



FREMONT CENTERVILLE LITTLE LEAGUE

2026 SAFETY PLAN

League ID #4051401

League Approval February 23, 2026

MISSION STATEMENT

Fremont Centerville Little League (FCLL) is devoted to providing a safe and pleasant environment for players, volunteer staff (managers, coaches, and umpires), parents, and spectators. Fremont Centerville Little League commits to the Fremont Unified School District and the City of Fremont to take pride in our surroundings and our ability to improve and enhance our facilities. Fremont Centerville Little League is dedicated to implementing and maintaining a quality safety program based on current National, Western Region, and District 14 Little League Guidelines. Fremont Centerville Little League will enforce all Little League Rules, including the use of proper equipment.

A SAFETY AWARENESS PROGRAM

The Little League A Safety Awareness Program (ASAP) is a part of the organization's Child Protection program and provides local leagues with direction for best practices designed to make the Little League experience enjoyable and healthy for all participants. It is a set standard for safety across local leagues, reducing injuries and strengthening volunteer readiness.

On January 5, 2026, the ASAP evolved to a new, modernized safety framework with two new initiatives "**Little League SAFE**" and "**SAFE to Play**". Together, these programs will provide a more comprehensive approach that combines education, compliance, and recognition.

DISTRIBUTION OF THE FCLL 2026 SAFETY PLAN

The 2026 Safety Plan will be provided to all Fremont Centerville Little League managers, coaches, and league volunteers. Additional copies of the safety plan are made available at the Snack Bar at Marshall Park or by contacting Rolando Almaguer, Safety Officer at safety@fcllbaseball.com. For further information, go to our [FCLL website](#).

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2026 BOARD OF DIRECTORS

Board Member	Board Position	FCLL Emails
Anne Perez	President	president@fcllbaseball.com
Jenn. Aochi	Vice President—Baseball Operations	vpoperations@fcllbaseball.com
Tiffany Hale	Vice President—Softball Operations	vpsoftball@fcllbaseball.com
Nick Krell	Vice President—Conduct	VPConduct@fcllbaseball.com
Rolando Almaguer	Safety Officer	safety@fcllbaseball.com
Jaime Morris	Secretary	secretary@fcllbaseball.com
Nanette Hamilton	Treasurer	treasurer@fcllbaseball.com
Coleen Silva	Head Player Agent	playerAgent@fcllbaseball.com
Suzanne Lider	Player Agent (Lower Divisions)	playeragent_lower@fcllbaseball.com
Nicole Silva	Player Agent (Softball)	playeragentsoftball@fcllbaseball.com
Alonso Ortega	Coaching Coordinator	coaching2@fcllbaseball.com
Warren Eldridge	Information Officer	info@fcllbaseball.com
Joseph Britt	Umpire-In-Chief	umpire@fcllbaseball.com
Luis Morado	Equipment Manager	equipment@fcllbaseball.com
Wayne Barrs	Field Maintenance Manager	fields@fcllbaseball.com
Wade Hamilton	Field Maintenance Manager	fields2@fcllbaseball.com
Kevin Lopez	Interleague Coordinator	interleague_Upper@fcllbaseball.com
Vacant	Auxiliary President - Events	events@fcllbaseball.com
Nina Almaguer	Team Parent Coordinator Safety Administrator	teamparents@fcllbaseball.com safety@fcllbaseball.com
Jerry Hulse	Fundraising Coordinator	fundraising@fcllbaseball.com
Destrie Mitchell	Snack Bar Manager	snackbar@fcllbaseball.com
Jerry Hulse	Sponsorship	sponsorship@fcllbaseball.com
Rachael Hoover	Marketing/Public Relations	marketing@fcllbaseball.com
Jaime Morris Destrie Mitchell	Volunteer Coordinators	volunteers@fcllbaseball.com

EMERGENCY NUMBERS & LOCAL HOSPITALS

EMERGENCY NUMBERS

Police, fire, EMS emergency	911
Non-emergency police or business line	(510) 790-6800
Non-emergency fire or business line	(510) 793-4200
Animal Control emergency	(510) 790-6635
Child Protective Services (CPS)	(510)259-1800

NEIGHBORING HOSPITALS

Washington Hospital <i>2000 Mowry Avenue, Fremont, CA 94538</i>	(510) 791-3430
Washington Hospital Urgent Care <i>2682 Mowry Avenue, Fremont, CA 94538</i>	(510) 248-8201
Sutter Health <i>3200 Kearney Street, Fremont, CA 94538</i>	(510) 490-1222
Sutter Health Urgent Care <i>3200 Kearney Street, Building 1, Fremont, CA 94538</i>	(510) 498-2940
Kaiser Hospital <i>39400 Paseo Padre Parkway, Fremont, CA 94538</i>	(510) 248-7240
Fremont Urgent Care <i>3161 Walnut Avenue, Fremont, CA 94538</i>	(510) 796-1000

BACKGROUND CHECKS & FINGERPRINTING

FCLL is a volunteer-based Little League program that is engaging, exciting, and fun for the youth of our community. Volunteers are a significant part of keeping our league running; each volunteer must complete an annual background check, which is electronically submitted to a national background check for volunteer role eligibility. In addition, every parent or legal guardian is required to volunteer. Any volunteer who refuses to complete the application process will not be allowed to volunteer in any league-sanctioned event. FCLL supports and is in full compliance with the background initiative from Little League International.

