

Portsmouth Little League

Safety Manual

2021



League Number : 239-02-13

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Portsmouth LL Policy Statement:

OBJECTIVES:

- ACQUIRE AN APPRECIATION FOR AN ACTIVE LIFESTYLE
- DEVELOP A POSITIVE SELF-CONCEPT BY MASTERING BASEBALL SKILLS
- LEARN HOW TO WORK AS PART OF A TEAM
- DEVELOP SOCIAL SKILLS WITH OTHER CHILDREN AND ADULTS
- LEARN ABOUT MANAGING SUCCESS AND DISAPPOINTMENT
- LEARN GOOD SPORTSMANSHIP IN BASEBALL AND IN LIFE
- LEARN RESPECT FOR OTHERS

WHILE WE DO OFFER COMPETITIVE DIVISIONS, LET THERE BE NO MISTAKE, WE DO NOT MEASURE SUCCESS BY THE NUMBER OF WINS AND LOSSES. OUR MOTTO IS SIMPLE:

ATHLETES FIRST, WINNING SECOND

WE ARE NOT SUGGESTING THAT WINNING IS UNIMPORTANT, BE WE DO BELIEVE THAT STRIVING TO WIN IS FAR MORE CRITICAL THAN WINNING ITSELF. THE PURSUIT OF VICTORY AND THE DREAM OF ACHIEVING THE GOAL, MORE THAN THE ACHIEVEMENT ITSELF, ARE WHAT YIELD THE BENEFITS OF SPORT PARTICIPATION.

BOARD OF DIRECTORS CONTACT INFORMATION

<i>Title</i>	<i>Name</i>	<i>E-Mail</i>	<i>Contact #</i>
President	Dan Fitzpatrick	danielsfitzpatrick@yahoo.com	858-336-8391
Vice President - Baseball	Bob Campion	robertcampion@npsri.net	401-297-7819
Vice President - Softball	Joshua Carlin	jec@hansoncurran.com	401-855-0372
Treasurer	Darcy Coyle	darcycoyle@cox.net	617-686-0212
Secretary	Mike Mineau	mineau@gmail.com	401-441-1413
Player Agent	Greg Blythe	Gblythe9@yahoo.com	401-339-0268
Director of Safety	Eric Bronson	ebronson@rwu.edu	401-601-1823
Director of Equipment	Tom Doran	tomdoran@cox.net	401-837-7203
League Information Officer	Matt Couture	mathieu.couture@yahoo.com	401-297-7112
Director of Fields/Facilities	Jim Brassard	Jimmy.brassard083@gmail.com	774-282-0470
Director of Softball	Christina Rainey	christinedrainey@gmail.com	401-924-2467
Director of Instruction M/M	Jay Brule	jaybrule@yahoo.com	401-477-4146
Director of Instruction T/Co	Vacant		
Umpire in Chief (Baseball)	Vacant		
Umpire in Chief (Softball)	Greg Elshant	gregelshant@yahoo.com	401-480-6470
Director of Sponsorship	Dave MacDonald	macdonalddavidcindy95@gmail.com	401-862-6617
Director of Concessions	Michelle Elbel	campionm44@gmail.com	401-297-7008
Director of Fundraising	Sean MacMillen	s.macmillen80@gmail.com	508-730-8026
Emergency Contact #s:			
Police Department			401-683-0300
Fire & Rescue Department			401-683-1200
All Emergencies			911

CODE OF CONDUCT

The Board of Directors of Portsmouth Little League has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and will read it to his/her players.

Portsmouth Little League Code of Conduct:

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

- At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats bats, balls, or any other forceful unsportsmanlike action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, or stands, while in an intoxicated state at any time. Intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- Smoke while in the stands or on the playing field or in any dugout at any time. Smoking is not permitted on or near the playing fields.
- Be guilty of discussing publicly with spectators in a derogatory or abusive manner any plan, decision or a personal opinion on any players during the game.
- As a manager or coach, be guilty of mingling with or fraternizing with spectators during the course of the game.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- Shall challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

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

PORTMOUTH LL SAFETY CODE

The Board of Directors of Portsmouth Little League has mandated the following Safety Code. All managers and coaches will read this Safety Code and then read it to the players on their team.

