

Peabody Little League, Inc.
Safety Manual
For
Managers and Coaches

Let the Kids Play, but Play Safely

2023



Peabody Little League #: 2211510

Eric Smith
Safety Officer
617-697-7802

Contents

PEABODY LITTLE LEAGUE - 2023	3
PHONE NUMBERS	4
LOCATIONS	4
PEABODY LITTLE LEAGUE SAFETY COMMITTEE	5
BOARD OF DIRECTORS	6
PEABODY LITTLE LEAGUE CODE OF CONDUCT	7
VOLUNTEER BACKGROUND CHECKS	8
SAFETY CODE	10
Dedicated to Injury Prevention	10
STORAGE SHED PROCEDURES	11
ASAP -WHAT IS IT?	18
Some Important Do's and Don'ts	18
HOW TO PREVENT INJURIES	19
Evaluating Fresh Injuries	19
COMMUNICABLE DISEASE PROCEDURES	22
CONTRACT FOR SUCCESS	29
ACCIDENT REPORTING PROCEDURES	30
What to report	30
When to report	30
How to make the report	30
Director of Safety's Responsibilities	30
SOME GENTLE REMINDERS	31
LIGHTNING FACTS AND SAFETY PROCEDURES	32
"Flash-Bang" Method	32
Rule of Thumb	32
Where to Go?	32
Where NOT to Go !!	32
First Aid to a Lightning Victim	33
WEATHERBUG APP	36
VOLUNTEERS & ADULT TRAINING	39
CONCESSION STAND INFORMATION	40
KEEP IT CLEAN: CONCESSION STAND TIPS	43
Steps to Safe and Sanitary Food Service Events	43
Top Six Causes of Food Born Illness	43
Care for Sudden Illness	44
CPR ILLUSTRATIONS	46
THE HEIMLICH MANEUVER	47
WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE	49
FORMS & ATTACHMENTS	51

PEABODY LITTLE LEAGUE - 2023

At Peabody Little League, safety of the players and volunteers is of first and foremost concern. Only through safe participation will everyone have an enjoyable Little League experience.

To that end, we have developed this Safety Manual to be used by all board members, managers, coaches, players and all other volunteers. It is the responsibility of all to become familiar with and utilize the information in this manual in all league activities.

Should anyone have any safety suggestions they wish to include in this manual, please contact the Safety Director or any other member of the Board of Directors.

To assist the league with its requirement to ensure that we have properly trained managers and coaches, the league has and will conduct mandatory in-service training sessions.

On or before April 14, 2023 there will be a series of mandatory managers/coaches' meetings at the PMLP auditorium. At these meetings the safety manuals will be distributed, and first aid training will be conducted. Members of Atlantic Ambulance, Peabody Police and/or Fire Department emergency medical services, (E.M.S.), will be invited to conduct this first aid training for all Major and Minor levels managers/coaches.

We owe it to ourselves and to the children, to do our part to ensure that we have a safe successful season.

Thank you.

The Board of Directors, Peabody Little League

PHONE NUMBERS

Eric Smith - Safety Officer...617-697-7802

Tabatha Morgan – League President...978-473-6546

Peabody Police - Emergency

911

Peabody Fire - Emergency

911

Atlantic Ambulance-Emergency...

911

LOCATIONS

Carroll Savage

Minor League Field

Located by South Memorial School



Lynnfield St
Peabody, Massachusetts 01960

Farnham Park

Minor League Field

Located off Endicott Street



Endicott St
Peabody, Massachusetts 01960

Higgins Middle School Cafeteria



1 King St. Ext
Peabody, Massachusetts 01960

James Street Park



1 James St
Peabody, Massachusetts 01960

Lt. Ross Park



Johnson St
Peabody, Massachusetts 01960

MacArthur Park



17 Macarthur Circle
Peabody, Massachusetts 01960

Peabody Municipal Light Plant



201 Warren St Ext
Peabody, Massachusetts 01960

Raddin Road



Raddin Road
Peabody, Massachusetts 01960

PEABODY LITTLE LEAGUE SAFETY COMMITTEE

Eric Smith (Chairman)

617-697-7802

Safety Committee Members:

League President	Tabatha Morgan	978-473-6546
League Vice President	Julie Dupont	617-785-5817
Coaching Coordinator	Gerald MacKillop	978-778-8327

Board of Directors

Position: **Name:** **Email:**

President	<i>Tabatha Morgan</i>	tabsy33@gmail.com
Vice President	<i>Julie Dupont</i>	julieann0814@gmail.com
Secretary	<i>Kristie DeLoreto</i>	kmd62777@gmail.com
Treasurer	John Hoffman	johnnyh1081@yahoo.com
Safety Coordinator	<i>Eric Smith</i>	rdskn1725@gmail.com
Auxiliary Officer (Sponsorships)	<i>Katie Billingsley</i>	katie.billingsley@comcast.net
Majors Coordinator	Rob Ordway	robo10@msn.com
Equipment Manager	<i>Matt Kazlauskas</i>	makazlauskas@gmail.com
Player Agent	<i>Jeff Lang</i>	jeffreylang31@yahoo.com
Coach Coordinator	<i>Gerald MacKillop</i>	gmackillop@gmail.com
Information Officer	Brian Goldsworthy	gold23@outlook.com

PEABODY LITTLE LEAGUE CODE OF CONDUCT

- ***Speed Limit 5 mph*** in roadways and parking lots while attending any Peabody Little League function. Watch for small children around parked cars.
- ***No Alcohol allowed*** in any parking lot, field, or common areas within a Peabody Little League complex.
- ***No Playing in parking lots*** at any time.
- ***No Playing on and around*** lawn equipment.
- ***Use Crosswalks*** when crossing roadways. Always be alert for traffic.
- ***No Profanity*** please.
- ***No Swinging Bats*** or ***throwing balls*** at any time within the walkways and common areas of a Peabody Little League complex.
- ***No throwing balls*** against dugouts or against backstop. Catchers must be used for all batting practice sessions.
- ***No throwing*** rocks.
- ***No horseplay*** in walkways at any time.
- ***No climbing*** fences.
- ***No pets*** are permitted at Peabody Little League games or practices.
- ***Only a player on the field*** and at bat, may swing a bat (Age 5 - 12). Be Alert of area around you in the on-deck position.
- ***Observe all posted signs***. Players and spectators should be ***Alert*** at all times for ***Foul Balls and Errant Throws***.
- ***During the game***, players must remain in the dugout area in an orderly fashion at all times.
- ***After each game, each team must clean up trash*** in dugout and around stands.
- ***All gates to the field must remain closed*** at all times. After players have entered or left the playing field, gates should be closed and secured.
- ***No children under the age of 16*** are to be permitted in the Snack Bars.

Failure to comply with the above may result in expulsion from the Peabody Little League field or complex.

VOLUNTEER BACKGROUND CHECKS

All people who wish to volunteer for a position of manager, coach, board member and any others who provide regular services to the league and/or have repetitive access to or contact with players or teams within the league must fill out a “Little League Volunteer Application” and a “MA CORI Request Form”, as well as provide a government-issued identification card for ID verification. Peabody Little League will be conducting a national background check through First Advantage, as well as a Massachusetts Criminal Offender Record Information request on all volunteers.

