call 9-1-1 immediately. Get the player to drink water and use the instant ice bags supplied in your First Aid kit to cool him/her down until the emergency medical team arrives. (See section on *Hydration*)

Ultra-Violet Ray Exposure

This kind of exposure increases an athlete's risk of developing a specific type of skin cancer known as *melanoma*.

The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time they are 18 years old.

Therefore, SPLL recommends the use of sunscreen with a SPF (Sun Protection Factor) of at least "15" as a means of protection from damaging ultra-violet light.

9. FIRST AID MEDICAL TREATMENT/ATTENTION

ADMINISTERING FIRST AID

What Is First Aid?

First Aid means exactly what the term implies -- it is the *first care* given to a victim. It is usually performed by the *first person* on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should anyone administering First Aid *go beyond* his or her capabilities. ***Know your limits!***

The average response time on 9-1-1 calls is 5-7 minutes. En-route paramedics are in constant communication with the local hospital at all time preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

First Aid Kits

First Aid Kits will be furnished to each team at the beginning of the season. The SPLL Safety Director's *name and phone number* are included in all First Aid kits. The First Aid kit will become part of the Team's equipment package and **shall be taken to all practices, games (whether season or post-season) and any other SPLL event where children's safety is at risk.**

To ***replenish materials*** in the Team First Aid kit, the Manager or his/her designee must contact the SPLL Safety Director.

First Aid kits and this Safety Manual must be turned in at the end of the season along with your equipment package.

Additional First Aid kits will be available in the concession stands. Materials from these additional kits may not be used to replenish materials in the Team's kit but should only be used in emergency situations.

Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. The ***"Good Samaritan Laws" give legal protection*** to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a *reasonable and prudent* person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim's injury. For example, a reasonable and prudent person would --

- Move a victim only if the victim's life was endangered.

- Ask a conscious victim for permission before giving care.
- Check the victim for life-threatening emergencies before providing further care.
- Summon professional help to the scene by calling **9-1-1**.
- Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the "Good Samaritan" use common sense and a reasonable level of skill, not to exceed the scope of the individual's training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury.

People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer's response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

Permission To Give Care

If the victim is conscious, you must have his/her permission before giving First Aid. To get permission you *must* tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care.

Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

First Aid Treatment at the Site of an Injury

What to do

- **Access** the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- **Know** your limitations.
- **Call 9-1-1** immediately if the person is unconscious or seriously injured.

- **Look** for signs of injury (blood, black-and-blue marks, deformity of a joint, etc.)
- **Listen** to the injured person describe what happened and what hurts if he/she is 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.
- **Talk** to your team afterwards about the situation if it involves them. Often Players are upset and worried when another Player is injured. They need to feel safe and understand why the injury occurred.

What not to do

- 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're not sure of the proper procedure (e.g., CPR, etc.)
- Transport an injured individual except in extreme emergencies.

GET 9-1-1 EMERGENCY HELP

The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these five steps.

- Dial 9-1-1.
- Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
 - The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc.
 - The telephone number from which the call is being made.
 - The caller's name.

- What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
- How many people are involved.
- The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
- What help (first aid) is being given.
- Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
- Continue to care for the victim until professional help arrives.
- Appoint somebody to go to the street and look for the *ambulance* and/or *fire engine* and flag them down if necessary. This saves valuable time. Remember, every minute counts.

When to call 9-1-1

- If the injured person is unconscious, call *9-1-1* immediately.
- Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call *9-1-1* anyway and request paramedics if the victim -
 - Is or becomes unconscious.
 - Has trouble breathing or is breathing in a strange way.
 - Has chest pain or pressure.
 - Is bleeding severely.
 - Has pressure or pain in the abdomen that does not go away.
 - Is vomiting or passing blood.
 - Has seizures, a severe headache, or slurred speech.
 - Appears to have been poisoned.
 - Has injuries to the head, neck or back.
 - Has possible broken bones.

- If you have any doubt at all, call 9-1-1 - and request paramedics.

Also call 9-1-1 in any of these situations:

- Fire or explosion.
- Downed electrical wires.
- Swiftly moving or rapidly rising water.
- Presence of poisonous gas.
- Vehicle/bicycle collisions.
- Victims who cannot be moved easily.

CHECK THE VICTIM

Conscious Victims

- If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life-threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed.
- Talk to the victim and to any people standing by who saw the accident take place.
- Check the victim from head to toe, so you do not overlook any problems:
 - Do not ask the victim to move, and do not move the victim yourself.
 - Examine the scalp, face, ears, nose, and mouth.
 - Look for cuts, bruises, bumps, or depressions.
 - Watch for changes in consciousness.
 - Notice if the victim is drowsy, not alert, or confused.
 - Look for changes in the victim's breathing. (A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.)

- Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- Ask the victim again about the areas that hurt.
- Ask the victim to move each part of the body that doesn't hurt. Check the shoulders by asking the victim to shrug them.
- Check the chest and abdomen by asking the victim to take a deep breath.
- Ask the victim if he or she can move the fingers, hands, and arms.
- Check the hips and legs in the same way.
- Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
- Look for odd bumps or depressions.
- Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
- Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim, care to give for that problem, and who to call for help.
- When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
- When the victim feels ready, help him or her stand up.

Unconscious Victims

- If the victim does not respond to you in any way, assume the victim is unconscious. **Call 9-1-1 and report the emergency immediately.**
- Tap and shout to see if the person responds. If no response –
- Look, listen and feel for breathing for about 5 seconds.
- If there is no response, position victim on back, while supporting head and neck.

