

# Safety Manual

## Vicksburg Little League



[www.vicksburglittleleague.com](http://www.vicksburglittleleague.com)

District 15 - Michigan  
**2022**

*Play Hard - Play Safe*



Built in 2009 by Steve Thomas, District 15 Safety Officer

Revised for 2022 by Hannah Boven, VLL Safety Officer

## **Dear Managers and Coaches,**

Each manager is receiving a copy of this Safety Manual. The Vicksburg Little League Safety Manual is also available online at [vicksburglittleleague.com](http://vicksburglittleleague.com) and in the Concession Stand. It will be amended and updated yearly as our Little League program grows and new safety information is received. In an effort to help our managers and coaches comply with our safety standards, the Board of Directors has put forth a mandate of safety rules to be followed as outlined in this manual. Each manager and designated coach will be responsible to ensure that the safety guidelines are met whether at practice or during a game.

You will be receiving equipment for your team. Please take care of it. The commitment to this Safety Manual is proof that we are dedicated to our cause of child safety. Please read it carefully, from cover to cover, as it will familiarize you with our safety fundamentals. Then use the manual as a powerful reference guide throughout the season. It also includes the responsibilities for all board members, managers, coaches and umpires.

### **Season Safety Goals**

In addition to those measures described below. The Vicksburg Little League has acquired an AED device that is located in the concession stand. The League will post additional signage to reduce the potential for injury, such as, restricting children from being on the scorer's stand.

In closing, remember that safety rests with all of us, the volunteers of Vicksburg Little League. Always use common sense, never doubt what children tell you and report all accidents or safety infractions when they occur. Now, play ball and play it safe!

Very truly yours,

Hannah Boven, Safety Officer  
Callie Reed, President

# Little League Pledge

*I trust in God  
I love my country  
And will respect its laws  
I will play fair  
And strive to win  
But win or lose  
I will always do my best*

## Little League Parent/Volunteer Pledge

*I will teach all children to play fair and do their best.  
I will positively support all managers, coaches and players.  
I will respect the decisions of the umpires.  
I will praise a good effort despite the outcome of the game.*

From the ranks of youngsters who stand now  
On the morning side of the hill  
Will come the leaders, the future strength  
And character of the nation

# Vicksburg Little League

## 2022 Board of Directors

### Directory

President	Callie Reed	269-267-4599
Vice President	Adrienne Horton	734-637-9101
Treasurer	Laticia Lauer	231-830-5741
Safety Officer	Hannah Boven	269-501-1012
Secretary	Miranda Jensen	269-599-5589
Director of Baseball	Brad Allison	269-816-5155
Player Agent-Baseball	Kevin Mullen	269-689-2034
Director of Softball	Jamie Carter	989-743-0716
Player Agent-Softball	Ted Carter	989-743-0717
Director of Challengers	Grace Richards	269-599-1825
Director of Tee Ball	Alyssa Green	269-823-4282
Building and Grounds Manager	Rob Moughton	269-720-7957
Concession Stand (Co-Managers)	Cecil Lenfield	269-744-6507
	Kelly Lenfield	269-744-1718
Equipment Manager	Eric Dingman	269-217-5812
League Information Officer	Jamie Carter	989-743-0716
Sponsorship/Fundraising	Adrienne Horton	734-637-9101
Uniform Manager	Steve Peters	616-745-6477
Umpire-in-Chief	John Rosselott	269-364-1782

# Vicksburg Little League

Location of Fields:  
300 N. 4<sup>th</sup> Street  
Vicksburg, MI 49079

## EMERGENCY CONTACT NUMBERS

<b>Emergency Number</b>	<b>911</b>
<b>Poison Control Center</b>	<b>800-222-1222</b>

The numbers below should only be called between 8:00 AM and 5:00 PM, Monday thru Friday, and for information purposes only.

Village of Vicksburg Police	269-649-1919
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South County Fire Department	269-649-0495
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Kalamazoo County Sheriff	269-383-8821
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Michigan State Police	269-657-5551
District 5, Post 51	

Pride Care Ambulance Services	269-343-2224
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Ascension Borgess Hospital	269-226-7000
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Bronson Methodist Hospital	269-341-7654
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### VLL Officers

President – Cell	269-267-4599
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Safety Officer – Cell	269-501-1012
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Vice President – Cell	734-637-9101
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## Little League Volunteer Application Procedure and Background Checks

1. Vicksburg Little League is required to use the Official 2021 Little League Volunteer Application Form for all Managers, Coaches, Umpires, Board of Directors and any other persons, volunteers and/or hired workers who have repetitive access to or contact with players or teams. They must fill out an application form as well as provide a government-issued photo identification card or ID verification. Check name spellings and numbers for accuracy.
2. It is the responsibility of the Vicksburg Little League Board of Directors to have **Each Volunteer** who meets the criteria above, complete a Volunteer Application form and have a nationwide criminal background check before he/she can manage, coach, umpire or volunteer.
3. All Volunteer Application forms must be completed and returned to the President of the Little League for a nationwide criminal background check.
4. All nationwide criminal background checks will be done through the National Sex Offender Registry. (Each league gets 125 background checks paid for by LLI.)
5. See “Local League Background Check Information” on the Little League International website for more information and explanation.
6. It has been stressed to each volunteer how important the Volunteer Application is for Vicksburg Little League.
7. The Volunteer Application form should be filled out each year.
8. All Volunteer Application forms must be destroyed at the end of the current Little League baseball/softball season.

**Important: Anyone refusing to fill out the Volunteer Application is ineligible to be a member of the league.**



# Little League® Volunteer Application – 2021

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



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

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

**All RED fields are required.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
First Middle Name or Initial Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Social Security # (Mandatory)** \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

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

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

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

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

4. Have you ever been charged with, convicted of, pled no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? \_\_\_\_\_ ☐ Yes ☐ No  
If yes, describe each in full: \_\_\_\_\_  
(If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)

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

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

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

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

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

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

Name/Phone \_\_\_\_\_

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

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 names only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

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

## LOCAL LEAGUE USE ONLY:

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

System(s) used for background check (minimum of one must be checked):

Review the Little League Regulation 1(c)(9) for all background check requirements

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

OR \_\_\_\_\_

☐ National Criminal Database check ☐ SafeSport Centralized Disciplinary Database and/or

☐ National Sex Offender Registry ☐ USA Baseball Ineligible List Sex Offender

\*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

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

### **First-Aid Training**

First Aid training is mandatory for all managers and coaches. One representative from each team must attend this training. You must sign the attendance sheet and the attendance sheet will be kept on file with the league.

***TBD***

### **Training Clinics**

#### **Rules Clinics**

*March 19<sup>th</sup>, 2022*

#### **Baseball Manager/Coach Clinics**

*March 3<sup>rd</sup>, 2022*

#### **Softball Manager/Coach Clinics**

*March 3<sup>rd</sup>, 2022*

#### **Tee Ball Manager/Coach Clinics**

*March 23<sup>rd</sup>, 2022*



## **Important Dates to Remember**

**Vicksburg Little League** Board meetings are held on the 3<sup>rd</sup> Wednesday of the month at 7:00 pm (8:00 pm during the LL Season), at Main Street Pub, 208 E. Prairie St, Vicksburg, MI 49097. All members of the league who are in good standing are welcome to attend. Contact [infovixll@gmail.com](mailto:infovixll@gmail.com) if you are interested in attending.

**Michigan District 15 Little League** meeting are held on the 2<sup>nd</sup> Tuesday of each month, at Hank's Tavern on the River, 601 W Hoffman St, Three Rivers, MI 49093. Please consult the District 15 online calendar (<https://clubs.bluesombrero.com/midistrict15ll>) or ask a board member to confirm the date, time, and location.

### **2022 Vicksburg Little League Calendar of Events:**

3/3	BB Managers Meeting	Main Street Pub, Vicksburg
3/14	Tee Ball/Coach Pitch Mgrs Meeting	Main Street Pub, Vicksburg
3/3	SB Managers Meeting	Main Street Pub, Vicksburg
3/5 & 3/12	BB Player Assessments	Vicksburg High School
3/12	SB Player Assessments	Vicksburg High School
3/14	BB Draft	Main Street Pub, Vicksburg
3/14	SB Draft and Coaches Meeting	Main Street Pub, Vicksburg
3/19	Dist. 15 Rules Meeting	UA Local 347, Schoolcraft
3/20	Dist. 15 Interleague Scheduling	Main Street Pub, Vicksburg
3/23	Tee Ball and Coach Pitch Meeting	Main Street Pub, Vicksburg
4/9	Field Clean-Up	VLL Fields
4/23	VLL Team Pictures	Lakeland Reformed Church
4/30	VLL Opening Day	VLL Fields
5/1	<i>Opening Day - Rain Date</i>	<i>VLL Fields</i>
5/21 & 5/22	Little Major BB & SB Special Games	TBD
5/23	BB All-Star Tryouts	VLL Fields
5/23	SB All-Star Tryouts	VLL Fields
TBD	Challenger Jamboree	TBD
TBD	Minor All-Star Managers Meeting	Main Street Pub, Vicksburg
TBD	SB All-Star Managers Meeting	Main Street Pub, Vicksburg
TBD	BB All-Star Managers Meeting	Main Street Pub, Vicksburg
6/5	VLL Growlers Game Night Fundraiser	Homer Stryker Field
6/4 & 6/5	Majors and Junior BB & SB Special Games	TBD
6/13 – 6/25	Minor All-Star Tournament ( <i>estimated</i> )	TBD

### **Vicksburg Little League Code of Conduct:**

No Board Member, Manager, Coach, Volunteer, Player, or Spectator shall:

- At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.
- Be guilty of using a physical attack upon any board member, official manager, coach, player, or spectator.
- Be guilty of the use of profane, obscene, or vulgar language in any manner at any time.
- Appear on the field of play, stands or anywhere on the Little League complex while in an intoxicated state at any time. Intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- Be guilty of the use of any tobacco product to include cigarettes and chewing tobacco while on the Little League complex.
- Smoke while in the stands or on the playing field or in any dugout at any time. Smoking will only be permitted in designated areas, which will be 20 feet from any spectator stands or dugouts.
- Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision, or a personal opinion on any players during the game.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official scorebooks, rankings, financial records, or procedures.
- Shall not challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

The Board of Directors will review any infractions of the Vicksburg Little League Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

### **Safety is Everyone's Responsibility**

#### **Vicksburg Little League Safety Code**

The Board of Directors has mandated the following **Safety Code**. All managers and coaches will read the **Safety Code** and then read it to the players and parents on their team and enforce the rules.