Anyone refusing to fill out these forms or provide necessary information is ineligible to participate in any capacity.

These confidential records will be retained by the league president for the year of service.

SAFETY CODE

Dedicated to Injury Prevention

- Responsibility for Safety procedures should be that of an adult member of Peabody Little League
- Arrangements should be made in advance of all games and practices for emergency medical services
- Managers, coaches and umpires should have training in first aid. First-aid kits are issued to each team manager and are located at each concession stand.
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.
- All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as “in play”.
- Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team’s manager and coaches.
- Procedure should be established for retrieving foul balls batted out of playing area.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (i.e., playing catch, pepper, swinging bats, etc.)
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets during batting practice and games.
- Catcher must wear catcher’s helmet, mask, throat guard, chest protector, shin guards and protective cup with athletic supporter at all times (males) for all practices and games. **NO EXCEPTIONS.**
- Managers should encourage all male players to wear protective cups and supporters for practices and games.
- Except when runner is returning to a base, headfirst slides are not permitted.
- During sliding practice, bases should not be strapped down or anchored.
- At no time should “horse play” be permitted on the playing field
- Parents of players who wear glasses should be encouraged to provide “safety glasses”
- Player must not wear watches, rings, pins or metallic items during games and practices.
- The Catcher must wear catcher’s helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bullpen during a game and also during practices
- Managers and Coaches may not warm up pitchers before or during a game.
- On-deck batters are not permitted (except in Juniors Division).
- Managers and Coaches must follow the Pitch Count regulation where applicable, 85 pitches for 11–12-year-olds and 75 pitches for 9-10 year olds and 50 pitches for 7-8 year olds.

See a need to add to the safety code?

Contact:

Eric Smith, Safety Officer

rdskn1725@gmail.com

STORAGE SHED PROCEDURES


The following applies to all of the storage sheds used by Peabody Little League and apply to anyone who has been issued a key to use those sheds.

- All individuals with keys to the Peabody Little League equipment sheds (i.e., Managers, Umpires, etc.) are aware of their responsibilities for the *orderly and safe storage of rakes, shovels, bases, etc.*
- Before you use any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment.
- All chemicals or organic materials stored in Peabody Little League sheds shall be properly marked and labeled as to its contents.
- All chemicals or organic materials (i.e., lime, fertilizer, etc.) stored within these equipment sheds will be separated from the areas used to store machinery and gardening equipment (i.e., rakes, shovels, etc.) to minimize the risk of puncturing storage containers.
- Any witnessed “loose” chemicals or organic materials within these sheds should be cleaned up and disposed of as soon possible to prevent accidental poisoning.

Mower/Equipment Safety Rules



1. Never make adjustments or repairs with the engine running.
2. Be sure the area is clear of other people before mowing.
STOP if anyone enters the area.
3. Never carry passengers.
4. Do NOT mow in reverse.
5. ALWAYS look down and behind BEFORE and WHILE backing.
6. Remove rocks, tree limbs, cans, etc. before mowing.
7. Always check the oil in the mowers before use.
8. ONLY adults operate mowers. NO children/others allowed to ride along with operator of riding mowers.
9. Please report damage or trouble with the mowers so they can be repaired.
10. You MUST wear safety glasses when using weed eater.

 Modified from Peru, Ind., Little League safety plan

FACILITIES

Dugouts, Player Seating Areas: In all cases, the dugout or player seating areas **MUST** be protected from the field of play by a screen or fence, as shown below in the example.

On-Deck Batters – Little League divisions and younger: In all cases, there is **NO** on-deck batter in these divisions. This means that the next batter due to bat **MUST NOT** handle a bat until it is his/her turn to advance to the batter's box. There is no on-deck area anywhere.

On-Deck Batters – Junior League divisions and older: In all cases, the on-deck batter position is permitted. However, it is preferred that the on-deck batter be behind a screen or fence while warming up. Also, no other players must be in close proximity to the on-deck batter, and the on-deck batter must be wearing a proper batting helmet.

There must be no loose equipment lying on the field in fair or foul territory in games or practices.



Divisions of Play - Baseball

Tee Ball: 4-7 year olds; **Minor League:** 6-12 year olds; **Little League** (sometimes known as "Major Division"): 9-12 year olds; **Junior League:** 12-14 year olds; **Senior League:** 13-16 year olds; **Big League:** 15-18 year olds

Divisions of Play – Girls Softball

Tee Ball: 5-8 year olds; **Minor League:** 7-12 year olds; **Little League** (sometimes known as "Major Division"): *9-12 year olds; **Junior League:** 12-14 year olds; **Senior League:** 13-16 year olds; **Big League:** 14-18-year-olds

Divisions of Play -Boys Softball

Tee Ball: 5-8 year olds; **Minor League:** 7-12 year olds; **Little League** (sometimes known as "Major Division"): *9-12 year olds; **Senior League:** 13-16 year olds; **Big League:** 14-18 year olds.

**9-10 year olds may play Minors or Little League*

BATTERS, BASE RUNNERS AND BASE COACHES

Batters: In all cases, any player holding a bat at any time, whether in a game or a practice, **MUST** be wearing a batting helmet that covers **BOTH** ears.

Base Runners: In all cases, any player depicted as a base runner at any time, whether in a game or a practice, **MUST** be wearing a batting helmet that covers **BOTH** ears.

Base Coaches: In all cases, any player depicted as a base coach at any time, whether in a game or a practice, **MUST** be wearing a batting helmet that covers **BOTH** ears. Adult base coaches are not required to wear a helmet. *In all divisions: if only one adult manager or coach is available, both base coaches must be players. An adult must be in the dugout at all times.*

Note 1: Both photos to the right show typical batting helmets. A face mask or face shield is not required, but is acceptable.

Note 2: Helmets **MUST** be NOCSAE approved (noted on helmet).

Note 2: Both players' uniforms include the proper wear of the Little League Shoulder Patch, which **MUST** be worn on the left sleeve of the uniform.

Note 3: The player's name (first or last) must **NOT** appear on the uniform.

Note 4: Helmets must **NOT** include any words, letters, logos, etc., unless applied by the manufacturer.