- Tilt head back, lift chin and pinch nose shut.
- Look, listen, and feel for breathing for about 5 seconds.
- If the victim is not breathing, give 2 slow breaths into the victim's mouth.
- Check pulse for 5 to 10 seconds.
- Check for severe bleeding. Finger sweep maneuver administered to an unconscious victim of foreign body airway obstruction.

10. CHILD ABUSE

Volunteers are the greatest resource Little League has in aiding children's development into leaders of tomorrow. But some potential volunteers may be attracted to Little League to be near children for *abusive reasons*.

Big Brothers/Big Sisters of America defines *child sexual abuse* as "the exploitation of a child by an older child, teen or adult for the personal gratification of the abusive individual." So abusing a child can take many forms, from touching to non-touching offenses.

Child victims are usually made to feel as if they have brought the abuse upon themselves; they are made to feel guilty. For this reason, sexual abuse victims seldom disclose the victimization. Consider this: Big Brothers/Big Sisters of America contend that for every child abuse case reported, *ten more go unreported*. Children need to understand that *it is never their fault*, and both children and adults need to know what they can do to keep it from happening.

Anyone can be an *abuser* and it could happen *anywhere*. By educating parents, volunteers and children, you can help reduce the risk it will happen at SPLP.

Like all safety issues, *prevention* is the key.

Volunteer Application and Background Check

All SPLP Managers, Coaches, Board members and Volunteers/hired workers who provide regular services to SPLP and/or have repetitive access to, or contact with, Players or teams **must complete an application form and provide SPLP with a government-issued photo identification card**. Using information provided on the application form, SPLP will conduct a **search of an appropriate government statewide sex offender registry** on all applicable volunteers. **SPLP may also conduct a nationwide background check** on volunteer applicants. The photo identification card will be used to verify identity. A copy of the application form utilized by SPLP is attached at Appendix

F. This form clearly asks for information about *prior criminal convictions* and states that all volunteer positions with SPLL are conditional based on the information obtained by SPLL from a background check.

All applicants should be made aware of the Little League and SPLL policy that no known child-sex offender will be given access to children in the Little League program.

Anyone refusing to fill out a Volunteer Application is not eligible to be a member of SPLL.

The SPLL President will retain these confidential forms for the applicable year of service.

For more information on this process, *see* Little League's Child Protection Program Q & A at Appendix G.

Reporting Suspected Child Abuse

In the unfortunate case that child sexual abuse is suspected, you should immediately contact the SPLL President, or a SPLL Board Member if the President is not available, to **report** the abuse. SPLL along with the District Administrator will contact the proper *law enforcement agencies*.

Investigating Alleged Child Abuse

SPLL will appoint an individual, with appropriate professional background and experience, to receive and act on abuse allegations. This individual will act in a confidential manner, and serve as SPLL's liaison with the local law enforcement community. *SPLL volunteers should not attempt to investigate suspected abuse on their own.*

Suspension/Termination

When an allegation of abuse is made against a SPLL volunteer, it is our duty to protect the children from any possible further abuse by keeping the alleged abuser away from children in the program. If the allegations are substantiated, the next step is clear -- assuring that the individual will not have any further contact with the children in the League.

Immunity from Liability for Reporting Suspected Child Abuse

According to Boys & Girls Clubs of America, "Concern is often expressed over the potential for criminal or civil liability if a report of abuse is subsequently found to be

unsubstantiated.” However, we want adults and Little Leaguers to understand that they shouldn’t be afraid to come forward in these cases, even if it isn’t required and even if there is a possibility of being wrong. All states provide *immunity from liability* to those who report suspected child abuse in “good faith.” At the same time, there are also rules in place to protect adults who prove to have been inappropriately accused.

Make Our Position Clear

Make adults and kids aware that Little League Baseball and SPLL will not tolerate child abuse, in any form.

The Buddy System

It is an old maxim, but it is true: There is safety in numbers. Encourage kids to move about in *a group* of two or more children of similar age, whether an adult is present or not. This includes travel, leaving the field, or using the restroom areas. It is far more difficult to victimize a child if he/she is not alone.

Controlling Access

Controlling access to areas where children are present -- such as the dugout or restrooms -- protects them from harm by outsiders. It’s not easy to control the access to large outdoor facilities, but no unknown or suspicious individuals should be allowed to wander around or through our fields.

Lighting

Child sexual abuse is more likely to happen in the dark. The lighting of fields, parking lots and restrooms should be bright enough so that participants can identify individuals as they approach, and observers can recognize abnormal situations.

Use of Toilet Facilities

Generally speaking, Little Leaguers are capable of using toilet facilities on their own, so there should be no need for an adult to accompany a child into restroom areas. There can sometimes be special circumstances under which a child requires assistance to toilet facilities but there should still be adequate privacy for that child. Again, we can utilize the “*buddy system*” here.

11. MUSCLE, BONE OR JOINT INJURIES

Symptoms of Serious Muscle, Bone or Joint Injuries



Little League Volunteer Application - 2016

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

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

Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Social Security # (mandatory with First Advantage or upon request) _____
Cell Phone _____ Business Phone _____
Home Phone: _____ E-mail Address: _____
Date of Birth _____
Occupation _____
Employer _____
Address _____
Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience (including baseball/softball and year): _____

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

Special Certification (CPR, Medical, etc.): _____

Do you have a valid driver's license: Yes ☐ No ☐

Driver's License#: _____ State _____

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor? Yes ☐ No ☐

If yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? Yes ☐ No ☐ If yes, describe each in full: _____

Have you ever been refused participation in any other youth programs? Yes ☐ No ☐ If yes, explain: _____

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

League Official ☐ Coach ☐ Umpire ☐ Field Maintenance ☐
Manager ☐ Scorekeeper ☐ Concession Stand ☐ 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:

<http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

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):

Sex Offender Registry ☐ Criminal History Records ☐ *First Advantage ☐

*Please be advised that if you use First Advantage 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 directly from LexisNexis 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.