J.D. PALATINE (JDP) BACKGROUND CHECKS

- ❖ All volunteers must complete a JDP background check in compliance with Little League rules and regulations.
 - The team manager, team parent, or team volunteer coordinator will email a list of the team's volunteers to the safety officer at safety@fcllbaseball.com.
 - Members will sign up as volunteers in Sports Connect; members should contact the safety officer with any issues if they do not receive the background check link from JDP.
 - Once the background check is completed and reviewed, the safety officer will provide a list of approved volunteers to the team manager, team parent, and/or team volunteer coordinator.
- ❖ Although it is not a requirement to perform background checks for minors (14-17 years of age), the minor must have a [signed consent form](#) from a parent or legal guardian for approval to perform a background check.
- ❖ Background checks must be completed annually during the Little League calendar year (starting October 1st of the current year to September 30th of the following year).
- ❖ Completion and approval of the background check by the safety office is required prior to assuming any volunteer roles.

FINGERPRINTING

- ❖ California Business and Professions Code subsection 2.9 "Youth Service Organizations" requires fingerprinting for some of FCLL's volunteers.
 - Fingerprinting must be completed by all volunteers and administrators who have direct contact with or supervise youth more than 16 hours a month or 32 hours a year
- ❖ Fingerprinting only needs to be completed **one-time per organization**
- ❖ FCLL or another local Little League will host a fingerprinting event to complete their volunteer requirements
- ❖ Minors (13-17 years of age) are ineligible to complete fingerprinting background checks
- ❖ FCLL will cover the cost for all volunteers for the purposes of volunteering for FCLL
 - In the event the volunteer misses all fingerprinting events, the volunteer can get fingerprinted at the company of their choosing, however, costs may range from \$30-\$50 which the volunteer must pay out-of-pocket

SAFETY TRAININGS

Training is crucial to our players in keeping our community safe. Training must be taken annually during the Little League calendar year (starting October 1st of the current year to September 30th of the following year).

All board members, managers, coaches, team safety coordinators, team parents, and umpires must complete the following training annually:

- [Little League Abuse Awareness](#)
- [Sudden Cardiac Arrest](#)
- [Concussion Protocol](#)
- Review and sign off on the [California Mandated Reporter Guidelines](#)

All other volunteers, including minors, volunteer coordinators, scorekeepers, snack bar leaders & volunteers, on-field volunteers (practice and/or games), and any other volunteer assignments that has contact with or supervise youth more than 16 hours a month or 32 hours per year must complete the following training annually:

- [Little League Abuse Awareness](#)
- Review and sign off on the [California Mandated Reporter Guidelines](#)
 - For minors, this is recommended but not required

Volunteers will need to save their certificates and submit proof of completion to the [Google form](#).

SUSPECTED ABUSE PROTOCOL

FCLL is committed to preventing all forms of child abuse, including emotional, physical, and sexual abuse. We have a zero-tolerance policy for any behavior that is consistent with any type of child abuse or exploitation. In accordance with requirements by the SafeSport Act, California State Law, and Little League International, FCLL adopts the following policies listed below:

- ❖ League officials, managers, coaches, team parents, team safety coordinators, umpires, and volunteers are to successfully complete the annual Abuse Awareness training – provided by USA Baseball and SafeSport – before supervising an athlete in any baseball or softball activity
- ❖ All adult volunteers are mandated reporters and are required to report suspected, disclosed, or witnessed act of child abuse to any police department, sheriff's department, county probation department, or the county welfare department but not including school district police or security, within 24 hours
- ❖ Volunteers can face criminal charges if they or the league chooses to ignore or not report to the proper authorities of any act of child abuse, including sexual abuse, within 24 hours
- ❖ Volunteers should also notify the FCLL president that a report of child abuse has been filed with the proper authorities; in turn, the president will notify the district administrator
- ❖ FCLL prohibits retaliation on "good faith" reports of child abuse
 - Any FCLL member that retaliates against a person(s) who made a good faith report of actual or suspected child abuse will be subject to disciplinary action up to and including dismissal
- ❖ In compliance with California State Law, FCLL requires, to the greatest extent possible, the presence of at least two (2) mandated reporters whenever volunteers are in contact with or supervising children
- ❖ The Alameda County Emergency Response Child Abuse Reporting or Child Protective Services (CPS) telephone number – (510) 259-1800

SUDDEN CARDIAC ARREST PREVENTION

- ❖ League officials, managers, coaches, team parents, team safety coordinators, and umpires are to successfully complete the annual Sudden Cardiac Arrest Prevention education training before supervising an athlete in any baseball or softball activity
- ❖ Parents or legal guardians are required to review the [Parent-Athlete Sudden Cardiac Arrest Information Sheet](#) with their child or children. Signature is obtained upon a player registration for the upcoming season
- ❖ Any player who has passed out or fainted due to suspected cardiac condition shall be immediately removed from the athletic activity for the remainder of the day
 - If an athlete who is 17 years of age or younger was removed from athletic activity due to fainting or suspected cardiac condition, FCLL shall notify a parent or legal guardian of the incident including the date and time of the incident, symptoms and signs observed, and any treatment provided to the athlete
 - If the player visited a licensed health care provider, the player seen will not be allowed to return to play until he/she has been evaluated by a licensed health care provider and has **full, written clearance** to return to athletic activity
 - **Full, written clearance** must be on the licensed health provider's letterhead and display the address location; conditional clearances will NOT be accepted
- ❖ In the case of a sudden cardiac arrest, immediate response, such as CPR, is required for life-saving measures. At least one (1) AED will be provided at each field along with instructions for emergency use. Visit the Little League's [State Laws on AEDs](#) for more information. Scroll down on the lefthand side and select "California" to view our current state laws regarding AEDs.