- Responsibility for safety procedures belongs to every adult member of Vicksburg Little League.
- Meet the State of Michigan Concussion Guidelines and required training.
- Each player, manager, designated coach, and umpire shall use proper reasoning and care to prevent injury to him or herself and to others.
- Only league approved managers and/or coaches are allowed to practice teams.
- Only league approved managers and/or coaches will supervise batting cages.
- Arrangement should be made in advance of all games and practices for emergency medical services.
- Managers, designated coaches and umpires will have mandatory training in First Aid.

- First-aid kits are issued to each team manager during the pre-season and an additional kit will be located at the concession stand.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Playing area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as “in play”.
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team’s manager and designated coaches.
- During practice and games, all players should be alert and watching the batter on each pitch.
- Foul balls batted out of the playing area will be returned to the umpire during a time out and not thrown over the fence while the game is in play.
- 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 should 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.)
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective batting and catching helmets that have the NOCSAE seal during practice and games.
- Softball players must wear a protective cage on their batting helmet.
- Except when a runner is returning to a base, headfirst slides are not permitted.
- During sliding practice, bases should not be anchored down.
- 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.
- On-deck batters are not permitted.
- All male players will wear athletic supporters and either a soft or hard cup during games and practice. Catchers **must** wear a cup.
- Male catchers must wear the metal, fiber or plastic type cup and a long model chest protector.
- All catchers (male or female) 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:** Skullcaps are **not** permitted.
- Catchers must wear a catcher’s mitt (not a first baseman’s mitt or fielder’s glove) of any shape, size or weight consistent with protecting the hand.
- Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher’s gear and an athletic cup as described above.
- Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible. (Junior, Senior and Big League Baseball players may wear metal spikes.)

- Players will not wear watches, rings, pins, earrings or other metallic items during practices or games. **Exception:** Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.
- No food or drink at any time in the dugouts with the exception of bottled water, Gatorade, or water in a cooler.
- Managers will never leave an unattended child at practice or a game.
- Never hesitate to report any present or potential safety hazard to the Little League Safety Officer immediately.
- Make arrangements to have a cellular phone available at practices and games.
- No alcohol or drugs allowed on the premises at any time.
- **No medication** will be taken at the facility unless administered directly by the child's parent. This includes aspirin and Tylenol.
- No playing in the parking lot at any time.
- No smoking within 20 feet of the dugouts and concession stand.
- No swinging bats or throwing baseballs at any time within the common areas of the Little League complex.
- No throwing rocks.
- No climbing fences.
- No swinging on the dugout roofs.
- No pets allowed.
- Observe all posted signs.
- Players and spectators should be alert at all times for foul balls and errant throws.
- Bicycle helmets must be worn at all times when riding bicycles on the premises as well as to and from the premises.
- No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly dressed.

### **Responsibility**

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

**Safety Officer** is responsible for developing and implementing the VLL's safety program. The Safety Officer is the liaison between the Board of Directors and its managers, coaches, umpires, players, spectators and any other third parties in the complex in regard to safety matters, rules and regulations.

Encourage your players to wear a **mouth guard**.

### **Safety Officer responsibilities include:**

- Make sure all managers and coaches meet the State of Michigan concussion requirements and mandatory training for 2021.
- Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Keeping the First-Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions (senior, major, minor and tee ball), at what times and under what supervision.

- Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future.
- Ensuring that each team receives its Safety Manual and its First Aid Kit at the beginning of the season.
- Installing a First-Aid Kit in the concession stand and restocking all First-Aid Kits.
- Make Little League's "no tolerance with child abuse" clear to all.
- Inspecting and checking fire extinguisher in concession stand.
- Instructing concession stand workers in the use of the fire extinguisher.
- Checking the fields with the Building and Grounds Manager and listing areas needing attention.
- Scheduling a First-Aid training class for all managers, designated coaches and umpires during the pre-season.
- Creating and maintaining all safety signs on the Little League complex.
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
- Making spot checks at practices and games to make sure all managers have their First-Aid Kits and Safety Manuals.
- Tracking all injuries and near misses to identify injury trends.
- Visiting other leagues to allow a fresh perspective on safety.
- Making sure that safety is a monthly Board Meeting topic and allowing experienced people to share ideas on improving safety.
- Work with the District 15 Safety Officer on continuous improvement of the local Little League safety plan.

#### **Board of Directors:**

- The Vicksburg Little League Board of Directors will adhere to and carry out the policies as set forth in the safety manual.

#### **Information Officer:**

- The Information Officer is responsible for maintaining Vicksburg Little League's website on Sports Connect, and Facebook, as well as updating the league's information on a daily, weekly, or monthly basis, as applicable.

#### **Director of Baseball and Softball:**

- Review applications, interview and investigate prospective managers and coaches and present acceptable candidates for approval by the Board of Directors.
- Inform the managers and coaches of upcoming training sessions and clinics.
- Recommend and coordinate training programs and training material for managers, coaches and players.
- Assist the Player Agent on draft night.
- Work with the Safety Officer to make sure the League Safety Rules are being adhered to by managers and coaches.
- Assist the President and Board of Directors in handling parent complaints regarding managers, coaches and players.
- Administer the tryouts for all-stars to include a rating system for use at tryouts for choosing the all-star players.

- Recommend acceptable candidates for all-star managers and coaches to the President for appointment and subsequent approval by the Board of Directors.
- Draft a dismissal letter at the end of the season to be sent to all managers and coaches releasing them from their duties.

### **Managers and Coaches:**

- **The Manager** is appointed by the Board of Directors of Vicksburg Little League to be responsible for the team's actions on the field and to represent the team in communications with the umpire and the opposing team.
  - a. **The Manager** shall always be responsible for the team's conduct, observance of the official rules and deference to the umpire.
  - b. **The Manager** is also responsible for the safety of his players. He/She is also ultimately responsible for the actions of the designated coaches.
  - c. If a **Manager** leaves the field, that **Manager** shall designate a **coach**, as a substitute and such **Substitute Manager** shall have the duties, rights and responsibilities of the **Manager**.
  - d. Complete all State of Michigan Concussion training.

### **Pre-Season: Managers will:**

- **Take possession of this Safety Manual and the First Aid Kit.** The First Aid kit must be available at all practices and games; home, travel and tournaments.
- Attend a **mandatory training session on First Aid** with his/her designated coaches.
- Conduct a team meeting with all parents to discuss the Little League philosophy, team rules and safety issues.
- Cover the basics of **safe play** with his/her team before starting the first practice.
- Teach players 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 how.
- Notify parents that if a child is injured or ill, he or she cannot return to practice without a doctor or parent written permission. This protects you in case that child should become further injured or ill. **There are no exceptions to this rule.**
- Notify parents of the State of Michigan Concussion guidelines and the "Return to Play" guidelines and rules.
- Encourage players to bring water bottles to practices and games.
- Encourage your players to wear **mouth protection**.
- Encourage your players with glasses to wear **safety glasses**.
- Work closely with Equipment Manager to make sure equipment is in first-rate working order.

**Note: All Managers and Coaches are required to attend a manager clinic and a rules clinic each year and are encouraged to read books or view videos on Little League mechanics.**

### **Season Play: Managers will:**

- Always have **Safety Manual, First Aid Kit, and Medical Release Forms** with you at each practice and game.

- Make sure that telephone access is available at all activities including practices. It is suggested that a cellular phone is always on hand.
- Inspect all equipment before each game to ensure the equipment is in proper working order.
- Not expect more from their players than what the players are capable of. *Remember, they are all **kids** and they all have different skill levels.*
- Teach the fundamentals of the game to the players.
  - Throwing and catching
  - Catching fly balls
  - Sliding correctly
  - Proper fielding of ground balls
  - Simple pitching motion for balance
- Be open to ideas, suggestions or help.
- Enforce that **prevention** is the key to reducing accidents to a minimum.
- Have players wear sliding pads if they have cuts or scrapes on their legs.
- Use common sense.

#### **Pre-Game and Practice: Managers will:**

- Walk the field with the umpire and look for rocks, glass, holes, etc. Remove or repair any hazards.
- Make sure that players are healthy, rested and alert.
- Make sure that players returning from being injured have a medical release form signed by their parent. Otherwise, they can't play.
- Make sure the players are wearing the proper uniform and catchers are wearing a cup.
- Make sure the equipment is in good working order and is safe.
- Agree with the opposing manager and umpire on the fitness of the playing field. In the event that the two managers cannot agree, the President or a duly delegated representative shall make the determination.
- Line the field and secure the bases.