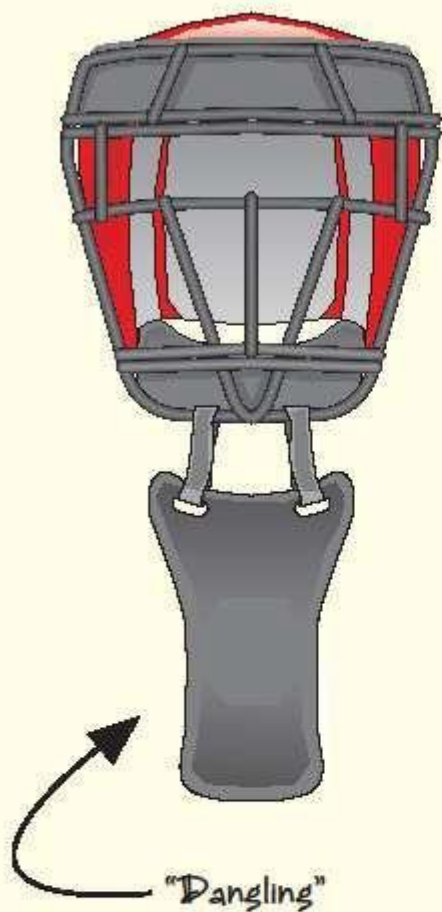
EQUIPMENT DEPICTED MUST MEET LITTLE LEAGUE MINIMUM STANDARDS FOR THE DIVISION.

UMPIRES

Plate Umpire: In all cases, the plate umpire should be depicted wearing gray slacks and, preferably, a blue shirt. The umpire must wear a protective mask with "dangling" throat protector. He/she must wear a chest protector (either inside or outside the shirt, but preferably inside), and must wear shin guards (either inside or outside the slacks – preferably inside). The Little League Umpire Shoulder Patch must be affixed to the left sleeve. He/she should wear a "ball bag" attached by a black belt, and should wear black shoes – preferably shoes with reinforced toes. He/she should also have a plate brush and ball/strike/out indicator. He/she should wear a dark blue "combo" umpire's cap or plate umpire's cap.

Base Umpires: The base umpires' dress is the same as the plate umpire's, except that no protective equipment is used, plain black athletic shoes are preferred, and he/she should wear a dark blue baseball cap.





Make Sure They Are Safe!

REMEMBER:

Catchers must wear helmets during warm-ups and infield/outfield practice.

RULE 1.17

"...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games."

Coach, Please Let Players Catch!



REMEMBER:

Coaches and managers must not warm up pitchers. Let Players Catch.

RULE 3.09

"...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen."

ASAP -WHAT IS IT?

In 1995, ASAP (A Safety Awareness Program) was introduced with the goal of re- emphasizing the position of Safety Officer “to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball”.

This manual is offered as a tool to place some important information at manager’s and coach’s finger tips.

Some Important Do’s and Don’ts

Do ...

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

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 procedures (i.e., CPR, etc.)
- Transport injured individuals except in extreme emergencies
- Leave an unattended child at a practice or game
- **Hesitate to report any present or potential safety hazard to the Safety Officer immediately.**

HOW TO PREVENT INJURIES

Managers and coaches should consider the following to prevent injuries:

1. Check medical release form for health concerns and medications.
2. Proper maintenance of the playing site (game and practice facilities).
3. Pay close attention to playing conditions (heat and humidity as well as severe weather).
4. Make sure players know basics of good nutrition (especially water replacement on hot days).
5. Proper athletic conditioning (stretching, strengthening, and endurance, as well as agility and coordination drills).
6. Avoid overuse (pay special attention to activities outside of Little League, to allow rest to avoid over-use injuries).
7. Consistent and proper use of all protective equipment.
8. Close supervision and organization of warm-ups, practices and games.
9. Careful compliance with all Little League rules, especially those having to do with safety.

Evaluating Fresh Injuries

In evaluating fresh injuries, remember the three types of motion:

1. **Active Motion** – Player is able to move the part themselves,
2. **Active Assistance Motion** – Player is able to move with a little help from you; (watch the warning signs like the player telling you it hurts to move), and
3. **Passive Motion** – the player's injured part is moved by someone else; be especially cautious with passive motion that you do not make the injury worse.

Look for disability (the player can't use the injured part); this is the most serious injury. If a player sprains his/her ankle, but can still limp around, it may be mild or moderate; if he/she can't get up, it is probably severe. Look for swelling, the more immediate and larger the swelling, the more serious the injury, because swelling on outside means bleeding on inside. Also, a noticeable deformity means a serious injury. If the body part doesn't look the way it did before the accident, something's wrong. Consider unconsciousness or an eye injury as a serious situation, in the category of severe injuries, until you are assured otherwise by a medical professional.

Carefully evaluate all injuries and ensure the child does not require professional care. It's not worth risking a child's health just to continue the game.



Avoid Collisions on the Field

Whether between teammates or opposing players, baseball and softball are not contact sports. Make sure everyone understands who should make the play, and who should make way, to avoid collisions between players.

Call the Ball

Defensive players should be trained early to "call the ball" when going for a catch. Don't have two players collide because neither knew the other was trying to make the play. Fielders should be taught which player has priority for fly balls on the various areas of the field, unless called off by another player (i.e., on the third base side of the diamond, the shortstop has priority for fly balls, while on the first base side, the second baseman has priority, and outfielders generally should give ground to the center fielder).

Don't Obstruct Base Paths for Runners or Interfere with Fielders

Base runners and fielders: Only a player with the ball, or making a play on a batted ball should be in the base paths. Avoid injuries on the base paths by making it clear to offensive players that runners must slide or avoid a fielder **with the ball** and avoid a fielder making a play on a batted ball. For defensive players, tell them that fielders **without the ball** must vacate the base paths for runners.

Rule 7.08: "Any runner is out when – (a)(3) the runner does not slide or attempt to get around a fielder who has the ball and is waiting to make the tag; . . . (b) intentionally interferes with a thrown ball; or hinders a fielder attempting to make a play on a batted ball (**NOTE:** A runner who is adjudged to have hindered a fielder who is attempting to make a play on a ball is out whether it was intentional or not)."

Rule 7.09: "It is interference by a batter or runner when – (f) the runner fails to avoid a fielder who is attempting to field a batted ball, or intentionally interferes with a thrown ball . . ."

2.00 – Definition of Terms

OBSTRUCTION is the act of a fielder who, while not in possession of the ball, impedes the progress of any runner. A fake tag is considered obstruction. (**NOTE:** Obstruction shall be called on a defensive player who blocks off a base, base line or home plate from a base runner while not in possession of the ball.)

A fielder without the ball should make way for the advancing base runner; a runner seeing a fielder with the ball must slide or avoid. Don't allow collisions on the base paths from overly-aggressive play.

Don't Swing It

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



(Photos from North Scott, Iowa, Little League)

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

REMEMBER:

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

RULE 1.08, Notes

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

COMMUNICABLE DISEASE PROCEDURES

While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood born infectious diseases can be transmitted.

For example, Hepatitis B can be present in blood as well as in other body fluids.

Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

1. The bleeding must be stopped, the open wound covered and if there is an excessive amount of blood on the uniform it must be changed before the athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
7. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.
8. Contaminated towels should be properly disposed of/disinfected.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.



A Fact Sheet for **COACHES**

To download the coaches fact sheet in Spanish, please visit www.cdc.gov/ConcussionInYouthSports
Para descargar la hoja informativa para los entrenadores en español, por favor visite:
www.cdc.gov/ConcussionInYouthSports

THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussions can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

The potential for concussions is greatest in athletic environments where collisions are common.¹ Concussions can occur, however, in **any** organized or unorganized sport or

recreational activity. As many as 3.8 million sports- and recreation-related concussions occur in the United States each year.²

RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head.
- and-
2. Any change in the athlete's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion listed on the next page.)