CONCUSSION PROTOCOL

- ❖ League officials, managers, coaches, team parents, team safety coordinators, and umpires are to successfully complete the annual Concussion and Head Injury education training before supervising an athlete in any baseball or softball activity
- ❖ Parents or legal guardians are required to review the [Parent-Athlete Concussion Information Sheet](#) with their child or children. Signature is obtained upon a player registration for the upcoming season
- ❖ Any player showing signs or symptoms, suggestive to a concussion or other head injury, must be immediately removed from participation or competition
 - If an athlete who is 17 years of age or younger was removed from athletic activity due suspected concussion, the player will not be allowed to return to play until he/she has been evaluated by a licensed health care provider and has **full, written clearance** to return to athletic activity
 - If the player visited a licensed health care provider, the player will not be allowed to return to play until he/she has been evaluated by a licensed health care provider and has **full, written clearance** to return to athletic activity
 - **Full, written clearance** must be on the licensed health provider's letterhead and display the address location; conditional clearances will NOT be accepted

SEXUAL HARASSMENT

It is the policy of FCLL that all the parties involved in the operation of FCLL will provide an environment free of all forms of discrimination, including incidents of sexual harassment. No individual shall be subjected to verbal or physical sexual behavior. Sexual harassment will be treated as misconduct and may result in the application of appropriate corrective action, up to and including, dismissal. See the [Sexual Harassment Policy](#) in the Little League Operating Policies published in the annual rulebook for definitions, reporting procedures, and responsibilities.

ADDITIONAL SAFETY TRAINING

Little League University has introduced two (2) new safety training courses this season.

The Little League First Aid Awareness Course introduces volunteers to common injuries, basic first aid principles, and important response considerations specific to the Little League environment. This course is not a certification program but it provides practical awareness and guidance to help volunteers recognize injuries, respond appropriately, and understand when additional medical care may be needed.

The Little League Safety Awareness Course provides volunteers with a broad overview of key safety concepts and best practices that support safe league operations. This course helps volunteers better understand their role in promoting safety, recognizing potential hazards, and supporting a strong culture of safety throughout the season.

Both of these courses support leagues in strengthening preparedness and promoting player safety throughout the season.

FIELD INSPECTIONS & STORAGE PROCEDURES

Before the Season Starts:

- Familiarize yourself with the safety materials.
- It is required to appoint a Safety Coordinator or Team Parent for your team. They need to be at all the games and have a cellular phone. It can be an assistant coach.

Before Each Game:

- Coaches must walk/inspect the fields before practices and games. Umpires must also walk the fields for hazards before each game.
- You may complete a paper form and submit to the Snack Bar at Marshall Park or complete the [Pre-Game Field Inspection Checklist via Google form](#).
- Complete a field safety checklist. Then, report any problems to your Field Maintenance Manager(s)
 - Wayne Barrs at fields@fcllbaseball.com or
 - Wade Hamilton at fields2@fcllbaseball.com or
 - Rolando Almaguer at safety@fcllbaseball.com
- Check the Team Equipment for any problems. Report any equipment problems to the Equipment Manager, Luis Morado at equipment@fcllbaseball.com
- Check the contents of your team's first aid kit. Contact the Safety Officer (Rolando Almaguer safety@fcllbaseball.com) for any items that need to be replaced.

Storage Shed

The following applies to the entire storage shed used by the league and to anyone who has been issued a key to use those sheds.

- All individuals are aware of their responsibility for the orderly and safe storage of rakes, shovels, and bases.
- Before you use any equipment located in the shed (lawnmowers, weed whackers, lights, scoreboards, public address systems, etc.), please read the written operating procedures for that equipment.
- All chemicals or organic materials stored in the shed shall be properly marked and labeled as to its contents.
- Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of as soon as possible to prevent accidental poisoning.

FIELD & SHED LOCATIONS

Marshall Park 40432 Torenia Circle Fremont, CA 94538	Patterson Elementary School 35521 Cabrillo Drive Fremont, CA 94536	Mattos Elementary School 37944 Farwell Drive Fremont, CA 94536
Glenmoor Elementary School 4620 Mattos Drive Fremont, CA 94536	Harvey Green Elementary School 42875 Gatewood Street Fremont, CA 94538	

PRE-GAME FIELD INSPECTION CHECKLIST

MANAGER'S NAME: _____ DATE: _____

SAFETY COORDINATOR'S NAME: _____

FIELD: _____ TIME: _____

PRE-GAME FIELD INSPECTION CHECKLIST

Field Condition	Yes	No	Catchers Equipment	Yes	No
Backstop Intact			Hockey Catchers Helmet		
Home Plate Intact			Dangling Throat Guard		
Bases Secure			Helmets		
Pitcher's Mound Safe			Catcher's Mitt		
Batter Box Lined/Level			Chest Protector		
Infield Fence Repair			Shin guards		
Outfield Fence Repair			Dugouts	Yes	No
Foul Lines Marked			Fencing Needs Repair		
Infield Need Repairs			Bench Needs Repair		
Outfield Need Repairs			Trash Cans		
Warning Track			Clean Up Is Needed		
Coaches' boxes Lined			Spectator Area	Yes	No
Free Of Foreign Objects					
Grass Surface Even			Bleachers Need Repair		
Player Equipment	Yes	No	Protective Screens Ok		
			Bleachers Clean		
Batting Helmets			Parking Area Safe		
Jewelry Removed			Safety Equipment	Yes	No
Shoes/Bats Inspected			First-aid Kit Each Team		
Face Mask (Minor/Majors)			Medical Release Forms		
Proper Cleats			Ice Pack/Ice		
Athletic Cups (boys)			Safety Manual		
Full Uniform			Injury Report Forms		
Bats Meet Standards			Drinking Water		
Additional Comments:					

REPORT ANY PROBLEMS TO YOUR FCLL FIELD MAINTENANCE OFFICERS OR SAFETY OFFICER.

