

2020 West End Little League Safety Manual

For Managers, Coaches, Players, and Parents

1/18/2020



Play Hard. Play Safe. Play Ball!



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Golden Rules

West End Little League Safety Mission

“Safety is Everyone's Responsibility”

West End Little League's highest priority is for the safety of our kids. Prevention is the key to reducing accidents. At West End Little League, we are committed to encouraging and providing a safe environment. In order to succeed, we need your commitment to become our *Safety Advocates* for West End Little League.

West End Little League is actively participating in Little League Baseball's, A Safety Awareness Program (ASAP), whose mission is "to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball."

The purpose of this manual is to provide important safety information to West End Little League. While specifically written for Managers and Coaches the information contained in this document can be a useful resource for all participants of West End Little League.

Please take the time to review this manual in its entirety. We request your assistance and guidance in making West End Little League a great program.

If you have any concerns or suggestions for improvement, please contact us at www.westendll.org. For additional information visit our website at www.westendll.org

We want to hear from you!

Thank you for your commitment to West End Little League.

West End Little League Board

Requirement 1 – Safety Officer

West End Little League (WELL) has an active safety officer – Gary Janacek. The safety officer is a member of the Board of Directors page 5 of this document. The Safety Officer for WELL shall be identified on the WELL website and in WELL charter records with Little League Baseball, Inc.

Requirement 2 – Safety Manual Distribution

The West End Little League Safety Manual is available online at www.westendll.org and is distributed to West End Little League team coaches, umpires, and board members. In addition, hard copies of this manual can be found in the concession stand, minor league press box, major league press box, and the coach pitch equipment room.

Requirement 3 – Emergency Plan

All managers and coaches shall use “911” for all on field emergencies requiring fire, police, or ambulance. Managers and coaches shall keep player emergency contact information with them at all times and have a working cell phone during practice and games.

Complete a Medical Release

This enables emergency medical care if parent or guardian is not in attendance, and also informs managers, coaches and medical providers of allergies or other medical problems.

- a) It is important that you share any medical information that may affect your child during games and practice. If you have concerns or questions, please contact the manager or League Safety Officer. All information is considered confidential. Have your child eat a snack before practice or games; hungry ball players don't concentrate well. Routinely, check your child's equipment for safety concerns.
- b) No alcohol or tobacco on the field. If volunteers must smoke or chew tobacco, please do it away from the players in designated areas. If the players can see you smoke or chew, you are too close!
- c) Please be extra cautious when entering and leaving the parking lots. Children may not always look for you, especially young future ball players.
- d) Arrive to practice and games early to allow for proper warm ups. Accidents can happen when kids don't warm up arms & legs
- e) Help out at practices. The more adults we have watching out for our players, the better our chance to avoid accidents. Volunteering in both District and League activities will make your child's experience even better.

West End Little League Emergency Contact Phone List

Emergency - Police/Fire/Ambulance “911”

Beaumont Police Department - 409-880-3801

Beaumont Fire Department - 409-880-3981
 Texas Poison Control - 800-222-1222
 City Water Department - 409-866-0023
 Beaumont Paramedics - 409-832-2942
 BISD Police Department - 409-617-7000

West End Little League 2020 Board Roster

<u>Name</u>	<u>Position</u>	<u>Email</u>	<u>Phone</u>
Barry Jepson	President	barryjepson@westendll.org	409-790-4684
Carl Vitanza	Vice President	carlvitanza@westendll.org	281-979-9895
Jon Newton	Secretary	jonnewton@westendll.org	409-659-6966
Kirk Smith	Treasurer	kirksmith@westendll.org	409-926-3962
Joseph Ramey	Marketing	josephramey@westendll.org	409-338-1095
Frank Grisanti Jr.	Head of Fields	frankgrisanti@westendll.org	409-791-4800
Bryan Smith	Head of Umpires	bryansmith@westendll.org	409-504-0001
Craig Terry	Head Player Agent	craigterry@westendll.org	409-926-7946
Paige Grisanti	Auxiliary Chair		409-466-6369
Carl Vitanza	Registrar	registrar@westendll.org	281-070-9895
Gary Janecek	Safety Officer	gjanecek12@gmail.com	409-656-5319
Jake Guidroz	Equipment Manager	jguidroz34@yahoo.com	713-203-7796