It's better to miss one game than the whole season.



SIGNS AND SYMPTOMS

These signs and symptoms may indicate that a concussion has occurred.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETE
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets sports plays	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows behavior or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Does not "feel right"

ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

IMPORTANT PHONE NUMBERS

FILL IN THE NAME AND NUMBER OF YOUR LOCAL HOSPITAL(S) BELOW:

Hospital Name: _____

Hospital Phone: _____

Hospital Name: _____

Hospital Phone: _____

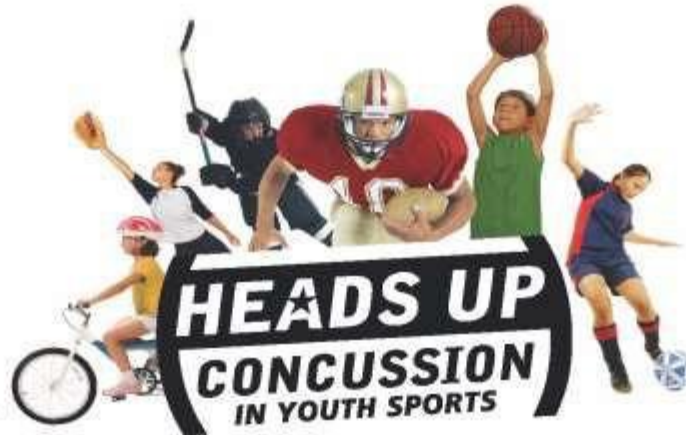
For immediate attention, CALL 911

If you think your athlete has sustained a concussion... take him/her out of play, and seek the advice of a health care professional experienced in evaluating for concussion.

For more information and to order additional materials **free-of-charge**, visit:
www.cdc.gov/ConcussionInYouthSports

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR DISEASE CONTROL AND PREVENTION





SIGNS AND SYMPTOMS

These signs and symptoms may indicate that a concussion has occurred.

SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

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Heat Stroke

Heat stroke is the most serious heat-related disorder. It occurs when the body becomes unable to control its temperature: the body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. When heat stroke occurs, the body temperature can rise to 106 degrees Fahrenheit or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not given.

Symptoms

Symptoms of heat stroke include:

- Hot, dry skin or profuse sweating
- Hallucinations
- Chills
- Throbbing headache
- High body temperature
- Confusion/dizziness
- Slurred speech

First Aid

Take the following steps to treat a player with heat stroke:

- Call 911 and notify their parent.
- Move the sick player to a cool shaded area.
- Cool the player using methods such as:
 - Soaking their clothes with water.
 - Spraying, sponging, or showering them with water.
 - Fanning their body.

Heat Exhaustion

Heat exhaustion is the body's response to an excessive loss of the water and salt, usually through excessive sweating.

Symptoms

Symptoms of heat exhaustion include:

- Heavy sweating
- Extreme weakness or fatigue
- Dizziness, confusion
- Nausea
- Clammy, moist skin
- Pale or flushed complexion
- Muscle cramps
- Slightly elevated body temperature
- Fast and shallow breathing

First Aid

Treat a Player suffering from heat exhaustion with the following:

- Have them rest in a cool, shaded or air-conditioned area.
- Have them drink plenty of water or other cool beverages.
- Have them take a cool shower, bath, or sponge bath.

Heat Syncope

Heat syncope is a fainting (syncope) episode or dizziness that usually occurs with prolonged standing or sudden rising from a sitting or lying position. Factors that may contribute to heat syncope include dehydration and lack of acclimatization.

Symptoms

Symptoms of heat syncope include:

- Light-headedness
- Dizziness
- Fainting

First Aid

Players with heat syncope should:

- Sit or lie down in a cool place when they begin to feel symptoms.
- Slowly drink water, clear juice, or a sports beverage.

Heat Cramps

Heat cramps usually affect players who sweat a lot during strenuous activity. This sweating depletes the body's salt and moisture levels. Low salt levels in muscles causes painful cramps. Heat cramps may also be a symptom of heat exhaustion.

Symptoms

Muscle pain or spasms usually in the abdomen, arms, or legs.

First Aid

Players with heat cramps should:

- Stop all activity and sit in a cool place.
- Drink clear juice or a sports beverage.
- Do not return to activities for a few hours after the cramps subside because further exertion may lead to heat exhaustion or heat stroke.
- Seek medical attention if any of the following apply:
 - The player has heart problems.
 - The player is on a low-sodium diet.
 - The cramps do not subside within one hour.

Heat Rash

Heat rash is a skin irritation caused by excessive sweating during hot, humid weather.

Symptoms

Symptoms of heat rash include:

- Heat rash looks like a red cluster of pimples or small blisters.
- It is more likely to occur on the neck and upper chest, in the groin, under the breasts, and in elbow creases.

First Aid

Players experiencing heat rash should:

- Try to work in a cooler, less humid environment when possible.
- Keep the affected area dry.
- Dusting powder may be used to increase comfort.

Recommendations for Coaches:

Coaches should take the following steps to protect players from heat stress:

- Schedule practices for the cooler part of the day.
- Reduce the physical demands of players.
- Provide cool water or liquids to players.
 - Avoid drinks with caffeine or large amounts of sugar.
- Provide rest periods with water breaks.
- Provide cool areas for use during break periods.
- Monitor players who are at risk of heat stress.
- Provide heat stress training that includes information about:
 - Player risk
 - Prevention
 - Symptoms
 - The importance of monitoring yourself and players for symptoms
 - Treatment
 - Personal protective equipment

CONTRACT FOR SUCCESS

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 holler at any member of my team, the opposing team or umpires. Any confrontation will be handled in a respectful, quiet and individual manner.

WHAT DO I EXPECT FROM YOU AS PARENTS AND FAMILY?

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

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

ACCIDENT REPORTING PROCEDURES

What to report

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

When to report

All such incidents described above must be reported to the Safety Officer ***within 48 hours*** of the incident. The Safety Officer for 2022 is Peter L'Italien, and he can be reached at the following: Day Phone: 978-760-1573 Email: peter.litalien@gmail.com

How to make the 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.

Director of Safety's Responsibilities

Within 48 hours of receiving the incident report, the Director of Safety will contact the injured party or the party's parents and

- (1) verify the information received;
- (2) obtain any other information deemed necessary;
- (3) check on the status of the injured party; and
- (4) in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Peabody Little League's insurance coverage and the provisions for submitting any claims.
- (5) If the extent of the injuries are more than minor in nature, the Director of Safety shall periodically call the injured party to
 1. check on the status of any injuries, and
 2. to check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the league again).

SOME GENTLE REMINDERS

Make sure all coaches have correctly filled out the disclosure statement and sent it to the appropriate party. (If you need more forms, contact the Safety Officer).

Peabody Little Leagues goes to great lengths to provide as much training as possible.
Attend as many of the clinics as possible.