- Always suspect a serious injury when the following signals are present:
- Significant deformity.
- Bruising and swelling.
- Inability to use the affected part normally.
- Bone fragments sticking out of a wound.
- Victim feels bones grating; victim felt or heard a snap or pop at the time of injury.
- The injured area is cold and numb.
- Cause of the injury suggests that the injury may be severe.
- If any of these conditions exists, call **9-1-1** immediately and administer care to the victim until the paramedics arrive.

Treatment for Muscle or Joint Injuries

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

Treatment for Fractures

- Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, twigs, bats, etc.

Treatment for Broken Bones

Once you have established that the victim has a broken bone, and you have called 9-1-1, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary.

Osgood Schlatter Disease

- Osgood Schlatter Disease is the “growing pains” disease. It is very painful for kids that have it. In a nutshell, the bones grow faster than the muscles and ligaments. A child must outgrow this disease. All you can do is make it easier for him or her by:
 - Icing the painful areas.
 - Making sure the child rests when needed.
 - Using Ace or knee supports.

12. HEAD TRAUMA

Concussion

- Concussions are defined as any blow to the head. They can be fatal if the proper precautions are not taken.
- If a player suffers a concussion,
 - Remove him/her from the game;
 - See that victim gets adequate rest; and
 - Note any symptoms and see if they change within a short period of time.
- If the victim is a child, tell parents about the injury and have them monitor the child after the game.
- Urge parents to take the child to a doctor for further examination.
- If the victim is unconscious after the blow to the head, diagnose head and neck injury. **DO NOT MOVE** the victim. Call 9-1-1 immediately. (See below on how to treat head and neck injuries).

Head And Spine Injuries

When to suspect head and spine injuries:

- A fall from a height greater than the victim’s height.
- Any bicycle, skateboarding, rollerblade mishap.
- A person found unconscious for unknown reasons.

- Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.
- Any injury that penetrates the head or trunk, such as an impalement.
- A motor vehicle crash involving a driver or passengers not wearing safety belts.
- Any person thrown from a motor vehicle.
- Any person struck by a motor vehicle.
- Any injury in which a victim's helmet is broken, including a motorcycle, batting helmet, industrial helmet.
- Any incident involving a lightning strike.

Signs of Head and Spine Injuries

- Changes in consciousness.
- Severe pain or pressure in the head, neck, or back.
- Tingling or loss of sensation in the hands, fingers, feet or toes.
- Partial or complete loss of movement of any body part.
- Unusual bumps or depressions on the head or over the spine.
- Blood or other fluids in the ears or nose.
- Heavy external bleeding of the head, neck, or back.
- Seizures.
- Impaired breathing or vision as a result of injury.
- Nausea or vomiting.
- Persistent headache.
- Loss of balance.
- Bruising of the head, especially around the eyes and behind the ears.

General Care for Head and Spine Injuries

- Call 9-1-1 immediately.
- Minimize movement of the head and spine.
- Maintain an open airway.
- Check consciousness and breathing.
- Control any external bleeding.
- Keep the victim from getting chilled or overheated until paramedics arrive and take over care.

13. CONTUSIONS TO THE STERNUM

Contusions to the sternum are usually the result of a line drive that hits a player in the chest.

These injuries can be very dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed and the victim dies.

Do not downplay the seriousness of this injury.

- If a player is hit in the chest and appears to be all right, urge the parents to take their child to the hospital for further examination.
- If a player complains of pain in his chest after being struck, immediately call 9-1-1 and treat the player until professional medical help arrives.

14. SUDDEN ILLNESS

Symptoms of Sudden Illness Include

- Feeling light-headed, dizzy, confused, or weak.
- Changes in skin color (pale or flushed skin), sweating.
- Nausea or vomiting.
- Diarrhea.
- Changes in consciousness.
- Seizures.

- Paralysis or inability to move.
- Slurred speech.
- Impaired vision.
- Severe headache.
- Breathing difficulty.
- Persistent pressure or pain.

Care for Sudden Illness

- Call 9-1-1.
- Help the victim rest comfortably.
- Keep the victim from getting chilled or overheated.
- Reassure the victim.
- Watch for changes in consciousness and breathing.
- Do not give anything to eat or drink unless the victim is fully conscious.

If The Victim

- **Vomits** -- Place the victim on his or her side.
- **Faints** -- Position him/her on his/her back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.
- **Has a diabetic emergency** -- Give the victim some form of sugar.
- **Has a seizure** -- Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

15. SHOCK

Signs of Shock

Shock is likely to develop in any serious injury or illness. Signals of shock include:

- Restlessness or irritability.
- Altered consciousness.
- Pale, cool, moist skin.
- Rapid breathing.
- Rapid pulse.

Caring For Shock

- Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
- Control any external bleeding.
- Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
- Try to reassure the victim.
- Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.
- Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
- Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

16. BREATHING PROBLEMS

Emergency Breathing If the Victim Is Not Breathing

- Position victim on back while supporting head and neck.
- With victim's head tilted back and chin lifted, pinch the nose shut.
- Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.
- Once a victim requires emergency breathing you become the life support for that person -- without you the victim would be clinically dead. You must continue to

administer emergency breathing and/or CPR until the paramedics get there. It is your obligation and you are protected under the "Good Samaritan" laws.

- Check for a pulse at the carotid artery (use fingers instead of thumb).
- If pulse is present but person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).
- Continue rescue breathing as long as a pulse is present but person is not breathing.