#### **During the Game: Managers will:**

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up to 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 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 players off the fences.
- Make sure the players **drink** often so they do not dehydrate.
- Not play children that are ill or injured.
- Attend to children that become injured in a game.

- Not lose focus by engaging in conversation with parents and passerby's.

#### **Post Game: Managers will:**

- 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®, and our local Little League.
- **If there was an injury, make sure an accident report was filled out and given to the Safety Officer within 24 hours.**
- Return the field to its pre-game condition. (Drag the infield, pick up the bases, put them away and pick up trash in the dugout and bleacher areas.

**If a Manager knowingly disregards safety, he or she will come before the Board of Directors to explain his or her conduct.**

#### **Managers and Coaches**

- Encourage your parents to play catch with their player. Throwing and catching are the two most important aspects of the game. The player needs to practice throwing hard to develop his/her arm.
- Encourage parents to spend quality time with their player and what better way than playing catch to help make them a better player.

#### **What Do I Expect From My Players?**

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

#### **What Can You and Your Child Expect From Me?**

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

#### **What Do I Expect From You As Parents and Family?**

- To come out and enjoy the game. Cheer to make all players feel important.
- To allow me to coach and run the team.



- To try not to question my leadership. All players will make mistakes and so will I.
- Do not yell at me, the players or the umpires. We are all responsible for setting examples for our children. We must be role models in society today. If we eliminate negative comments, the children will have an opportunity to play without any unnecessary pressures and will learn the value of sportsmanship.
- If you wish to question my strategies or leadership, please do not do so in front of the players or fans. My phone number will be available for you to call at any time if you have a concern or talk to me after practice or a game off the field.

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

# 80 Ways to Say "VERY GOOD"

1. Good for you!
2. Superb
3. You did that very well.
4. You've got it made.
5. Terrific
6. That's not bad!
7. Couldn't have done it better myself.
8. Marvelous!
9. You're doing fine.
10. You're really improving.
11. You're on the right track now!
12. Now you've got it figured out.
13. Outstanding!
14. That's coming along nicely.
15. I know you can do it.
16. Good work.
17. You figured that out fast.
18. I think you've got it now.
19. I'm proud of the way you worked today.
20. Tremendous
21. You certainly did well today.
22. Perfect!
23. Nice going.
24. You've got your brain in gear today.
25. Now you've got the hang of it.
26. WOW!
27. Wonderful!
28. You're getting better everyday.
29. You're learning fast.
30. You make it look easy.
31. That's much better.
32. Nice try.
33. Super!
34. You did a lot of work today.
35. Keep it up!
36. Congratulations
37. Exactly right!
38. Nice going.
39. Excellent!
40. Sensational!
41. Your doing beautifully.
42. You've just mastered that!
43. That's the best ever.
44. That's great!
45. Way to go!
46. That's the way to do it!
47. That's quite an improvement.
48. Good thinking.
49. Keep up the good work.
50. That's it!
51. That's better.
52. You haven't missed a thing.
53. Fantastic!
54. You outdid yourself today.
55. You're doing a good job.
56. That's the right way to do it.
57. That's better.
58. Right on!
59. That's the best you've ever done!
60. That's RIGHT!
61. You must have been practicing!
62. Great!
63. Keep working on it...good job.
64. You remembered!
65. That kind of work is outstanding.
66. You're really working hard.
67. I knew you could do it.
68. I'm very proud of you.
69. One more time and you'll have it
70. Fine!
71. That's good.
72. Good job.
73. You really make this fun.
74. Good remembering.
75. You are doing much better today.
76. Keep on trying.
77. You are really learning a lot.
78. You've just about got it.
79. Stupendous!
80. You are very good at that.

## **Umpires:**

### **Pre Game: Before a game starts, the umpire will:**

- Walk the field with the manager and/or coach for hazards and obstructions (e.g. rocks and glass) and make necessary repairs.
- Check equipment in 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 the bats have grips and no dents.
- Make sure there are foam inserts in helmets and that the helmets meet the Little League **NOCSAE** specifications and bear **NOCSAE** seal.
- Inspect helmets for cracks.
- 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 game balls for play from both teams.
- Use the **Field Safety Checklist** to document that all of the above was carried out.

### **During the game: During the game the umpire shall:**

- Govern the game as mandated by the 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 during a game 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 during a game 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.
- Make the calls loud and clear, signaling each call properly.
- Make sure players and spectators keep their fingers out of the fencing.
- Maintain a safe zone around home plate during game play.

### **Post Game: After a game, the umpire shall:**

- Check with the managers of both teams regarding safety violations.
- Report any unsafe situations to the local Safety Officer by telephone, in person or in writing.

## **Groundskeeper:**

The **Local Little League Groundskeeper** is responsible to ensure the fields and structures used by Little League meet the safety requirements as set forth in this manual with assistance from members of the local League.

## **Concession Stand Manager**

The **Local Little League Concession Stand Manager** is responsible to ensure the concession stand volunteers are trained in the safety procedures as set forth in this manual.

## **Equipment Manager**

The Equipment Manager is responsible for obtaining bids, purchasing and distributing equipment to the individual teams. The equipment must be checked and tested before the beginning of the season. When it is issued to the Manager it will be his/her responsibility to maintain it. Managers should inspect the equipment before each game and each practice.

The 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, first aid kits, and safety manuals must be returned to the Equipment Manager.**

- Each team, at all times in the dugout, shall have (6) protective helmets, which must meet NOCSAE specifications and standards. The local Little League will provide these helmets at the beginning of the season. If players decide to use their own helmets, they **must** meet NOCSAE specifications and standards. If they do not, they cannot use them.
- 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.
- All male players must wear an athletic supporter.
- 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 protector.
- 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:** 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.
- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Manager.
- Make sure that the players respect the equipment that is issued.
- Inspect all equipment before each use. If you have defective equipment return it to the Equipment Manager so it can be destroyed.
- Pitchers can no longer wear multi-colored gloves.
- Observe the baseball pitch count rules set by Little League International.

**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**

<b>KNOW PLAYER'S LIMITS</b>
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**Concussion (This is Mandatory)**

The Michigan Sports Concussion Law went into full effect on June 30, 2013.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a blow, bump or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

The State of Michigan requires all managers, coaches, volunteers and other adults involved with a youth athletic activity to complete a concussion awareness on-line training program each year.

The Local League must provide educational materials on the signs/symptoms and consequences of concussions to each youth athlete and their parents/guardians and obtain a signed statement acknowledging receipt of the information for the organizing entity to keep on record.

The law also requires immediate removal of an athlete from physical participation in an athletic activity who is suspected of sustaining a concussion. The athlete must then receive written clearance from an appropriate health professional before he or she can return to physical activity.

For more information and requirements about the State of Michigan Concussion Law go to <http://www.michigan.gov/mdch> or [www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

“It’s Better To Miss One Game, Than The Whole Season”

**Conditioning and 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

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 than 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 out.
- ❖ 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.

**The next 8 pages are approved by Michigan District 15 for First Aid Training in 2021.**

# **Little League Baseball & Softball Injury Prevention Clinic**



## **Teri Proper PTA, BS Agility Physical Therapy & Sports Performance**



**Agility Physical Therapy & Sports Performance** is a leader in Southwest Michigan for sports physical therapy. With over a combined 125 years of experience, our staff specializes in managing pediatric head to toe orthopedic sports injuries. Our *Board Certified* physical therapy staff utilizes leading edge evaluation and treatment techniques. Our specialty services include dual-camera, slow motion videotaped analysis, biomechanical assessment, shoe & orthotic recommendations, and injury-prevention/sports performance programs.

# **Little League Baseball & Softball Injury Prevention Clinic**

## **Dynamic Warm Up**

1. Purpose
2. When to perform

## **Strength and Conditioning**

1. Quick 6 discussion
2. Key Muscle Groups
3. Importance of body weight exercises for kids

## **Pediatric Athlete Special Considerations**

**Injury Management Guidelines:** When to pull an athlete from a practice or games?

1. Pain level subjective reported at 5/10 on pain scale (0-10)
2. Limping or modifying form
3. Appreciable swelling present at a joint
4. Lacking functional range of motion of a joint
5. Pain that increases 2 points on pain scale from baseline play

**Participation Guidelines:** \*For children up to the age of 18 years old, the total hours of training, practice and game time per week should be equivalent to the age of the athlete (e.g., 10 y.o. baseball player = 10 hours/week of total baseball specific activities). If athletes are above their recommended weekly training hours, they are 70% more likely to develop overuse injuries of the back, shoulder, or elbow.