- **Responsibility for safety procedures belong to every adult member of Portsmouth Little League.**
- Each player, manager, designated coach, umpire, shall use proper reasoning and care to prevent injury to him/herself and to others.
- Only league approved managers and/or coaches, are to practice teams.
- Managers or a designated coach will have mandatory training in First Aid.
- **First Aid kits are issued to each team manager** during the pre-season or are available in each field location.
- Extra Ice packs will stored in each field scorer's or equipment shed.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- **At least one coach from the home team and the Umpire will inspect the playing area before games and practices** for holes, damage, stones, glass and other foreign objects.
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as "in play".
- Only managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and designated coaches.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by and thus endangering spectators, (i.e., playing catch, pepper, etc.).
- No swinging of bats other than in the cages during batting practice or when the batter is up.
- **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 that bear the NOCSAE seal during batting practice and games. The use of face guards is highly recommended.
- Except when a runner is returning to a base, head first slides are not permitted.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "safety glasses" for their children.

PORTSMOUTH LL SAFETY CODE

- On-deck batters are not permitted.
- Managers will only use the official Little League balls supplied by Portsmouth LL.
- Catchers must wear a cup. Managers should encourage that cups be worn at practices too.
- Male catchers must wear the metal, fiber or plastic type cup and long-model chest protector.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. **Note:** Skullcaps are **not** permitted.
- Shoes with metal spikes or cleats are **not** permitted. Shoes with molded cleats are permissible.
- Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)
- Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size or weight consistent with protecting the hand.
- Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher's gear and an athletic cup as described above.
- Managers will never leave an unattended child at a practice or game.
- No children under the age of 15 are permitted in the concession stands.
- Never hesitate to report any present or potential safety hazard to the Portsmouth Safety Officer immediately.
- Always have a cellular phone available during a game or practice.
- No alcohol or drugs allowed on the premises at any time.
- **No medication** will be taken at the facility unless administered directly by the child's parent. This includes aspirin and Tylenol.
- No smoking on any of the playing fields.
- No climbing fences.
- Players and spectators should be alert at all times for foul balls and errant throws.
- Instructional players will use reduced impact balls.
- Dis-engageable bases will be used at all times on all fields.

LEAGUE RESPONSIBILITIES

The President:

The President of the Portsmouth Little League is responsible for ensuring that the policies and regulations of the PLL Safety Officer are carried out by the entire membership to the best of his abilities. As the interface between PLL and Little League International, the President will ensure that all players, managers, and coaches are registered with Little League International.

PLL Safety Officer:

The main responsibility of the PLL Safety Officer is to develop and implement the League's safety program. The PLL Safety Officer is the link between the Board of Directors of Portsmouth Little League and its managers, coaches, umpires, players, spectators, and any other third parties on the complex in regards to safety matters, rules and regulations. The PLL Safety Officer will be on file with Little League International.

The PLL Safety Officer's responsibilities include:

- Performing a "feet on the ground" survey and completing the annual Little League Facility Survey for each field and submit a qualified safety plan registration along with the PLL safety plan.
- Coordinating with the individual managers and coaches in order to provide the safest environment possible for all.
- Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Insuring that each team receives its First Aid kit at the beginning of the season and all volunteers receive copies of the Safety Manual.
- Make Little League's "no tolerance with child abuse" clear to all.
- Checking fields with the Field Managers and listing areas needing attention.
- Scheduling a First Aid Clinic training class for all managers or designated coaches.
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
- Making spot checks at practices and games to make sure all managers have access to their First Aid kits and Safety Manuals.
- Tracking all injuries and near misses in order to identify injury trends.

- Ensure league player registration data and coach and manager data are uploaded to Little League data center.