Requirement 4 –Volunteer Application

WELL uses JD Palatine (www.jdp.com) for background screening checks for all volunteers. JDP is sanctioned to do this screening work for Little League Baseball (LLB). JDP screens all volunteers that spend time around players for sex abuse history as well as criminal background. WELL requires all managers, coaches, board members, volunteers or hired workers, who provide regular services to the league or who have repetitive access to or contact with the players or teams. Anyone refusing to fill out JDP's online [Volunteer Application](#) is ineligible to be a league member. The league president is required to retain these confidential forms for one year of service. <https://www.littleleague.org/downloads/volunteer-application/>

Always report any suspicious, odd, or socially unacceptable behavior by fans, coaches, and other guest of our facility (REGARDLESS of age) to a board member immediately.

Background checks

Volunteers that have been authorized to work at WELL must pass a background check. Volunteers that require background checks are coaches, assistant coaches, umpires, board members, concession stand staff and any other volunteer that spends times with kids carrying out a duty of WELL. On behalf of the WELL Safety Officer, Carl Vitanza will be conducting background checks in 2020. Carl can be reached by email at carlvitanza@westendll.org

Requirement 5 – Fundamentals Training

West End Little League conducts coaches' meeting prior to each spring season. Managers and coaches will be instructed on hitting, sliding, fielding, and pitching fundamentals. Managers and coaches are periodically provided with many brochures and are encouraged to participate in other clinics. WELL will continuously notify coaches of local coaches' clinics provided by private vendors, high schools and local universities. All coaches are encouraged to use LLB's resource center for coaching clinics, tips, and instruction (http://www.littleleague.org/managersandcoaches/Coach_Resource_Center.htm)

Requirement 6 – First Aid Training

Basic first aid training and review of the WELL Safety Manual is covered in the West End Little League coach's meeting prior to the season starting.

Requirement 7 – Walk Fields for Hazards Prior to Play

7.1 Fields

Coaches and umpires are required to walk the fields for hazards before use.

Rain/Mud- Playing on muddy fields with wet equipment places the players at risk and creates ruts and holes that can be a hazard. When in doubt, games will be rescheduled.

7.2 Weather Conditions

These are the steps to take to determine to delay or stop practice or play.

- **Rain:** if it begins to rain the manager or coach should evaluate the strength and direction of the storm and evaluate the playing field as it becomes more saturated with water. If the playing conditions become unsafe, stop the practice. In a game situation, consult with the other coach and umpire to formulate a decision.
- **Lightning:** WELL has a **Lightning Safety Plan** (Addendum L), that covers the actions required by players, coaches, parents and umpires when the possibility of lightning exist. In general SUSPEND ALL GAMES AND PRACTICES IMMEDIATELY. Stay away from metal objects. Don't hold metal bats. Have players walk, not run, to their parent's or designated driver's car and await a decision on whether to continue play. If caught in the open place feet together, squat down, and cover ears (to prevent

eardrum damage). Many phone weather apps that have lightning detection and notification (i.e. WeatherBug, WeatherChannel) can be used to assist league officials and/or head umpires in deciding when it's safe to play baseball.

- Stoppage of Play during inclement weather : During league games, an on-site WELL league official shall issue an alarm (single air horn blast) to stop play. Play will begin only after a WELL league official assures that weather conditions have improved enough to continue play.

7.3 Players

Jewelry - Players are not allowed to wear jewelry, except for medi-alert bracelets or necklace.

Uniforms - Uniforms must be in good repair.

Equipment - Equipment must be in good repair

On-Deck Circle - On-deck circle is NOT allowed.

Pitcher - Pitchers warming up in an area subject to foul balls should have a spotter with helmet and glove.

On Deck Batters – Must be in the dugout and not touching a bat

7.4 Spectators

Arguing- Spectators are not allowed to argue with any call made by the umpire. It is the manager's responsibility to keep spectators within acceptable behavior limits.

Foul Territory- Spectators in foul territory are to remain alert and well back from the field of play.

