



2024 Safety Manual



2024 Safety Manual

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Little League introduced a Safety Awareness Program (“ASAP”) in 1995, with the goal of re-emphasizing the position of Safety Officer to “create awareness”, through education and information, of the opportunities to provide a safer environment for all participants of Little League Baseball. This Safety Manual provides important information, for use by coaches and umpires, to support their ability to ensure the safest environment for all players.

*Safety Officers for 2024 are Mike Shaw: (215)589-4464 and Mark Oertel:
(914)204-5879*

Safety Is Everyone’s Responsibility!

For the best possible player experience, we ask everyone to step up and help deliver on the goal of providing a fun, safe, and positive environment for our children. Creating this environment requires help and participation from board members, coaches, players, parents, volunteers, and spectators.

As part of your commitment, we ask that you read and abide by both the Code of Conduct and General Safety Code, provided on the following pages.

Safety Goals for 2024

- Insure that only Managers and Coaches that have had a background check completed by our league are allowed on the field during games
- CPR/First Aid/AED training for all Board Members, Managers and Coaches.
- Update Safety Manual with any new information
- Create new policies for AED, Concussion training and Child Abuse Safety
- Increase the number of safety signs around the complex.
- Improve on the completion of Injury forms in a timely manner.
- Regular contact with Managers, Coaches and Field Maintenance crews to ensure the safety of the grounds and equipment.



HAVE YOU:

- Walked field for debris/foreign objects**
- Inspected helmets, bats, catchers' gear**
- Made sure a First Aid kit is available**
- Checked conditions of fences, backstops, bases and warning track**
- Made sure a working telephone is available**
- Held a warm-up drill**

Emergency Procedures:

Emergency Number:

9-1-1

Non-Emergency Numbers:

- East Norriton Police Department (610) 275-2800
- West Norriton Police Department (610) 630-1701
- East Norriton Fire Department (610) 275-2800
- Jeffersonville Fire Department (610) 539-3990
- League President: Rich Powers (484) 645-2905
- Safety Officer: Mike Shaw (215) 589-4464
- Safety Officer: Mark Oertel (914) 204-5879

First Response to Injuries:

In the event of an accident, the manager or coach shall remain calm and tend to the injured person. You must instruct all players to take a knee or return to their prospective positions to avoid crowding and to allow for proper care to an injured player.

In the event of a MINOR injury:

Use the first aid kit as needed to apply ice packs or support bandages. When treating an injury remember **RICE – Rest, Ice, Compression, and Elevation.**

If blood is present, wear barrier gloves (latex gloves) whenever possible to protect yourself and the injured person. Clean wounds with soap and water or an antiseptic wipe. Apply light pressure to stop bleeding. Apply bandages to cover the wound.

If any part of the uniform is soiled with blood, the uniform must be replaced and thoroughly cleaned prior to continued use.

In the event of a MAJOR injury:

If you believe a player has sustained a major injury, you must seek professional medical attention immediately. If appropriate, call 911. Stay with the injured person and provide comfort until medical attention arrives. Keep the person calm and as comfortable as possible. Avoid moving the player in any way, unless remaining there would cause greater injury.

When calling 911, be prepared to give your name, location, and a brief description of the emergency. Listen carefully to the operator's requests or questions. Once finished with the phone call, get in position or designate others, to an appropriate location, to meet and direct emergency personnel and vehicles to the injured person.

Choosing a Medical Care Facility:

If a player needs professional medical attention, the manager or coach will:

- Defer to the emergency personnel that are present and allow them to take over care and transport the injured person to the appropriate facility.
- Consult with the player's parents (if present) for physician or hospital information, and ask if they wish to take their child to the facility of their choice.
- If no parent of the injured player is present, check the player's medical release information provided by Norriton Little League and retained by the manager. This Medical Release Information for every player must be with the team at all NLL events, including games and practices. If there is a doctor, medical clinic, or hospital listed, please provide this information to emergency personnel.

Providing First Aid – Important Do's and Don'ts

Do.....

- Reassure and aid children who are injured, frightened, or lost.
- Provide or assist in obtaining medical attention for those who require it.
- Know your limitations.
- Carry your first aid kit to all games and practices.
- Look for signs of injury (blood, bruises, deformity of limbs, etc.).
- Listen to the injured person describe what happened and what hurts. Before questioning, you may have to calm an anxious child.
- Gently and carefully FEEL the injured area for signs of swelling or grating of broken bones.
- Have your players' Medical Clearance Forms (registration form info) with you at all games, practices, and team functions.
- Arrange to have a cell phone available during all games and practices.

Don't.....

- Administer any medications.
- Provide any food or beverage other than water.
- Hesitate when administering aid when needed.
- Be afraid to ask for help if you are not sure of the proper procedures (such as CPR).
- Transport injured individuals except in extreme emergencies.
- EVER leave an unattended child at practice or a game.
- Hesitate to report any suspected safety hazard to the Safety Officer immediately.

NORRITON Little League | Directory 2024

Executive Board:

PRESIDENT	Rich Powers	norritonLLpresident@gmail.com
VICE-PRESIDENT	Tim Bradbury	norritonLLvicepresident@gmail.com
SECRETARY	Brian Dayoc	norritonLLsecretary@gmail.com
TREASURER	Greg Mann	norritonLLtreasurer@gmail.com
PLAYER AGENT	Joe Ricci	norritonLLplayeragent@gmail.com

Board Members:

INFORMATION OFFICER	Joe Pignataro
SAFETY DIRECTOR	Mike Shaw
ASST SAFETY DIRECTOR	Mark Oertel
FUNDRAISING DIRECTOR	Tony Maresca
ASST FUNDRAISING DIRECTOR	Greg Mann
ASST FUNDRAISING DIRECTOR	Graham Eggleston
ASST FUNDRAISING DIRECTOR	
ASST FUNDRAISING DIRECTOR	
EQUIPMENT DIRECTOR	Michelle Egan
ASST EQUIPMENT DIRECTOR	
GROUNDS DIRECTOR	Bill Mullen
GROUNDS DIRECTOR	Tim Bradbury
ASST GROUNDS & FACILITIES	Steve Fahey
ASST GROUNDS & FACILITIES	Mark Oertel
ASST GROUNDS & FACILITIES	
MASTER SCHEDULER	Chris Logan
UMPIRING COORDINATOR	Chris Logan
CONCESSIONS COMMITTEE CHAIR	Heather Ricci
13+ DIRECTOR OF BASEBALL	Gary DelBuono
MAJOR LEAGUE DIRECTOR	Chris Logan
MINOR LEAGUE DIRECTOR	Bryan Dayoc
FARM LEAGUE DIRECTOR	Mike Shaw
ROOKIE LEAGUE DIRECTOR	Joe Pignataro
TEE BALL DIRECTOR	Amy Otto-Chilcoat
COACHING DIRECTOR/CLINICS	Chris Logan
TOWNSHIP LIAISON	Bill Mullen
TOURNAMENT COMMITTEE CHAIR	Bill Mullen