The PLL Board Members:

The PLL Board Members will adhere to and carry out the policies as set forth in this safety manual. Also, they will make sure all managers, coaches and volunteers have filled out an Official Little League Volunteer Application for 2021 and have had a background check completed through the system(s) designated by Little League.

The PLL Information Officer:

The PLL Information Officer is responsible for maintaining PLL's web site at www.portsmouthll.org.

Facilities Manager:

The PLL Facilities Manager is responsible to ensure the fields and structures used by PLL meet the safety requirements as set forth in this manual.

Equipment Manager:

The PLL Equipment Manager is responsible to get damaged equipment repaired or replaced as reported. This replacement will happen in a timely manner. The Equipment Manager will also exchange equipment if it doesn't fit properly.

Managers and Coaches:

The Manager is a person appointed by the PLL Board of Directors to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team. **Coaches** must understand the requirements of the Manager and support and implement them as needed/directed.

- (a) The Manager** shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
- (b) The Manager** is also responsible for the safety of their players. The manager is also ultimately responsible for the actions of the designated coaches.
- (c) If a Manager** leaves the field, that **Manager** shall designate a **Coach** as a substitute and such **Substitute Manager** shall have the duties, rights and responsibilities of the **Manager**.

Pre-Season – Managers/Coaches will:

- **Take possession of this Safety Manual and the First Aid kit** or ensure that each field is supplied with a First Aid kit supplied by PLL.
- **Attend a mandatory training session on First Aid and Fundamentals training** given by PLL with his/her designated coaches.
- **The knowledge and understanding of concussions** in youth sports is evolving rapidly
 - **Review the latest information for coaches and take the online training course at <https://www.cdc.gov/headsup/youthsports/training/index.html> Submit your certificates of completion to the safety officer.**
 - **Do not assume you already know the latest information**
 - (Please inform any board member if above link has expired)
- Read and understand the **Lightning Safety** section near the back of this manual
- Require parents to complete and sign the LLI Medical Release and Code of Ethics forms.
- Establish an **Action Plan** for players with chronic conditions or allergies.
 - (ex. Asthma, diabetes, bee allergy, peanut allergy, etc.)
 - See the Basic First Aid section for details on establishing an Action Plan.
- Cover the basics of the **Safety Code** described above with his/her team before starting the first practice.
- Check all players bats to be sure they display the USA baseball Logo and are no more than 2 5/8 inches in diameter and no longer than 33 inches in length, (minors/majors). Wood bats must not be larger in diameter at the thinnest point than 15/16. One piece wood bats do not have to have the USA Baseball logo. Tee Ball bats also have the USA Baseball logo and are also stamped with text that reads "Only for use with approved Tee balls".
- Notify parents that if a child is injured or ill, he or she cannot return to practice unless they have a note from their doctor. This **medical release** protects you if that child should become further injured or ill. **There are no exceptions to this rule.**
- Remind players/parents to bring **water** and **sunscreen** to practices and games.

- Encourage your players to wear **mouth protection**.

Note: In the event that Emergency Medical Services are called,(911). An Adult shall be selected to go out to the parking lot or emergency vehicle entrance point to direct the emergency people to the site of the injured person.

Season Play (starting from 1st practice) – Managers/Coaches will:

- Make sure that a *working cellular phone* is available at all activities including practices.
 - This is critical to contact emergency personnel in case of a significant injury
- Work closely with the Safety Officer and Equipment Manager to make sure equipment is in first-rate working order.
- Not expect more from their players than what the players are capable of.
- **Train players to avoid significant injury** – especially to player’s head, face, neck, and chest (contact PLL BOD with any coaching/technique questions)
 - Batters turn body and head away from wild pitches
 - Pitchers finish each pitch in a balanced defensive position ready for line drives
 - Fielders use “alligator hands” to help protect against bad bounces
 - All players watching every pitch
 - Don’t throw when receiver is not expecting the throw
 - Don’t throw when others are standing near/behind the receiver
 - Field fly balls with two hands over head
 - Proper sliding technique
- **Reinforce bat safety** often – this is *very important* and avoids serious injury.
 - No handling of bats unless in the batter’s box or walking to the batter’s box
 - Mentioning this once is not enough – *reminders are needed often*
- Be open to ideas, suggestions, or help.
- Enforce that prevention is the key to reducing accidents to a minimum.
- Have players wear sliding pants if they have cuts or scrapes on their legs.
- Always have the First Aid kit and Safety Manual on hand.
- Use common sense.