**Heat Awareness 101:** General guidelines on heat injury

**Types of Heat injury:** (See attached addendum for guidelines and list of signs and symptoms)

1. Heat stroke- MEDICAL EMERGENCY- Call 911
2. Heat exhaustion- NEEDS MEDICAL FIRST AID
3. Heat Cramps: NEEDS ATTENTION

## **Water Intake:**

1. Assistant coaches, parent and player education- prevention KEY!!  
10-16 oz of cold fluid 15-30 min before game or practice
2. During game or practice- Drink 4-6 oz of cold fluid every inning and every 15 - 30 min during hot practices
3. Drink a beverage that contains some sodium and electrolyte (e.g., Sports Drinks)



## **Concussion and Head Injury**

### General Concussion Recommendations:

- Coaches check helmet fitting for each player
- NOT all signs and symptoms of head injuries are immediate
- American Academy of Pediatrics recommends calling child's doctor with anything more than a light bump on the head
- **NO ATHLETE SHOULD RETURN TO PLAY OR PRACTICE WITH ANY SIGNS OF HEAD INJURY, ESPECIALLY THE SAME DAY OF OCCURANCE!!!**
- All athletes **MUST** have a Doctors medical release to return to play or practice after sustaining any type of head injury

### Immediate signs of head injury include:

1. Loss of conscience- CALL 911 IMMEDIATELY
2. Headache or neck pain
3. Light-headed, dizziness or loss of balance
4. Nausea and or vomiting
5. Blurred vision
6. Confusion
7. Loss of memory of traumatic event

### Educate parents and assistant coaches to watch for **delayed** signs of head injury

1. Slurred speech
2. Fatigue
3. Delayed response to questions
4. Changes in mood or behavior
5. Progressive headache
6. Ringing in ears
7. Changes in school performance
8. Repeated vomiting
9. Fatigue
10. Loss of balance/unsteady walking

### **Safety Action Plan:**

1. Injury plan
2. Heat illness plan
3. Concussion plan

**\*\*\*Keep these in your coaches binders for quick reference!!\*\*\***

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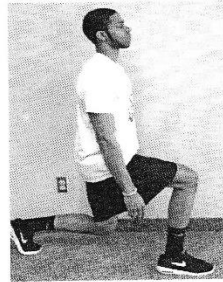
For more information, please feel free to contact:

Teri Proper, PTA, BS  
Physical Therapist Assistant  
Bachelor of Science/Exercise Science  
Ph: 269-329-0934- Portage office  
Ph: 269-462-6431-Mattawan office  
[www.agilitysportsmedicine.com](http://www.agilitysportsmedicine.com)

## Lower Quarter Dynamic Warm up

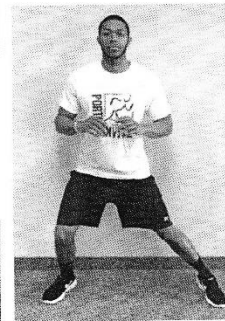
### Walking Lunges:

Starting position: Lunge position keeping front foot behind knee.  
Movement: Walking forward bringing opposite leg forward into a lunge position. Alternating legs.  
Repetitions: Continue for 25 yards



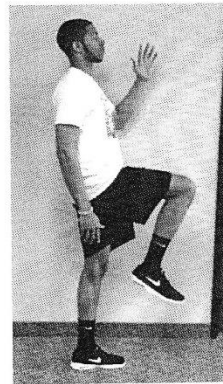
### Side Push-offs:

Starting position: Side lunge position.  
Movement: Push off of stance foot out to the side of bent knee. Repeat both right and left.  
Repetitions: 25 yards each way



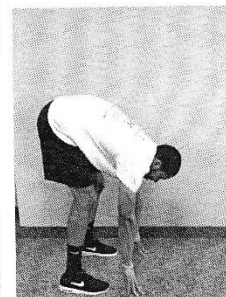
### High Knees:

Starting position: Stand on one leg and bring other knee to chest  
Movement: Alternating knee to chest move in a forward position. Move arms opposite as legs  
Repetitions: 25 yards



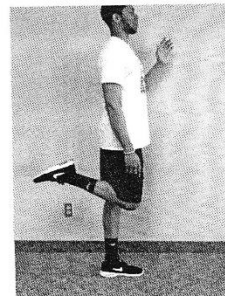
### Dynamic Hamstring Stretch:

Starting position: Place hands on floor and bend knees.  
Movement: While keeping hands on floor straighten knees and repeat with performing a squat.  
Repetitions: 2 sets of 10 reps



### Bottom Kickers:

Starting position: Stand on one leg and lift opposite foot up towards bottom  
Movement: In a forward motion alternate feet lifting towards bottom. Moving arm opposite legs.  
Repetitions: 25 yards





## Upper Quarter Dynamic Warm up

### Wipers:

Starting position: Elbow at sides of ribcage at 90 degrees.

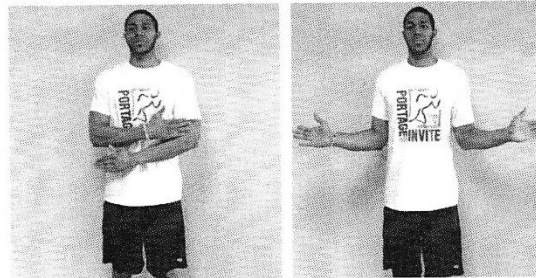
Movement: Bring forearms across body into belly and then out away from body.

Exercise #1- Thumbs up

Exercise #2- Thumbs out

Exercise #3- Thumbs in

Repetitions: 5 times each way



### Arm Circles:

Starting position: Feet shoulder width apart

Arm extended out to the side at 90 degrees.

Movement: Move arms in circle both forward and backward directions. Small, Med, Lg circles

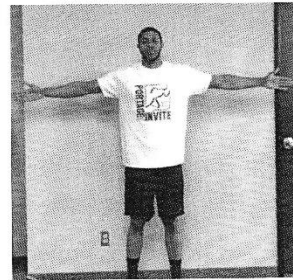
Exercise #1 Palms down

Exercise #2 Thumbs up

Exercise #3 Thumbs down

Repetitions: 5 circles in each direction

All 3 positions



### Why Me's:

Starting position: Feet shoulder width apart

Raise arms up to 90/90 position

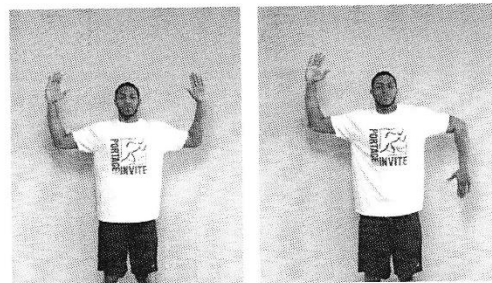
Movement: Raise arms over head

Exercise #1- Palms in

Exercise #2- Palms out

Exercise #3- Alternating up and down

Repetition: 10 times in each position



### General Stretching Guidelines:

- Never stretch into a painful range of motion
- Muscle soreness is expected and there can be a delayed onset up to 24 hours lasting up to 72 hours
- STOP if any movement or stretch is painful

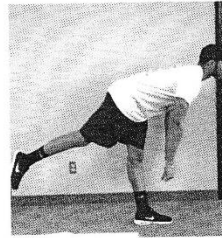
*Upper Quarter Dynamic Warm Up Program Modified from Tom House, National Pitching Assoc.*

## Strength and Conditioning

The following 8 exercises are the key functional exercises for any level baseball or softball player for injury prevention and sports performance. They only require body weight and gravity, but can be progressed using home weights (e.g., dumbbells/soup can).

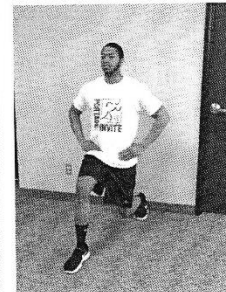
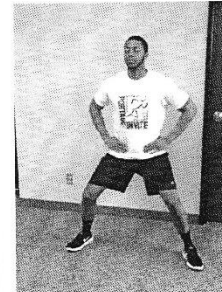
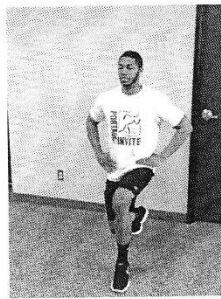
### Single Leg Partial Deadlift:

Starting position: Stand on one leg, knees unlocked and lift the other leg out behind you  
Movement: Hinge at hips reaching towards the floor  
Hands should extend just below the knees  
Squeeze glutes on return  
Repetitions: 10-15 reps per leg/2-3 sets



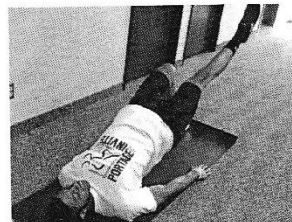
### Lunge Matrix (3 way):

Starting position: Feet shoulder width apart  
Movement: Lunge forward, then side, then backwards  
Be certain to keep knees behind toes.  
Repetitions: 15 times each position/1-2 sets



### Bridge with Knee Kick-out:

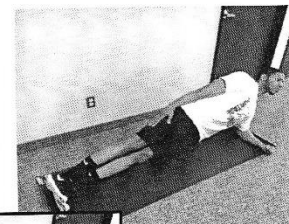
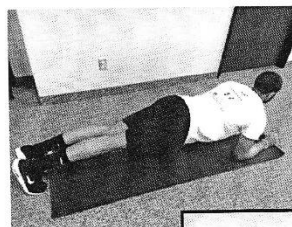
Starting position: Lying on back, knees bent, feet planted.  
Movement: Tighten abdominals, Lift bottom off floor, squeeze glutes.  
Kick one leg out straight in line with opposite knee.  
Keep hips level  
Repetitions: 15 times and hold 5 seconds/1-2 sets



### Planks Forward and Side:

#### Exercise #1: Forward Plank

Starting position: Lying on stomach with elbows under shoulder and toes on floor  
Movement: Lift body up onto elbows and toes, Keeping core muscles tight and back straight.  
Repetitions: Hold 30 sec 5-10 reps each position



#### Exercise #2: Side Plank

Starting position: Lying on side with elbow under shoulder on bottom arm. Stack legs  
Movement: Lift body up onto elbow and feet, squeeze shoulder blades. Keep hips forward and feet on top of each other.  
Repetitions: Hold 30 sec 5-10 reps each position  
\*See modified version for younger kids\*



Modified Version

## Strength and Conditioning

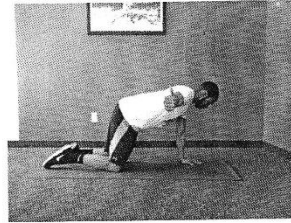
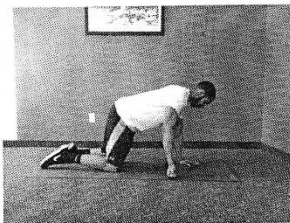
### Rotator Cuff & Scapular Stabilization:

Starting Position: Hand and knees

#### Exercise #1: "T's"

Movement: On hands and knees, squeeze shoulder blade inward. Next, lift arm out to the side with thumb up.