Turn this form into the Snack Bar or email it to either of the following:

Wayne Barrs | Field Maintenance Manager at fields@fcllbaseball.com

Wade Hamilton | Field Maintenance Manager at fields2@fcllbaseball.com

Rolando Almaguer | Safety Officer at safety@fcllbaseball.com

Revised 1/11/26

LEAGUE TRAINING DATES

TRAINING	DATE & TIME	LOCATION	REQUIREMENT	COMMENTS
COACHING FUNDAMENTAL TRAINING	TBD	TBD	Every manager and/or coach must attend this training at least once every three years.	FCLL requires at least one manager and/or coach from each team to attend.
SAFETY MANUAL & FIRST AID TRAINING	TBD	TBD	Every manager and/or coach must attend this training at least once every three years.	Each team will receive a paper copy of the safety manual. Managers and Safety Coordinators and TeamParents should have a copy of the safety manual at all league functions. FCLL requires at least one manager and/or coach from each team to attend.

Remember, safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Immediately report all hazardous conditions to the Safety Officer/Director, Team Safety Coordinator or another board member. Do not play on a field that is not safe or with unsafe playing equipment. Be sure your players are fully equipped, especially catchers and batters. Check your team's equipment often.

SAFETY CODE

Dedicated to Injury Prevention

- Responsibility for Safety procedures should be that of an adult Fremont Centerville Little League member.
- Arrangements should be made before all games and practices for emergency medical services.
- Managers, coaches, umpires, and team safety coordinators should have first-aid training.
- 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, mainly when lighting is inadequate.
- The 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.
- A procedure should be established for retrieving foul balls batted out of the playing area.
- During practice and games, all players should be alert and watch 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 done 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.
- The catcher must wear a catcher's helmet, mask, throat guard, extended model chest protector, shin guards, and protective cup with an athletic supporter at all times (males) for all practices and games.
- **NO EXCEPTIONS** – managers, coaches, or team safety coordinators will check to make sure each player is wearing a protective cup (males) and all other protective equipment for games.
- Except when a 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 "horseplay" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "safety glasses".
- A player must not wear watches, rings, pins, metallic, or hard cosmetic or hard decorative items during games and practices.
- The catcher must wear a 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.
- Regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat. This applies to Little League (Majors), Minor League, and Tee Ball ([see Little League Appendix B - Safety Code](#))

GENERAL SAFETY STANDARDS

- ❖ No smoking or alcohol is permitted on Little League facilities and school grounds
 - Violations of this policy could result in revoked permits for usage of school facilities
 - Violations of no smoking or alcohol will result in disciplinary action taken by the FCLL Board of Directors
- ❖ There will be no climbing on fences or backstops at any time
- ❖ Bicycles, scooters, skateboards, roller blades should be walked or ridden at a safe speed near fields
- ❖ Keep all walkways clear of equipment, wagons, and other obstructions
- ❖ No children under 16 of age shall operate the golf cart
- ❖ When batting, players are **required** to wear batting helmets
 - Applies to both practices and games
 - When retrieving bats during games, the player must have a batting helmet on and coaches are not allowed to retrieve bats
 - Players or volunteers under the age of 18 serving as 1st or 3rd base coaches must wear a batting helmet
- ❖ Any player serving as a catcher during infield or outfield practice must wear a catcher's mask with a dangling throat guard, catcher's glove and cup (for males).
- ❖ Only wiffle balls are allowed past the Field 1 bleachers per signs
- ❖ No playing catch or swinging bats in front of the Snack Bar
- ❖ On any school grounds, there will be no playing catch or batting of any type within the walkways and common areas of the FCLL complex
 - This includes pitchers warming up
- ❖ First Aid kits must be available at all practices and games
- ❖ At least one (1) Automated External Defibrillator (AED) will be located at each field
- ❖ To the greatest extent possible, the presence of at least two (2) mandated reporters is required whenever administrators, employees, or volunteers are in contact with, or supervising children (CA B&P Division 8, Chapter 2.9)
- ❖ Managers and coaches are required to report all injuries that occur during an FCLL practice and games to the Safety Officer within 24 hours, regardless of how minor they appear
 - Simultaneously, the manager and coaches must complete an [Injury Report](#) and any additional needed background information
 - In the case of a serious injury where the player, manager, coach, or umpire seeks medical attention, the Safety Officer and President shall be notified immediately by cell phone
 - Any player injured on or off the field that requires medical treatment by a doctor must submit a physician's release to the Player Agent
 - **Full, written clearance** must be on the licensed health provider's letterhead and display the address location; conditional clearances will NOT be accepted
 - Upon approval by the President, Player Agent, and Safety Officer, the player may return to baseball or softball activities

IMPORTANT DO'S & DONT'S

DO'S

- 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 skin, deformity of joint etc.)
 - **LISTEN** to the injured and describe what happened and what hurts if conscious. Before questioning, you may have to calm down and soothe an excited child
 - **FEEL** gently and carefully the injured area for signs of swelling or grating of a broken bone. Have your players' Medical Clearance Forms with you at all games and practices. Carry a First Aid kit at all times for your team. Plan to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

DON'TS

- Administer any medications.
- 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.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the Safety Officer immediately.