If the Victim Is Not Breathing and Air Won't Go In

- Re-tilt person's head.
- Give breaths again.
- If air still won't go in, place the heel of one hand against the middle of the victim's abdomen just above the navel.
- Give up to 5 abdominal thrusts.
- Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.
- Tilt head back, lift chin, and give breaths again.
- Repeat breaths, thrust, and sweeps until breaths go in.

17. HEART ATTACK

Signs Of A Heart Attack

Heart attack pain is most often felt in the center of the chest, behind the breastbone. It may spread to the shoulder, arm or jaw. Signals of a heart attack include:

- Persistent chest pain or discomfort - Victim has persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication. Pain may range from discomfort to an unbearable crushing sensation.
- Breathing difficulty.
- Victim's breathing is noisy.
- Victim feels short of breath.

- Victim breathes faster than normal.
- Changes in pulse rate.
- Pulse may be faster or slower than normal.
- Pulse may be irregular.
- Skin appearance.
- Victim's skin may be pale or bluish in color.
- Victim's face may be moist.
- Victim may perspire profusely.
- Absence of pulse.
- The absence of a pulse is the main signal of a cardiac arrest.
- The number one indicator that someone is having a heart attack is that he or she will be in denial. A heart attack means certain death to most people. People do not wish to acknowledge death therefore they will deny that they are having a heart attack.

Care For A Heart Attack

- Recognize the signals of a heart attack.
- Convince the victim to stop activity and rest.
- Help the victim to rest comfortably.
- Try to obtain information about the victim's condition.
- Comfort the victim.
- Call 9-1-1 and report the emergency.
- Assist with medication, if prescribed.
- Monitor the victim's condition.
- Be prepared to give CPR if the victim's heart stops beating.

Administering CPR

- Position victim on back on a flat surface.
- Position yourself so that you can give rescue breaths and chest compression without having to move (usually to one side of the victim).
- Find hand position on breastbone.
- Position shoulders over hands. Compress chest 15 times. (For small children only 5 times)
- With victim's head tilted back and chin lifted, pinch the nose shut.
- Give two (2) slow breaths into victims mouth. Breathe in until chest gently rises. (For small children only 1 time)
- Do 3 more sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)
- Recheck pulse and breathing for about 5 seconds.

[It is possible that you will break the victim's ribs while administering CPR. Do not be concerned about this. The victim is clinically dead without your help. You are protected under the "Good Samaritan" laws.]

- If there is no pulse continue sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)
- When giving CPR to small children only use one hand for compressions to avoid breaking ribs.

When To Stop CPR

- If another trained person takes over CPR for you.
- If Paramedics arrive and take over care of the victim.
- If you are exhausted and unable to continue.
- If the scene becomes unsafe.

18. If A VICTIM IS CHOKING

Partial Obstruction with Good Air Exchange

Symptoms may include forceful cough with wheezing sounds between coughs.

Treatment

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

Partial or Complete Airway Obstruction in Conscious Victim

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

Treatment - The Heimlich Maneuver

- Stand behind the victim.
- Reach around victim with both arms under the victim's arms.
- Place thumb side of fist against middle of abdomen just above the navel. Grasp fist with other hand.
- Give quick, upward thrusts.
- Repeat until object is coughed up.

19. BLEEDING

Treatment in General

- Before initiating any First Aid to control bleeding, be sure to wear the **latex gloves** included in your First Aid Kit in order to avoid contact of the victim's blood with your skin. If a victim is bleeding,
- **Act quickly.** Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
- **Control bleeding** by applying direct pressure on the wound with a sterile pad or clean cloth.
- If bleeding is controlled by direct pressure, **bandage firmly** to protect wound. Check pulse to be sure bandage is not too tight.
- If bleeding is not controlled by use of direct pressure, **apply a tourniquet** only as a last resort and call **9-1-1** immediately.

Nose Bleed

To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops.

Bleeding on the Inside and Outside of the Mouth

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

Preventing Infection

To prevent infection when treating open wounds you must:

- **CLEANSE** the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.
- **TREAT** to protect against contamination with ointment supplied in your First Aid Kit.
- **COVER** to absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads supplied in your First Aid Kit. (Handle only the edges of sterile pads or dressings)
- **TAPE** to secure with First Aid tape (included in your First Aid Kit) to help keep out dirt and germs.

Treating Deep Cuts

If the cut is deep, stop bleeding, bandage, and encourage the victim to get to a hospital so he/she can be stitched up. **Stitches prevent scars.**

20. SPLINTERS

Splinters are defined as slender pieces of wood, bone, glass or metal objects that lodge in or under the skin. If splinter is in eye, *DO NOT* remove it.

- **Symptoms** – may include pain, redness and/or swelling.
- **Treatment**
 - First wash your hands thoroughly, then gently wash affected area with mild soap and water.

- Sterilize needle or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use.
- Loosen skin around splinter with needle; use tweezers to remove splinter. If splinter breaks or is deeply lodged, consult professional medical help.
- Cover with adhesive bandage or sterile pad, if necessary.

21. INSECT STINGS

In highly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. Call 9-1-1. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

• Symptoms

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

• Treatment

- For mild or moderate symptoms, wash with soap and cold water.
- Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.
- For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
- If victim has gone into shock, treat accordingly (see Section, "Care for Shock").

22. EMERGENCY TREATMENT OF DENTAL INJURIES

• AVULSION (Entire Tooth Knocked Out)

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down. Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

- Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
- If debris is on tooth, gently rinse with water.

- If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert and conscious.

If unable to re-implant:

- Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."
- 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2 % milk.
- 3rd best - Wrap tooth in saline soaked gauze.
- 4th best - Place tooth under victim's tongue. Do only if conscious and alert.
- 5th best - Place tooth in cup of water.