TOURNAMENT COMMITTEE
TOURNAMENT COMMITTEE
TOURNAMENT COMMITTEE

Rich Powers

UNIFORMS

Rich Powers

MEMBER-AT-LARGE

Steve Dimitry

MEMBER-AT-LARGE

Ric Troncelliti

MEMBER-AT-LARGE

Micheal Vereb

MEMBER-AT-LARGE

Kevin Burke

MEMBER-AT-LARGE

Steve Mumford

MEMBER-AT-LARGE

Rich Romano

MEMBER-AT-LARGE

Kevin Sugalski

MEMBER-AT-LARGE

Rick McAuliffe

MEMBER-AT-LARGE

Mark McIlvaine

MEMBER-AT-LARGE

Ed Lincul

MEMBER-AT-LARGE

Jon Dzedzy



Player Code of Conduct

I will treat all players, coaches, umpires, parents, and spectators with dignity and respect, as I would like to be treated, using appropriate language in appropriate tones when interacting with them.

I will seek to become the best athlete I can be by practicing appropriately, trying my hardest on the field, and concentrating on the play of the game. I will learn to take correction as a compliment.

I will win and lose graciously, demonstrating good sportsmanship throughout games and practices.

I will encourage and assist my teammates, giving encouragement and support in success and struggle.

Print Name of Player

Team Name & Division

Signature of Player

Date

NLL General Safety Code

- NLL will publish and distribute a copy of the Safety Manual to all volunteers.
- A cell phone must be available at all games and practices for Emergency purposes.
 - A list of Manager and Board Member cell phones should be kept in the snack stand for access in case they are needed
- Managers and coaches must have training in first aid.
- First aid kits must be available at all game and practice fields at all times and located in every equipment bag provided to every team.
- Do not hold games or practice when weather or field conditions are poor. The Field Directors and/or the commissioners will determine if a field is playable.
- Games and practices will not be held when there is inadequate lighting.
- Prior to each game or practice, coaches and/or umpires will walk and inspect the field for hazards, including holes, stones, glass, and other foreign objects.
- Correct any unsafe conditions before a game or practice is held.
- Only players, coaches, and umpires may be on the playing field during games.
- All coaches, players, and spectators, are to remain alert and watch for batted balls, foul balls, or wild throws, to avoid injury during games and practices.
- Coaches will check and inspect all equipment before each game or practice for damage and proper fit.
- Do not use damaged equipment; return any damaged equipment to the Equipment Director for immediate replacement or repair.
- Batters must wear approved protective helmets when batting or running the bases in games or practices.
- Dugouts should be positioned behind screens/fences.
- Responsibility for keeping bats and loose equipment off the field of play, is the responsibility of a coach, who has been assigned for this purpose
- Coaches must have a procedure for retrieving foul balls hit out of the playing area
- Players should be spaced out during warm-ups so that no one is endangered by wild throws or missed catches
- Bases should not be strapped down during sliding practice and should be located away from base anchoring system
- Catchers must wear full gear (a catcher's helmet, mask, throat protector, long model chest protector, shin guards, and athletic supporter with cup) during the game, when warming up pitchers between innings in the bullpen, and during practice. Coach should also wear a helmet as well.
- All male players are to wear athletic supports, preferably with cups, during games and practices.
- Head-first slides must be avoided, except for when a runner is returning to a base.
- "Horse play" is never permitted on the field.
- Players must not wear jewelry of any kind during play or practice, with the exception of medical ID tags. This includes, but is not limited to, "Livestrong" type bracelets, watches, rings, pins, necklaces, or other metallic items.
- Parents of players who wear glasses should be encouraged to provide "safety-glasses"
- Players may not wear metal cleats or a metal pitching toe. A T-Ball player may wear sneakers or gym shoes. All other players should wear cleats.
- No eating or chewing gum in the dugouts

- Never throw bats or helmets under any circumstance.
- Report all injuries within 48 hours to the NLL Safety Director
- Speed limit is 5 miles per hour in roadways and parking lots while attending any NLL function. Watch for small children around parked cars. Always be alert for traffic.
- No throwing rocks!
- No climbing on fences or backstops.
- Observe all posted signs. Players and spectators should be alert at all times for foul balls and errant throws.
- All gates to the field must remain closed at all times. After players have entered or exited the field, be sure they have closed and secured the gates.
- Managers and coaches are not allowed to catch pitchers (Rule 3.09); this includes standing at the backstop during practice as informal catchers for batting practice.

**ALL ADULTS ARE RESPONSIBLE FOR ENFORCING RULES
AT GAMES AND PRACTICES.**

**LITTLE LEAGUE
PLEDGE**

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

**LITTLE LEAGUE PARENT/VOLUNTEER
PLEDGE**

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

Prior to each game...

Umpires and coaches meet at the plate

- Introduce plate umpire, base umpire, managers and coaches
- Receive lineups from each team
- Discuss any local playing rules (time limit, boundaries, etc.)
- Discuss strike zone
- Discuss unsportsmanlike conduct by players, parents
- Discuss pitching rules
- Clarify calling the game due to darkness or weather (rain, lightning, etc)
- Inspect the field for unsafe conditions (use form included in the manual)
- Provide two-three game balls (from the appropriate manager)
- Be sure players are not wearing jewelry or metallic objects
- Be sure players are in full uniform-shirts tucked in and hats on
- Inform parents that batting helmet with face mask, and chest protector are available as necessary
- Ensure games start on time

During each game...

Umpires and coaches...

- Encourage coaches to help speed play by having catchers and player on the bench prepared and ready to take the field with two outs
- Make sure catchers are wearing the proper equipment
- Encourage everyone to think "Safety First"
- Continue to monitor the field for safety and playability
- No glass bottles are allowed in dugouts
- Pitchers warming up in foul territory must have a spotter and catcher with helmet, chest protector and glove
- Keep game moving- eight pitches or 1 minute to warm up pitcher between innings
- Make the calls loud and clear, signaling each call properly
- Umpires should be in position to make the call
- No arguing of any call made by the umpire, especially judgment calls
- Managers are responsible for keeping their fans on their best behavior.
- Only Managers and coaches, who have completed their background checks, and players are permitted in the dugouts.