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 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,
Where To Report	Report injuries to Rolando Almaguer safety@fcllbaseball.com Follow up injuries by Destrie Mitchell snackbar@fcllbaseball.com
How To Report	<p>Fill out a digital Injury Tracking Report or paper injury form and send an email to the safety officer. At the minimum, the following information must be provided:</p> <ol style="list-style-type: none"> 1. The name and phone number of the individual(s) involved 2. The date, time, and location of the incident. 3. A detailed description of the incident 4. The preliminary estimation of the extent of any injuries. 5. The name and phone number of the person reporting the incident <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center; color: red; font-weight: bold;">For Local League Use Only</p> <p style="text-align: center; font-size: small;">Send Completed Report to Safety@fcllbaseball.com</p> <div style="background-color: #e0e0e0; padding: 5px; display: flex; justify-content: space-between;"> Activities/Reporting A Safety Awareness Program's Incident/Injury Tracking Report </div> <p style="font-size: x-small;">League Name: <u>Fremont Centerville Little League</u> League ID: <u>405 - 14 - 01</u> Incident Date: _____</p> <p style="font-size: x-small;">Field Name/Location: _____ Incident Time: _____</p> <p style="font-size: x-small;">Injured Person's Name: _____ Date of Birth: _____</p> <p style="font-size: x-small;">Address: _____ Age: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p style="font-size: x-small;">City: _____ State _____ ZIP: _____ Home Phone: () _____</p> <p style="font-size: x-small;">Parent's Name (If Player): _____ Work Phone: () _____</p> <p style="font-size: x-small;">Parents' Address (If Different): _____ City _____</p> <p style="font-size: x-small;">Incident occurred while participating in:</p> <p style="font-size: x-small;">A.) <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Challenger <input type="checkbox"/> TAD</p> <p style="font-size: x-small;">B.) <input type="checkbox"/> Challenger <input type="checkbox"/> T-Ball <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Intermediate (50/70)</p> <p style="font-size: x-small;"> <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Big League</p> <p style="font-size: x-small;">C.) <input type="checkbox"/> Tryout <input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> Tournament <input type="checkbox"/> Special Event</p> <p style="font-size: x-small;"> <input type="checkbox"/> Travel to <input type="checkbox"/> Travel from <input type="checkbox"/> Other (Describe): _____</p> <p style="font-size: x-small;">Position/Role of person(s) involved in incident:</p> <p style="font-size: x-small;">D.) <input type="checkbox"/> Batter <input type="checkbox"/> Baserunner <input type="checkbox"/> Pitcher <input type="checkbox"/> Catcher <input type="checkbox"/> First Base <input type="checkbox"/> Second</p> <p style="font-size: x-small;"> <input type="checkbox"/> Third <input type="checkbox"/> Short Stop <input type="checkbox"/> Left Field <input type="checkbox"/> Center Field <input type="checkbox"/> Right Field <input type="checkbox"/> Dugout</p> <p style="font-size: x-small;"> <input type="checkbox"/> Umpire <input type="checkbox"/> Coach/Manager <input type="checkbox"/> Spectator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____</p> <p style="font-size: x-small;">Type of injury: _____</p> <p style="font-size: x-small;">Was first aid required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____</p> <p style="font-size: x-small;">Was professional medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____</p> <p style="font-size: x-small;">(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)</p> <p style="font-size: x-small;">Type of incident and location:</p> <p style="font-size: x-small;">A.) On Primary Playing Field B.) Adjacent to Playing Field D.) Off Ball Field</p> <p style="font-size: x-small;"> <input type="checkbox"/> Base Path: <input type="checkbox"/> Running or <input type="checkbox"/> Sliding <input type="checkbox"/> Seating Area <input type="checkbox"/> Travel:</p> <p style="font-size: x-small;"> <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched or <input type="checkbox"/> Thrown or <input type="checkbox"/> Batted <input type="checkbox"/> Parking Area <input type="checkbox"/> Car or <input type="checkbox"/> Bike or</p> <p style="font-size: x-small;"> <input type="checkbox"/> Collision with: <input type="checkbox"/> Player or <input type="checkbox"/> Structure C.) Concession Area <input type="checkbox"/> Walking</p> <p style="font-size: x-small;"> <input type="checkbox"/> Grounds Defect <input type="checkbox"/> Volunteer Worker <input type="checkbox"/> League Activity</p> <p style="font-size: x-small;"> <input type="checkbox"/> Other: _____ <input type="checkbox"/> Customer/Bystander <input type="checkbox"/> Other: _____</p> <p style="font-size: x-small;">Please give a short description of incident: _____</p> <p style="font-size: x-small;">Could this accident have been avoided? How: _____</p> <p style="font-size: x-small; font-size: xx-small;">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.</p> <p style="font-size: x-small;">Prepared By/Position: _____ Phone Number: () _____</p> <p style="font-size: x-small;">Signature: _____ Date: _____</p> <p style="text-align: center; font-size: x-small;">Send Completed Report to Safety@fcllbaseball.com</p> </div>

ACCIDENT REPORTS – SAFETY OFFICER RESPONSIBILITIES

Within 48 hours of receiving the incident report, the safety officer or safety representative, will contact the injured party or 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
4. In the event the injured party requires other medical treatment (i.e., emergency room visit, doctor visit, etc.) will advise the parent or legal guardian of the Fremont Centerville Little League's insurance coverage and the provisions for submitting any claims
5. If the extent of the injuries is more than minor in nature, the safety officer shall periodically call the injured party to
 - a. Check on the status of any injuries
 - b. 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 fully cleared to return to play)

ACCIDENT NOTIFICATION FORM INSTRUCTIONS



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:
 Little League® International
 539 US Route 15 Hwy, PO Box 3485
 Williamsport PA 17701-0485
Accident Claim Contact Numbers:
 Phone: 570-327-1674