Benches/Dugouts- Benches and dugouts are for managers, coaches, and players only. If not on the field of play, all players (except warm-up pitchers and catchers) must remain within the benches/dugout area.

Young Children - Young children must be properly supervised at all times.

Pets - Pets must be kept on a leash at all times.

Requirement 8 – Facility Survey

WELL does not own any of the fields that are used for league functions. WELL works in conjunction with the Beaumont Independent School District to ensure the fields and facilities are in good working and safe condition. The annual Little League field survey is completed prior to practices starting each year.

Requirement 9 – Concession Stand Safety

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.

Reheating -

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

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 temperature periodically to see if the food is cooling properly. Allowing hazardous food store main unrefrigerated for too long has been the number one cause of foodborne illness.

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!

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.

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.

Dishwashing -

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

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

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.

Wiping Cloths -

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

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.

Requirement 10 – Equipment Check

WELL's Head Coaches are required to inspect all on field equipment prior to use by players. Defective and/or badly worn catcher's equipment and bats should be replaced or repaired. Equipment issues should be reported.

Inspection- Inspect equipment regularly and make sure it fits properly.

Catcher- Catchers must wear catcher's helmet, mask, throat protector, shin guards, long model check protector, and protective cup at all times.

Pitchers Warm-Up - Catchers must wear catcher's helmet, mask, throat protector, shin guards, long model check protector, and protective cup when warming up pitchers.

Glasses- Parents should be encouraged to provide safety glasses for their children wearing glasses.

Face Guards/Cups- Parents should be encouraged to provide mouth guards and cups for their children.

Safety Bases – All coaches must use safety bases which are located in equipment boxes at each field.

Bats – All bats must comply to Little League International Regulations. Head coaches are required to check all bats being used during the games and practices. For the latest rules on bats and latest approved bats list - (<http://www.littleleague.org/learn/equipment/baseballbatinfo.htm>)

Requirement 11 – Accident Reporting

The Safety Officer will keep a record of all accident reports. See accident report form on Appendix D page 15 of this document. Accident reports shall be submitted within 48 hours of the incident to Gary Janacek/WELL Safety Director.

Accident Procedure

- 1) Administer First Aid to the level of your training. Call 911 if necessary.
- 2) Reassure the injured party and spectators.
- 3) Contact the injured party's parent or guardian. If unavailable, contact the emergency contact listed on the registration & medical release form.
- 4) Control the crowd.
- 5) Talk to your team about the situation. Often players are upset and worried when a teammate is injured. They need to feel safe and understand why the injury occurred.
- 6) Consult your First Aid Booklet for return to play guidelines. Any injury requiring professional medical care will need a physician's clearance prior to returning to play. Contact your league Safety Officer by phone within 24 hours of the incident.

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A deductible applies for all claims, up to the maximum stated benefits. This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events. More information regarding LL insurance can be found at LLB's website (<http://www.littleleague.org/learn/forms.htm#insurance>).

Other LLB Forms in case of injury related incident :

<https://www.littleleague.org/downloads/accident-claim-form/>

<https://www.littleleague.org/downloads/accident-claim-form-instructions/>

Requirement 12 – First Aid Kits

New First Aid kits are to be distributed to all managers and coaches when they received their equipment. Every manager and coach is required to have in their possession a first aid kit at all times. The Safety Officer is responsible for the coordination of the safety equipment. The Safety Officer is responsible to make sure that every manager and coach has a first aid kit which is fully stocked. The Safety Officer is responsible for re-supplying the first aid kits when needed.

Requirement 13 – Enforce Little League Rules

Managers, coaches, and umpires should be thoroughly familiar with the current Little League Rule Book. The WELL Board of Directors is responsible for enforcing the existing little league rules. The consequence of the participants in failure to follow the rules includes the following punishment:

- 1) A letter of reprimand or admonishment;
- 2) The offending party may be suspended for a game and/or games
- 3) The offending party may not be allowed to participate in West End Little League;
- 4) The offending party's team may be caused to forfeit a game or games;

Enforcement of little league rules is the responsibility of every participant and the Board will enforce its rules if violated.

Requirement 14 – Player/Coach Data

WELL will submit league player registration data/player roster data and coach and manager data to LLB each year after registration is closed and teams are formed for the season. This data is submitted electronically to LLB in the format requested by LLB.