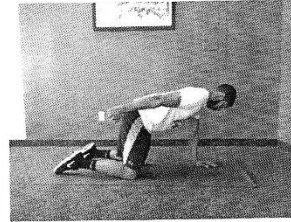
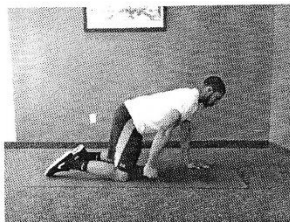
Repetitions: 2 sets of 10 reps each arm



#### Exercise #2: "I's"

Movement: On hands and knees, squeeze shoulder blade inward. Next, lift arm back towards hip leading with pinky.

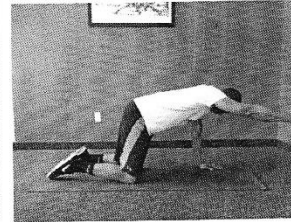
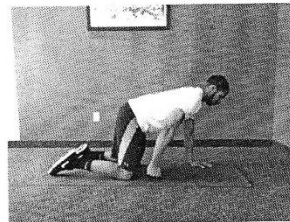
Repetitions: 2 sets of 10 reps each arm



#### Exercise #3: "Y's"

Movement: On hands and knees, squeeze shoulder blade inward. Next, lift arm on a 45 degree angle forward, with thumb up.

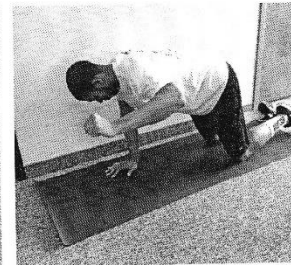
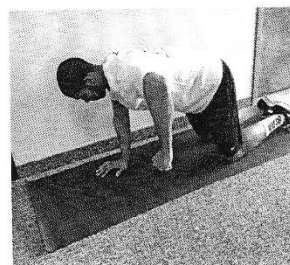
Repetitions: 2 sets of 10 reps each arm



#### Exercise #4: "W's"

Movement: On hands and knees, squeeze shoulder blade inward and bring arm & elbow out to the side (90/90). Next, rotate hand (palm down) towards the ceiling. While maintaining that 90/90 position, repeat.

Repetitions: 2 sets of 10 reps each arm



Progression for Rotator Cuff & Scapular Exercises:  
Can add a 1# dumbbell or soup can or increase from 10 to 15 reps.

### General Strengthening Guidelines:

- All exercises are provided in good faith and should NOT cause any pain
- Discontinue any exercises that cause pain
- If currently be treated by a physician or physical therapist, please consult with them that any of the exercises recommended are appropriate
- Muscle soreness is expected and there can be a delayed onset up to 24 hours lasting up to 72 hours

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## **Addendum: Heat Related Illness- How dangerous is it really?**

Combination of high heat and humidity makes for very dangerous playing conditions for athletes. This includes for games and practices. Every year we hear about high school to professional athlete dying of heat related illness. It is important to note that children's heat regulation processes are NOT fully developed therefore they are more prone to heat related illnesses. When playing in high heat and humidity you MUST keep this in mind. If you are questioning to play or not to play due to heat or humidity always choose to be more cautious as it could cost a life!

The question is how do we prevent it and how do we treat it properly?

Below are guidelines on the prevention, recognition (signs and symptoms) and treatment of heat issues and when it is an emergency.

### Prevention:

**Key #1: Education:** Always educate assistant coaching staff and parent volunteers on how to pre-hydrate before practices and games. Teaching kids to drink 10-16 oz of water 15-30 minutes before arriving.

AVOID: Carbonated drinks, caffeine

**Key #2: When, What and How Frequently to Drink?**

During practices and games: 4-8 oz of cold fluid every 10-15 min/ every inning

Add a beverage that contains small amount of sodium and electrolytes as well ie: sports drink

### How to recognize and treat heat illness: 3 types

#### **1. Heat Stroke: Medical Emergency- 911**

##### **Signs & Symptoms:**

- No longer sweating
- Hot, DRY, flushed skin
- Confusion, delirious behavior
- Loss of consciousness

##### **Treatment:**

- Call for medical help -High body temps (105 deg)
- Move person into cool place
- Cool the person- cool water towels in arm pits and groin
- Fan person
- Offer water if conscious ½ glass every 15 minutes

#### **2. Heat Exhaustion: When a person loses more fluid through sweating than is taking in.**

##### **Signs & Symptoms:**

- Sweating profusely
- Weakness
- Clammy skin
- Dizziness
- Pale or flushed face
- Nausea
- Near normal body temperature

##### **Treatment:**

- Move person to shade or cool place
- Person to lie on back with feet elevated
- Give ½ glass of water every 15 min
- Get medical help

#### **3. Heat Stress:**

##### **Signs & Symptoms:**

- Heat Cramps- In the muscles that are working the hardest
- Fainting- falling down when unable to cope with heat
- Prickly heat - rash on skin when sweat can't evaporate

##### **Treatment:**

- Water every 15 min
- Move to cool place
- Sports drink if available 4-8 oz

### Sources:

- *What you need to know: Symptoms of Concussion.* Brainline.org in collaboration with the Mayo Clinic.
- *Tips on concussion prevention.* Dr. Clifford Wheelless, Orthopaedic Specialists of North Carolina.
- *Concussion Symptoms.* Mayo Clinical Staff.
- *Hey coach! Too much sports practice can hurt kids long-term.* Dr. Neeru Jayanthi, American Medical Society for Sports Medicine (AMSSM), Loyola and Lurie Children's Hospital.
- *Heat & Humidity: DANGER.* Lee Joyce, District Safety Officer, Virginia District 7 in collaboration with the Mayo Clinic.

## **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 cold weather makes it difficult to 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 to 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 and 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.

## **WEATHER**

### **Rain:**

If it begins to rain:

1. Evaluate the strength of the rain. Is it a light 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 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 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 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**:

1. **Suspend all games and practices immediately.**
2. Stay away from metal including fencing and bleachers.
3. Do not hold metal bats.
4. 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.

**Tornado:**

**Do not practice or play if a "TORNADO WARNING" has been issued by the National Weather Service for your local area.**

**If the local tornado warning system sounds during a game or practice, seek cover immediately. Make sure all of your players are off the field and have been picked up by their parents.**

**Hot Weather:**

Precautions must be taken in order to make sure the players do not **dehydrate** or **hyperventilate** in hot weather.

1. Suggest players take drinks of water when coming on and going off the field between innings. Encourage players to bring water bottles.
2. 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.
3. 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 kind of skin cancer known as **melanoma**.

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



Therefore, we recommend the use of sunscreen with a SPF (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light.

### **Storage Shed Procedures**

The following applies to all of the storage sheds and further applies to anyone who has been issued keys to use the sheds.

- Keys to the equipment sheds will only be issued by the President or Field Manager.
- A record shall be kept of all individuals possessing keys.
- Keys will be returned to the League President immediately once someone ceases to have responsibilities for equipment sheds.
- All storage sheds will be kept locked at all times.
- All storage sheds will be kept neat and clean. Put tools and materials back in their proper place.
- All individuals with keys to the equipment sheds are aware of their responsibility for the orderly and safe storage of heavy machinery, hazardous materials, fertilizers, poisons, tools, etc.
- All chemicals or organic materials stored in storage sheds shall be properly marked and labeled and stored in its original container if available.
- Any witnessed “loose” chemicals or organic materials within these sheds should be cleaned up and disposed of immediately to prevent accidental poisoning.
- Keep products in their original container with the labels in place.
- Use poison symbols to identify dangerous substances.
- Dispose of outdated products as recommended.
- Use chemicals only in well-ventilated areas.
- Wear proper protective clothing, such as gloves or a mask when handling toxic substances.

### **Machinery**

Tractors, mowers and any other heavy machinery will:

- Be operated by appointed staff only.
- Never be operated under the influence of alcohol or drugs (including medication).
- Not be operated by any person under the age of 16.
- Never be operated in a reckless or careless manner.
- Be stored appropriately when not in use with the brakes in the on position, the blades retracted, the ignition locked and the keys removed.
- Never be operated or ridden in a precarious or dangerous way (i.e. riding on the fenders of a tractor).
- Never left outside the tool sheds or appointed garages if not in use.

### **General Facility**

- The dugouts will be clean and free of debris at all times.
- The dugouts will have bat racks.
- Dugouts and bleachers will be free of protruding nails and wood slivers.

- Home plate, batter's box, bases and the area around the pitcher's mound will be checked periodically for tripping and stumbling hazards.
- Chain-link fences will be checked regularly for holes, sharp edges and loose edges and will be repaired or replaced accordingly.  
The fields shall be checked for holes, rocks, glass or any other foreign material that could cause an injury.