Time is very important. Re-implantation within 30 minutes has the highest degree of success rate. **TRANSPORT IMMEDIATELY TO DENTIST.**

- **LUXATION** (Tooth in Socket, but Wrong Position)

THREE POSITIONS

- **EXTRUDED TOOTH** - Upper tooth hangs down and/or lower tooth raised up
 - Reposition tooth in socket using firm finger pressure.
 - Stabilize tooth by gently biting on towel or handkerchief.
 - **TRANSPORT IMMEDIATELY TO DENTIST.**

- **LATERAL DISPLACEMENT** - Tooth pushed back or pulled forward.
 - Try to reposition tooth using finger pressure.
 - Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
 - **TRANSPORT IMMEDIATELY TO DENTIST.**

- **INTRUDED TOOTH** - Tooth pushed into gum - looks short.
 - Do nothing - avoid any repositioning of tooth.
 - **TRANSPORT IMMEDIATELY TO DENTIST.**

- **FRACTURE** (Broken Tooth)

- If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion.

- Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding.
- Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
- Save all fragments of fractured tooth as described under Avulsion.
- IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST in the plastic baggie supplied in your First Aid kit.

23. BURNS

Care for Burns

The care for burns involves the following 3 basic steps:

- **Stop the Burning** -- Put out flames or remove the victim from the source of the burn.
- **Cool the Burn** -- Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available-tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the cloths cool by adding more water.
- **Cover the Burn** -- Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain. Covering the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

Chemical Burns

- Remove contaminated clothing.
- Flush burned area with cool water for at least 5 minutes.
- Treat as you would any major burn (see above).

If an Eye Has Been Burned

- Immediately flood face, inside of eyelid and eye with cool running water for at least 15 minutes. Turn head so water does not drain into uninjured eye. Lift eyelid away from eye so the inside of the lid can also be washed.
- If eye has been burned by a dry chemical, lift any loose particles off the eye with the corner of a sterile pad or clean cloth.
- Cover both eyes with dry sterile pads, clean cloths, or eye pads; bandage in place.

Sunburn

- Treat as you would any major burn (see above).
- Treat for shock if necessary (see section on “Caring for Shock”)
- Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water.
- Give victim fluids to drink.
- Get professional medical help immediately for severe cases.

24. DISMEMBERMENT

If part of the body has been torn or cut off, try to find the part and wrap it in sterile gauze or any clean material, such as a washcloth. Put the wrapped part in a plastic bag. Keep the part cool by placing the bag on ice, if possible, but do not freeze. Be sure the part is taken to the hospital with the victim. Doctors may be able to reattach it.

25. PENETRATING OBJECTS

If an object, such as a knife or a piece of glass or metal, is impaled in a wound:

- **Do not** remove it.
- Place several dressings around object to keep it from moving.
- Bandage the dressings in place around the object.
- If object penetrates chest and victim complains of discomfort or pressure, quickly loosen bandage on one side and reseal. Watch carefully for recurrence. Repeat procedure if necessary.
- Treat for shock if needed (see “Care for Shock” section).

- Call 9-1-1 for professional medical care.

26. POISONING

Call 9-1-1 immediately before administering First Aid then:

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

27. HEAT EXHAUSTION

Symptoms may include: fatigue; irritability; headache; faintness; weak, rapid pulse; shallow breathing; cold, clammy skin; profuse perspiration.

Treatment

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

28. SUNSTROKE (HEAT STROKE)

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

Treatment

- Call 9-1-1 immediately.
- Lower body temperature quickly by placing victim in partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold, wet sheets or towels in well-ventilated room or use fans and air conditioners until body temperature is reduced.
- **DO NOT** give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

29. TRANSPORTING AN INJURED PERSON

- If injury involves neck or back, **DO NOT** move victim unless absolutely necessary. Wait for paramedics.
- If victim must be pulled to safety, move body lengthwise, not sideways. If possible, slide a coat or blanket under the victim:
 - Carefully turn victim toward you and slip a half-rolled blanket under back
 - Turn victim on side over blanket, unroll, and return victim onto back.
 - Drag victim head first, keeping back as straight as possible.
- If victim must be lifted
 - Support each part of the body. Position a person at victim's head to provide additional stability. Use a board, shutter, tabletop or other firm surface to keep body as level as possible.

30. COMMUNICABLE DISEASE PROCEDURES

While risk of one athlete infecting another with *HIV/AIDS* or the *hepatitis B or C virus* during competition is close to non-existent, there is a remote risk other blood borne infectious disease can be transmitted. Procedures for guarding against transmission of infectious agents should include, but not be limited to the following:

- A bleeding player should be removed from competition as soon as possible.
- Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game.

- Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid is anticipated (*latex gloves are provided in First Aid kit*).
- Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap (Lever 2000).
- Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach (supplied in the concession stands and club house). A 1:1 solution can be made by using a cap full of Clorox (2.5cc) and 8 ounces of water (250cc).
- CPR Masks will be available in the concession stands and club house.
- Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.
- Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

31. PREScription MEDICATION

Do not, at any time, administer any kind of prescription medicine. This is the parent's responsibility and SPLC does not want to be held liable, nor do you, in case the child has an adverse reaction to the medication.

Asthma And Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to fill out the medical history forms. Study their comments and know which children on your team need to be watched.

Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial 9-1-1 and request emergency service.

Colds And Flu

The baseball season usually coincides with the cold and flu season. There is nothing you can do to help a child with a cold or flu except to recognize that the child is sick and should be at home recovering and not on the field passing his cold or flu on to all your

other players. Prevention is the solution here. Don't be afraid to tell parents to keep their child at home.