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.	
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)		Age
					Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)	
			()	()	
Address of Claimant			Address of Parent/Guardian, if different		

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

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

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CHALLENGER (4-13) | <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"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (6-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12) | <input type="checkbox"/> PLAYER AGENT | <input type="checkbox"/> TRAVEL TO | |
| | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | |
| | <input type="checkbox"/> JUNIOR (12-14) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> SENIOR (13-16) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe) | |

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

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

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

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

For Residents of California:

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

For Residents of New York:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any 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
------	---------------------------

COMMUNICABLE DISEASE PROCEDURES

1. Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the athlete may continue.
2. Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluids are anticipated (provided in first-aid kit).
3. Immediately wash hands and other skin surfaces if contaminated with blood.
4. Clean all blood contaminated surfaces and equipment.
5. Managers, coaches, and volunteers with open wounds should refrain from all direct contact until the condition is resolved.
6. Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

ANKLE SPRAINS

The most common type of ankle injury is a sprain. A sprain is stretching and tearing of ligaments (fibrous bands connecting adjacent bones in a joint.) There are many ligaments around the ankle, and these can become damaged when the ankle is forced into a position not normally encountered.

The most frequently seen sprain occurs when weight is applied to a foot that is on an uneven surface, and the foot "rolls in" (inversion). Because the sole of the foot is pointing inward as force is applied, the ligaments stabilizing the lateral - or outside - part of the ankle are stressed. Many patients report hearing a "snap" or "pop" at the time of the injury. This is usually followed by pain and swelling on the lateral aspect of the ankle.

THE MOST IMPORTANT INITIAL MANAGEMENT OF A SPRAIN IS...

- R - rest
- I - ice
- C - compression
- E - elevation

Many of the problems resulting from sprains are due to blood and edema in and around the ankle. Minimizing swelling helps the ankle heal faster. The RICE regimen facilitates this.

- **REST** - No weight bearing for the first 24 hours after the injury (possibly longer, depending upon severity).
- **ICE** - Apply ice packs using a towel over a plastic bag to the area that is painful. Be careful to avoid frostbite. Ice should be intermittently applied for the first 24 hours.
- **COMPRESSION** - An ACE bandage or other soft elastic material should be applied to the ankle to help prevent the accumulation of edema.
- **ELEVATION** - Elevating the ankle helps in removing edema. By having the foot higher than the hip (or heart), gravity is used to pull edema out of the ankle.

In the initial 24 hours, it is very important to avoid things which might increase swelling. Avoid

1. Hot showers
2. Heat rubs (methylsalicylate counterirritants such as "Ben Gay"), etc.
3. Hot packs
4. Drinking alcohol
5. Aspirin - prolongs the clotting time of blood and may cause more bleeding into the ankle. (Tylenol or Ibuprofen may be taken to help with pain, but will not speed up the healing process)

HANDLING ANKLE SPRAINS

"Great news! It's not broken. Just stay off it a few days and you'll be fine." Not exactly words of consolation if you're sitting in the ER with a throbbing ankle. And not exactly the best advice for caring for an ankle sprain. In fact, if not properly treated, ankle sprains have a tendency to reoccur.

WHAT IS A SPRAIN?

A sprain is a twisting injury to the ankle joint.

This stretches or tears the ligaments that hold the anklebones together. If the ligaments don't heal properly, the ankle can become unstable.

SPEEDING UP YOUR RECOVERY

When a ligament tears, the injured tissue bleeds and swells. This can delay healing. To speed up the process you should immediately:

- **REST**
Stop all painful activities. Use crutches or a cane until you can walk without pain or limping.
- **ICE**
Place an ice bag on the ankle for 15 to 20 minutes, three to five times per day. Leave it off at least two hours between applications. Ice especially during the first 72 hours after the injury, longer if swelling persists.
- **COMPRESSION**
Apply an elastic wrap bandage from the toes up to midcalf, applying even pressure. Wear the wrap only during the day.
- **ELEVATION**
Elevate the ankle above heart level (hip level is acceptable during class or at work.) Continue until the ankle stops swelling.

HOW CAN YOU PREVENT RE-INJURY?

A physical therapist or athletic trainer can teach you motion exercises to restore natural ankle function, as well as strength and balancing exercises to help provide backup support for the injured ligaments.

WHAT ABOUT HIGH-TOP SHOES OR BRACES?

Research has shown that stirrup-style ankle braces and high-top athletic shoes can help prevent re-injury. However, it's important to remember that bracing and high-tops are not a substitute for ankle strength and coordination. It's vital to do ankle strengthening and balancing exercises to support the healing ligaments.

HEAD INJURIES

"What a hit...he really got his clock cleaned that time!" "I bet he's hearing bells now!" "Let's see if he can clear the cobwebs or if he's going down for the count..."

Although often dramatized by sportscasters, head injuries are no laughing matter.

Anytime someone suffers dizziness, confusion, unconsciousness or memory loss from a blow to the head, it's a medical emergency.

Also seek medical attention right away if:

- Clear or bloody fluid is draining from the nose, mouth or ears.
- The pupils (black center of the eye) appear dilated or unequal.

Even in seemingly mild head injuries that result only in a slight headache, it's important to watch the person for the next 24 hours for delayed signs of a life-threatening brain injury:

- Dizziness
- Nausea
- Vomiting
- Disorientation
- Inability to wake up (check every hour while they're sleeping).

Lastly, regardless of the severity of the injury, don't:

- Play sports or exercise until completely cleared by a doctor.
- Take any medicine without a doctor's permission.

