

**Fort Hunt Little League  
Safety Plan & Manual**

**2015**



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### Purpose

**The Fort Hunt Little League Safety plan serves two primary purposes. First, this plan serves as the overall plan for 2015 for all safety related issues to include how Fort Hunt Little League (FHLL) will comply with Little League Baseball requirements for a “Qualified Safety Program.” Second, this document is provided to all League volunteers and serves as a manual to educate volunteers on their responsibilities and procedures to improve the safety of FHLL.**

### ASAP Mission

In 1995 Little League initiated ASAP (A Safety Awareness Program). FHLL supports this program with the following mission statement:

### FHLL Safety Mission Statement

To create awareness, through a continuous education process in order to provide a safer environment for all involved in Fort Hunt Little League.

### FHLL Board of Directors

President	Barry Meuse
Vice President	Chris Lansburgh
Operations Director	Joe English
Seniors/.Juniors/Intermediate Comm.	Glen Copeland
Majors Commissioner	Tony Castrilli
Minors Commissioner	Chuck Gupton
AAA Commissioner	Erik Frazier
AA Commissioner	Jason Edwards
A Commissioner	Chris Condon
T Ball Commissioner	Jason Edwards
Treasurer	Kim Catanzaro
Registrar	Jimmy Finn
Safety Officer/Player Agent/Ombudsman	Mike Sundsted
Sponsor Coordinators	Jim Smith & Eric Rizzo
Communications Director	Maureen Beddis
Fields & Facilities Director	Bob Enfield
Volunteer Coordinator	Melissa Cramer
Chief Umpire	Jasper Thomson
Equipment Manager	Amy O’Dea



Training Coordinators

Tim Riviere, Jimmy Finn, & Mike Sheedy

Webmaster

Jeff Smith

### **FHLL Headquarters and Mailing Address:**

Barry Meuse  
President, Fort Hunt Little League  
7808 West Boulevard Drive  
Alexandria, VA 22308  
[bmeuse1@hotmail.com](mailto:bmeuse1@hotmail.com)  
C: 571-237-5403

**FHLL Website:** <http://www.forthuntlittleleague.org>

Police, Fire, Ambulance **Emergency:** 911 **Non-Emergency** 703-691-2131

Fairfax County School weather hotline: 800-839-FCPS (3277)

Or website: <http://www.fcps.edu/news/emerg.htm>

Safety Officer for accident reporting: Mike Sundsted (703) 768-5664 – home / 703-307-0903 cell, [mdsundsted@gmail.com](mailto:mdsundsted@gmail.com)

### **FHLL SAFETY CODE**

In accordance with Little League Baseball, the Board of Directors of FHLL has mandated the following **Safety Code**. All managers and coaches will read and comply with this **Code**.

- Responsibility for safety procedures belong to all adult members of FHLL.
- Each player, manager, designated coach, umpire, shall use proper reasoning and care to prevent injury to himself/herself and to others.
- Only league approved "rostered" managers and/or coaches are permitted to practice teams.
- Managers and coaches shall be familiar with basic First Aid.
- First-aid kits are issued to each field and are kept in the sheds and or field storage box. Coaches and managers shall notify the Safety officer in case of missing or depleted kit.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.
- Team equipment shall be stored within the team dugout or behind screens, and not within the area defined by the umpires as "in play."



- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of each player, manager and coaches.
- **All pre-game warm-ups shall be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators, (i.e., playing catch, pepper, swinging bats, etc.)**
- Managers, coaches and adults should be aware of players near the batting cages when practicing or pre-game warm up to ensure proper safety equipment, proper equipment and safe distances are being utilized to ensure proper safety.
- Equipment shall be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets that bear the **NOCSAE** (National Operating Committee on Standards for Athletic Equipment) seal and warning label during batting practice and games.
- Except when a runner is returning to a base, headfirst slides are not permitted. (Majors and below)
- During sliding practice, bases should **not** be strapped down or anchored.
- Parents of players who wear glasses should be encouraged to provide "safety glasses" for their children.
- On-deck batters are not permitted. (Majors and below)
- Players in dugout will remain behind safety line—not in dugout door way or in line with a batted ball in the dugout.
- All Catchers must wear during games and practices:
  - Athletic supporters and cups
  - Shin guards and catcher's helmet
    - all of which must meet Little League specifications and standards
    - Helmet must have dangling type throat protector
    - **Note:** Skullcaps are **not** permitted.
- Catchers must wear a catcher's mitt – not a first baseman 's mitt or fielder's glove ('A' and above)
- Players must not wear jewelry such as, but not limited to, rings, watches, earrings, bracelets, necklaces, nor any hard cosmetic/decorative items. This rule applies regardless of the composition of such jewelry, hard cosmetic item or hard decorative item. (EXCEPTION: Jewelry that alerts medical personnel to a specific condition is permissible.)
- Players are not to venture into the woods at any of our field locations
- All bats used in Majors division and below will have Bat Performance Factor (BPF) of 1.15 or less and be approved by Little League Baseball.



- Little League has a baseball bat resource page for reference listing bat types, bat rules, definitions and an overall general bat overview at the website, (<http://www.littleleague.org/learn/equipment/baseballbatinfo.htm>).
- Composite bats are not authorized unless approved by Little League Baseball, see website (<http://www.littleleague.org/media/newsarchive/2010/Sep-Dec/LLBBCompositeBatMoratoriumFAQ.htm>) A listing approved or “waived” composite bats are listed at the website Little League has a baseball bat resource page for reference listing bat types, bat rules, definitions and an overall general bat overview at the website, (<http://www.littleleague.org/learn/equipment/baseballbatinfo.htm>).
- Managers will never leave an unattended child at a practice or game.
- Managers and coaches shall make arrangements to have a cellular phone available for all games and practices as none of our fields have public phones.
- Managers are expected to ensure team parents abide by FHLL Rules and Regulations to include code of conduct during games and practices (i.e. digitally signed document when each player is registered)
- All gates to the fields must remain closed at all times.
  - After players have entered or left the playing field, gates should be closed and secured.

## **RESPONSIBILITY**

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

### **FHLL Safety Officer:**

The primary responsibility of the FHLL Safety Officer is to develop and implement the League’s safety program. The FHLL Safety Officer is the link between the Board of Directors of FHLL and its managers, coaches, umpires, players and spectators in regards to safety matters.

### **The FHLL Safety Officer’s responsibilities include:**

1. Working with and educating individual Team Managers in order to provide the safest environment possible for all within allocated budget.
2. Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and parents.
3. Explaining insurance benefits to claimants and assisting with filing claims and related material.



4. Maintaining an accident log. This log will detail how and where accidents and injuries are occurring, to whom, in which divisions, at what times, under what supervision.
5. Correlating and summarizing accident data to support future accident prevention and have safety plan reviewed by District # 9 Safety Officer.
6. Insuring that each team receives access to the *FHLL Safety Plan & Manual* via posting on the league website and paper copy (one per team and select members of the BOD).
7. Ensure proper First-Aid Kits and ice packs are stationed at each field and are maintained throughout the season.
8. Conducting annual Safety and common sense first aid class for all Managers and designated coaches and forward ASAP Newsletters throughout FHLL.
9. Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to safety officer's attention.
10. Visiting other leagues to allow a fresh perspective on safety.
11. Complete and file with LLHQ the annual Little League Facility Survey.