EXPOSURE TO UNSAFE PRACTICES

Unsafe acts are far more difficult to control than hazardous conditions. Also, they are the most challenging because they are involved almost entirely with the human element. It has been estimated that unsafe acts account for 80% of all accidents. Assuming that every effort has been made to provide safe conditions and equipment for a player, we should look at the exposure to a player's own or someone else's unsafe acts. Finding the causes is not enough—definite steps must be taken to counteract them.

Attitude

- 1) An attitude of alertness, hustle and enthusiasm that has been recommended as a guideline for the administration of your safety program should be carried down to all players to spark them in the development of better skills.
- 2) Good sportsmanship and courtesy, which are necessary for a harmonious and safe environment, can be taught best through the good example set by all adults on and off the field.
- 3) Your most effective tool to inspire an attitude of self-confidence and a desire to excel is the use of much PRAISE and RECOGNITION. Of course, this must be given when deserved so as not to be cheapened by too much repetition. After all, a really good try rewarded by a word of encouragement may be a good play on the next attempt.
- 4) Guidance on the most constructive attitude or point of view for both adults and youngsters can be summarized by recommending a POSITIVE APPROACH to all training techniques.

Tryouts

To reduce the chances of accidents to inexperienced beginners, tryouts should be guided by the following:

- 1) Players should be scheduled to report for tryouts by age groups. This will not only give the younger applicants more confidence but will reduce their exposure to the harder play of older participants.
- 2) Since a youngster's lack of ability to handle a ball is the most likely way for the players to get hurt, a test should be made first with some short underhand throws to check skill in catching a ball before the player is exposed to normal throws or batted balls.
- 3) Running form and speed should be observed by checking time and form on a dash from home plate to first base. Group racing does not exhibit true potential as a runner and could result in a pile up.
- 4) It is better to single out a particularly awkward and inept candidate for extra attention and safe placement than to ignore flaws hoping the applicant will quit. What may be an unsafe situation is often made worse by not acknowledging it.
- 5) The same principle of taking precautions to protect untried beginners dictates the use of great care in delivering a pitched ball to a potential batter. It may be that player's first experience.

Warm-up Drills

The subject of warming up before a practice session has been covered as a means of safeguarding youngsters, at least to a degree, from poor physical condition and lack of limbering up.

Use of the term “warming-up drills,” in connection with unsafe acts, refers to ball handling practice rather than calisthenics. This involves a serious accident exposure to misdirected balls. The following will reduce the danger of being struck by a misdirected ball:

- 1) All unauthorized people should remain off the field during drills.
- 2) After the number of targets has been reduced to minimum, one of the best preventive measures is to stress that the eye must be kept on the ball. This safe practice should be drilled into both adults and youngsters so continuously that it becomes a reflex action.
- 3) Another danger from misdirected balls is the exposure of inexperienced batters to wild pitchers. The use of batter’s helmets is a must. However, it does not justify permitting a potential pitcher throwing to an inexperienced batter until control is demonstrated.
- 4) The danger of being struck by a ball can be further minimized by the following plan:
 - a) Throwing and catching drills should be set up with players in two lines facing one another.
 - b) Random throwing should be permitted only to designated players.

Safe Ball Handling

- 1) Misjudging the flight of a batted ball may be corrected by drilling with fly balls, which begin easy and are made more difficult as a player’s judgment and skill improves. Everyone should eventually be able to handle balls that go overhead.
- 2) In addition to a player never losing sight of a ball from the time it leaves the bat, the player should keep the glove positioned and the body relaxed for a last split-second move.
- 3) An infielder can best be protected by an aggressive short-hop fielding play by always keeping the “nose pointed at the ball” and the eyes glued on it. Also, if moving forward, the player is in a better position to make a throw.
- 4) It is safer for the player to knock a ball down and re-handle it than to let the ball determine the play.

Collisions

Collisions result in more injuries than is the case with most other types of accidents. They are usually caused by errors of judgment or lack of teamwork between fielders. It is important to establish zones of defense to avoid collisions between players. It is particularly important when players are chasing high fly balls. Once the zones are established, play situation drills should be held until these zones and patterns become familiar to the players. The responsible player should call out the intentions in a loud voice to warn others away. Here are some general rules to follow:

- 1) The fielder at third base should catch all balls, which are reachable and are hit between third and the catcher.
- 2) The fielder at first base should catch all balls reachable, which are hit between second and the catcher.
- 3) The shortstop should call all balls reachable, which are hit behind third base.
- 4) The fielder at second base should catch all balls reachable, which are hit behind first base.
- 5) The shortstop has the responsibility for fly balls hit in the center of the diamond and in the area of second base.
- 6) The center fielder has the right of way in the outfield and should catch all balls, which are reachable. Another player should take the ball if it is seen that it is not reachable by the center fielder.
- 7) Outfielders should have priority over infielders for fly balls hit between them.
- 8) Priorities are not so easy to establish on ground balls, but most managers expect their base player to field all ground balls they can reach, cutting in front of the shortstop on slow hit grounders.

- 9) The catcher is expected to field all topped and bunted balls, which can be reached except when there is a force play or squeeze play at home plate.

Keep Grounds Clear

Two duties that should be given in turn to substitute players are the picking up of bats and clearing up of other loose playing equipment.

Sliding Safety

As is the case with other baseball fundamentals, a correct slide is also a safe one. It is good, too, to guard against the accident of a collision and the possibility of a player being struck by a thrown ball as that player "hits the dirt." Steel spikes are not being worn. The following can make the learning period safer:



1. Long grass has been found to be better than a sand or sawdust pit to teach sliding.
2. The base must not be anchored down.
3. Sliding pads are recommended.
4. The player should make approaches at half speed and keep constantly in mind that hands and feet should be in the air. Once committed to slide, the player must not change strategy. Last minute hesitation causes most sliding injuries.
5. Tennis shoes are suggested for beginning sliding and tagging practice to avoid injury to the defensive player.
6. If the ground along the baselines becomes soft on a rainy day, such weather offers an excellent opportunity to have sliding drills.
7. It should be kept in mind that headfirst sliding* is not recommended except when returning to a base.

* Headfirst sliding has been eliminated for ages 12 and below, except for when returning to base.

Batter Safety

A batter's greatest accident exposure is from the unsafe acts of others, namely wild pitches, which account for a major portion of all accidents. Again, the best defense is an alert, confident concentration on the ball. This type of injury is more prevalent in Major League than in Minor League play. Since the danger is increased as pitchers learn to throw with greater force and as more games are played, it is doubly important to take whatever counter measures necessary to offset this exposure.