### **Accident Reporting Procedure**

#### **What to report:**

Any incident that causes any player, coach, umpire, or volunteer to receive medical treatment and/or first aid during a game or practice must be reported to the League Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

#### **When to Report:**

All such incidents described above must be reported to the Local League Safety Officer within 24 hours of the incident. The Local League Safety Officer, **Hannah Boven 269-501-1012**.

The Local Little League's Safety Officer's contact information will be posted at all times in the concession stand.

#### **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.

An example report is included on page 57 of the Safety Manual.

**Team Manager's Responsibility:**

The team manager will fill out the **Little League Accident Investigation Form** (pg. 57) and submit it to the Safety Officer **within 24 hours of the incident**. (The Accident Investigation Forms can be found in the Manager Safety Manual) Extra forms are available from the Safety Officer.

**Safety Officer's Responsibilities:**

Within 24 hours of receiving the completed Accident Investigation Form, the Safety Officer 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.
- In the event that the injured party required other medical treatment (i.e. Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the local Little League's insurance coverage and the provision for submitting any claims.
- Assist the parent or guardian in filling out the claim forms.

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

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

Protective Equipment cannot prevent all injuries a player might receive while participating in Little League Baseball or Softball.

**Remember, the Safety of our Children is our Number 1 Priority.**

**Insurance Policies**

Little League accident insurance covers only those activities approved or sanctioned by Little League International.

**Vicksburg** Little League Majors, Minors and Tee Ball participants shall not participate as a Little League Majors, Minors and Tee Ball team in games with other teams of other programs or in tournaments except those authorized by Little League International.

**Vicksburg** Little League Majors, Minors and Tee Ball participants may participate in other programs during the Little League Majors, Minors and Tee Ball regular season and tournament provided such participation does not disrupt the Little League Majors, Minors and Tee Ball season or tournament team.

Unless expressly authorized by the Board of Directors of **Vicksburg** Little League, games played for any purpose other than to establish a League champion or as part of the International Tournament are prohibited. (See IX – Special Games, in the Rule Book for further clarification.)

**Explanation of Coverage:**

Chartis, Little League's insurance policy is designed to afford protection to all participants at the most economical cost to our local Little League. 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, Little League insurance – which is purchased by the Vicksburg Little League, not the parent – takes over and provides benefits, after a \$50.00 deductible per claim, for all covered injury treatment costs up to the maximum stated benefits. This plan makes it possible to offer exceptional, low-cost protection with the assurance to parents that adequate coverage is in force at all times during the season.

**How the insurance works:**

1. First have the child's parents file a claim under their insurance policy.
2. Should the family's insurance plan not fully cover the injury treatment, the Little League CAN Policy will help pay the difference, after the **\$50.00 deductible** per claim, up to the maximum stated benefits.
3. If the child is not covered by any family insurance, the Little League CAN Policy becomes primary and will provide benefits for all covered injury treatment costs, after a **\$50.00 deductible** per claim, up to the maximum benefits of the policy.
4. Treatment of dental injuries can extend beyond the normal fifty-two week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at the time treatment is given, even though it may be some years later. Maximum dollar benefit is \$500.00 for eligible dental treatment after the normal fifty-two week period, subject to the \$50.00.

**Filing a Claim: deductible per claim.**

When filing a claim, (see claim forms in appendix) all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parents/guardians or claimant's employer explaining the lack of Group or Employer insurance must accompany a claim form.

On **dental claims**, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant, or parent(s)/guardian(s), if claimant is a minor. "Accident damage to whole, sound, normal teeth as a direct result of an accident" must be stated on the form and bills. Forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, Little League ID and year of the injury on the form.

Claims must be filed with the local Little League Safety Officer. He/she forwards them to Little League Baseball, Incorporated, PO Box 3485, Williamsport, PA 17701. Claim officers can be contacted at (717) 327-1674 and fax (717) 326-1074. **Contact the League Safety Officer for more information.**

## **Health and Medical – Giving 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 FirstAid go beyond his or her capabilities. **Know your limits!**

The average response time on **9-1-1** calls is 5-7 minutes. In route, Paramedics are in constant communication with the local hospital, 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 and this Safety Manual must be turned in at the end of the season along with your equipment.**

### **First-Aid Kits**

First-Aid Kits will be furnished to each team at the beginning of the season.

The First-Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or post-season) and any other Little League event where children's safety is at risk.

To replenish materials in the Team First-Aid Kit, the Manager or Designated Coach must contact the League Safety Officer. (See the contact information on page 5 of this manual.)

The First-Aid Kit will contain the following items:

- |                                     |                                 |
|-------------------------------------|---------------------------------|
| ✓ <b>2 Instant Ice Packs</b>        | ✓ <b>1 Cloth Athletic Tape</b>  |
| ✓ <b>2 Plastic Bags for Ice</b>     | ✓ <b>2 Eye Pads</b>             |
| ✓ <b>6 Antiseptic Wipes</b>         | ✓ <b>1 Roll of Gauze</b>        |
| ✓ <b>1 Roll of Gauze</b>            | ✓ <b>2 Burn Cream Packs</b>     |
| ✓ <b>2 Large Bandages 2"x4"</b>     | ✓ <b>1 Scissors</b>             |
| ✓ <b>2 Large Non-stick Bandages</b> | ✓ <b>1 Pair of Latex Gloves</b> |
| ✓ <b>20 Band-Aids 1"x3"</b>         | ✓ <b>1 Tweezers</b>             |
| ✓ <b>2 Antiseptic Cream Packs</b>   | ✓ <b>2 Sterile Gauze pads</b>   |

If you are missing any of the above items, please contact the League Safety Officer immediately. There will be an additional First-Aid kit available in the concession stand. Materials from this kit may not be used to replenish materials in the Team's Kit but only 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 or 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, the 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.

## Some Important Do's and Don'ts

### Do....

- **Assess** the injury. If the victim is conscious, find out what happened, where it hurts and watch for shock.
- **Know** your limitations.
- **Call** 9-1-1 immediately if person is unconscious or seriously injured.
- **Look** for signs of injury. (Blood, black and blue, deformity of joint etc.)
- **Listen** to the injured player describe what happened and what hurts if conscious.  
Before questioning, you may have to calm and soothe an excited child.
- **Feel** gently and carefully the injured area for signs of swelling or grating of broken bone.
- **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.

### Don't...

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedure. (i.e. CPR, etc.)
- Transport injured individual except in the extreme emergencies.

## 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 steps.

1. First Dial **9-1-1**.
2. Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
  - a. The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc.
  - b. The telephone number from which the call is being made.
  - c. The caller's name.
  - d. What happened – for example, a baseball related injury, bicycle accident, fire, fall, etc.
  - e. How many people are involved.
  - f. The condition of the injured person – for example, unconscious, chest pains or severe bleeding.
  - g. What help (first-aid) is being given.

3. 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.
4. Continue to care for the victim until professional help arrives.
5. Appoint somebody to go to the street and look for the **ambulance** or **fire truck** and flag them down if necessary. This saves valuable time. Remember, every minute counts.

### **When to call**

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.
- Is vomiting or passing blood.
- Has trouble breathing or is breathing in a strange way.
- Has a seizure, a severe headache, or slurred speech.
- Has chest pain or pressure.
- Appears to have been poisoned.
- Has pressure or pain in the abdomen that does not go away.
- Has an injury to the head, neck or back.
- Has a possible broken bone.

**If you have any doubt at all, call 9-1-1 and request paramedics. Also call 9-1-1 for any of these situations:**

- Fire or explosion
- Vehicle collisions
- Downed electrical wires
- Vehicle/Bicycle collisions
- Victims who cannot be moved easily
- Presence of poisonous gas

### **Checking the Victim**

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.

1. Talk to the victim and to any people standing by who saw the accident take place.
2. Check the victim from head to toe, so you do not overlook any problems.
3. Do not ask the victim to move, and do not move the victim yourself.
4. Examine the scalp, face, ears, nose and mouth.
5. Look for cuts, bruises, bumps or depressions.
6. Watch for changes in consciousness.
7. Notice if the victim is drowsy, not alert, or confused.
8. 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.
9. Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.



10. Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool or hot.
11. Ask the victim again about the areas that hurt.
12. Ask the victim to move each part of the body that doesn't hurt.
13. Check the shoulders by asking the victim to shrug them.
14. Check the chest and abdomen by asking the victim to take a deep breath.
15. Ask the victim if he or she can move the fingers, hands and arms.
16. Check the hips and legs in the same way.
17. Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
18. Look for odd bumps or depressions.
19. 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.
20. 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.
21. When you have finished checking, if the victim can move his or her body without any pain and there are no signs of injury, have the victim rest sitting up.
22. 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.

### **When treating an injury, remember:**

**P**ROTECTION

**R**EST

**I**CE

**C**OMPRESSION

**E**LEVATION

### **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 fluids are anticipated (latex gloves are provided in the First Aid Kit).
- ☐ Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap.
- ☐ Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach. A 1:1 solution can be made by using a cap full of Clorox (2.5cc) and 8 ounces of water (250cc).
- ☐ Managers, coaches and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.

### **Prescription Medication**

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

### **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 difficulty 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 (included in the appendix of this safety manual). 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 until he/she is able to breathe normally. If the asthma attack persists, dial **9-1-1** and request emergency service or call the parents.

## **Colds and Flu**

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/her cold or flu on to all the players. **Prevention** is the solution here. Don't be afraid to tell parents to keep their child at home.