Pre-game and Practice – Managers/Coaches will:

- Check weather forecasts and radar for severe weather
- Agree with coaches/managers/umps/parents regarding potential **lightning** issues/actions
 - Ensure enough cars are available for shelter
- Make sure that players are healthy, rested and alert.
- Confirm **Action Plan** players are conforming to their **Action Plan**
 - Confirm with the player and coaches the location of Action Plan supplies
 - Confirm parental attendance or contact information as planned
 - See the Basic First Aid for details on establishing an **Action Plan**
- Make sure that players returning from being injured have a medical release form signed by their doctor, otherwise they cannot play.
- Make sure players are wearing the proper uniform and catchers are wearing a cup.
- Make sure that the equipment is in good working order and is safe.
- Agree with the opposing manager on the fitness and safety of the playing field. In the event that the two managers cannot agree, the umpire shall make the determination.

During the Game – Managers/Coaches will:

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

Post Game/Practice – Managers/Coaches will:

- Not leave the field until every team member has been picked up by a known family member or designated driver.
- Notify parents if their child has been injured no matter how small or insignificant the injury is. There are no exceptions to this rule. This protects you, Little League and PLL.
- If there was an injury, make sure an Accident Notification Form was filled out and given to the PLL Safety Officer.
- Return the field to its pre-game/practice condition, per PLL policy.

Umpires:

Pre Game

Before a game starts, the umpire shall:

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

During the Game:

During the game the umpire shall:

- Govern the game as mandated by Little League rules and regulations.
- Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- Remove any manager that refuses to replace a bat that is not approved by Little League International for the division of play.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.
- Make sure catchers are wearing the proper equipment.
- Continue to monitor the field for safety and playability.
- Make the calls loud and clear, signaling each call properly.
- Make sure players and spectators keep their fingers out of the fencing.

Post Game

After a game, the umpire shall:

- Check with the managers of both teams regarding safety violations.
- Report any unsafe situations to the PLL Safety Officer by telephone and in writing.

ACCIDENT REPORTING PROCEDURE

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 PLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to report: All such incidents described above must be reported to the PLL Safety Officer within 24 hours of the incident. The PLL Safety Officer, Eric Bronson, can be reached at the following:

- Cell phone: 401-601-1823
- Home phone: 401-601-1823
- Email: ebronson@rwu.edu

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

- The name and phone number of the individual involved.
- The date, time and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.

Coaches Responsibility: The Coach will complete the **Accident Notification Form** and submit it to the PLL Safety Officer **within 24 hours of the incident**. (Accident Notification Forms can be found at the Portsmouth Little League website www.portsmouthll.org under the “Coaches Forms” tab or the Little League website www.littleleague.org)

PLL Safety Officer’s Responsibilities: Within 24 hours of receiving the **Accident Notification Form**, the PLL Safety Officer will contact the injured party or the party’s parents and:

- Verify the information received.
- Obtain any other information deemed necessary.
- Check on the status of the injured party, and 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 Portsmouth Little League’s insurance coverage and the provision for submitting any claims.
- If the extent of the injuries are more than minor in nature, the PLL Safety Officer shall periodically call the injured party to check on the status of any injuries, and check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered “closed” (i.e. no further claims are expected and/or the individual is participating in the League again).
- Keep historical data in order to be able to identify trends and improve overall safety.

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. 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 accident notification form must be completed by parents (if 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 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 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 benefits 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.
 - c) 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.