- 1) A well fitted, NOCSAE approved helmet is the first requirement.
- 2) The development of the novice batter's ability to take evasive action can be improved by getting the player to relax and concentrate on the ball from the time the pitcher starts delivery until it lands in the catcher's mitt. Players with slow reflexes can also be helped by stimulated batting and ducking practice with a tennis ball.
- 3) The unsportsmanlike practice of crowding the plate or jumping around to rattle the pitcher must not be tolerated. This could endanger the batter if it causes the pitcher to lose control. Umpires should stop such actions.
- 4) Painful finger and hand injuries can be reduced by making sure the batter holds the bat correctly when bunting. Youngsters have a tendency to lean too far over the plate and not keep the ball well out toward the end of the bat. This should be corrected.

- 5) When the batter becomes a base runner, that player should be taught to run outside the foul lines when going from home plate to first and from third to home, to reduce the chance of being hit by a thrown ball.

Safe Handling of Bats

A review of the batter's potential for causing injuries to others points up the following:

- 1) The most easily prevented type of accident is the too frequent fault of beginners throwing the bat while running to first base. This unthinking act may be corrected through individual instruction to drop the bat safely by:
 - a) Having the player hand the bat to the coach will serve as a reminder before each ball is pitched.
 - b) Having the player drop the bat in a marked-off circle near where running starts.
 - c) Counting the player "out" in practice whenever the player fails to drop the bat correctly.
 - d) Providing bats with grips that are not slippery.
- 2) Coaches and umpires should be on the alert to correct batters that have a tendency to step into the catcher as they swing.
- 3) Players should not be swinging the bat unless they are up at the plate(see rule 1.08)

A Dangerous Weapon

We use this heading to note the seriousness of an accident exposure that may sound impossible but one, which has caused several very serious accidents on several occasions. The preceding precautions apply to the actions of individuals who should have control over the bat they are using.

A more serious injury is waiting for the absent-minded youngster who unconsciously walks into the swing of the coach's bat when the coach is hitting flies, or the equally unwary player who walks into the swing of a player in the on-deck circle*. These situations demonstrate the need for everyone to become safety-minded, not only for their own good but also for the safety of others.

The following precautions are suggested:

1. The player (usually a catcher) assigned to catching balls for the coach hitting flies should be given the specific assignment of warning away anyone who comes too close.
2. All players and adults should be trained to walk around the on-deck circle* whether it is in use or not. The ingrained safety habit of keeping clear may save someone a painful injury.



* On-deck areas have been eliminated for ages 12 and below.

Catcher Safety

- 1) The catcher, as might be expected from the amount of action involved, has more accidents than any other player. Statistics show that the severity of injuries is less in Major League than in Minor League play. Again, this bears out the fact that the more proficient the player,

the less chance of injury. Assuming that the catcher is wearing the required protection the greatest exposure is to the ungloved hand. The catcher must learn to:

- a) Keep it relaxed.
 - b) Always have the back of the throwing hand toward the pitcher when in position to catch.
 - c) Hold all fingers in a cupped position near the mitt, ready to trap the ball and throw it.
 - d) The catcher should also be taught to throw the mask and catcher's helmet in the direction opposite the approach in going for a high fly.
- 2) As the catcher learns to play this difficult position, a good habit is to keep a safe distance back from the swinging bat. Estimate this as one foot farther from the batter than the ends of the outstretched fingers.
 - 3) All catchers must wear a mask, "dangling" throat protector, and catcher's helmet during batting practice, pitcher warm-up, and games.
 - 4) To repeat: **the best protection is keeping the eye on the ball.**



General Inattention

Going one step back to the "whys" of most ball handling accidents, it appears that inattention due to inaction or boredom is an underlying accident cause with which we must deal. This situation can be partly offset by using idle time to practice basics of skillful and safe play, such as:

1. Otherwise idle fielders should be encouraged to "talk it up." Plenty of chatter encourages hustle and enthusiasm.
2. Players waiting for a game or practice to start can pair off and play catch to improve their basic eye-on-the ball technique.
3. Practice should include plenty of variety in the drill work.
4. Put a time limit on each drill and do not hold the total practice for more than two hours, or less if interest begins to lag.
5. Idle players along the sidelines can be given the job of studying the form of other players to improve their own techniques. They may then report on what they have learned to improve their own form on running, ball handling, throwing, batting and sliding.

Control of Horseplay

No discussion of measures to control the human element in accident-prevention would be complete without going into the problem of horseplay. This includes any type of youthful hijinks that could even remotely be the cause of an accident. Even a mild form of such childish behavior could distract any player about to catch a ball or possibly when at bat, and result in an accident. After all—team play requires 100% cooperation among all players, and good sportsmanship demands courtesy to opposing players.

If show-offs and smart-alecks cannot find sufficient outlet for their high spirits in the game, quick and impartial disciplinary action must be taken.

Little League is also concerned for the safety of players and team officials on the way directly to and from the field. Since these adults are mature people with a good sense of responsibility, it is not surprising they have had very few mishaps while going to and from their volunteer baseball jobs. Youngsters however, are likely to take a more lighthearted view of these accident exposures.

Upon examination, it is obvious that this hazard is no worse than the everyday exposure of going to and from school, the playground or elsewhere. However, this does not relieve us in the least from looking out for their safety while on Little League “business.”

Accident Reporting Procedures

What to report:

Please report any incident involving a player, coach, umpire, volunteer, or spectator, that leads to medical treatment and/or first aid, to the Safety Officer. That includes passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to report:

Please report such incidents to the NLL Safety Officer within 48 hours of the occurrence. The Safety Officer for 2024 is Mike Shaw. Please contact him at:

Safety Officer: Mike Shaw

Cell phone: 215-589-4464

Email: michael.shaw@uhsinc.com

How to report:

The person reporting the incident must complete an injury report and submit it to the Safety Officer. The form can be downloaded at

<https://www.littleleague.org/downloads/accident-claim-form/>. Please provide the following minimum information:

- Name and telephone number of the individual(s) involved, including any injured party.
- The date, time, and location of the incident.
- A detailed description of the incident.
- A preliminary estimation of the extent of the injuries.
- The name and telephone number of the person reporting the incident.

Safety Officer's responsibilities:

- To follow up with the injured party or their parent or guardian within 48 hours to:
- Verify the information received.
- Obtain any other information deemed necessary.
- Check the status of the injured party.
- Advise the injured party (or their parent or guardian) of NLL insurance coverage and the provisions for submitting any claims in the event the injury required any medical treatment, such as an emergency room or doctor's visit.

If an injury is more than minor in nature, the Safety Officer will periodically follow up with the injured party to check on the status of their injury and to determine whether any assistance is needed, such as submission of insurance forms. Once the individual is participating in the league again, and no other claims are expected, the Safety Officer shall consider the case "closed" and no further follow up is necessary.