## **Attention Deficit Disorder**

### **What is Attention Deficit Disorder (ADD)**

ADD is now officially called Attention-Deficit/Hyperactivity Disorder, or **ADHD**, although most lay people, and even some professionals, still call it ADD (the name given in 1980).

ADHD is a neurobiological based development disability estimated to affect between 3-5 percent of the school age population. This disorder is found present more often in boys than girls (3:1).

No one knows exactly what causes ADHD. Scientific evidence suggests that the disorder is genetically transmitted in many cases and results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior.

### **Why should I be concerned with ADHD when it comes to baseball?**

Unfortunately more and more children are being diagnosed with ADHD every year. There is a high probability that one or more of the children on your team will have ADHD. It is important to recognize the child's situation for safety reasons because not paying attention during a game or practice could lead to serious accidents involving the child and/or his/her teammates. It is equally as important to not call attention to the child's disability or to label the child in any way.

Hopefully the parent of an ADHD child will alert you to his/her condition. Treatment of ADHD usually involves medication. Do not, at any time, administer the medication – even if the child asks you to. Make sure the parent is aware of how dangerous the game of baseball can be and suggest that the child take the medication (if he or she is taking medication) before he or she comes to the practice or game.

A child on your team may in fact be ADHD but has not been diagnosed as such. You should be aware of the symptoms of ADHD in order to provide the safest environment for that child and the other children around him/her.

### **What are the symptoms of ADHD?**

**Inattention** – This is where the child:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities.
- Often has difficulty sustaining attention in tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
- Often has difficulty organizing tasks and activities.

- Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework).
- Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils books or tools).
- Often easily distracted by extraneous stimuli.
- Often forgetful in daily activities.

**Hyperactivity** – This is where the child:

- Often fidgets with hands or feet or squirms in seat.
- Often leaves seat in classroom or in other situations in which remaining seated is expected.
- Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings or restlessness).
- Often has difficulty playing or engaging in leisure activities quietly.
- Often “on the go” or often act as if “driven by a motor”.
- Often talks excessively.

**Impulsivity** – This is where the child:

- Often blurts out answers before questions have been completed.
- Often has difficulty waiting his/her turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or games).

**Emotional Instability** – This is where the child:

- Often has an angry outburst.
- Is a social loner.
- Blames others for problems.
- Fights with others quickly.
- Is very sensitive to criticism.

Most children with ADHD experience significant problems socializing with peers and cooperating with authority figures. This is because when children have difficulty maintaining attention during an interaction with an adult, they may miss important parts of the conversation. This can result in the child not being able to follow directions and so call “memory problems” due to not listening in the first place.

When giving directions to ADHD children it is important to have them repeat the directions to make sure they have correctly received them. For younger ADHD children, the directions should consist of only one or two step instructions. For older children more complicated directions should be stated in writing.

Children with ADHD often miss important aspects of social interaction with their peers. When this happens, they have a difficult time “fitting in”. They need to focus in on how other children are playing with each other and then attempt to behave similarly. ADHD children often enter a group play situation like the proverbial “bull in the china closet” and upset the play session.

There is no way to know for sure that a child has ADHD. There is not a simple test, such as a blood test or urinalysis. An accurate diagnosis requires an assessment conducted by a well-trained professional (usually a developmental pediatrician, child psychologist, child psychiatrist or pediatric neurologist) who knows a lot about ADHD and all other disorders that can have symptoms similar to those found in ADHD.

## **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.

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 Vicksburg Little League.

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

### **Child Abuse: A Five-Step Review**

1. **Know what it is, and where to look.** Defining child abuse, and separating the truth from the myths, better enables us all to spot potentially dangerous situations.
2. **Educate parents, volunteers, and children.** They need to be supplied with the information necessary to protect everyone. Let the children know that it's never their fault.
3. **Follow safety procedures.** Employing basic rules, such as the "buddy system" can keep child abuse from happening in the first place.
4. **Screen applicants carefully.** An effective three-step plan can keep potential child abusers out of our Little League programs and keep our kids safe.
5. **Don't be afraid to speak out.** Both Little League children and adults need to feel safe to come forward. If an individual honestly feels something is wrong, the laws are in place to protect them.

**Vicksburg Little League** has a three-step plan for selecting caring, competent and safe volunteers.

1. **Application:** To include **residence information, employment history** and three **personal references** from non-relatives. All potential volunteers must fill out the volunteer application form that clearly asks for information about **prior criminal convictions**. The form also points out that all positions are conditional based on the information received back from a background check.
2. **Interview:** Make all applicants aware of the policy **that no known child-sex offender will be given access to children in the Little League Program.**
3. **Reference Checks:** Make sure the information given by the applicant is corroborated by references.

### **Reporting**

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

### **Investigation**

Vicksburg Little League will appoint an individual with significant professional background to receive and act on abuse allegations. These individuals will act in a confidential manner, and serve as the League's liaison with the local law enforcement. **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.” We want adults and Little Leaguers to understand that they shouldn't be afraid to come forward, 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 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 Vicksburg Little League will not tolerate child abuse, in any form.**

### **The Buddy System**

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 Members or any other Volunteer.

## **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 in the T-Ball Division, but there still should be adequate privacy for that child. Again, we can utilize the “**buddy system**” here.

## **Transportation**

Before any manager or designated coach can transport any Vicksburg Little League child, other than his/her own, anywhere, he or she must:

- Have a valid Driver's License.
- Submit a Photostat copy of his or her Driver's License to the Vicksburg Little League Player Agent so the driving record can be checked.
- Submit a Photostat copy of proof of insurance to the Vicksburg Little League Player Agent. (Must have Uninsured Motorist coverage)
- Wear corrective lenses when operating a vehicle if the Driver's License stipulates that the operator must wear corrective lenses.
- Notify the Vicksburg Little League Player Agent of who is driving and when at least 24 hours prior to departure.
- Have signed permission slips from parents before children are transported. (See sample in appendix section.)
- Not carry more children in their vehicle than they have seat belts for.
- Not drive in a careless or reckless manner.
- Not drive under the influence of alcohol, drugs or medication.
- Obey all traffic laws and speed limits at all times.
- Never transport a child without returning him/her to the point of origin.

## **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. Don't be afraid to show the parents the Little League Official Rule Book.

### **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, Minor, Major and Senior teams. Our local Little League 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 our local Little League 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 the 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?**

Our Local Little League runs background checks on all board members, managers and designated coaches before appointing them. Volunteers are required to fill out applications which give the League 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 manger, coach or umpire?**

You can directly contact the League President, Player Agent or any Board Member. Their names and telephone numbers are posted in the concession stand. The complaint will be brought to the President and Board'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 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 preseason.

**Why can't I smoke at the field?**

The Vicksburg complex has been designated as a non-smoking facility. You may smoke but you must leave the facility to do so. Please set an example for our children and do not use any tobacco products.



### **Submit Your Ideas For Safety**

Your safety ideas are welcome. Please submit them in written form and give them to the Safety Officer or any Board Member. If your safety idea warrants further investigation, you will be contacted.

### **Concession Stand Guidelines**

**(The Concession Manager must be trained in safe food handling, preparation and procedures.)**

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

- 1. Menu.** Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.
- 2. Cooking.** Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41 degrees F. or below (if cold) or 140 degrees F. or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155 degrees F, poultry parts should be cooked to 165 degrees 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 degrees 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 degrees 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 food is completely cooled. Check the temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain un-refrigerated 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. The use of hair restraints is recommended to prevent hair ending up in food products.
- 7. Food Handling.** Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.
- 8. Dishwashing.** Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. 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 not 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.

### **Clean Hands for Clean Foods**

**Please wash your hands 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.

### **Opening Concession Procedures**

1. Arrive at 5:00 pm on weeknights and 9:00 am on Saturday.
2. Wash your hands before starting to work in the concession stand.
3. Insert the Nacho cheese in the Nacho cheese warmer and turn the warmer on.
4. Start the coffee. (see instructions on the wall next to the coffee machine)
5. Make tea. (see instructions on the wall next to the machine)
6. Turn on the hotdog machine. (turn to medium heat)
7. Fill the condiments stand with ketchup, mustard, relish, coffee creamer, stir sticks and sugar. Place the stand outside near the walkup window.
8. Turn on the warmer next to the popcorn machine.
9. Make popcorn. Turn the power on to heat up the kettle. Add one cup of vegetable oil, one tablespoon of popcorn seasoning, two cups of popcorn and close the lid. Dump the popcorn when the popping slows down. Fill the popcorn bags and put them in the warmer.
10. Put the candy and gum out by the walkup window.

11. Open the window by removing the locks and sliding the bar out from in front of the outside doors.
12. Open up and have fun!

### **Closing Concession Stand:**

1. Begin closing the stand during the last game.
2. Turn off the hotdog machine and allow it to cool before cleaning.
3. Turn off the Nacho cheese warmer and allow to cool. Put the Nacho cheese in the cooler. Clean the pump.
4. Turn off the popcorn machine, allow it to cool and then clean it.
5. Turn off the warmer.
6. Turn off the coffee maker and wash the coffee pots. Wipe off the coffee maker.
7. Put the leftover tea in the cooler and clean the pot.
8. Remove the condiments stand and put the ketchup, mustard and relish in the cooler. Wipe the condiments stand down.
9. Fill the cooler with water, pop and Gatorade.
10. All dishes need to be washed. Use one cap full of bleach to 1 tub of hot soapy water.
11. Wipe the counter and sweep and mop the floor.
12. Sweep the bathrooms, empty the trash cans and make sure they have toilet paper and paper towels.
13. Empty the trash cans and throw the garbage bags in the dumpster behind the concession stand. Put new garbage bags in the trash cans.
14. Close the window, insert the bar and lock both ends.
15. A board member will be in at the end of the night to count the money for deposit. They will give you the ok to leave and will be responsible for locking up.
16. Thank you for your help. We hope you had fun!