It is suggested this memo should be reproduced on your league's letterhead over the signature of your President or Safety Officer and distributed to the parents of all participants at registration time.

BASIC FIRST AID

Fortunately with the use of appropriate protective equipment like batting helmets and catcher's gear, serious injuries in youth baseball are rare. However, minor injuries are quite common. Each team is supplied with a first aid kit. This first aid kit should be nearby at all times during practices and games. The objective of this section is to review some of the more commonly encountered injuries and their on-field management, including criteria for return to play. In addition, guidance will be provided regarding situations that may warrant immediate medical attention. Ideally, a coach should have immediate access to a cell phone during practices and games in the case of such an emergency.

Action Plans

If a player has a chronic medical condition such as allergies, asthma, diabetes, epilepsy, etc., it is very important that his/her parents and coaches communicate and formulate an Action Plan for dealing with the condition. This Action Plan can avert a crisis in the event of an emergency situation related to the player's condition.

Action Plans are to be developed early in the season with parents/guardians. The plan will vary with the condition but should include the following:

- Contact Information for multiple parents/guardians.
- A determination if a parent/guardian should be available at all practices/games.
 - Or establish that the player is able to self-administer
- An understanding of what warrants the help Emergency Personnel (dialing 911)
- Early warning signs
- A daily (practices/games) procedure for Managers/Coaches to confirm (eyes-on) the availability AND LOCATION of any medical supplies that might be needed by the player.
 - This takes a few seconds and will greatly reduce panic and time if medical action is needed
- Ask parents if there is any additional information needed.

Activities that pertain to the Action Plan include

- Check in with all parents early (such as in the first team e-mail) to determine if their child has a chronic condition
- Determine with the parents if the condition is to be kept confidential from the other players
 - Keep this in mind when confirming daily Action Plan conformance
- Action Plans need to be understood by the Manager and all Coaches on the team
- Printed Action Plans need to be kept with the Medical Release forms.
- Parents need to be at games/practices until an Action Plan is developed and understood
- Managers/Coaches must perform the daily procedure to confirm player/parent conformance.
- Keep in mind that that EpiPens are prescriptions and dosages vary between individuals
- Keep in mind that managers and coaches should not be administering prescription medicine

Abrasions and Lacerations

Abrasions are "scuff-like" injuries to the skin. They are often sustained when runners slide into a base ("hip strawberry") or fielders dive for a ball. Initial management of an abrasion consists of cleansing the wound to reduce the risk of subsequent infection. Hydrogen peroxide is an excellent agent for this purpose, although water applied under pressure to help flush foreign material from the wound can also be used. After cleansing an abrasion it is important to provide the player with some level of comfort. Ideally, a topical antibiotic ointment should be applied to the abraded surface, followed by a gauze covering. Bacitracin is the preferred antibiotic ointment because it does not contain neomycin which can cause allergic reactions in

some players. To cover the wound, place a 2-inch or 4-inch gauze pad over the wound and then wrap the affected area with athletic tape. Alternatively, a gauze wrap can be used to cover the abrasion. In either case, pre-application of the antibiotic ointment will make removal of the gauze pad less unpleasant. Players are usually able to return to the game, provided they can tolerate the associated discomfort.

Superficial lacerations are when the skin is torn or ripped. Superficial lacerations do not involve damage below the skin and can generally be managed similar to an abrasion. A superficial laceration that is “smiling (i.e., the edges of the wound are separated) may need sutures or glue to facilitate healing, reduce bleeding and minimize scarring. Although long delays between the occurrence of the wound and its closure is not ideal, the one or two hours that it may take for a player to finish the game before seeking medical attention should not adversely affect the healing of the laceration.

Deep lacerations are tears that extend into the tissue layers below the skin. Initial management consists of cleansing the wound, applying antibiotic ointment and applying pressure with a gauze pad to control bleeding. Players suffering deep lacerations should be removed from the game and seek immediate medical attention to assess potential damage to - underlying nerves, tendons, blood vessels, etc. These wounds will also need further extensive cleaning to reduce the risk of infection and will likely need to be sutured.