32. PARENTAL CONCERNS ABOUT SAFETY

The following are some of the most common concerns and questions asked by parents regarding the safety of their children when it comes to playing baseball. We have also included appropriate answers below the questions.

- ***I'm worried that my child is too small or too big to play on the team/division he has been assigned to.*** Little League has rules concerning the ages of players on T-Ball, Farm, Minor, Major and Senior teams. SPLL observes those rules and then places children on teams according to their skills and abilities based on their try-out ratings at the beginning of the season. If for some reason you do not think your child belongs in a particular division, please contact the SPLL Player Agent and share your concerns with him or her.
- ***Should my child be pitching as many innings per game?*** Little League has rules regarding pitching which all managers and coaches must follow. The rules are different depending on the division of play but the rules are there to protect children.
- ***Do mouth guards prevent injuries?*** A mouth guard can prevent serious injuries such as concussions, cerebral hemorrhages, incidents of unconsciousness, jaw fractures and neck injuries by helping to avoid situations where the lower jaw gets jammed into the upper jaw. Mouth Guards are effective in moving soft tissue in the oral cavity away from the teeth, preventing laceration and bruising of the lips and cheeks, especially for those who wear orthodontic appliances.
- ***How do I know that I can trust the volunteer managers and coaches not to be child molesters?*** SPLL runs background checks on all Board Members, Managers and Coaches before appointing them. Volunteers are required to fill out applications which give SPLL the information and permission it needs to complete a thorough investigation. If the League receives inappropriate information on a Volunteer, that Volunteer will be immediately removed from his/her position and banned from the facility.
- ***How can I complain about the way my child is being treated by the manager, coach, or umpire?*** You can directly contact the SPLL Player Agent for your division or any SPLL Board Member. The complaint will be brought to the SPLL President's attention immediately and investigated.

- *Will that helmet on my child's head really protect him while he or she is at bat and running around the bases?* The helmets used at SPLL must meet NOCSAE standards as evidenced by the exterior label. These helmets are certified by Little League Incorporated and are the safest protection for your child. The helmets are checked for cracks at the beginning of each game and replaced if need be.
- *Is it safe for my child to slide into the bases?* Sliding is part of baseball. Managers and Coaches teach children to slide safely in the pre-season.

33. SUBMIT YOUR IDEAS FOR SAFETY

Your safety ideas are welcome at SPLL. Please submit them in written form to the SPLL Safety Director.

If your safety idea warrants further investigation, you will be contacted. Safety ideas which are implemented at our ball parks will appear in next year's Safety Manual.

Appendix A

Joe Payne	President
Sam Hernandez	Past President
Scott Parker	Registrar
Rosalina Cardenas	Secretary
Alberto Ocon	Treasurer
Dave Bise	Baseball VP, Majors (Juniors, Majors)
Sean Teer	Baseball VP, Minors (National, American)
Sam Hernandez	Baseball VP, Youth (Machine, Coach, T-Ball)
Phil Stirling	Baseball Player Agent, Majors (Juniors, Majors)
Sean Dwyer	Baseball Player Agent, Minors (National, American)
Phil Stirling	Baseball Uniforms
Eric Chabot	Baseball Equipment
Sean Malatesta	Baseball Scheduling & Umpires
Steve Leider	Baseball Fields (Arroyo)
Lauren Krieger	Baseball Concessions (Arroyo)
Javier Luevano	Baseball Summer Coordinator
Scott Parker	Challenger, Vice President
Jon Takasugi	Softball VP, Upper Division (Jrs, Majors, Minors)
Karissa Chabner	Softball VP, Youth (Kid-Pitch, T-Ball)
Joseph Ybarra	Softball Player Agent, Upper (Jrs, Majors, Minors)
Haydeh Takasugi	Softball Uniforms
Krista Ocon	Softball Equipment
Jon Takasugi	Softball Scheduling & Umpires
Keith Pearson	Softball Fields (Orange Grove)
Julie Pearson	Softball Concessions (Orange Grove)

VACANT POSITION	Softball Summer Coordinator
VACANT POSITION	All Star Coordinator
Grace Wu	Board Development
Division Vice Presidents	Coach & Player Development
VACANT POSITION	Communications Director
VACANT POSITION	Fundraising Coordinator
VACANT POSITION	Merchandising
VACANT POSITION	Photo Coordinator
Ed Lee	Safety Officer
Bill Michels	Sponsorship Director
VACANT POSITION	Trophies
Elsy De La O	Volunteer Coordinator
Scott Parker	Webmaster

Appendix B

LOCAL HOSPITALS

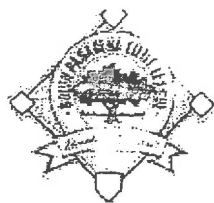
Huntington Memorial Hospital
100 W. California Blvd.
Pasadena, CA 91105
Telephone: 626/397-5000

Alhambra Hospital
100 S. Raymond Ave.
Alhambra, CA 91801
Telephone: 626/570-1606

South Pasadena Police Department
1422 Mission Street
South Pasadena, CA 91030
626/403-7270

South Pasadena Fire Department
817 Mound Avenue
South Pasadena, CA 91030
626/403-7300

Appendix C



South Pasadena Little League Insurance and Claim Information

South Pasadena Little League is insured by Lexington Insurance Company and National Union Fire Insurance Company of Pittsburgh, PA through our agent, Keystone Risk Managers.

Our policy covers the medical expenses actually incurred by a Player when an accidental injury occurs while he/she is participating in softball or baseball-related activities.

This coverage is excess of other medical insurance and applies after all other coverage for which the Player may be eligible has been exhausted.

In the absence of any other medical insurance, our policy will provide primary coverage benefits subject to policy limits and exclusions.