Background Check Procedures

- In keeping with Little League's Safety Plan requirement, all NLL volunteers must complete and return a "Little League Volunteer Application" form.
- The NLL Safety Officer will collect the completed forms.
- NLL will then conduct background checks on each individual using the JDP Background Screening web site to confirm each volunteer does not have a sexual offender or criminal record.
- Volunteers will only be permitted to coach or perform their duties for NLL after a background check is completed. Volunteers are also required to take a free 30 minute SafeSport-compliant Abuse Awareness training.
- Anyone refusing to fill out a volunteer application is ineligible to be a league volunteer.

2024 Training Clinics

Schedules:

Coaching Fundamentals Clinic: Multiple Clinics in February

NLL provides the clinic designed for all coaches. A local baseball expert will conduct the clinic. All coaches are required to attend this league coordinated clinic at least once every 3 years, with at least 1 representative of each team required to attend. The clinic is designed to help improve overall coaching for NLL to help better the skills of the players. Please bring a glove and your undivided attention. The clinic will cover both offensive and defensive skills. Topics to be covered: Review of the fundamentals, how to run a practice, how to pitch, and Q&A

CPR/First Aid/AED Clinic: March 2024

Basic first aid training is provided to all coaches which will include CPR, basic injury care, and training in operating the AED located at Cole Manor. At least one representative from each team must attend annually. All coaches must attend a first aid training clinic at least once every 3 years.

Concussion Training: Prior to the start of the Season

NLL complies with all PA laws governing concussion in management/prevention in youth sports. Every coach is provided information on concussion prevention, how to assess a player for a concussion, and how to safely manage a player with a concussion when it occurs. More information in regards to concussions are available to all coaches at the following website.

<https://www.cdc.gov/headsup/>

Child Abuse Prevention and Reporting: Online Course with SafeSport

NLL has provided each coach and volunteer with the link to SafeSport so that they understand their roles as mandated reporters of suspected Child Abuse. NLL requires that all coaches present a certificate of completion for this course or another Child Abuse Prevention and Reporting course, as long as that course meets the requirements of Montgomery County and the State of Pennsylvania. Beginning this year it is required that all volunteers take a free 30 minute Abuse Awareness training that can be found by going to the following site and registering for an account: <https://usabdevelops.com/signin>

PLAY IT SAFE

Safety Inspection

Regular safety inspection of the field, permanent and temporary structures, ball playing equipment and personal protective equipment is the best way to determine which unsafe conditions require correction. The managers, Grounds Director, and Safety Director should work together to ensure serious accident exposures are corrected promptly! It is good experience and safe training to have the youngsters take part in the procedure.

The following list will be of assistance in determining conditions that cause accidents. Prompt action must be taken on all serious hazards. Some examples are:

1. Unsafe field conditions such as holes, ditches, rough or uneven spots, slippery areas and long grass.
2. Foreign objects like stones, broken glass, old boards, pop bottles, rakes, etc.
3. Incomplete or defective screen, including holes, sharp and loose edges.
4. Wire or link fencing should be checked regularly for similar defects, which could injure a participant.
5. Board fences should be free of protruding nails, loose boards, and splintered wood.
6. The dugout should be clean and free of debris.
7. Dugouts and bleachers should be free of protruding nails and wood splinters.
8. Home plate, batter's box, bases and the area around the pitcher's rubber should be checked periodically for tripping and stumbling hazards.
9. Material used to mark the field should be a non-irritating white pigment (not lime). White plastic marking tape has proved better and less expensive than other methods of marking.
10. Loose equipment such as bats, gloves, masks, balls, helmets etc. must be kept off the ground.
11. Constant attention must be given by managers, coaches and umpires to the possible lack or poor fit of personal protective equipment. This would include helmets, masks, catcher's pads and safe shoes. Plastic cup supporters are required for regular and reserve male catchers and are recommended for all male players in addition to regular supporters.
12. Personal jewelry, badges, pencils, etc. can be a hazard to the wearer and should not be permitted.
13. Corrective glasses should be of the sports type and equipped with "industrial" safety lenses. Shatterproof, flip-type sunglasses are good protection against losing a fly ball in the sun.
14. Bats should be inspected for orderly storage. Secure grips and freedom from cracks. Cracked or broken bats should never be used.
15. Safety should be the major factor when making a decision on canceling a practice or game because of bad weather or darkness.
16. The greatest, although the least frequent, hazard in connection with weather conditions is exposure to lightning. Chances of surviving being struck by lightning are so slight that managers and umpires must not take any chances on continuing a practice or game when an electrical storm is approaching. At the first indication of such a storm, everyone should leave the playing field.

Congestion

Congestion is one of the unsafe conditions that must be dealt with by constant supervision. The umpire will keep unauthorized people out of the way during games. The manager and coaches must control this hazard during practice sessions. Since the development of this hazardous condition results from unsafe acts it is covered more fully in the next chapter on that subject.

Conditioning

This important phase of Little League training has a direct bearing on developing a safe personal condition. Extensive studies on the effect of conditioning, commonly known as “warm-up,” have demonstrated that:

1. The stretching and contracting of muscles just before an athletic activity improves general control of movements, coordination and alertness. Such drills also help develop the strength and stamina needed by the average youngster to compete with minimum accident exposure. These warm-up skills are most effective when the motions are patterned after natural baseball movements such as reaching for a ball, running and similar footwork. This is a good place also to “drive home” the basic safeguard of keeping the eye on the ball.

SUBJECT MATTER SPECIFIC SAFETY GUIDELINES, PROCEDURES, AND RESPONSES

Weather Conditions

Lightning

Stop any game or practice at the first sound of thunder and permanently discontinue any game or practice at the first sign of lightning. Stay away from metal fencing, including dugouts. Also, avoid trees, poles, and other high objects. Do not hold a metal bat. Walk, do not run, to your car and wait for a decision on whether or not to continue the game or practice.

Heat

Any time the temperature is above 90 degrees F, provide plenty of water, shade, and rest periods during games and practices. Encourage players to drink small amounts frequently. If you observe any player exhibiting signs of heat related illness, (cramps, fatigue, light-headedness, nausea, vomiting, or headaches), you must remove the player from the field immediately, place in the shade, and hydrate. If symptoms do not improve immediately, seek prompt medical aid.

Rain/Mud

Playing on wet or muddy fields creates an obvious safety hazard for players. As the balls become wet and muddy, the pitchers and players cannot control them. Footing is slippery on infields, particularly on the pitching mound and around the bases. Pools of water develop in outfield areas, creating muddy, unstable footing. Further use in this condition causes ruts and holes that are hazardous and place players at much higher risk for injuries. If in doubt as to whether fields are playable, verify with the Field Director or Commissioner.