### **Managers and Coaches:**

FHLL Managers and Coaches have the most critical role in implementing a successful safety program. It is the Managers and Coaches that have the day to day contact with the players and have the greatest impact on making our program as safe as possible. As such our Managers and Coaches shall:

- Review, study, and understand the contents of the Little League Rule Book & the Fort Hunt Little League local "House Rules".
- Attend a mandatory training session given by FHLL
- Prior to games or practice ensure each player has warmed up and stretched. Appoint a player and parent safety representative.
- Have each parent or guardian complete a medical release form and retain a copy in your possession at all FHLL activities (see Appendix D)
- Teach players the fundamentals of the game while advocating safety
- Ensure all equipment is maintained in safe working order
- Make sure that telephone access is available at all activities
- Know that First-Aid Kits are located at each field and be familiar with the *FHLL Safety Plan*.
- Make sure that players carry 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.
- Observe the "no on-deck" rule for batters and keep players behind the screens at all times (except Juniors/Seniors).
- Keep players off fences.



- Encourage players to drink often so as to avoid dehydration.
- Not play children that are ill or injured.
- Attend to children that become injured in a game.
- Not leave the field until every team member has been picked up.
- Notify parents if their child has been injured.
- In the event of an injury fill out an accident report and submit to the FHLL Safety Officer. Time for reporting based upon severity of accident. (see pages 11-12 and Appendix B)
- Return the field to its pre-game condition.
- Inspect player supplied equipment to ensure it meets safety requirements
- Know your players.
  - Talk to parents, confidentially, and inquire if their child suffers from allergies, asthma, heart conditions, past injuries, ADD, ADHD, communicable disease such as hepatitis, HIV, AIDS, etc. Get Medical Release form on each child (Appendix D)
  - Find out if a child is taking any kind of medication
- *Communicate* any safety issues to the FHLL Safety Officer, include league commissioner.
- Report *injuries and near misses* to the FHLL Safety Officer and your Division commissioner ASAP, NLT 48 hours after the event.
- Track *First-Aid Kit inventory* and request replacements when needed.
- Prior to games and practices, walk the field to remove broken glass and other hazardous materials. The home team is responsible for walking the field before games.

**Safety first!**  
**BE ALERT!**  
**CHECK PLAYING FIELD FOR HAZARDS**  
**PLAYERS MUST WEAR PROPER EQUIPMENT**  
**ENSURE EQUIPMENT IS IN GOOD SHAPE**  
**MAINTAIN CONTROL OF THE SITUATION**  
**MAINTAIN DISCIPLINE, BE ORGANIZED**  
**KNOW PLAYERS' LIMITS AND DON'T EXCEED THEM**  
**MAKE IT FUN!**

### **CONCESSIONS SAFETY**

FHLL does not maintain league sponsored concession stand operations. Should FHLL begin to offer this service all concessions operators will follow the requirements of Appendix A.





## **RISK MANAGEMENT**

FHLL Managers and Coaches have a critical role in mitigating risk for players, parents, and spectators. Risk management is a decision-making process to systematically evaluate possible courses of action, identify risks and benefits, and determine the best course of action for any given situation.

- Assess the environment for hazards or risks.
- Consider ways to reduce the risk or eliminate it totally
- Take the appropriate action to reduce the risk or eliminate it totally.
- Inform others (League President, Safety Officer, and other coaches)

**Accept No Unnecessary Risk**—whether it’s an approaching thunderstorm, poor field conditions, or equipment degradation, ensure the risk is minimized to avoid injury to players, parents, or spectators.

**Make risk decisions at the appropriate level**—ensure that the other coach(es), head umpire, league Safety Officer and/or President are consulted, if needed.

## **VOLUNTEERS**

It is a little league policy that all volunteers complete the Little League supplied Volunteer Application form. Accordingly – all FHLL volunteers shall complete the Little League Volunteer Application form found in the Appendix E. In addition to managers, coaches, umpires and board members, any person who provides regular service to FHLL or is in regular contact with players is considered a volunteer and shall complete a volunteer application. Anyone refusing to fill out an application is ineligible to be a FHLL volunteer. Background checks are mandatory and are conducted for all volunteers utilizing either *Choicepoint* comprehensive criminal and sex offender checks or standard United States Department of Justice National Sex Offender Public Registry checks. When FHLL becomes aware of information, by any means whatsoever, that an individual, including, but not limited to, volunteers, players and hired workers, has been convicted of or pled guilty to any crime involving or against a minor, we will contact the applicable government agency to confirm the accuracy of the information. Upon confirmation of a conviction for, or guilty plea to, a crime against or involving a minor, FHLL shall not permit the individual to participate in any manner.



### **TRAINING GENERAL: FHLL Instructional Day**

Managers shall attend training on baseball fundamentals – hitting, sliding, fielding, etc. Our Training Coordinator organizes this training on behalf of the League. This is an excellent opportunity for Managers to share coaching tips and practices and to better understand the importance of sound fundamentals in relation to our safety program. All Managers are required to attend and all coaches are encouraged to attend. Training is good for three years, however each team must have a manager or coach present each year. Training will include an umpire clinic. Mandatory basic first-aid training and medical awareness will also be provided during each session. Managers and coaches are highly encouraged to receive additional local professional training and to become familiar with basic first aid, and solicit an assistant coach or parent to be available if they have first aid certifications.

For 2015, this training will occur/occurred in March 2015 in the Carl Sandburg Middle School Library and Hollin Hall Baseball fields for all Managers, Coaches and umpires across all the Divisions and age levels within FHLL.

### **EQUIPMENT MANAGER**

**The FHLL Equipment Manager** shall ensure FHLL acquires and disseminates equipment that conforms to Little League rules and standards. The Equipment Manager shall replace any damaged equipment and replace equipment that does not fit properly. Prior to issuing any equipment the Equipment Manager and/or the Safety Officer shall conduct a full audit of all equipment and remove/destroy all that does not meet Little League standards.

For 2015 this audit was performed in December 2014 by Bob Enfield, FHLL Equipment Manager. New equipment has been ordered where necessary.

### **EQUIPMENT**

The FHLL Equipment Manager 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 inspect equipment before each game and each practice. The FHLL Equipment Manager will promptly replace damaged and ill-fitting equipment. Furthermore, kids like to bring their own gear. This equipment 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 FHLL



Equipment Manager. First-Aid kits shall be collected from the staged locations by the Safety Officer and turned in with the equipment.

- Each team, at all times shall use protective helmets that meet NOCSAE specifications and standards. All FHLL provided helmets shall meet the NOCSAE standard. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.
  - Each helmet shall have an exterior warning label.
  - **NOTE:** The warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.
  - Helmets **cannot** be altered in any form, including painting or adding decals without specific manufacture authorization
- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player/base coach is mandatory.
- Use of a helmet by an adult base coach is optional.
- Male catchers must wear the metal, fiber or plastic type cup.
- 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, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games.
  - **NOTE: Catcher Skullcaps are not permitted.**
- If the gripping tape on a bat becomes unraveled, the bat shall not be used until it is repaired.
- Bats with dents, that are fractured in any way or cannot pass through the Little League approved bat ring, must be removed from play. (Wooden bats are allowed)
- Only Official Little League balls shall be used during games.
- Make sure helmets fit - snug.
- Replace questionable equipment immediately by notifying the FHLL Equipment Manager.
- Multi-colored gloves that include the colors white or light gray may not be worn by pitchers.