BRUISE CLUES

A bruise is a bruise is a bruise. No big deal, right?

Actually, a swift kick to the shin, an elbow to the bicep, or a knee to the thigh can sideline you for several weeks. These injuries crush the delicate muscle cells, leading to bleeding and swelling in the muscle.

A deep bruise usually causes signs and symptoms similar to a fracture:

- Swelling
- Pain
- Muscle tightness—as the cells heal, regular tissue is replaced with less flexible scar tissue.
- Limited motion of the joint(s) above and/or below the bruise.

WHAT DO YOU DO FOR A DEEP BRUISE?

- Apply ice immediately (within the first hour) and leave it on for 15-20 minutes.
- Do not apply heat at least within the first 72 hours. Heat will make the swelling worse, delay the healing time and limit the muscle's ability to contract and stretch.
- See your doctor to make sure you didn't break a bone.

If there is no fracture:

- Gently stretch the injured muscle for at least 5 minutes per day. Stretch only to the point of a gentle pull, and hold it without bouncing. Try 20 repetitions, holding each for 15 seconds.

- Continue icing the area three to four times a day for 15-20 minutes each. Take it off for at least two hours between applications. Ice especially after stretching.

Once the bruise has healed and you're able to use the muscle normally, be sure to protect it with extra padding when you return to sports.

If you're not sure how to stretch the muscle, or if you feel a thickening or hardening of the bruised area, ask your doctor for a referral to a physical therapist or athletic trainer. They'll show you how to stretch and help you get your muscles back to regular working order. They can also give you tips on how to protect it with padding.

LITTLE LEAGUE ELBOW

Throwing a baseball, especially pitching, can be very stressful to a child's elbow. In fact, it can affect normal growth of the elbow bones.

Young bones have growth plates on the ends which tend to be at greater risk for fracture. One specific growth plate, along the inside of the elbow, is where some of the throwing muscles attach. If these muscles forcefully and repeatedly pull at that attachment, like when pitching, they can actually pull off a piece of the growth plate. This type of fracture, if not properly treated, can limit the growth of the affected bone.

This condition is called "Little League Elbow" and causes pain along the inside of the elbow. What should you do if your "little leaguer" complains of elbow pain?

- Don't wait to see if it will go away!
- Stop all activities that cause pain.
- See a doctor as quickly as possible.

To help prevent elbow and shoulder injuries, most youth leagues limit the number of pitches that a player can throw each week. They especially limit the number of curve balls, as this pitch specifically uses the muscles that attach to the inside of the elbow.

So, don't wait for an injury to happen: Be proactive! Ask your area youth baseball director about their safety policies. If they don't have similar rules, suggest that they contact one of the national youth baseball organizations for more information.

TIME OUT FOR TEETH

Sports can be tough on teeth. All it takes is one quick jab of an elbow or unexpected bounce of a ball and you end up sitting in the dentist's chair.

Tooth injuries are not generally life threatening, but they can be quite painful and disfiguring. The best way to restore a dislodged tooth is to act quickly.

Your tooth has the best chance of being saved if it is placed back into the socket within 30 minutes. This means rushing to the dentist or oral surgeon, ASAP! Don't attempt to replace the tooth on your own.

While traveling to the dental specialist:

- Try to keep the tissue alive by immediately placing the tooth in sterile saline solution or in your mouth (as long as you don't accidentally swallow it!). If these options are not possible, try storing the tooth in a container of cold milk.
- Avoid excessive handling of the tooth. Especially avoid touching the delicate roots as this could speed up tissue death.
- Bite down on a folded piece of sterile gauze to help minimize bleeding.
- Of course, the best way to save your game-winning smile is to wear a mouth guard during high-risk sports like basketball, baseball and softball.

AN "EYE" ON PREVENTION

It's able to stop a sphere hurtling at 140 miles per hour or deflect an object impacting with over 1200 pounds of force. Is it Superman? A bulletproof vest? No, it's sport safety glasses and visors!

You may be thinking, "What's this got to do with me? I don't need safety glasses to play an occasional tennis match or pickup basketball game. We don't play that hard."

Well, before you grab your mouse and click to another web site, think about this:

The number of sports eye injuries has been steadily rising. From 1993 to now these injuries have skyrocketed from 41,000 to 100,000 per year. Who are the people most likely to suffer these injuries? Not professional athletes, but young athletes and weekend warriors who have poor to moderate sport skills and slower reflexes -- in other words, most of us. Even though we like to play hard, we often don't take the time to protect ourselves.

The truth is we play sports that put our eyes at risk for a devastating injury. For instance, a racquetball typically travels at speeds ranging from 90 to 130 miles per hour. Tennis, basketball, ice hockey, softball, baseball, field hockey, squash and badminton are just as dangerous.

So, give your eyes a break -- wear protective glasses that are specifically designed for sports. Regular eyeglasses don't protect your eyes from hard impacts. In fact, they can shatter, throwing glass into your eyes.

SAFETY & PHYSICAL READINESS

Are you in shape for baseball and softball? Think you're ready to hit the diamond? Maybe not. Before you run out on the field, consider this:

Are you in shape?

Most shoulder injuries and thigh pulls in baseball and softball can be prevented by getting in shape before the season. Now is a good time to start. Begin with some gentle stretches every day for the shoulders, thigh, calves and trunk. You should try to stretch out each area for five minutes total -- you can break them up into 15- or 30-second repetitions. Begin a strengthening program, especially for your ankles, knees and shoulders. To make your muscles stronger, do around 30 repetitions of each exercise, two to three days per week.

Stay in shape once the season starts.