Safety First!

Do not take chances and risk injury to any player by pushing the envelope regarding field conditions. Be conservative!

ASTHMA AND RESPIRATORY PROBLEMS

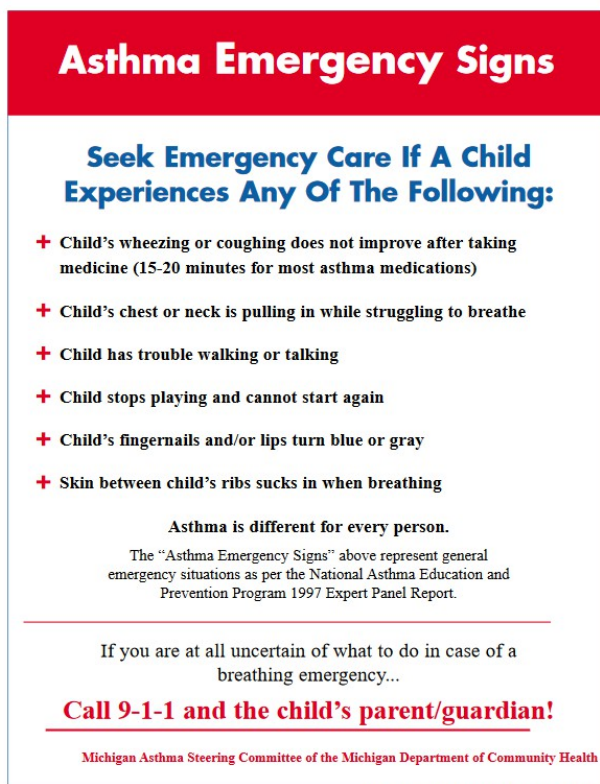
Seek emergency care if a child experiences any of the following:

- Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications);
- Child's chest or neck is pulling in while struggling to breathe;
- Child has trouble walking or talking;
- Child stops playing and cannot start again;
- Child's fingernails and/or lips turn gray or blue;
- Skin between child's ribs sucks in while breathing.

Asthma is different for every person.

**If you are at all uncertain as to what to do in the case of a breathing emergency,
do not hesitate to take action!**

Call 9-1-1 immediately, stay with the child, and then call the child's parent/guardian!



Asthma Emergency Signs

Seek Emergency Care If A Child Experiences Any Of The Following:

- + Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)
- + Child's chest or neck is pulling in while struggling to breathe
- + Child has trouble walking or talking
- + Child stops playing and cannot start again
- + Child's fingernails and/or lips turn blue or gray
- + Skin between child's ribs sucks in when breathing

Asthma is different for every person.

The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.

If you are at all uncertain of what to do in case of a breathing emergency...

Call 9-1-1 and the child's parent/guardian!

Michigan Asthma Steering Committee of the Michigan Department of Community Health

(From the Grandville, Mich., Little League 2001 Safety Plan)

DRINKING GUIDELINES FOR HOT DAY ACTIVITIES

- **Before:** Drink 8 oz. immediately before exercise
- **During:** Drink at least 4 oz. every 20 minutes
- **After:** Drink 16 oz. for every pound of weight lost
- **Dehydration signs:** Fatigue, flushed skin, light-headed
- **What to do:** Stop exercising, get out of the sun, drink
- **Severe Signs:** Muscle spasms, clumsiness, delirium



**WHEN IT'S HOT,
DRINK BEFORE
YOU'RE THIRSTY.**

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Drinking Guidelines For Hot Day Activities

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After: Drink 16 oz. for every pound of weight lost

Dehydration signs: Fatigue, flushed skin, light-headed
What to do: Stop exercising, get out of sun, drink
Severe signs: Muscle spasms, clumsiness, delirium

BLEEDING/OPEN WOUND RESPONSE PROCEDURES

1. First you must stop the bleeding, and then cover the open wound.
 - a. If possible, you must provide a latex barrier glove to prevent mucous membrane exposure if contact with blood or other bodily fluids is anticipated.
 - b. This protects both the player and you.
 - c. Gloves may be found in the first aid kit in the snack stand.
2. Next, if blood is on the uniform, the player must change before continuing to play.
3. As soon as you have treated the player, immediately wash hands and other skin surfaces if contaminated by blood.
4. In addition, you must clean all blood contaminated surfaces and equipment.
 - a. Use chlorine bleach or another available antiseptic.
 - b. Properly dispose of towels, sponges, and bandages
5. **IMPORTANT:** Managers, coaches, and volunteers with open wounds should refrain from all direct contact with players until wounds have completely healed.
6. Follow accepted guidelines when handling or disposing of soiled dressings, mouth guards, or other articles that contain bodily fluids.

CONCESSION STAND SAFETY PROCEDURES

Please adhere to the following simple guidelines to help minimize the risk of foodborne illness:

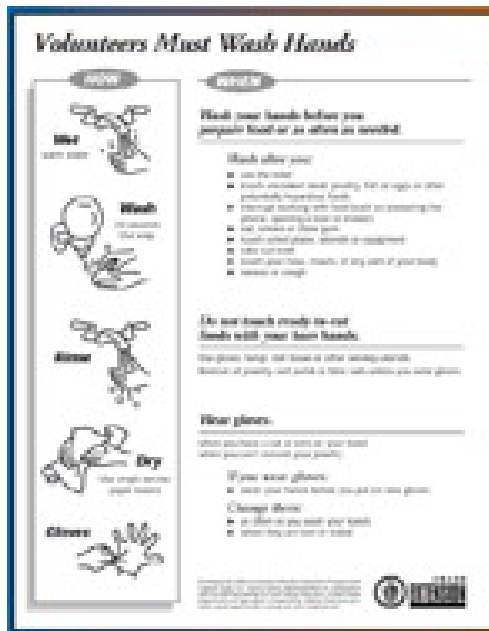
STORAGE: Keep foods stored off the floor, at least 6 inches. Keep foods covered to protect them from insects. Do not store pesticides near food. Thoroughly clean concession area and discard all unusable food after each event.

HAND WASHING: Always wash hands before starting your shift, handling food, after using the bathroom, coughing, sneezing, or touching raw food. Frequent and thorough hand washing is the first line of defense in preventing foodborne illness.

DISHWASHING: Use disposable utensils for food service and never reuse disposable dishware. In instances where cooking utensils are not disposable, wash in hot soapy water, rinse in clean hot water, and dry.