## **ACCIDENTS, REPORTING, and INSURANCE PROCEDURES**



It can be confusing as to when and what to report. To clarify accident reporting, it will be reported based upon the severity using the following categories: **Red**, **Orange**, **Yellow**, and **Blue**.

**Red** – a major accident (i.e., compound fracture, unconscious, or other severe injuries) that requires the calling of rescue personnel, the manager will call for emergency rescue immediately. Stabilize, prevent further injury. Notify the league VP ASAP. The manager will also notify the president and safety officer regardless if the accident happened during a practice or game. Accident report required within 48 hours.

**Orange** - a serious accident (i.e., bone fracture, a deep cut, eye injury, or tooth injury) that in the opinion of the manager or parent will require professional medical treatment, notify emergency rescue if warranted Stabilize, prevent further injury. Seek medical aid. In all cases provide the parent with the safety officer information so they can get insurance information. Accident report will be required within 48 hours.

**Yellow** – a minor accident that requires first aid treatment. Notify the parent and provide accident report only if accident was caused by a safety deficiency - unsafe condition - within 48 hours.

**Blue** – is used to report observed safety issues or safety recommendations.

Safety check block – If any accident was caused by a preventable situation (e.g., sharp edges on fence, exposed electrical wire, or any damage physical structure) check the block so FHLL can address this issue immediately.

In the event any player, manager, coach, umpire, volunteer, league official, or spectator is injured while involved in activities sanctioned by FHLL, provide or seek appropriate first aid / treatment. For follow-up, the home team manager is responsible for completing the Accident Report within 48 hours. Notify FHLL Safety Officer if in doubt.



**Reporting Procedures:** It is important that all required accidents, injuries, and safety incidents are reported to the FHLL Safety Officer. It is only through such feedback that causal factors can be analyzed and corrective action (when required) can be taken to prevent reoccurrence. The following conveys the “what, when, and how” of reporting that shall be followed by all managers, coaches, umpires and league officials.

**How to make a report** - The “2015 FHLL Accident Report” shall be used to record and report all accidents, injuries, and incidents as described earlier. The referenced form sufficiently addresses “what” should be reported and to “whom” the report should be submitted. A copy of the “FHLL Accident Report” can be found in the Appendix B. Forms are available to be downloaded at **FHLL Website:** <http://www.forthuntlittleleague.org> under the Safety link or from the FHLL Safety Officer, Mike Sundsted, 703-307-0903 or mdsundsted@gmail.com.

#### **FHLL Safety Officer’s Responsibilities -**

Within 24 hours of receiving the *FHLL Accident Report* the FHLL Safety Officer will contact the injured party or the party’s parents and;

- verify the information received and 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 visited.) will advise the parent or guardian of the FHLL Little League’s insurance coverage and the provision for submitting any claims.
- 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 the individual is participating in League again).
- Work with FHLL Board of Directors to promptly address any identified corrective action measures deemed necessary

#### **INSURANCE POLICIES**

The Fort Hunt LL accident insurance, provided by Bollinger Insurance Solutions and administered by Jim Hebert of Clark and Sampson in Alexandria, VA, covers only those activities approved or sanctioned by Little League Baseball, Incorporated. FHLL participants shall not participate as a team in games with other teams of other programs or in tournaments except those authorized by Little League Baseball, Inc. Players MAY play in other leagues, however, those players who choose to do so are not insured by FHLL, but that respective league.

#### **Explanation of Coverage:**



Bollinger Insurance Solutions, in a policy, underwritten by the Fort Hunt Youth Athletics Organization affords protection to all participants at an economical cost. It is used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, the Bollinger insurance, not the parent -takes over and provides benefits, after a \$250 deductible per claim, for all covered injury treatment costs up to the maximum stated benefits detailed below. 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 for all FHLL sanctioned practices, games and events such as the Home Run Derby. Claim forms are available from the League Safety Officer – Mike Sundsted.

Liability Coverage: Comprehensive General Liability, ISO form

Aggregate Limit of Liability \$3,000,000

Products/Completed Operations Aggregate \$1,000,000

Per Occurrence Limit \$1,000,000

Participants' Legal Liability Limit Included

Personal Injury/Advertising Injury \$1,000,000

Sexual Abuse/Molestation Liability (Aggregate) \$2,000,000

Sexual Abuse/Molestation Liability (Per Occurrence) \$1,000,000

Fire Legal Liability (any one fire) \$100,000

Medical Payments (to non-members) \$5,000

This Insurance Policy is designed to supplement a parent's existing family policy.

Safety Kits – First Aid kits are located at each field FHLL uses for practice and games. The kits are either in the shed where there is a shed, or in the storage box. Specifically first aid kits are in the Hollin Hall, Red Stevens and Darsey Field sheds and knock boxes at Fort Hunt Elementary and Waynewood Pool fields.

The contents of the standard safety kit are provided in Appendix C. Additions to the safety kit will be on a case-by-case basis and can include supplies applicable to the individual player (e.g., anti-venom for bee sting). Any team which requires any dedicated first aid supplies for any specific player should contact FHLL Safety Officer.



## **CHILD ABUSE**

### ***Volunteers***

*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.

All managers, coaches, board members and any other volunteers or hired workers who provide regular services to FHLL and/or have repetitive access to or contact with players or teams must fill out the 2015 Volunteer Application Form as well as provide a government-issued photo identification card for ID verification. This form is contained in Appendix E. of this document.

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 FHLL.

### **Reporting**

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

### **Fiction and Fact**

***"Sex abusers are dirty old men."*** Not true. While sex abusers cut across socioeconomic levels, educational levels and race, the average age of a sex offender has been established at 32.

***"Strangers are responsible for most of the sexual abuse."*** Fact: 80-85% of all sexual abuse cases in the US are perpetrated by an individual familiar to the victim. Less than 20% of all abusers are strangers.



***"Most sex abusers suffer from some form of serious mental illness or psychosis."***

Not true. The actual figure is more like 10%, almost exactly the same as the figure found in the general population of the United States.

***"Most sex abusers are homosexuals."*** Also not true. Most are heterosexual.

***"Children usually lie about sexual abuse, anyway."*** In fact, children *rarely* lie about being sexually abused. If they say it, don't ignore it.

***"It only happens to girls."*** While females do comprise the largest number of sexual abuse victims, it is now believed that the number for male victims is much higher than reported.

### **Investigation**

FHLL will report any allegation of sexual abuse to the Fairfax County Police Department for action deemed appropriate. *Little League volunteers should not attempt to investigate suspected abuse on their own*

### **Suspending/Termination**

When an allegation of abuse is made against a Little League 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**

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 FHLL 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 they are not alone.

### **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 of large outdoor facilities, but visitors could be directed to a central point within the facility. Individuals should not be allowed to wander through the area without the knowledge of the Managers, Coaches, Board Directors or any other Volunteer.

### **Lighting**

Child sexual abuse is more likely to happen in the dark. The lighting of fields, parking lots and any and all indoor facilities where Little League functions are held should be bright enough so that participants can identify individuals as they approach, and observers can recognize abnormal situations.