Covered expenses are subject to a deductible of \$100 per claim.

Please follow the procedure described below for submitting a claim should an injury occur:

Please ask your Team Manager for an Insurance Claim Form and a SPLL Incident/Injury Tracking Report Form. (Appendix C)

Contact JOE PAYNE, Director of Safety and Education at 626/~~819-8000~~, within 48 hours of the incident.

Fill out both Forms with all of the necessary information and mail the Insurance form to the address listed on the form. A claims representative will contact you upon receipt of the Form, provide you with a claim number and explain their reimbursement procedures.

Return the Incident/Injury Tracking Report Form to your Team Manager. Your Manager will submit the form to the League's Safety Director.

If you have any questions or concerns regarding this matter, please contact JOE PAYNE
At 626-~~919-8000~~

Appendix D

Place all accident reports in Appendix D

Appendix E

CERTIFICATE OF LIABILITY INSURANCE

DATE 12/28/16

Keystone Risk Managers, LLC
995 Point Township Drive
Northumberland, PA 17867

CERTIFICATE # 4051812-1

4 05 18

ADDITIONAL NAMED INSURED:

SOUTH PASADENA LL
SAM HERNANDEZ
1416 INDIANA AVE

SOUTH PASADENA CA 91030

INSURERS AFFORDING COVERAGE:

INSURER A: LEXINGTON INSURANCE COMPANY

INSURER B: NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
(Non-Liability)

INSURER C: LANDMARK INSURANCE COMPANY

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY BE IN EFFECT. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ADDITIONAL NAMED INSURED	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE MM/DD/YYYY	POLICY EXPIRATION DATE MM/DD/YYYY	LIMITS
X	GENERAL LIABILITY	5098195-02	1/01/2007	1/01/2008	EACH OCCURRENCE \$1,000,000
	X OCCURRENCE				GENERAL AGGREGATE \$2,000,000
	X INCL. PARTICIPANTS				PRODUCTS/COMP OPS AGGREGATE \$1,000,000
	X SEXUAL ABUSE				SEXUAL ABUSE OCCURRENCE \$1,000,000 SEXUAL ABUSE AGGREGATE \$2,000,000
X	DIRECTORS & OFFICERS	162-1094	1/01/2007	1/01/2008	EACH LOSS \$1,000,000 AGGREGATE \$1,000,000
	CRIME COVERAGE	0009309 02	1/01/2007	1/01/2008	EACH LOSS \$35,000 AGGREGATE NONE
	SPORTS EXCESS ACCIDENT	SRG9105434	1/01/2007	1/01/2008	As in Master Policy Med. Max. \$100,000 Ded. \$50 As in Master Policy Excess

X INDICATES COVERAGE SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:

Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or formed by the above named Little League and

That part of the ball field or other premises not being used by the above named Little League

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

CITY OF SOUTH PASADENA 2. SOUTH PASADENA UNIFIED SCHOOL DISTRICT 3. WNC
FIRST INSURANCE SERVICES 4. STANISLAWSKI AND COMPANY

ISSUED

Little League Baseball Risk Purchasing Group, Inc.

1 U.S. RT. 15 HIGHWAY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES TO THE ABOVE NAMED LITTLE LEAGUE BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER OR THEIR REPRESENTATIVE WILL MAIL 30 DAYS WRITTEN NOTICE TO THE DESIGNATED PERSON OR ORGANIZATION AT THEIR LAST KNOWN ADDRESS TO US.

DeM...

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 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: _____



AIG Companies

LITTLE LEAGUE BASEBALL® ACCIDENT NOTIFICATION FORM INSTRUCTIONS

For claims occurring after January 1, 2005

Send Completed Form To:

Little League Baseball, Incorporated
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485

Accident Claim Contact Numbers:

Phone: 570-327-1674 Fax: 570-326-2951

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

League Name		League I.D.	
Name of Injured Person/Claimant		DATE OF BIRTH (MM/DD/YY)	Age Sex
			<input type="checkbox"/> Female <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Check all applicable responses in each column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (5-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (5-8)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (7-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	(Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> JUNIOR (13-14)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> SENIOR (14-16)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> BIG LEAGUE (16-18)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

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

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

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

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

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 act material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

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

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

Were you a witness to the accident? ☐ Yes ☐ No

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

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

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

Does your league use breakaway bases on: ☐ ALL ☐ SOME ☐ NONE of your fields?

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 _____

Appendix F

Appendix G

Little League® Child Protection Program

Questions and Answers

1. What do we, as a league, have to do to comply so that we can be chartered for the next season?

The local league is required to have all board members, managers, coaches, and other volunteers or hired workers who provide regular service to the league or/and who have repetitive access to or contact with players or teams fill out the new volunteer application. Additionally, the league will be required to conduct a background check on each of these individuals. Little League Baseball will require each league to sign an agreement on the Charter application that they will comply with Regulations I(b) and I(c) 8 & 9. The leagues will also be required to sign a statement on the tournament enrollment form verifying that the process under the regulations has been completed and implemented. Failure to sign the agreement on the charter application will result in the league not being chartered and failure to fulfill the requirements of the regulations will result in the league's status being referred to the Charter/Tournament committee for action to revoke the league's charter and all privileges.

2. What type of background check is required by the new regulations?

The new Little League Baseball regulations require each local league to check the Sexual Offender Registry (SOR) in the state where the applicant resides. Where the Sexual Offender Registry is not available, then these leagues must do a criminal background check. However, local leagues may elect to conduct a criminal background check, which exceeds the minimum requirement by the new regulations. For example, a background screening through the Federal Bureau of Investigation.