EQUIPMENT: Snack Stand Director(s) will regularly inspect all equipment to ensure safe operation. All workers should note fire extinguisher location(s). Report any equipment malfunction or safety hazard to the concession coordinator immediately. Post the name and telephone number of snack stand coordinators for immediate contact.

VOLUNTEERS: An adult over the age of 18 must be present at all times. All volunteers must be over 14 years of age. All concession volunteers should be aware of the safety procedures contained herein.



MAINTENANCE AND STORAGE SHED PROCEDURES

The following applies to all of the storage sheds used by Norriton Little League and to anyone who has a key and access to all our facilities:

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

Concussion Treatment and Evaluation Policy

- Coaches are provided with education on Concussions, including access to CDC's HeadsUP program for Concussions in Youth Sports
- <https://www.cdc.gov/headsup/youthsports/training/index.html>
- Authority is given to the Coach, game official, licensed physician, or other individual trained in the recognition of the signs and symptoms of a concussion to determine that the athlete exhibits signs or symptoms of a concussion or brain injury.
- Once an athlete exhibits signs or symptoms of a concussion he/she must be removed from the game by the Coach.
- Emergency medical treatment should be pursued if there is a deterioration of symptoms including seizure, altered level of consciousness, vomiting, altered pupillary findings, or direct neck pain associated with the injury
- Athletes may not return to practice or play until they are evaluated and cleared in writing by an appropriate medical professional.

Youth athletes who are exhibiting any of the signs or symptoms of a sports-related concussion or other head injuries during practice or competition shall be immediately removed from play and may not return to play until he/she is evaluated and cleared for return to participation in writing by an appropriate medical professional.

Some of the signs and symptoms are as follows:

Signs of Concussion:

The signs of a concussion include:

1. Appears dazed, stunned, or disoriented, demonstrates decreased alertness
2. Forgets plays, or demonstrates short term memory difficulty
3. Slurs words
4. Exhibits difficulties with balance or coordination.
5. Answers questions slowly or inaccurately.
6. Exhibits seizures or vomiting
7. Changes in level of consciousness. (Estimates are that <10% of concussions result in the loss of consciousness)

Symptoms of Concussion:

The symptoms of a concussion include:

1. Headache
2. Nausea
3. Balance problems or dizziness
4. Double vision or changes in vision
5. Sensitivity to light or sound/noise
6. Feeling sluggish or foggy
7. Difficulty with concentration and short term memory
8. Sleep disturbance
9. Irritability or changes in personality and behavior

Child Protection Policy

Norriton Little League (NLL) seeks to provide a safe and secure environment for the children who participate in our programs and activities. By implementing this policy, our goals are to protect the children participating in our organization from any harm and provide a clear path of response for staff and volunteers in the event of suspected abuse or neglect.

What is a mandated reporter? Who is mandated to report abuse in PA?

Anyone may report suspected abuse; mandated reporters are those people who are required by law to report suspected child abuse. Mandated reporters are held to a higher standard of responsibility and may receive serious consequences for not reporting suspected abuse. Pennsylvania's Child Protective Services Law (CPSL) was amended in 2014, including substantial changes to the list of people who are mandated reporters. **Effective December 31, 2014, people in these positions are mandated to report child abuse:**

- A person licensed or certified to practice in any health-related field under the jurisdiction of the Department of State;
- A medical examiner, coroner or funeral director;
- An employee of a healthcare facility or provider licensed by the Department of Health, who is engaged in the admission, examination, care or treatment of individuals;
- A school employee;
- An employee of a child care service, who has direct contact with children in the course of employment;
- Clergyman, priest, rabbi, minister, Christian Science practitioner, religious healer or spiritual leader of any regularly established church or other religious organization;
- An individual **paid or unpaid**; who, on the basis of the individual's role as an integral part of a regularly scheduled program, activity or service, accepts responsibility for a child;
- An employee of a social services agency, who has direct contact with children in the course of employment;
- A peace officer or law enforcement official defined as Attorney General, District Attorney, PA State Police and municipal police officer.
- An emergency medical services provider certified by the Department of Health;
- An employee of a public library, who has direct contact with children in the course of employment;
- An individual supervised or managed by a person listed above who has direct contact with children in the course of their employment; and
- An independent contractor who has direct contact with children.
- An attorney affiliated with an agency, institution, organization or other entity that is responsible for the care, supervision, guidance or control of children.
- A foster parent.

Provide a Safe Environment and Adequate Supervision of Children:

NLL seeks to provide a safe environment and adequate supervision of children by implementing the following:

- Adequate supervision and accountability: At minimum, two approved volunteers must be present with the children during practices and games, and remain present until all children are back with their parent/guardian. At least one volunteer must be an adult (age 18 or older).
- Check-In/Check-Out: Children must be checked in by a parent or guardian
- Discipline- No physical discipline (hitting, slapping) may be used. When a child misbehaves, an adult may use redirection and/or verbal means to guide the child's behavior.
- Physical touch: Be sensitive to the way children interpret physical contact. All physical contact should be gentle and appropriate. Children have the right to refuse physical contact.
- Bathroom help: Children who use the bathroom must be accompanied by an adult. The adult should make sure the restrooms are unoccupied by non-participants before allowing children in the restroom and then remain outside the door. If the child requests help or the parent has noted that the child needs help, leave the door open and assist him or her.
- Snacks and food allergies: Due to severe food allergies, Managers should check with families to see if anyone on their team has an issue. Parents should be sure to check package labels on all snacks to ensure that they are safe for all participants.
- Breaks for Volunteers: Sometimes interactions with children can become very frustrating. If you ever find yourself in a situation where you are getting very angry with a child, take a break. Contact another volunteer and ask for a break. Ensure you are calm and no longer angry before returning to the children.

Recognize Suspected Child Abuse:

The Pennsylvania Child Protective Services Law (CPSL) lays out the following categories of abuse. Volunteers are required by law to report suspected child abuse if they are a mandated reporter. Under the current PA CPSL, most employees and volunteers who work with children are mandated reporters.

Categories of Child Abuse:

- Bodily Injury
- Serious Mental Injury
- Sexual abuse or exploitation
- Serious physical neglect

- Likelihood of bodily injury or sexual abuse
- Medical child abuse (also known as Munchausen by Proxy)
- Per se definitions:
 - Physical violence that endangers the child
 - Restraining or confining the child
 - Shaking a child under one year old
 - Striking a child under one year old
 - Interfering with the breathing of a child
 - Having child present at a meth lab
 - Leaving the child in the care of a sexual offender
- Engaging a child in a severe form of trafficking in persons or sex trafficking (includes sex and labor trafficking)

NLL recognizes that mandated reporter training is necessary for staff and volunteers to recognize child abuse and understand how to report it. Therefore, NLL has provided an online course through **SafeSport** that each coach is expected to complete or provide proof of completion of a County or State approved Child Abuse Prevention and Reporting course.