Check the Peabody Little League Home Page (<http://www.PeabodyLittleLeague.org>) frequently.

Lots of information and a complete league calendar can be found there and can be a very valuable resource.

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

LIGHTNING FACTS AND SAFETY PROCEDURES

WHEN YOU HEAR IT - CLEAR IT WHEN YOU SEE IT - FLEE IT

Consider the following facts:

- The average lightning strike is 6 - 8 miles long.
- The average thunderstorm is 6 -10 miles wide and travels at a rate of 25 miles per hour.
- Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud (for example, the lightning that injured 13 people during a concert at RFK last summer occurred while it was sunny and dry).
- On the average, thunder can only be heard over a distance of 3 - 4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

“Flash-Bang” Method

One way of determining how close a recent lightning strike is to you is called the “flash-bang” method. With the “flashbang” method, a person counts the number of seconds between the sight of a lightning strike and the sound of thunder that follows it. Halt-play and evacuation should be called for when the count between the lightning flash and the sound of its thunder is 15 seconds or less.

Rule of Thumb

The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager, coach, or umpire who feels threatened by an approaching storm should stop play and get the kids to safety. When in doubt, the following rule of thumb should be applied:

Where to Go?

No place is absolutely safe from the lightning threat, but some places are safer than others. Large, enclosed shelters (substantially constructed buildings) are the safest. For the majority of participants, the best area for them to seek shelter is in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area and cannot get to shelter in a car, put your feet together, crouch down, and put your hands over your ears (to try and prevent eardrum damage).

Where NOT to Go !!

Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts, flagpoles, light poles, bleachers (metal or wood), metal fences, and water.

First Aid to a Lightning Victim

Typically, the lightning victim exhibits similar symptoms as that of someone suffering from a heart attack.

In addition to calling 911, the rescuer should consider the following:

- The first tenet of emergency care is “make no more casualties”. If the victim is in a high risk area (open field, isolated tree, etc.) the rescuer should determine if movement from that area is necessary - lightning can and does strike the same place twice. If the rescuer is at risk, and movement of the victim is a viable option, it should be done.
- If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving them.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

Note: CPR should only be administered by a person knowledgeable and trained in the technique.

LIGHTNING KILLS

Play It Safe !

Each year in the United States, more than four hundred people are struck by lightning. On average, about 70 people are killed and many others suffer permanent neurological disabilities. Most of these tragedies can be avoided if proper precautions are taken. When thunderstorms threaten, coaches and sports officials must not let the desire to start or complete an athletic activity hinder their judgment when the safety of participants and spectators is in jeopardy.

It is important for coaches and officials to know some basic facts about lightning and its dangers

- ▶ **All thunderstorms produce lightning and are dangerous.** In an average year, lightning kills more people in the U.S. than either tornadoes or hurricanes.
- ▶ **Lightning often strikes outside the area of heavy rain and may strike as far as 10 miles from any rainfall.** Many deaths from lightning occur ahead of storms because people wait too long before seeking shelter, or after storms because people return outside too soon.
- ▶ **If you hear thunder, you are in danger.** Anytime thunder is heard, the thunderstorm is close enough to pose an immediate lightning threat to your location.
- ▶ **Lightning leaves many victims with permanent disabilities.** While only a small percentage of lightning strike victims die, many survivors must learn to live with very serious, life-long disabilities.

To avoid exposing athletes and spectators to the risk of lightning take the following precautions

- ▶ **Postpone activities if thunderstorms are imminent.** Prior to an event, check the latest forecast and, when necessary, postpone activities early to avoid being caught in a dangerous situation. Stormy weather can endanger the lives of participants, staff, and spectators.
- ▶ **Plan ahead.** Have a lightning safety plan. Know where people will go for safety, and know how much time it will take for them to get there. Have specific guidelines for suspending the event or activity so that everyone has time to reach safety before the threat becomes significant. Follow the plan without exception.
- ▶ **Keep an eye on the sky.** Pay attention to weather clues that may warn of imminent danger. Look for darkening skies, flashes of lightning, or increasing wind, which may be signs of an approaching thunderstorm.
- ▶ **Listen for thunder.** If you hear thunder, immediately suspend your event and instruct everyone to get to a safe place. Substantial buildings provide the best protection. Once inside, stay off corded phones, and stay away from any wiring or plumbing. Avoid sheds, small or open shelters, dugouts, bleachers, or grandstands. If a sturdy building is not nearby, a hard-topped metal vehicle with the windows closed will offer good protection, but avoid touching any metal.

- ▶ **Avoid open areas.** Stay away from trees, towers, and utility poles. Lightning tends to strike the taller objects.
- ▶ **Stay away from metal bleachers, backstops and fences.** Lightning can travel long distances through metal.
- ▶ **Do not resume activities until 30 minutes after the last thunder was heard.**
- ▶ **As a further safety measure, officials at outdoor events may want to have a tone-alert NOAA Weather Radio.** The radio will allow you to monitor any short-term forecasts for changing weather conditions, and the tone-alert feature can automatically alert you in case a severe thunderstorm watch or warning is issued. To find your nearest NOAA weather radio transmitter, go to <http://www.nws.noaa.gov/nwr/> and click on "Station Listing and Coverage."

If you feel your hair stand on end (indicating lightning is about to strike)

- ▶ **Crouch down on the balls of your feet, put your hands over your ears, and bend your head down.** Make yourself as small a target as possible and minimize your contact with the ground.



NOAA

- ▶ **Do not lie flat on the ground.**

What to do if someone is struck by lightning

- ▶ **Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention.**
- ▶ **Call for help.** Have someone call 9-1-1 or your local ambulance service. Medical attention is needed as quickly as possible.
- ▶ **Give first aid.** Cardiac arrest is the immediate cause of death in lightning fatalities. However, some deaths can be prevented if the victim receives the proper first aid immediately. Check the victim to see that they are breathing and have a pulse and continue to monitor the victim until help arrives. Begin CPR if necessary.
- ▶ **If possible, move the victim to a safer place.** An active thunderstorm is still dangerous. Don't let the rescuers become victims. Lightning CAN strike the same place twice.



NOAA

WEATHERBUG APP



Little League® Baseball and Softball, the world's largest youth sports organization, and WeatherBug, the brand millions trust to Know Before™ severe weather strikes, are using the WeatherBug app. This will replace the previously used "Little League®" Weatherbug app. It will provide coaches, managers, parents, family and friends of Little League® with real-time weather, severe weather alerts, and personalized lightning detection to help stay safer during practice and ballgames this season.

The WeatherBug app is available for download on both [Google Play](#) and the [iTunes App Store](#) for free. Watch the new short video about lightning and weather safety and see the app in action: <https://www.youtube.com/watch?v=3NEHtSxybos>

This spring, millions of Little League players, ages 4 through 18, will converge on baseball diamonds and softball fields to play the sport they love. Keeping the children safe on the field is paramount for Little League. Being able to help protect them from severe weather – especially dangerous lightning – is a big concern. Little League's partnership with WeatherBug allows the ability to offer early warnings to lightning and weather, pinpoint forecasts, highlight heat index information, and show current conditions to help alleviate some of these concerns caused by severe weather.