3. What type of offenses are we screening for when we conduct a background check?

Local leagues are conducting a search of the government state-wide Sexual Offender Registry for anyone who has committed sexual offenses involving minors. An individual who has been convicted or plead guilty to charges involving or against a minor, no matter when the offense occurred, must not be permitted to work with children.

4. Who in the local league should be responsible to process the background check information?

Little League Baseball recommends the board of directors appoint the local league president and two other individuals to handle the background checks. These individuals may be from the board or individuals outside the board. For instance, the board of directors may appoint individuals who have significant professional background in this area, such as law enforcement officers or individuals with a legal background.

5. What if an individual has previously had a background check?

Each league must conduct their own background check on the appropriate individuals annually.

6. If our volunteer base comes from multiple states, in what state do we do the background checks?

Many leagues are located close to the boundaries of other states; these leagues must conduct the background check where the individual resides. The league must attach a copy of a government-issued photo identification to the volunteer application. The residence on the government document will determine where the check must be conducted.

7. What will result in termination of a volunteer under the new regulations?

Any background check that reveals a conviction of any crime involving or against a minor must result in immediate termination from the league. Additionally, volunteers who refuse to submit a fully completed Little League Volunteer Application must be immediately terminated or eliminated from consideration for any position. This includes individuals with many years of service to your league.

8. What if offenses involving or against minors are pending prior to or after appointment to a position in the local league?

We suggest the individual not be appointed or should be suspended from his/her current position pending the outcome of the charges.

9. What if there are convictions or other offenses NOT involving or against minors?

A local league may prohibit any individual from participating as a volunteer or hired worker, if the local league board of directors deems the individual unfit to work with minors.

10. Who is to be made aware of the information found on the background check?

The local league president shall only share personal information contained in the volunteer application, background check or other information obtained through the screening process with other members of the board of directors in order to make personnel decisions. If the information obtained through the background check is public record and causes an individual to not be appointed or to be terminated, Little League Baseball recommends this information be shared with the parents/guardians of the children who have had contact with the individual previously.

11. Where should these records be maintained and for how long?

The local league president shall retain each volunteer application, background check information, and any other documents obtained on file for the current year of service of that individual. After the local league has completed operation for the current season, the league president shall dispose of the records unless the league has taken action or made a decision based upon the information contained in the records. (Check local law to ascertain the length of time you must keep your records.)

12. What is the timetable for completing the screening of each individual?

The local league must complete the annual screening process prior to the individual assuming his/her duties for the current season. This would include the individual submitting a completed volunteer application and the league completing an appropriate background check.

13. What resources are available through Little League Baseball to assist in this process?

Leagues can obtain the new volunteer application and background check information for each state through the Little League website at www.littleleague.org. The information on the Little League website contains links directly to state government resources on conducting background checks. Little Leagues are also encouraged to use whatever local resources are available in their communities.

14. What will it cost my league to implement this new initiative ?

Thirty-five states provide a free background online check for sex offenders who have committed violent sex crimes or sex crimes involving children. Eight additional states provide free background checks through an offline process administered by the state. The remaining seven states have a fee requirement that ranges from \$5 to \$18. For more detailed information on costs, visit the Little League website at www.littleleague.org.

15. Where can I find funding assistance to pay for the background checks if necessary?

In the seven states where a fee is required, Little League suggests that the individual pay for their background check as a condition of service. The league may elect to seek other funding sources from local businesses, sponsors, civic organizations and service clubs.

16. When should local leagues begin the implementation process of this new initiative?

Immediately, so volunteer applications and background checks are completed prior to individuals assuming their duties for the current season.

17. Does this new initiative also apply to those individuals that assist the manager and coaches at practices or games?

Yes. Any individual who provides regular service to the league or/and who has repetitive access to or contact with players or teams must fill out the Volunteer Application and go through the background check process.

18. Who is going to coach the team if a screened manager or coach is no longer able to fulfill his/her duties?

Any permanent replacement can not assume their duties until the volunteer application and background check has been completed. The league may temporarily assign a board member or another screened individual to fill the vacancy until the proper process and appointment has been made.

19. Should our league wait until the entire screening process has been completed to submit our Charter Application and Insurance Enrollment Form?

No. The appropriate league officers must sign the statement on the form agreeing to adhere to the new regulations requiring the use of the new volunteer application and background screening process as outlined in Regulations I(b) and I(c) 8 & 9. Once this section is completed the balance of the charter application can be completed and submitted to Little League Baseball.

20. As the league president or an official of the local league, how do I explain the need for this new initiative?

These new requirements are being implemented by Little League and your local league to:

protect our children and maintain Little League as a hostile environment for those who would seek to do them harm.
protect individuals and leagues from possible loss of personal or league assets because of litigation.
take advantage of current technology and laws that have made background check information accessible to your local league.

21. What is the earliest age for conducting a background check and are background checks required for players?

Little League has determined that age 16 is the minimum age required for background checks for volunteers or hired workers who provide regular service to the league and/or have repetitive access to or contact with players or teams. Little League has come to this determination based on the following:

39 states and the District of Columbia consider age 16 to be the age of consent.

States generally view the age of consent as the age in which a minor can be held responsible for their actions in relation to sexual relations. Some states also hold minors at age 16 accountable for certain sexual crimes such as statutory rape.

Minors 16 year of age and older can be treated as adults in criminal proceedings. Minors 16 years of age and older when charged with serious crimes are often tried as adults.

Minors 16 years of age or older would be most likely to be given more responsibility and be in a position of greater influence over younger participants in the Little League program.

No players are required to have a background check unless they are acting in a capacity for the league outside their role of player. (For example, a 17 year old umpiring in a younger division with adult umpires as part of the umpire crew for that game.)