Playing does not maintain or improve your muscle strength or flexibility. In season, continue stretching every day, especially after practices and games. Also, do strengthening exercises two days per week, but not on game or practice days.

Do you have and use proper protective gear?

Baseball and softball rank right up with hockey, football, basketball and racquet sports as a leading cause of sport-related eye injuries. These injuries tend to be severe, so be sure to wear a protective helmet during baseball and fast-pitch softball. You may even want to consider wearing protective eyewear.

Use proper baseball and softball technique.

Sliding is a major cause of leg injury in both sports. Learn how to slide correctly into bases. In addition, try to avoid diving headfirst to a base. That's an easy way to suffer head, tooth, shoulder and finger injuries.

Use proper overhead throwing form. Throwing side arm – allowing your elbow to drop below your shoulder – greatly increases your risk for shoulder and elbow overuse injuries.

SOOTHING SORE MUSCLES

Feeling a little stiff and sore after that hard work out or first game of the season? Take a couple of days off to let your muscles rest and repair them. You can also help ease the pain and stiffness by:

1. Gently stretching. Stretch sore muscles to the point of slight tightness (not pain) and hold for 10 to 15 seconds without bouncing.
2. Applying ice. After stretching, apply ice for 15 to 20 minutes to muscles that are particularly sore.
3. Gently massaging sore muscles to help loosen spasms. You can use body lotion or muscle lotions or rubs. Keep in mind that muscle lotions are only helpful for decreasing pain.

Studies have not conclusively proven that these substances promote tissue healing. Simple muscle soreness should stop within a few days. If you continue to have pain or if you notice swelling or bruising around a sore muscle, consult your doctor. This may indicate a more serious tear to the muscle.

Be careful if it's "just a sprain" or "Good news, it's just a sprain ... stay off of it for a few days and you should be fine."

In reality, however, a sprain can often be more serious than a fracture. When you sprain or twist your knee or ankle, you actually stretch or even tear the tissue (ligaments) that hold your knee or ankle and foot bones together. If these ligaments do not heal properly, your ankle or knee joint can become unstable. In fact, studies have found that individuals who have previously twisted (sprained) their ankles have a high rate of re-injury, from 25 percent to 75 percent. To prevent a re-injury, it's important to:

1. Take time off from jumping, twisting, and running activities.
 - a. If a sprain causes swelling and loss of motion, the ligament(s) are probably partially torn. Torn ligaments can take six to 12 weeks to fully heal. Jumping, twisting and running activities can delay healing or cause further injury.
2. Strengthen the muscles around the injured joint.
 - a. If ligaments are severely stretched or torn (indicated by swelling and loss of motion), they may never regain their original ability to stabilize the joint. Strengthening the muscles around the joint helps provide backup support for the loose or torn ligaments. If your doctor diagnoses your injury as a sprain, ask for a referral to a certified athletic trainer or sports physical therapist. They will guide you through a rehabilitation program to get you safely back on the court or field.

LITTLE LEAGUE CHILD PROTECTION PROGRAM

The "[Protecting Young Victims from Sexual Abuse and Safe Sport Act of 2017](#)" mandates that all amateur sports organizations, which participate in an interstate or international amateur athletic competition and whose membership includes any adult who is in regular contact with an amateur athlete who is a minor must report suspected child abuse, including sexual abuse, within 24 hours to law enforcement.

All board members, team managers, and coaches are required to take a quick [Abuse Awareness](#) online course which explains the signs and steps to take to report suspected abuse. You will receive a certificate upon completion. Please download or take a screen shot of your certificate and send it to the Safety Officer at safety@fcllbaseball.com. This must be completed before engaging with children on your team.

Additional information about what to look for and how to report as well as [laws specific to California](#) can be found on the Little League website under [Player Safety](#) and [Child Protection Program](#).

CONCESSION STAND PROCEDURES

'12 Steps to Safe and Sanitary Food Service Events'

1. Menu. Keep your menu simple and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. *Complete control over your food, from source to service, is the key to safe, sanitary food service.*
2. Cooking. Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. *Most food borne illnesses from temporary events can be traced back to lapses in temperature control.*
3. Reheating. Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, units or other holding devices. *Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.*
4. Cooling and Cold Storage. Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. *Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of food borne illness.*
5. Hand Washing. *Frequent and thorough hand washing remains the first line of defense in preventing food borne disease.* The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!
6. Health and Hygiene. Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.
7. Food Handling. Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. *Touching food with bare hands can transfer germs to food.*
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:
 - a. Washing in hot soapy water
 - b. Rinsing in clean water
 - c. Chemical or heat sanitizing
 - d. Air drying.

9. Ice. Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. *Ice can become contaminated with bacteria and viruses and cause food-borne illness.*
10. Wiping Cloths. Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and $\frac{1}{2}$ 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. *(Remember: Training your concession stand volunteers is one of the 12 requirements for a qualified safety plan.)*

Concession Stand Tips

SAFETY FIRST

Requirement 9

12 Steps to Safe and Sanitary

Food Service Events: 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.

This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.

1. Menu

Keep your menu simple, and keep potentially hazardous foods (meat, 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 stereo 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 (50% 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 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 (colds, sneezes, 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 dishes. Wash 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 $\frac{1}{2}$ 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.

13. Set a Minimum Worker Age

Legislation should set a minimum age for workers or to be in the stand, in many states this is 16 or 18, due to potential hazards with various equipment.

Safety plans must be pre-approved no later than May 1st.

Volunteers Must Wash Hands

HOW

Wet

warm water



Wash

20 seconds
the soap



Rinse



Dry

the single-service
paper towels



Gloves



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 fake 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

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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

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