"Since the first Little League game was played in 1939, the safety of the players, on the field and off, has been at the core of our organization," said Stephen D. Keener, Little League President and CEO. "As we celebrate our 75th Anniversary, we are pleased to partner with WeatherBug as our preferred weather provider, both at Little League International and at local Little League fields across the country. We hope all coaches, parents, friends and alumni can use the Little League WeatherBug app to better ensure safety during severe or extreme weather conditions."

The Little League WeatherBug app provides several unique features to keep you informed and alerted via Android phones and tablets, iPhones and iPads:

- **Spark Lightning Detection:** Powered by the world's largest lightning network, WeatherBug's exclusive Spark tool delivers personalized minute-by-minute, mile-by-mile lightning strike information so players can stay safer. Spark uses real-time lightning strike information from WeatherBug and your device's GPS location to provide color-coded warnings for lightning danger near you at that moment and other places – like the field where the game will be played.
- **Faster Severe Weather Alerts:** Get watches and warnings issued by the National Weather Service (NWS), plus exclusive Dangerous Thunderstorm Alerts (DTAs). Powered by breakthrough technology and live lightning data from the largest network in the world, DTAs can provide warnings of thunderstorms and other severe weather 50 percent faster, on average, than other apps.
- **Live Local Weather and Weather Cameras:** WeatherBug's exclusive local weather stations at schools, stadiums, and buildings, as well as NWS weather

stations and other networks deliver the weather data you need, when you need it. Real-time data from this dense network provide forecasts that are 25 percent more accurate. Plus, you can access WeatherBug's exclusive camera network from your area and around the country to see weather both near and far.

Early user reviews are positive: "Love the fact that Little League cares about safety enough to enlist a special weather app like Weatherbug. Love the lightning feature" (from an iOS customer on April 3, 2014).

"We're deeply honored to partner with Little League on this new weather app," says Bob Marshall, CEO of Earth Networks, the parent company of WeatherBug. "We are 100% committed to keeping children safer from severe weather and lightning, and it is our hope that the Little League WeatherBug app will ensure Little League coaches, managers, parents and families have the information they need to make better game-day decisions about weather safety."

VOLUNTEERS & ADULT TRAINING

Peabody Little League, Inc. is required to conduct background checks on managers, coaches, board of directors' members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams.

Any individual that meets the criteria above is required to complete and submit a 2023 Little League Volunteer Application.

Peabody Little League offers several annual training programs for adult volunteers:

- • All Managers, Coaches and Parents are encouraged to attend the Annual Fundamentals Training session held in March.
- One representative from each team is required to attend the Fundamentals Training session each year.
- One representative from each team is required to attend the Annual First Aid session held in the spring each year. Each manager and coach is required to attend at least once every three (3) years.
- All umpires and potential umpires must attend an umpiring clinic sponsored by the Little League before the opening of the season.
- All managers, coaches, Board of Directors and Umpires must sign the League's Code of Ethics statement.

CONCESSION STAND INFORMATION

The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness.

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

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

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

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

5. Hand Washing. *Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease.* The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

6. Health and Hygiene. Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

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

8. Dishwashing. Use disposable utensils for food service. Keep your hands away from

food contact surfaces, and never reuse disposable dishware. *Ideally*, dishes and utensils should be washed in a four-step process:

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

9. Ice. Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands.

Ice can become contaminated with bacteria and viruses and cause foodborne illness.

10. Wiping Cloths. Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1.2 teaspoon of chlorine bleach). Change the solution every two hours. *Well sanitized work surfaces prevent cross contamination and discourage flies.*

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

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

Volunteers Must Wash Hands

HOW



WHEN

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

Wash after you:

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

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

Use gloves, tongs, deli tissue or other serving utensils.
Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

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

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

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

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



KEEP IT CLEAN: CONCESSION STAND TIPS

Steps to Safe and Sanitary Food Service Events

Clean Hands for Clean Foods-

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

- **Use soap and warm water.**
- **Rub your hands vigorously as you wash them.**
- **Wash all surfaces including the backs of hands, wrists, between fingers and under fingernails.**
- **Rinse your hands well.**
- **Dry hands with a paper towel.**
- **Turn off the water using a paper towel, instead of your bare hands.**

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

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

Top Six Causes of Food Born Illness

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

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

Care for Sudden Illness

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

If the victim:

Vomits --Place the victim on his or her side.

Faints --Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.

Has a diabetic emergency --Give the victim some form of sugar.

Has a seizure --Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

Caring for Shock:

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

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

Caring for shock involves the following simple steps:

- Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock. Keep victim still and *seek professional medical help immediately.*

Giving CPR:

- Position victim on back on a flat surface.
- Position yourself so that you can give rescue breaths and chest compressions without having to move (usually to one side of the victim).
- Find hand position on the breastbone. (See figure)
- Position shoulders over hands for proper leverage.
- Compress chest **30 times**.
- With victim's head tilted back, and chin lifted, pinch the nose shut.
- Give **two (2) slow breaths** into victim's mouth (1 for small children).
- Breathe in **until chest rises** slightly.
- Do 3 more sets of **30 compressions and 2 breaths**. (For small children, 5 compressions and 1 breath)
- Recheck pulse and breathing for about 5 seconds.
- If there is no pulse, continue sets of compressions (30/2)
- When giving CPR to small children, use only one hand for compressions.

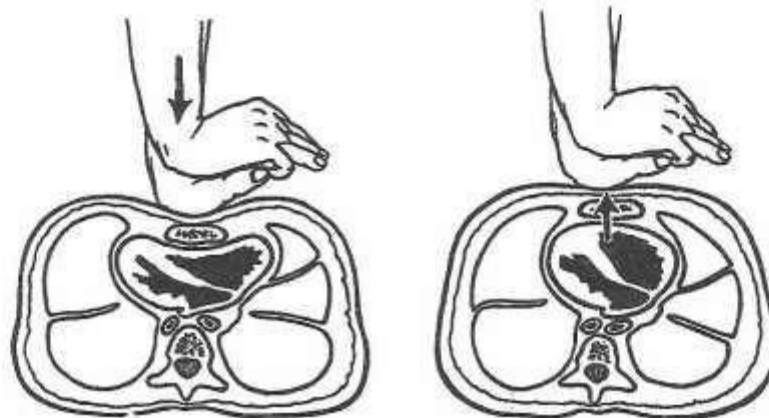
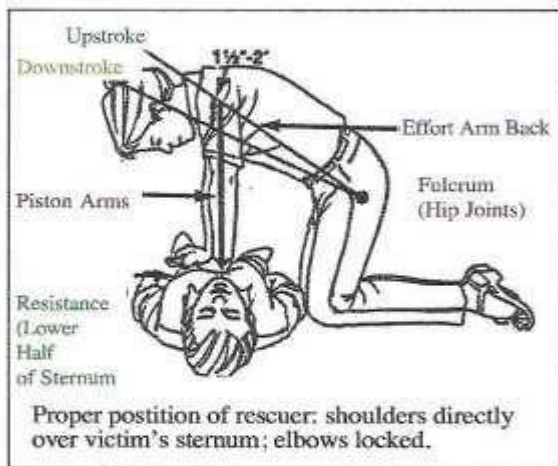
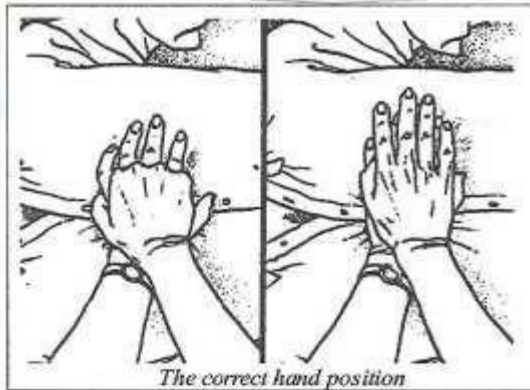
When To Stop CPR:

- If another trained person takes over for you

- If paramedics arrive

- If you are exhausted and unable to continue properly
- If the scene becomes unsafe.

CPR ILLUSTRATIONS



THE HEIMLICH MANEUVER

The Heimlich Maneuver is an emergency method of removing food or foreign objects from the airway to prevent suffocation.

- *When approaching a choking person, one who is still conscious, ask: "Can you cough? Can you speak?"*
- *If the person can speak or cough, do not perform the Heimlich Maneuver or pat them on the back.*
- *Encourage them to cough.*

To perform the Heimlich:

- Grasp the choking person from behind;
- Place a fist, thumb side in, just below the person's breastbone (sternum), but above the naval;
- Wrap second hand firmly over this fist;
- Pull the fist firmly and abruptly into the top of the stomach. It is important to keep the fist below the chest bones and above the naval (belly button). The procedure should be repeated until the airway is free from obstruction or until the person who is choking loses consciousness (goes limp). These will be violent thrusts, as many times as it takes.

For a child:

- Place your hands at the top of the pelvis;
- Put the thumb of you hand at the pelvis line;
- Put the other hand on top of the first hand;
- Pull forcefully back as many times as needed to get object out or the child becomes limp.

Most individuals are fine after the object is removed from the airway.

However, occasionally the object will go into one of the lungs. If there is a possibility that the foreign object was not expelled, medical care should be sought.

*If the object cannot be removed completely by performing the Heimlich, immediate medical care should be sought by **calling 911** or going to the local emergency room.*

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- Wrap second hand firmly over this fist;
- Pull the fist firmly and abruptly into the top of the stomach.

It is important to keep the fist below the chest bones and above the naval (belly button).

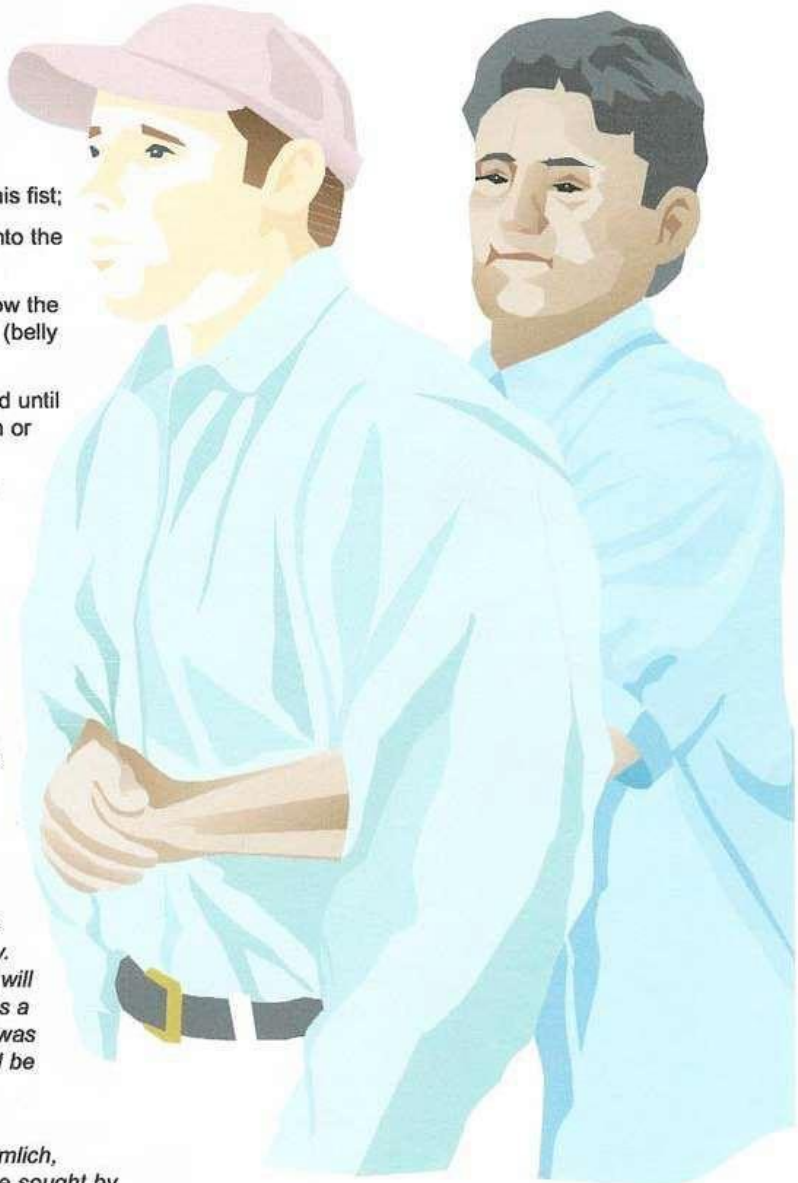
The procedure should be repeated until the airway is free from obstruction or until the person who is choking loses consciousness (goes limp). These will be violent thrusts, as many times as it takes.

For a child:

- Place your hands at the top of the pelvis;
- Put the thumb of you hand at the pelvis line;
- Put the other hand on top of the first hand;
- Pull forcefully back as many times as needed to get object out or the child becomes limp.

Most individuals are fine after the object is removed from the airway. However, occasionally the object will go into one of the lungs. If there is a possibility that the foreign object was not expelled, medical care should be sought.

If the object cannot be removed completely by performing the Heimlich, immediate medical care should be sought by calling 911 or going to the local emergency room.



WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball / Softball.

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a \$50.00 deductible per claim, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

1. If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:
2. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
3. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
4. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
5. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
6. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
 - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision

for any expenses incurred more than 24 months from the date the injury was sustained.

(b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment. Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs. No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program.

FORMS & ATTACHMENTS

The following is a list of forms attached to this safety manual.

If you require additional forms, please visit the “Forms” section of our website:

<http://www.PeabodyLittleLeague.org> or contact your Safety Officer or any member of the Board of Directors.