Pennsylvania Family Support Alliance (www.pa-fsa.org) is an excellent resource for both in-person and online training. www.keepkidssafe.pa.gov is an additional resource. It is highly recommended that all mandated reporters receive regular training, even if they are not required to have the training by law.

Report Suspected Child Abuse:

Being a mandated reporter means that if you suspect that a child is being abused, you must report it.

Reporting Steps:

1. If you suspect child abuse, you must immediately report it!
 - a. There are two ways to report it
 - i. Call PA ChildLine at 800-932-0313
 - ii. Make a report online (mandated reporters only) at <https://www.compass.state.pa.us/cwis/public/home>
2. If you make a report by calling ChildLine, you must also complete and mail a Report of Suspected Child Abuse (CY47) form to the investigating agency within 48 hours (form can be found at www.keepkidssafe.pa.gov under “forms”)
3. After making the report, notify the League Safety Officer, Mike Shaw, that you have made a suspected child abuse report.

Selection Process:

All persons who desire to volunteer with the children participating in our programs and activities will be screened. This screening includes the following:

Volunteer Application:

All persons seeking to work with children must complete and sign a volunteer application in a form to be supplied by Little League of America. The applications will request basic information from the applicant and will inquire into previous experience with children, references, as well as disclosure of any previous criminal convictions.

The application form will be maintained by the NLL Safety Officer or President.

Background Checks:

The following certifications are required:

- Report of criminal history from the Pennsylvania State Police (PSP)
- Child Abuse History Certification from the Department of Human Services (Child Abuse)
- A fingerprint based federal criminal history (FBI) submitted through the Pennsylvania State Police or its authorized agent:
 - This certification is NOT required if the following criteria is met:
 - The position the volunteer is applying for is an unpaid position; AND
 - The volunteer has been a resident of the Commonwealth of Pennsylvania for the entirety of the previous 10 years.
 - Volunteers who are not required to obtain the FBI certification because they are applying for an unpaid position and have been continuous resident of Pennsylvania for the past 10 years must swear or affirm in writing that they are not disqualified from service based upon a conviction of an offense under §6344.

Termination of a volunteer under these regulations

Any background check that reveals a conviction or guilty plea for any crime involving or against a minor must result in immediate termination from the league. Additionally, volunteers who refuse to submit a fully completed Little League Volunteer Application, including their Social Security Number and a government issued photo ID, must be immediately terminated or eliminated from consideration for any position. This includes individuals with many years of service to your league unless the league has used the First Advantage Background Screening tool (available on the Little League website) in previous seasons. Those returning individuals can use the current Little League "Returning" Volunteer Application which does not require the Social Security Number or Date of Birth as those items are already included and redacted in the First Advantage program for returning volunteers.

Indicators of Child Abuse

The following list of indicators may be used as a guide to help determine if there is a suspicion of child abuse or neglect. These indicators can also exist in situations where a child is NOT abused or neglected; they are only suggestive of abuse or neglect. The presence of any one or more of these indicators may have an entirely appropriate or unrelated explanation.

INDICATORS OF PHYSICAL ABUSE – CHILD

- Unexplained bruises, welts, human bite marks, bald spots
- Numerous bruises in various stages of healing
- Marks on many surfaces of the body
- Unexplained burns, especially cigarette or immersion burns
- Withdrawal or aggression – behavioral extremes
- Uncomfortable with physical contact
- Afraid to go home
- Dressed inappropriately for the weather
- Cringes when approached by an adult (fears getting hit)
- Overreacts to accidents such as spilling milk
- Does not want to talk about home life
- Extreme attachment to parents
- Extreme attentiveness to needs of parents

INDICATORS OF PHYSICAL ABUSE – PARENT

- Contradictory statements about child's injury
- Excessive anxiety about child's behavior
- Labels child as a “problem”
- Says child makes up stories and that child should not be believed
- Verbally aggressive toward child

INDICATORS OF SEXUAL ABUSE – CHILD

- Pain or itching in genital area
- Bruises or bleeding in external genitalia
- Frequent urinary or yeast infections
- Torn, stained or bloody underclothing
- Venereal disease
- A child's report or self-disclosure
- Sexual knowledge beyond what is natural for a child
- Preoccupation with their body
- Acting out sexual behavior
- Withdrawal, chronic depression
- Self-devaluation and lack of confidence
- Problems with bedtime or afraid to go to bed
- Bedwetting – especially if it begins in a child who has been dry

INDICATORS OF SEXUAL ABUSE – PARENT

- Poor sexual relationship between parents
- Frequent changes of adults in household
- Lack of supervision of child
- Parent relates to child on adult level
- Parent is jealous of child's relationship with others
- Parent is overly possessive of child

INDICATORS OF NEGLECT OR PSYCHOLOGICAL ABUSE – CHILD

- Unattended medical needs
- Consistent lack of supervision
- Persistent hunger, poor hygiene or inappropriate dress
- Distended stomach or emaciated body
- Delayed physical development
- Substance abuse
- Regularly displays fatigue or listlessness
- Steals food or begs
- Habit disorders (sucking, rocking, etc.)
- Passive or aggressive behavior extremes
- Neurotic traits such as sleep disorders or inhibition of play

INDICATORS OF NEGLECT OR PSYCHOLOGICAL ABUSE – PARENT

- Disinterest in or rejection of child
- Deserting or avoiding child
- Threatening child, yelling, and/or screaming at child
- Ignoring medical problems of child
- Constant criticism of child, making negative comparison with other children
- Embarrassing children in public or making child feel ashamed or guilty
- Isolating child from society or normal friendships
- Placing child in dangerous situations
- Blaming child for situations not within child's control
- Failing to meet child's physical/emotional needs

Other Actions by Mandated Reporters

There are certain actions that reporters must take on behalf of a child suspected of being abused. A mandated reporter must in good faith:

- Make a report
- Cooperate with an investigation
- Notify police, if appropriate
- Testify in proceedings that result from their report

A mandated reporter may also:

- Take photographs of the child's injuries
- Have X-rays taken
- Have the child hospitalized
- Have the child moved into protective custody according to the law
- Have a medical exam performed by a medical professional

Any photographs, X-rays and/or medical summaries should then be sent to the county agency with the Report of Suspected Child Abuse, or as soon after as possible. The mandated reporter must give the county access to the actual photographs and X-rays.

If you have any questions or concerns regarding the Norriton 2024 Safety Manual please contact our Safety Officer: Mike Shaw at (215)589-4464.