### **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 rest room areas. There can sometimes be special circumstances under which a child requires assistance to toilet facilities, for instance T-Ball, but there should still be adequate privacy for that child. Again, we encourage the use of the "**buddy system**" here.



## PITCH COUNT and PITCHING INJURIES

**Pitch count does matter.** Remember, in the major leagues, a pitcher is removed after approximately 100 pitches. **A child cannot be expected to perform like an adult!**

The most common causes of pitching arm injuries to high school, college and professional pitchers are **overload, overuse, lack of proper conditioning, and improper throwing mechanics.**

**Overload** is the result of throwing too many pitches during one outing. Maximum pitch counts for various age groups, or for an individual pitcher's normal strength and stamina, are effective in preventing overload.

**Overuse** is the result of pitching too often and not having an adequate recovery time or a good arm maintenance program (stretching, running, strengthening, throwing) between pitching assignments. Coaches and trainers should be aware that each individual pitcher varies in arm strength, arm fatigue, arm tightness and soreness and require different recovery time needs. Make certain you provide your pitcher with a good active recovery program between pitching assignments.

**Proper conditioning** involves the entire body; the legs and core muscles as well as the throwing arm. Coaches should supervise a proper stretching and warm-up procedure that is performed daily before throwing a ball.

**Pre-season** is one of the most frequent times for arm injuries. Pitchers throw too much and too hard, too early. Also, they have not ingrained their normal rhythm and often are attempting to learn new techniques or new pitches.

Another major factor of injury during pre-season is that pitchers are not working with a normal in-season rotation schedule and do not get enough recovery time from a lot of necessary drill work that involves throwing (pick-offs, defensive plays, etc.).

**Improper throwing mechanics.** If a pitcher has improper throwing techniques, with the body or arm, there is a great chance of early fatigue of the throwing mechanism, and of course injury. The more power and force generated, the greater the chance of injury.

In a competitive situation, most pitchers will not admit they are fatigued, experiencing minor pain or have a minor injury. It is important that you, a coach,



trainer or physical therapist be able to recognize changes in the pitcher's mechanics, performance, or mannerisms.

### **Recognizing Pitching Arm Fatigue**

Besides the **loss of control** (command of his pitches), and some loss of **velocity**, a pitcher will often change his throwing motion to compensate for the loss of arm strength and hand speed, or he will change to protect his arm from further stress and pain. Be alert for:

1. The pitcher **rushes his motion** trying to generate more power with the body and reduce the stress on his arm. This action actually causes more stress because the arm drags behind the normal throwing rhythm. The pitcher will have a greater loss of hand and pitch speed.
2. The pitcher may **shorten his arm deceleration** path and follow-through. He will lose his normal arm extension during the release and deceleration phases.
3. The pitcher takes **more time** between pitches, walks around the mound, etc.
4. The pitcher **stretches, shakes, or swings** his arm or shoulder more between pitches.
5. The pitcher may **not get his hand and elbow up** to the normal height in the cocked position. It will appear that he has lowered his elbow during his motion and is accelerating in more of an upward plane.
6. The pitcher **grimaces** (flinches) during the release and deceleration phases.
7. Between innings, the pitcher may **massage** his **elbow** (lower biceps) or top of the **shoulder** (biceps tendon) area. With arm fatigue, a pitcher's hand often trembles.
8. Between pitching assignments, the pitcher is **reluctant to throw**, or throw properly during defensive drill (PFP) work. He is protecting a stiff or sore arm that needs more recovery time.
9. Many pitchers will not admit to their coach that they are overly sore or have a minor injury. They will see the trainer or team physician if they believe the medical person will not tell the coach. **There needs to be a good open communication, in confidence, between medical personnel and coaches.**
10. At higher levels of baseball, your **opponent's hitters** will show you that your pitcher has fatigued and lost some command and velocity. They will take better swings and hit the ball harder more frequently.

In addition to changes in a pitcher's mechanics, there are often some noticeable **physical signs**, which indicate muscle, tendon, or ligament strain around the shoulder, elbow, forearm or wrist.

1. Redness, discoloration, or internal bleeding in the area.



2. Swelling, puffiness, stiffness, extreme tightness.
3. A burning sensation upon movement.
4. Sharp pain versus a normal dull ache.
5. Lack of grip strength.
6. Loss of extension, flexion, or normal range of motion.

When a coach or trainer observes some of these signs, stop the pitcher from throwing, apply ice to the injured area, and allow him more recovery time from drill work, throwing and a pitching assignment. Have the pitcher do a lot of running and cardiovascular work, but limit his throwing.

If there is little improvement (recovery) after rest within his normal recovery time frame, the player should be seen by a physician to learn the extent of the injury. The pitcher may have to be closed down and go through a throwing rehab program before pitching competitively again.

One of the best ways to develop **arm strength**, **arm stamina**, and **pitch velocity** while **avoiding arm injury** is to throw a baseball, throw often over a long period of time, and throw bio-mechanically correct. Long term, consistently successful pitchers develop a repeatable, rhythmic and efficient motion.

Proper mechanics are key to preventing injury in all baseball throwing motions including pitching. Throwing curveballs has been suggested as a risk factor; however that contention is not supported by research. Young pitchers can safely throw curveballs if done with proper mechanics. Dr. Andrews, the recognized expert in Tommy John surgery, identifies Five Risk Factors: 1/ Year-round baseball; 2/ Velocity; 3/ Fatigue; 4/ Showcase; 5/ Radar Guns – all of these risk factors are performance circumstances which can, and often do, induce fatigue. Proper mechanics and prevention of over-use are the best safe-guards against elbow and shoulder injury.

In FHLL, young pitchers should be encouraged to master the fast ball and may add the changeup to their repertoire and to progress as their individual development and arm strength permit. An occasional use of a curveball, thrown with hand grip and not with wrist or elbow rotation, when employed under the supervision of a qualified pitching instructor in conjunction with the normal development of a pitcher, is not a risk factor.

### **American Sports Medicine Institute Position Statement for Youth Baseball Pitchers (April 2013)**

With the rise in elbow and shoulder injuries in youth baseball pitchers, the adult community needs to take steps to prevent these injuries. Research points to overuse



as the principle risk factor. Poor pitching mechanics also contribute to injury risk. Another suggested risk factor is poor physical fitness.

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

1. Watch and respond to signs of fatigue (such as decreased ball velocity, decreased accuracy, upright trunk during pitching, dropped elbow during pitching, or increased time between pitches). If a youth pitcher complains of fatigue or looks fatigued, let him rest from pitching and other throwing.
2. No overhead throwing of any kind for at least 2-3 months per year (4 months is preferred). No competitive baseball pitching for at least 4 months per year.
3. Do not pitch more than 100 innings in games in any calendar year.
4. Follow limits for pitch counts and day's rest.
5. Avoid pitching on multiple teams with overlapping seasons.
6. Learn good throwing mechanics as soon as possible. The first steps should be to learn, in order: 1) basic throwing, 2) fastball pitching, 3) change-up pitching.
7. Avoid using radar guns.
8. If a pitcher complains of pain in his elbow or shoulder, discontinue pitching until evaluated by a sports medicine physician. Inspire youth pitchers to have fun playing baseball and other sports. Participation and enjoyment of various physical activities will increase the youth's athleticism and interest in sports.