- Little League Volunteer Form
- A Safety Awareness Program’s Incident/Injury Tracking Report
- Little League® Baseball & Softball Claim Form Instructions
- Little League Baseball® Accident Notification Form
- General Liability Claim Form
- Little League® Baseball and Softball Medical Release

DISCLAIMER: This safety manual is a composition of materials from origins other than the author and is no way deemed to have originated by the author/s or the local affiliates governing the contents of this safety plan. For their parts in credit, the enclosed materials are believed to be self-explanatory.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball / Softball.

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This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League International, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
 - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
 - (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment. Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs. No payment will be made for deferred treatment unless the Physician submits written certification,

within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in providing a better understanding of the operation of the Little League insurance program.

Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



WARNING — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League® contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer.

TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury is sustained.

CHECKLIST FOR PREPARING CLAIM FORM

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

IMPORTANT: Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.

LITTLE LEAGUE® BASEBALL AND SOFTBALL

ACCIDENT NOTIFICATION FORM

INSTRUCTIONS

Accident & Health (U.S.)

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

League Name

League I.D.

PART 1

Name of Injured
Person/Claimant

Date of Birth (MM/DD/YY) Age
SSN

Sex
☐ Female ☐ Male

Name of Parent/Guardian, if Claimant is a Minor

Home Phone (Inc. Area Code) Bus. Phone (Inc. Area Code)

Address of Claimant

Address of Parent/Guardian, if different

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

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	Yes	No	School Plan	Yes	No
Individual Plan	Yes	No	Dental Plan	Yes	No

Date of Accident Time of Accident Type of Injury

☐AM ☐PM

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

Check all applicable responses in **each** column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> TAD (2ND SEASON) <input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> BING (14-18)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

(Submit a copy of your approval from Little League Incorporated)

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

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

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

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

For Residents of California:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

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

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

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

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

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

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

Does your league use batting helmets with attached face guards? ☐ YES ☐ NO

If YES, are they ☐ Mandatory or ☐ Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date _____ League Official Signature _____

Name, Address, Phone Number

Name, Address, Phone Number

Name, Address, Phone Number

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

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**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: _____ State _____ ZIP: _____
Male ☐ Female Home Phone: () _____ Work Phone: () _____
Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

- A.)** ☐ Baseball ☐ Softball ☐
Challenger ☐ TAD
- B.)** ☐ Challenger ☐ Minor ☐ Major ☐ Intermediate (50/70)
☐ Junior ☐ 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 to being allowed in a game or practice.)

Type of incident and location:

- A.) On Primary Playing Field** **B.) Adjacent to Playing Field** **D.) Off Ball Field**
☐ Base Path: ☐ Running or ☐ Sliding ☐ Seating Area ☐ Travel:
☐ Hit by Ball: ☐ Pitched or ☐ Thrown or ☐ Batted ☐ Parking Area ☐ Car or ☐ Bike or
☐ Collision with: ☐ Player or ☐ Structure **C.) Concession Area** ☐ Walking
☐ Grounds Defect ☐ Volunteer Worker ☐ League Activity
☐ Other: _____ ☐ Customer/Bystander ☐ 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 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.

Prepared By/Position: _____ Phone Number: _____ Signature: _____ Date: _____



Little League® Baseball and Softball

M E D I C A L R E L E A S E



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION:

Email: _____

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

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player
------	-------	------------------------

Name	Phone	Relationship to Player
------	-------	------------------------

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.



Little League® Volunteer Application – 2023

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

Application should only be used if a league is manually entering information into JDP background check provider that meets the standards of Little League Regulations 1(c)9. **IT CANNOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit www.littleleague.org/localBGcheck for more information.**

ALL INFORMATION ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO THIS APPLICATION.

are required.

First _____ Middle Name or Initial _____ Last _____ Date _____

City _____ State _____ Zip _____

Y # (mandatory) _____

Business Phone _____

E-mail Address: _____

7. Have you ever been refused participation in any other youth programs and/or listed on any youth a ineligible list? ☐

If yes, explain: _____

(If volunteer answered yes to Question 7, the local league must contact the Little League Security

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

☐ League Official ☐ Umpire ☐ Manager ☐ Concession

☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ Other _____

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

Name/Phone _____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: www.littleleague.org

AS A CONDITION OF VOLUNTEERING: I give permission for the Little League organization to conduct background check on me now and as long as I continue to be active with the organization, which may include a review of sex offender history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball officers, employees and volunteers thereof, or any other person or organization that may provide such information that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors 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 US Center of SafeSport's Centralized Disciplinary Database

League International Ineligible List)* _____

OR ☐ National Criminal Database check ☐ U.S. Center of SafeSport's Centralized Di

☐ National Sex Offender Registry Database and Little League International I

Facility surveys may also be entered online

LITTLE LEAGUE BASEBALL® & SOFTBALL

NATIONAL FACILITY SURVEY

2023



League Name: **Peabody Little League**

District # :16

ID# 221-15-10

(if needed) ID#:

(if needed) ID#: _____

City: Peabody State : MA

President: Tabatha Morgan

Address: 44 Kernwood Avenue

Address: _____ A ddr ess: _____

Safety Officer: Eric Smith

Address: 45 Caswtle Circle

City: Beverly

State: MA ZIP: 01915

Phone (work):

Phone (home):

Phone (cell): 978-473-6546

Email: Tabsy33@gmail.com

City: Peabody

State: MA_ ZIP: 01960

Phone (work):

Phone (home):

Phone (cell): 617-697-7802

Email: rdskn1725@gmail.com

PLANNING TOOL FOR FUTURE LEAGUE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields			
b. Basepath/infield			
c. Bases			
d. Scoreboards			
e. Pressbox			
f. Concession stand			
g. Restrooms			
h. Field lighting			
i. Warning track			
j. Bleachers			
k. Fencing			
I. Bull pens			
m. Dugouts			
n. Other (specify):			

- Please list all fields by name.

[illegible]

[illegible]

Field "

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

40. Which fields have the following limitations:

- a. Amount of time for practice?
- b. Number of teams or games?
- c. Scheduling and/or timing?

41. Who owns the field?

A2. Who is responsible for operational energy costs?

43. Who is responsible for operational maintenance?

44. . Who is responsible for purchasing improvements for the field - ie bleachers, fences, lights?

45. What divisions of **baseball** play on each field?

46. What divisions of **softball** play on each field?

47. Do you plan to host tournaments on this field?

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Y
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Y
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Municipal x lx lx lx

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Yes

x lx

FIELD DIMENSION DATA

Please complete for each field. Use additional space if necessary.

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:					
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:		
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole
1	0	200	200	180	20	22	22	12	22	22	10
2	0	200	200	188	22	26	20	3	27	17	7
3	0	0	0	0	12	12	45	0	12	40	0
4	6	160	173	145	20	20	0	0	20	0	0
5	6	0	0	0	5	0	0	0	0	0	0
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Return completed survey with safety program registration and supporting materials by April 16, 2018 to:

Mailing address: Little
League International
PO Box 3485
Williamsport, PA 17701

Shipping address: Little
League International
539 US Route 15 Hwy.
South Williamsport, PA 17702

Leagues completing their facility survey via form should include it with safety plan submission.