### **Fire Extinguisher**

The fire extinguisher is located near the entrance door of the concession stand. The extinguisher should be checked at the beginning of the season to make sure it is charged to the proper level. If it is not, replace immediately.

### **Using an Extinguisher**

Fire safety experts advise you to learn how to use an extinguisher before an emergency arises. Please contact the concession stand manger for a lesson in how to use the concession stand extinguisher.

To help you use an extinguisher, use the acronym **PASS**:

- **Pull** the extinguisher's safety pin.
- **Aim** the chemical at the source of the flames rather than at the flames themselves, standing at least 6 feet from the fire (or as directed on the extinguisher's label).
- **Squeeze** the trigger and hold it, keeping the extinguisher upright.
- **Sweep** the source of the flames until the extinguisher runs dry.

Whenever you have used the extinguisher, whether or not it is completely empty, you must let the Safety Officer know so he/she can replace it or refill it. If you notice the gauge is not in the green zone let the Safety Officer know so he/she can get it replaced or refilled.

### **Vicksburg Little League COVID-19 Guidelines**

*As Vicksburg Little League returns to the field, we are continuing to monitor and implement the guidelines set forth by the U.S. Centers for Disease Control & Prevention (CDC), Little League International, State of Michigan Dept. of Health and Human Services, and our Local Community Guidelines.*

*The guidelines below will help to provide a safe place to play and continue to mitigate the spread of COVID-19. Vicksburg Little League will continue to update these guidelines as information is further developed around COVID-19 Mitigation.*

*All Vicksburg Little League Board members, managers, coaches, umpires, league officials, and families are strongly recommended to review these guidelines.*

**Failure to follow these guidelines may result in you and/or your child's removal from a game or our league (without refund).**

#### **Self-Monitoring & Health Screening**

- Any player, coach, umpire or family members exhibiting cough or fever, or any known exposure to a person with COVID-19 are prohibited from attending any Vicksburg Little League activity until cleared by a medical professional.
- Any individual, including players, at risk for severe illness or with serious underlying medical or respiratory condition should only attend Vicksburg Little League activities with permission from a medical professional.
- All players, family members, spectators, coaches and umpires are expected to complete the following illness screening prior to attending any VLL practice or game. Parents are expected to complete the screening of their child(ren).

#### **Illness Screening**

- Does your child have a fever above 100.3?
- Does your child have:
  - fever or chills
  - new or worsening cough
  - shortness of breath
  - diarrhea, nausea and/or vomiting
  - sore throat
  - fatigue
  - new loss of taste or smell
- Have you or your child had close contact with someone that has been COVID positive or suspected of COVID in the past 14 days? Symptoms may appear 2-14 days after exposure to the virus.
- A positive screening (answering yes to any of the illness screening questions) is an automatic DO NOT ATTEND.

- Any child that misses a game or practice due to a positive screening should notify their coach as soon as possible. The coach will then notify Laticia Lauer (Safety Officer) for possible consultation with the Kalamazoo County Health Department.

### **On-Field Guidance**

#### **➤ Healthy Practices**

- All players and coaches should practice good general health habits, including maintenance of adequate hydrations, a healthy diet of fruits & vegetables and getting adequate sleep.

#### **➤ No Handshakes/Personal Contact Celebrations**

- Players and coaches should take measures to prevent all but the essential contact necessary to play the game. This should include refraining from handshakes, high fives, fist/elbow bumps, chest bumps, group celebrations, etc. Little League International suggests lining up outside the dugout and tipping caps to the opposing team as a sign of good sportsmanship after a game.
- Players and families should vacate the field/facility as soon as is reasonably possible after the conclusion of their game to minimize unnecessary contact with players, coaches, and spectators from the next game, ideally within 20 minutes.

#### **➤ Drinks & Snacks:**

- Athletes, managers/coaches, and umpires should bring their own personal drinks to all team activities. Drinks should be labeled with the person's name.
- Individuals should take their own drink containers home each night for cleaning and sanitation or use single-use bottles.

#### **➤ Personal Protective Equipment (PPE)**

- All managers/coaches, volunteers, umpires, etc., are required to follow state and local guidelines pertaining to PPE (such as cloth face coverings).

#### **➤ Dugouts**

- Managers/coaches and players are required to follow state and local guidelines pertaining to physically distancing in groups
- Individuals disinfecting equipment are encouraged to use gloves while using disinfectants and follow the manufacturer's directions for use. All disinfectants should be stored properly, in a safe area, out of the reach of children.
- Players should not share towels, clothing, or other items that they may use to wipe their face or hands.

#### **➤ Spitting, Sunflower Seeds, Gum, etc.**

- Sunflower seeds, gum, etc., should not be allowed in dugouts or on the playing field.
- All players and coaches are to refrain from spitting at all times, including in dugout areas and on the playing field.

### **Game Operations & Umpire Guidance**

#### **➤ Pre-Game Plate Meetings**

- VLL recommends social distancing of six feet between individuals during all pre-game plate meetings between teams and umpires.
- Plate meetings should only consist of one manager or coach from each team, and game umpires.
- All participants are required to follow state and local guidelines at the time of the pre-game meeting.

#### **➤ Umpire Placement**

- Umpires are permitted to be placed behind the pitcher's mound/circle to call balls and strikes. Umpires are encouraged to keep a safe distance from players as much as possible.

## **Facility, Fan & Administrative Guidance**

### **➤ Limiting Spectator Attendance**

- When applicable, all spectators should follow best social distancing practices — stay six feet away from individuals outside their household; wear a cloth face covering at all times; avoid direct hand or other contact with players/managers/coaches during play.
- If the number of cases rise, Vicksburg Little League may choose to minimize the exposure risk to spectators by limiting attendance to only essential volunteers and limited family members.
- Spectators should bring their own seating or portable chairs when possible.
- A spectator with any of the following conditions should not attend a practice or game until evaluated by a medical provider and given clearance to do so:
  - Active COVID-19 infection
  - Known direct contact with an individual testing positive for COVID-19
  - Fever
  - Cough
  - Those at higher risk for severe disease should consider consultation with their medical provider before attending a game and should ensure the strictest adherence to guidelines regarding face coverings, distancing, and handwashing.
  - Such groups include:
    - Those with a serious underlying medical condition, including heart disease, morbid obesity, diabetes, lung disease, immunocompromise, chronic kidney disease, and chronic lung disease.
    - Those currently residing in a nursing home or long-term care facility.
    - Those over 65

### **➤ Public Restrooms**

- Complex is managed by volunteers; as such restrooms are thoroughly cleaned and disinfected twice a week.

**For Local League Use Only****Activities/Reporting****A Safety Awareness Program's  
Incident/Injury Tracking Report**

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Incident Date: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

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

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

**Incident occurred while participating in:**

A.) ☐ Baseball ☐ Softball ☐ Challenger ☐ TAD

B.) ☐ Challenger ☐ T-Ball ☐ Minor ☐ Major ☐ Intermediate (50/70)

☐ Junior ☐ Senior ☐ Big League

C.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event

☐ Travel to ☐ Travel from ☐ Other (Describe): \_\_\_\_\_

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

D.) ☐ Batter ☐ Baserunner ☐ Pitcher ☐ Catcher ☐ First Base ☐ Second

☐ Third ☐ Short Stop ☐ Left Field ☐ Center Field ☐ Right Field ☐ Dugout

☐ Umpire ☐ Coach/Manager ☐ Spectator ☐ Volunteer ☐ Other: \_\_\_\_\_

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

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

Was professional medical treatment required? ☐ Yes ☐ No If yes, what: \_\_\_\_\_

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

**Type of incident and location:**

A.) On Primary Playing Field

☐ Base Path: ☐ Running or ☐ Sliding

☐ Hit by Ball: ☐ Pitched or ☐ Thrown or ☐ Batted

☐ Collision with: ☐ Player or ☐ Structure

☐ Grounds Defect

☐ Other: \_\_\_\_\_

B.) Adjacent to Playing Field

☐ Seating Area

☐ Parking Area

C.) Concession Area

☐ Volunteer Worker

☐ Customer/Bystander

D.) Off Ball Field

☐ Travel:

☐ Car or ☐ Bike or

☐ Walking

☐ League Activity

☐ Other: \_\_\_\_\_

Please give a short description of incident: \_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

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

Prepared By/Position: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

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

## **Acknowledgement of Receipt of Safety Manual and First Aid Kits**

Each team will be issued a Safety Manual electronically and First Aid Kit with their equipment at the beginning of the season. The manager will acknowledge the receipt by signing in the space provided below (or acknowledging by email) when they have taken possession of both Safety Manual and the First Aid Kit.

The concession stand will always have a First Aid Kit and a Safety Manual in plain sight.

The Safety Manual includes emergency numbers, phone numbers for all Board Members and the Do's and Don'ts of treating injured players.

The First Aid Kit will include the necessary items to treat an injured player until professional help arrives.

---

I have received my Safety Manual and First Aid Kit and will have them both available at all practices, batting cage practices, games (season games, tournaments, and post-season games) and any other event where team members could become injured or hurt.

---

Print Name of Manager

---

Division and Team Name

---

Signature of Manager

---

Date

(Remove this page and give to the League Safety Officer upon signing.)