#### **PRELIMINARY DATA HAS DEMONSTRATED THE FOLLOWING:**

- 1) A significantly higher risk of **elbow** injury occurred after pitchers reached 50 pitches in a single outing.
- 2) A significantly higher risk of **shoulder** injury occurred after pitchers reached 75 pitches in a single outing.
- 3) In one season, a **total of 450 pitches or more** led to cumulative injury to the elbow and the shoulder.
- 4) The mechanics, whether good or bad, **did not** lead to an increased incidence of arm injuries.
- 5) 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 the older children were the pitchers throwing the curve.
- 6) The pitchers **who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury** to their throwing arm.
- 7) A slider increased the risk of **both elbow and shoulder** problems.



FHLL abides by the Little League recommended Pitch Count Rules that are listed in the 2015 FHLL House Rules.

## DEHYDRATION

Good nutrition is important for children. Sometimes, the most important nutrient children need is water –especially when they are 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. 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.

## BACTERIA INFECTION

### **Methicillin-resistant Staphylococcus aureus (MRSA)**

MRSA infection is caused by Staphylococcus aureus bacteria — often



called "staph." To help prevent the spread of MSRA and other contact passed illnesses the following measures will be taken:

- All FHLL catching equipment should be wiped with disinfectant weekly.
- When using FHLL supplied catcher's mitt the player should wear a batting glove
- Any player with open sores on their throwing hand must wear a batting glove and cannot pitch

### **BATTING CAGES**

When the batting cages are utilized the following rules will be enforced:

- One batter at a time will be allowed in batting cage
- Pitcher will pitch behind a pitching screen
- If pitching machine is used it be operated by an adult only
- All batting cage sessions will be supervised by an adult
- It is recommended that the pitcher and/or machine operator wear a batting helmet
- The batter will always wear a batting helmet while in the batting cage
- During games and practices where more than one team is utilizing each cage and there are numerous players operating in and around the cages it is imperative that there is a "Safety adult" (coach or parent from one or more of the teams to ensure proper safety equipment and distance usage from players swinging bats.

### **TOOTH INJURIES**

Save any tooth that has been knocked out for possible re-implantation. Bring it to your dentist as soon as possible. The longer you wait, the less chance there is for successful re-implantation. Handle the tooth only by the crown (chewing edge). Use one of the following options to transport the tooth:

1. Try to replace the tooth in the socket, to the level of adjacent teeth. Bite down gently on gauze or a wet tea bag to help keep it in place. The surrounding teeth can be used as anchors. Care must be taken not to swallow the tooth.
2. If the tooth cannot be replaced in the socket, place it in a container and cover with a small amount of whole milk or saliva. The tooth can also be carried between lower lip and lower gum or under the tongue.

For additional first aid, follow these steps:

1. Apply a cold compress to the mouth and gums for pain.



2. Apply direct pressure, using gauze, to control bleeding.
3. Get dental help immediately. The sooner dental attention is received, the better the chances are for successful re-implantation.

### **DO NOT**

1. DO NOT handle the roots of the tooth. Handle only the chewing edge -- the crown portion of the tooth.
2. DO NOT scrape the root of the tooth to remove dirt.
3. DO NOT brush or clean the tooth with alcohol or peroxide.

### **When to Contact a Medical Professional**

See a dentist immediately if:

- A permanent tooth has been knocked out.
- A tooth has been partially fractured and pain and swelling results.

In the case of simple tooth fractures, a non-emergency dental appointment can be made.

After a major accident, if you are not able to bring your upper and lower teeth together, the jaw may be broken. This requires immediate attention. You may call a dentist, but also seek help at a hospital.

### **EYE INJURIES**

If a player is hit hard in the eye socket DO NOT put ice on the eye; seek medical attention immediately.

If a player has a chemical in the eye, including dust from the baseball field, use water to wash out the eye and have them seek medical attention.

### **CONCUSSIONS**

Fort Hunt Little League has a two-part concussion policy. First, it assures practice and games are conducted safely with every effort to prevent injuries of all types including those to the head; second it assures all managers, coaches and officials are trained and certified in recognizing concussions so those injuries can obtain timely medical attention.

Before being accepted as qualified volunteers to work with players, all Fort Hunt Little League managers, coaches and officials must demonstrate that they have been





certified in concussion recognition. This certification complies with Fort Hunt Little League standards and complies with Virginia state law (section 22.1-271.5 of the Virginia Code).

The latest concussion information from the Centers for Disease control can be found at: [http://www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html)

The following information is provided by WebMD.

CALL 911 if the injured is experiencing any of the following:

- Vomiting repeatedly
- Unequal pupils
- Confused or agitated
- Weakness on one side of the body
- Passes out or is unconscious
- Drowsy or unable to wake up
- Neck pain after a fall
- Slurred speech
- A seizure

#### TAKE ACTION

1. Prevent Swelling and further injury by stopping physical activity and rest; apply ice pack wrapped in a washcloth.
2. Treat Symptoms by giving over the counter acetaminophen (aspirin or ibuprofen may worsen bruising).
3. Monitor Symptoms for 24 hours.
4. See a Doctor immediately. Seek medical attention a second time if a symptom recurs, if headaches worsen, vomiting recurs, or there is increased drowsiness, dizziness or confusion.

### **WEATHER**

#### **WARNING**

If the National Oceanic and Atmospheric Administration (NOAA) issues an official Thunderstorm, Tornado, or Tropical Storm Warning all play will stop and all persons will seek shelter either in a building or personal vehicles.

#### ***Rain:***

If it begins to rain:

1. Evaluate the strength of the rain. Is it a drizzle or is it pouring?
2. Determine the direction the storm is moving.



3. Evaluate the playing field as it becomes more and more saturated.
4. Stop practice if the playing conditions become unsafe --use common sense. If playing a game, consult with the umpires, who have the responsibility to decide whether or not to suspend play or call the game.

### **Lightning:**

The average lightning strike 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 strikes 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 strike 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 threatening skies appear or when thunder is heard, close monitoring of conditions shall begin.

If cloud to ground lightning is seen, play shall be suspended immediately.

If cloud to cloud or distant lightning is seen, the "flash-bang" method should be used. If less than 30 seconds elapses between flash-bang, play shall be suspended immediately.

\*Play shall not resume until 20 minutes have elapsed from the last 30 second flash-bang count.