Contusions

Contusions are bruise-like injuries to the skin, underlying soft tissue, and occasionally to the underlying bone (but not a fracture). Contusions commonly occur when a player is hit by a pitched or batted ball, or when players collide with each other or the ground. Players can often shake these injuries off and immediately return to play. The initial management of these injuries includes the application of ice for up to twenty minutes to reduce pain and swelling. The application of ice can occur immediately if the player comes out of the game, or at the end of the half-inning if the player is able to remain in the game. Any obvious bone deformity or bone misalignment is suggestive of a fracture and the player is unable to bear weight on an affected limb. (Note: Contusions and abrasions often occur together.)

Sprains and Strains

Sprains and strains are stress/tear injuries to muscles, tendons (which connect muscles to bones) or ligaments (which connect bone to bone at joints). Common sites for muscle strains include the shoulder, groin, hamstring or calf. Common sites for tendon and ligament sprains and strains include the wrist, knee and ankle. Muscle sprains and strains usually occur when making extraordinary effort, such as trying to throw a runner out from the outfield or trying to stretch a double into a triple. Injuries to tendons and ligaments occur when a player falls on an outstretched hand (wrist injury), trips when running (knee or ankle injury) or slides awkwardly (knee or ankle injury). Players may be able to walk off these injuries and can be allowed to return to play if they can demonstrate normal running via a few short sprints for a leg injury or normal throwing in the case of an upper arm injury. Otherwise, the player should be removed from the game and should be treated with **Rest, Ice, Compression and Elevation**, or “**RICE**” for the next twenty-four hours. Players with obvious muscle or joint swelling should be managed using **RICE** and should seek medical attention within the next two days unless significant improvement is seen. Players with obvious bone deformities or misalignment should seek immediate medical attention, as should those that cannot bear weight.

Head Injuries

Since the advent of batting helmets, catcher’s masks and RIF (cushioned) baseballs, serious head injuries in youth baseball have gone from rare to exceedingly rare. Should a player sustain a blow to the head from a bat, ball, the ground or another player, the initial management should focus on signs of underlying brain injury. Signs that should prompt removal from the game and immediate medical evaluation include loss of consciousness (no matter how brief), disorientation, abnormal behavior (including excessive sleepiness) or vomiting. Players who do not display any of these signs and who are headache-free can return to play but should be watched closely throughout the rest of the game and afterward for any changes in condition. Review the information at <https://www.train.org/cdctrain/course/1089818/>

Nosebleeds

Nosebleeds are best managed by applying continuous pressure (with or without ice). This can be accomplished by pinching the nose just below the nasal bridge. The nasal bridge is where the bone transitions to softer cartilage. Usually ten to twenty minutes of continuous pressure will stop the bleeding and allow the player to return to play. Nosebleeds that do not cease after twenty minutes of continuous pressure, show obvious nose deformities, create difficulty with breathing through the nose or show signs of brain injury (outlined in the head injury section) are all indications that medical attention should be sought immediately.

Eye Injuries

The most common acute eye complaint in youth baseball (other than “the sun got in my eyes”) is dirt in the eye. A bottle of saline eye wash/contact solution is ideal for irrigating the eye (although water will do) and usually provides fast relief, as well as reducing the risk of eye infection. If the player’s vision is unaffected and he feels no discomfort, he can return to play immediately.

Occasionally a player will sustain a direct blow to the eye or near the eye. If this occurs the player should be assessed for 1) the integrity of eye movement in all directions (left, right, up, down and combinations thereof), 2) visual acuity (have the player read letters on a tee shirt at a distance of fifteen feet), 3) any obstruction of vision (swelling of lid or face) and 4) any bleeding within the eye. Players failing any of these four assessments should be removed from the game and seek immediate medical attention.