Example:

*Play is suspended at 6:30pm due to lightning, at 6:40pm, a lightning strike within the threshold is noted, play may not resume until 7:00pm. During suspended play, players should leave the field area with parents but stay in the area until play is resumed or game is cancelled. Conditions will continue to be monitored closely and play may be re-suspended as necessary.*



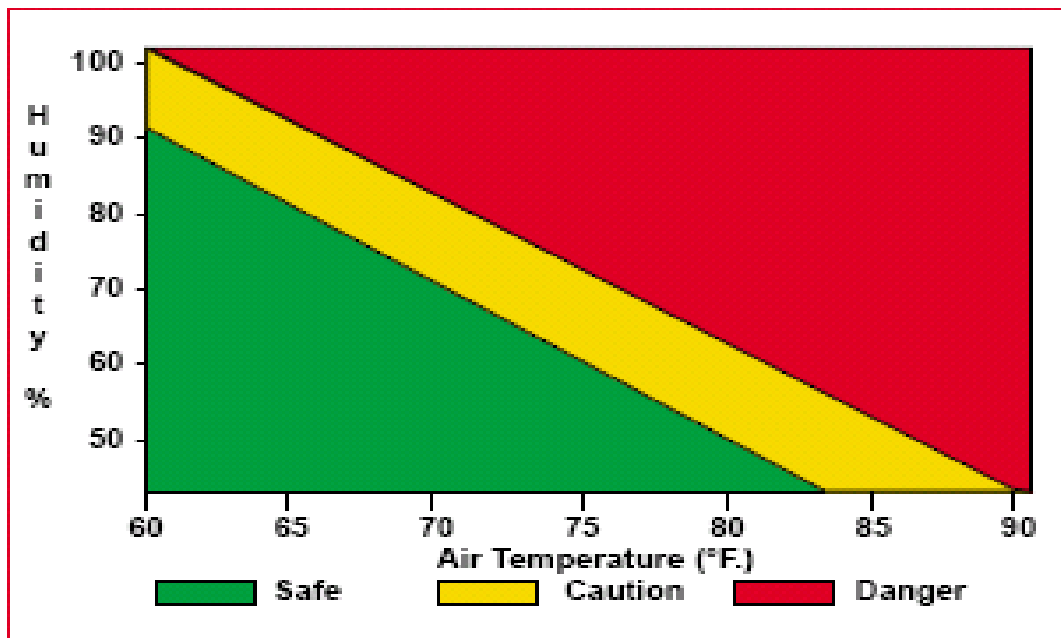
### ***During Suspended Play, Players should:***

1. Leave the dugout/field area with parents. Get players to walk, not run to their cars and wait for your decision on whether or not to continue the game or practice.
2. Stay away from metal including fencing and bleachers.
3. Do not hold metal bats or metal rakes.

### ***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 A.S.A.P.
- If a player should collapse as a result of heat exhaustion, call **9-1-1** immediately. Get the player to drink water to cool him/her down until the emergency medical team arrives.(See section on Hydration)
- Use for following charts for guidelines:



### **9-1-1 EMERGENCY NUMBER**

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 four steps.



- First Dial **9-1-1**
- Give the dispatcher the necessary information. Answer any questions he or she might ask. Most dispatchers will ask:
  - The exact location or address of the emergency. Include the name of the 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
  - 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 till professional help arrives.
- Appoint somebody to go to the street and look for the **ambulance** and **fire engine** and flag them down if necessary. This saves valuable time. Remember, every minute counts.

#### **When to call -**

- 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. 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 a seizure, a severe headache, or slurred speech.
  - Appears to have been poisoned.
  - Has an injury to the head, neck or back.
  - Have possible broken bones.

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

#### **ASAP Newsletters and Questions**

Little League publishes a monthly newsletter on safety. Below are excerpts of some of the more interesting articles from the past several years that should be of interest to all our volunteers. If you have an interest in the most current information and subsequent issues, the publication is available on-line at:



<http://www.littleleague.org/manuals/asap/newsletters/index.htm>. The publication is an excellent source for good ideas, safety tips, suggestions and practical experience from coaches, managers and safety officers around the country.

*The equipment storage sheds and boxes are prone to have wasp's nests, here is ASAP that will help in dealing with the wasps.* "I'm the newly-appointed Safety Officer for the North Scottsdale Little League in Scottsdale, Arizona. A situation we encountered last season may be worth passing around. Before a game a player alerted his coach that bees were in center field. Inspection revealed that the bees were entering and exiting from the access hole in the lid of a water valve box that lay flush with the grass in the middle of center field. The hole was smaller than normal, as someone had previously used chewing gum in an apparent attempt to seal the hole.

"The coach went to the equipment room and got an aerosol can of bug killer and headed back to center field with the intent of killing the few bees he expected to find. He grabbed the edges of the heavy lid and was able to flip it off.

"Suddenly the sky turned black, full of very angry bees. Fortunately, they did not attack but kept flying in an ever-widening circle. The game was cancelled and coaches using the other seven fields were alerted, especially in case anyone was allergic to bee stings.

**Safety Memo: Please Help Us Help Your Child In The Event Of An Emergency.**

- Is Your Child Allergic To Any Kind Of Insect Bites Or Bee Stings?
- Does Your Child Have Asthma Or Any Respiratory Illness?
- Is There Anything The Coaches Should Know About Your Child In An Emergency?

**(Warning sign about insect stings by Blackwood, NJ, Kiwanis Little League)**

It took two beekeepers working together to dislodge the huge hive that occupied several cubic feet below center field. The two biggest dangers associated with bees in our southwestern locale is the obvious allergy factor and the fact that in the last two years there have been documented cases of fatal attacks by Africanized bees. "As it turned out, no one was even stung, and these were not Africanized bees. But the next time . . . we'll be leaving the lid on and calling the beekeeper. It may be inconvenient to have to reschedule a ballgame, but it's no big deal compared to facing a large swarm of bees in a bad mood!"

Questions already answered by Williamsport

**Q.** "Can a manager/coach warm up a pitcher who is warming up to come into a game?"



**A.** No; adults (parents and/or managers and coaches) are not allowed by Little League rules (3.09) to warm up pitchers either on the field or in the bullpens, only a player-catcher is allowed to. The purpose of this rule is both to ensure maximum practice opportunities for players who are learning the catcher position, and to ensure the safety of parents/coaches who may not have the appropriate gear to perform this task. According to the rule 1.17, "Catchers must wear catcher's helmet (with face mask and throat guard), chest protector and shin guards. Male catchers must wear long-model chest protector (divisions below Junior/Senior League), protective supporter and fiber or plastic type cup at all times." Also, "Catchers must wear catcher's helmet, face mask and throat guard in warming up pitchers. This applies between innings and in bullpen practice."

**Q.** *"We have a large interest in allowing our T-ballers to hit pitches thrown by Adults. Maybe after half the season we will phase that aspect in. What Requirements do we have to follow to have that approved, or is it at all?"*

**A.** T-ball players cannot be thrown pitches. Five- and six-year-olds are allowed to play T-ball, according to Dan Kirby, risk management director of Little League. If you have seven- and eight-year-olds who wish to play coach-pitch, you can get permission; contact your regional Little League office for specifics.

**Q:** *"We have a coach who wants to let a player with a cast practice with the team. He says the rule book doesn't say anything against practicing with a cast, just playing in a game. I don't think the player should practice, either. Can you help?"*

**A:** Dan Kirby, risk management director at Little League Baseball, warns that there are two criteria to minimize the risk to your league in case of an accident, either to this child or to another from the child wearing the cast:

1. You need to obtain a doctor's release saying that any player is fit to return after an injury, which required a doctor's treatment. No player should be allowed to play after an injury without a doctor saying it is safe for him/her to do so. (Note: Even if a doctor would okay practice or game with a cast, this activity is prohibited by Little League rule.)
2. Rules are written for game conditions, but are just as valid for all practices. The same basic activities occur in practices as in games, and the league needs to keep players from re-injuring themselves or injuring others with the cast. Not only does a league expose itself to liability risk by allowing a player to bypass the rules, it is the league's responsibility to look after both the welfare of the child wanting to return to play, as well as those the child would play with.



**Q:** "A player wants to use a wooden bat that is approved by Little League Baseball, can he use it?"

**A:** Yes, any Little League approved bat can be used as long as the BPF is 1.15 or less. There are new limitations to using composite bats, please see page 5 of this plan for more information.

**Q:** "My question is about the cleats the kids wear. A lot of kids are wearing the cleats that have the replaceable cleats which are put in place with a metal screw. The rule book is a little unclear as to whether that is an authorized shoe to wear for Little League. Can those replaceable cleats be used?"

**A:** Dan Kirby, risk management director at Little League, said replaceable cleats are allowed, as long as the cleats themselves are made of plastic or rubber, and the post screws into the shoe, not the shoe having the posts sticking out for the cleats to go on.

**Q:** "What is the position of Little League Baseball on the use of 'Bat Sleeves' (weighted lengths of hard material that slip over the bat). Clearly bat donuts are not allowed but we are unclear about these new sleeves."

**A:** Bat rasps, or sleeves, are designed in a different manner than the traditional bat donut. Donuts can be purchased for different sizes of bats, and were generally purchased for the bigger bats, so Little Leaguers would put them on, swing them and the donut could slip over the barrel of the bat, and injure someone nearby. The bat sleeve just fits over the knob of the bat, and doesn't pose a risk of flying off the end of the barrel when it's being swung. So it is approved for use by all ages of players in Little League.

**ASAP Safety Article:** Teach Safety, Teach Safely

### **Sliding injures more base runners than others together**

Is your league working to prevent injuries to base runners?

By position, base runners are injured more often than any other single position, accounting for about 22 percent of all injuries. Of that total, 55 percent are leg/foot injuries, 25 percent are arm-hand, and 20 percent others.

As a cause of injuries, sliding is far and away the worst offender. "Sliding is responsible for almost two-thirds of all injuries to runners, at 61.9 percent; if you add in collisions, it would rise to 72 percent," stated Little League's Risk Management Director, Dan Kirby. "When you look at injuries over the



years, three-quarters of all injuries to runners take place in games, and the highest percentage of injuries by age is in the 13- to 15-year-old bracket.”

Kirby said this “spike” of base running injuries in Senior League may be caused by the combination of their developing body strength and their increased opportunities to lead off and steal bases.

“It’s important to stress that proper sliding techniques be taught by the coaches at all ages, but especially to the 13-15-years-olds,” Kirby said. Train your coaches in proper sliding techniques so they can teach players.

## **Watch Out! Remember Safety During Practice**

### **PRACTICE SAFETY LIST**

#### **During drills:**

- Beware of infielders when hitting to outfielders.
- Coaches should stand well up the third base line, away from home plate if using a designated runner for infield drills;
- Keep the base clear when demonstrating sliding techniques; a child can be injured by an adult’s slide;
- Use just one ball at a time for drills, (bad throws can hit an unaware catcher/coach, or draw a catcher into a coach’s bat swing);
- Don’t have a pitcher throw pitches to a coach for infield practice, since pitcher may not be ready to field a ball that’s supposed to go to the third baseman;

#### **Batting cages:**

- Batting cages should be operated only by coaches and supervised by a safety observer ensuring that all players keep safe distances which using bats.
- If it has netting as a barrier, it should have a double layer of netting or a safety fence, one further out from the inside netting, to protect people outside from being hit by balls projecting the net out from the hit.
- Use a protective screen for the batting cage operator and for batting practice pitchers.





### ***Why not to use dented bats?***

1) *“Does anyone have any information why an aluminum bat should not be used if it has a small dent or flat place on it?”*

2) *“Should a bat not be used if it does not slide completely through the bat ring due to being slightly warped or not being completely round? The bat ring I am referring to is the same diameter as the bat that can slide down the shaft of the bat to determine if any warpage has occurred. “If anyone has any data on this subject it would be greatly appreciated.”*

— submitted by email

“Several reasons. The first is that the rules of baseball specifically say that a bat that is not round and smooth is not legal for use. There’s your number one killer right there.

“But, I believe you’re asking more philosophical questions rather than what the rules say.

Ok, here’s the deal: A dented aluminum bat has been damaged. The aluminum bats of today are extremely thin-walled. Their entire structural integrity depends on the fact that the roundness of the bat makes the bat compress and then expand back in a trampoline effect at the moment of contact. A dented bat does not do this properly. It has had its entire structure compromised. Believe it or not, they can and will split, or even shatter (extremely dangerous). In fact, a bat shattered in last year’s World Series. As such, the instructions from umpires, tournament directors, etc. are to remove any bat that shows signs of stress fractures in the metal, or any form of structural damage, like a dent or flat spot.

“In addition, there are pragmatic reasons as well. That same trampoline effect I was talking about? Well that is also what gives the bat its ‘oomph.’ When you remove the trampoline effect, the bat will perform significantly worse. If you catch the ball right on that flat spot, odds are good you’re looking at an infield dribbler. Easy out. Or, if it catches the edge of the dent, maybe a pop fly.

“Simply put, the bat has been compromised in a big way and is very unlikely to perform the way the manufacturer wanted it to. Most new bats carry a one-year warranty and the bat manufacturers are more than willing to replace a bat that fails within that time period. Save yourself the hassle and send the bat in for a replacement.

“Many people feel the newest bats on the market are not as durable as those in the past. Unfortunately with the costs of modern aluminum bats reaching into the \$200+ mark, it is sad that along with that come bats that sometimes don’t last more than a season or so. Furthermore, many of the newer composite bats are no longer authorized for use per Little League Memorandum (for info on this please see p 5 of



this plan for the website to reference for which composite bats are authorized to use during FHLL games). What can you do to maximize the life of the bat? You might want to avoid using it in batting cages. Cages use heavy, non-compressing material that will last longer in the cage. Great for the machines, terrible for the bats. Don't bang your bat on the ground or against the fence in frustration. That'll kill it fast. Avoid using the bat in cold weather, the colder the weather; the more likely your bat will be damaged. More coaches prefer to train with wooden bats in cages and soft toss, switching to the aluminum bats for game time.

"Supposedly, using the wooden bats develops the player's swing better. I have no experience with that, so can't say whether it works or not. For me, I got my kids one set of bats for the cages, heavier with thicker aluminum. And one set for game time (i.e., the expensive ones). I also shop for sales big time. The manufacturers come out with new bats every year. Buy last year's model at *dramatic* reductions in price. They'll drop from \$200 to under \$100 in that year, yet it's the same 'got to have' bat that it was the previous year. -- *Safety Officer Email Server responder*



## APPENDIX A

### **Concessions Manager:**

**The FHLL does not offer concessions.** If FHLL were to offer concessions we would utilize a Concessions Manager with the overall responsibility for all concession stand operations. The Concessions Manager will complete training in safe food handling preparation and procedures. Prior to performing their first volunteer service in the Concession Stand each volunteers shall receive specific training on their responsibilities and how to provide service to customers. Emphasis shall be placed on working in a safe environment and the FHLL Concession Safety Code. Volunteers will receive on-the-job training during their first tour of service when they also become familiar with the FHLL Concession Safety Code.