Dental/Oral Injuries

The biggest concerns with most dental or oral injuries are control of bleeding and preservation of permanent teeth. Bleeding can usually be controlled by applying direct pressure with a gauze pad, wash cloth or tee shirt. Using ice while applying pressure will also help stop bleeding and help with discomfort. If bleeding cannot be controlled within twenty minutes or if the player complains of breathing difficulties, immediate medical attention should be sought.

In the case of partially dislodged teeth, an attempt (gentle) should be made to reseat the tooth in its socket and hold it in place with gentle pressure until a dentist is consulted. Completely dislodged teeth should be stored in a container with saline, the player’s saliva or milk and dentist should be consulted immediately. Storing the tooth in one of these fluids increases the chance that the tooth will survive.

Dehydration

Dehydration is a condition that can be avoided. Review the following section on Player Safety. Within this section is a discussion on dehydration and the need for a player to consume sixteen ounces of a sports drink every hour that he practices or plays.

Dehydration is more likely to occur on days that are both hot and humid. The body sweats fluids onto the skin’s surface. The sweat then evaporates, cooling the body. When the humidity is high, this evaporative cooling process is hindered.

By the time a player feels thirsty, dehydration has already begun. As dehydration continues, the player will feel fatigued and light-headed. Dizziness and increased pulse and heart rate may also occur. Cramping of hamstring muscles is a sign of heat cramps. If any of these symptoms appear, have the player rehydrate with a sports drink and keep him in the shade. If the player’s body core temperature continues to rise, heat exhaustion will occur. Signs of this are nausea, vomiting and fainting, and medical attention should be sought immediately. In severe cases, heat stroke can occur. Heat stroke can cause loss of consciousness and seizures. If the heat illness has progressed to this level, EMS should be called immediately.

Lightning Safety

From Little League International: "Lightning is one of our greatest concerns on the field, and we appreciate the safety information that NOAA provides to us. We want everyone involved in Little League Baseball to understand the dangers of lightning so that they will take the appropriate action when thunderstorms threaten."

The following is from the NOAA in cooperation with LLI (modified slightly for specific PLL concerns)

<https://www.littleleague.org/playing-rules/appendices/appendix-a/>

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

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.

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 how long it will take for them to get there.

- *If the weather is questionable, have enough parents/cars remain at the game/practice so the cars can be used as shelter*
- *Confirm with coaches (especially from other towns) and the umpire(s) that you will be following LLI guidelines for Lightning Safety*

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.

- *Get inside vehicles – close windows – do not touch metal*
- *It is not clear that PLL structures provide sufficient protection (because of their size, proximity to poles, fencing, trees)*
- *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.*

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

Make yourself as small a target as possible and minimize your contact with the ground.

- *Crouch down on the balls of your feet, put your hands over your ears, and bend your head down.*
- *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.

CONCESSION STAND SAFETY

- No person under the age of sixteen will be allowed behind the counter in the concession stands.
- People working in the concession stands will be trained in safe food preparation. Training will cover safe use of the equipment.
- Cooking equipment will be inspected periodically and repaired or replaced if need be.
- Propane tanks will be turned off at the grill and at the tank after use.
- Food not purchased by PLL to sell in its concession stands will not be cooked, prepared, or sold in the concession stands.
- Cooking grease will be stored safely in containers away from open flames.
- Cleaning chemicals must be stored in a locked container.
- A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.
- All concession stand workers are to be instructed on the use of fire extinguishers.
- A fully stocked First Aid Kit will be placed in each concession stand.
- The concession stand main entrance door will not be locked or blocked while people are inside.

Document Change History

Year	Change	Page(s)
2014	Added "Action Plan"	9, 15
2014	Added "Train players to avoid significant injury", and "Bat Safety" section	10
2015	Clarified Coaches responsibilities	9,10,11
2015	Added concussion information	9,16
2015	Added lightning information	9, 10, 18
2016	Changed Board Information	3
2017	Added "Heads-Up CDC certificate requirement, updated Board of Directors	3,9
2018	Changed Board Information, added emergency scenario	3,
2019	Updated BOD and Changed some of the Bat info	3,9