### **FHLL Concession Safety Code**

#### **'12 Steps to Safe and Sanitary Food Service Events'**

The following information is intended to help FHLL run a safe and sanitary concession stand. Following these simple guidelines will help minimize the risk of food borne illness.

**1. Menu.** Simple menu and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from reliable sources, avoiding foods that have been prepared at home. Complete control over food, from source to service, is the key to safe, sanitary food service.

**2. Cooking.** Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most food borne illnesses from temporary events can be traced back to lapses in temperature control.

**3. Reheating.** Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.



**4. Cooling and Cold Storage.** Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of food borne illness.

**5. Hand Washing. Frequent and thorough hand washing remains the first line of defense in preventing food borne disease.**

The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

**6. Health and Hygiene.** Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food

concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

**7. Food Handling.** Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.

**Clean Hands for Clean Foods**

Since the staff at concession stands may not be professional food workers, it is important that they be thoroughly instructed in the proper method of washing their hands. The following may serve as a guide:

- Use soap and warm water.
- Rub your hands vigorously as you wash them.
- Wash all surfaces including the backs of hands, wrists, between fingers and under fingernails.
- Rinse your hands well.
- Dry hands with a paper towel.
- Turn off the water using a paper towel, not your bare hands.

*Wash your hands in this fashion before you begin work and frequently during the day, especially after performing any of these activities:*

- After touching bare human body parts other than clean hands and clean, exposed portions of arms.
- After using the restroom.
- After caring for or handling animals.
- After coughing, sneezing, using a handkerchief or disposable tissue.
- After handling soiled surfaces, equipment or utensils.
- After drinking, using tobacco, or eating.
- During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks.
- When switching between working with raw food and working with ready-to-eat food.
- Directly before touching ready-to-eat food or food-contact surfaces.
- After engaging in activities that contaminate hands.



**8. Dishwashing.** Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Ideally, dishes and utensils should be washed in a four-step process:

1. Washing in hot soapy water; 2. Rinsing in clean water; 3. Chemical or heat sanitizing; and 4. Air drying.

**9. Ice.** Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause food-borne illness.

**10. Wiping Cloths.** Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and ½ teaspoon of chlorine bleach). Change the solution every two hours. Well-sanitized work surfaces prevent cross-contamination and discourage flies.

**11. Insect Control and Waste.** Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

**12. Food Storage and Cleanliness.** Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

(Remember: FHLL does not offer concessions. If we did we would train our concession volunteers meeting the requirement for a qualified safety plan.)

### **Top Six Causes**

From past experience, the US Centers for Disease Control and Prevention (CDC) list these circumstances as the most likely to lead to illness. Check this list to make sure your concession stand has covered these common causes of foodborne illness

- **Inadequate cooling and cold holding.**
- **Preparing food too far in advance for service.**
- **Poor personal hygiene and infected personnel.**
  - **Inadequate reheating.**
  - **Inadequate hot holding.**
- **Contaminated raw foods and ingredients**



**APPENDIX B**  
**Fort Hunt Little League Accident Report**

This form is used to record and report all accidents, injuries, and incidents of any individual (player, manager, coach, umpire, volunteer, league official, or spectator) while involved in activities sanctioned by Fort Hunt Little League. When an accident occurs, obtain as much information as possible, fill out the form below, and provide to the FHLL Safety Officer.

**2015 FHLL ACCIDENT REPORT**

League Name: Fort Hunt Little League League ID: 346-09-02 Incident Date:

Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Accident category RED\_\_\_ ORANGE\_\_\_ YELLOW\_\_\_ BLUE\_\_\_

Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

City: \_\_\_\_\_ State VA ZIP: 22308 Home Phone: \_\_\_\_\_

Parent's Name (If Player): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parents' Address (If Different): \_\_\_\_\_

**Incident occurred while participating in:**

**A.)**   T-Ball/"A" (5-8)   "AA", "AAA" Minor (8-12)  Major (9-12)   Junior (13-14)

Senior (14-16)   Big League (16-18)

**B.)**   Tryout   Practice   Game   Tournament   Special Event  Travel to   Travel from   Other (Describe): \_\_\_\_\_

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

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

\_\_\_\_\_

**Type of injury:** \_\_\_\_\_

**Please give a short description of incident:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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

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**Type of incident and location:**

- On Primary Playing Field  Adjacent to Playing Field  Off Ball Field
- Concessions
- Seating Area  League Activity:
- Travel:  Car or  Bike or  Walking or  Parking Area
- Base Path:  Running or  Sliding
- Hit by Ball:  Pitched or  Thrown or  Batted  Parking Area
- Collision with:  Player or  Structure  Volunteer Worker
- Customer/Bystander
- Grounds Defect  Other: \_\_\_\_\_

**Safety check YES NO, Recommendations:**

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**(Safety officer) Was professional medical treatment required?**  Yes  No If yes, what:

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(If yes, the player must present a non-restrictive medical release prior to a game/practice.)

Prepared By / Position: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Deliver completed accident report to Mike Sundsted within 48 hrs @ [mdsundsted@gmail.com](mailto:mdsundsted@gmail.com) contact him to report the incident within 24 hours of the incident at 703-768-5664 home or cell 703-307-0903.



## Appendix C

### First Aid Kit List

<b>ITEM</b>	<b>QUANTITY</b>
5" x 9" Bandage	1
1.5" x 2.5" Eye Pad	1
2" x 2" Dressing	1
Small Band-Aids(BA)	10
4" x 4" Dressing	1
Q-tip Applicator	1 package (2 per)
Roll of Gauze	1
Butterfly BA	1 package (2 per)
4 Prong BA	2
Knuckle BA	2
Large BA	2
Medium BA	12
Instruction Card	1
Soap Towellete	2
Cleaning Pads	10
Ice Packs	multiple
Tweezers	1
Scissors	1
Roll of Tape	1
Tongue Depressor	1
Latex Gloves	1 pair
Safety Pin	1





## Appendix D

### Little League® Baseball and Softball Medical Release

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

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

League Name: Fort Hunt Little League I.D. Number: 346-09-02

Parent or Guardian Authorization:

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

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

In case of emergency contact:

\_\_\_\_\_  
Name / Phone / Relationship to Player

\_\_\_\_\_  
Name / Phone / Relationship to Player

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

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

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

\_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_

Authorized Parent / Guardian Print Name and Signature

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



## APPENDIX E 2015 Volunteer Form

### Little League Volunteer Application -2015

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 \_\_\_\_\_ 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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 applicant.

LITTLE LEAGUE APPLICATION 3/2011



## **APPENDIX F**

### Little League Field Condition Report

DATE: 3 January, 2015

FROM: Michael D Sundsted, 2015 FHLL Baseball Safety Officer

SUBJECT: Report on Ft. Hunt Little League Field Conditions

TO: FHLL Baseball Board of Directors

On January 30-31 2015, I will personally inspected all the fields that FHLL will use for the Spring 2015 season. The fields are generally in very good shape. Our FHLL Team will have two dates in March where we will ensure any noticed field updates or issues be addressed prior to the start of the season.

IAW new directives from Little League baseball, I completed the Fort Hunt Little League Field Survey. This survey is being submitted through D-9 to Little League HQ's under separate cover. A copy of this survey can be found on the FHLL Baseball web site (<http://forthuntlittleleague.org>) under Safety.