Requirement 15 - Answer Survey Question

WELL answer survey question posed in the LLB Data Center as requested annually by LLB.

Appendix A - Head Trauma

Most sports related head trauma, such as a concussions, involve injuries that are minor and don't require hospitalization. However, call 911 or your local emergency number if any of the following signs or symptoms are apparent: severe bleeding, fluid leakage from the ears, changes in level of consciousness, loss balance, weakness, slurred speech, or seizures.

A **concussion** is a traumatic brain injury that alters the way your brain functions. Effects are usually temporary, but symptoms can include headache, nausea or vomiting, difficulty concentrating, memory problems, mood changes, and sleeping problems. *Symptoms might not be noticed right after the injury.*

A **concussion** occurs when the head hits or is hit by an object, or when the brain is jarred against the skull, with sufficient force to cause temporary loss of function in the higher centers of the brain. The injured person may remain conscious or lose consciousness briefly, and is disoriented for some minutes after the blow.

It is important to realize concussions in children can pose serious health risks. A child with a concussion will need time to reset until his or her symptoms are completely gone, which usually takes several days. It is important a child rest during this time – return to sports too soon can result in complications.

Because of this, it is the policy of West End Little League that any child who sustains a blow to the head be pulled from the game or practice. A blow to the head is defined as anytime the skull suddenly decelerates or stops, which causes the brain to be jarred against the skull. Blows to the head can be from a thrown or batted ball, a bat being swung by player or coach, or by the player running into fences or alike. After a blow to the head, players must be evaluated by the team's head coach prior to returning to play. The team's head coach has the authority to allow players to re-enter the game/practice or suggest the player leave for medical attention. An Incident Injury Tracking Report must be completed for any player asked by the head coach to leave the game/practice due to injury.

PREVENTION AND PREPARATION

Coaches can play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your athletes and the team:

- a) Educate athletes and parents about concussion. Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches. Pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs.
- b) Insist that safety comes first.
- c) Teach athletes safe playing techniques and encourage them to follow the rules of play.
- d) Encourage athletes to practice good sportsmanship at all times
- e) Make sure athletes wear the right protective equipment for their activity (such as shin guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- f) Review the athlete fact sheet with your team to help them recognize the signs and symptoms of a concussion.
- g) Teach athletes and parents that it's not smart to play with a concussion. Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play.
- h) Don't let athletes persuade you that they're "just fine" after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.

Appendix B - Heat-Related Illnesses

Game time weather at WELL can be hot & humid at times. Coaches and players must take precaution to avoid the effects of excessive heat related conditions.

Anytime temperature is above 90 degrees Fahrenheit, and/or the relative humidity is above 95%, coaches should insist on fluid breaks for players. Have shade and adequate water available. Encourage players to drink small amounts frequently. Any player exhibiting signs of heat related illness (cramps, fatigue, light headedness,

nausea, vomiting or headache), should be removed from the game, placed in the shade, and re-hydrated. If symptoms do not respond immediately, seek prompt medical aid.

Heat cramps: Are painful, involuntary muscle spasms that usually occur during heavy exercise in hot environments. If a player has heat cramps, he should rest, drink fluids, and perform some gentle stretching exercises. Do not return to strenuous activity for several hours.

Heat exhaustion: Signs and symptoms of heat exhaustion often begin suddenly, sometimes after excessive exercise, heavy perspiration, and inadequate fluid or salt intake. Signs and symptoms include feeling faint or dizzy, nausea, headache, fatigue, low-grade fever, cool moist skin. If you suspect a player has heat exhaustion, take the following steps:

- 1) Get the person out of the sun and into a shady or air-conditioned location.
- 2) Lay the person down and elevate the legs and feet slightly.
- 3) Loosen or remove the person's clothing.
- 4) Have the person drink cool water or other nonalcoholic beverage without caffeine.
- 5) Cool the person by spraying or sponging with cool water and fanning.

Heat Stroke: The most severe form of heat-related illness. The main sign is markedly elevated temperature (can be > 104 F) associated with changes in mental status (personality changes, confusion, coma). If you suspect heat stroke, you should take the same steps as for heat exhaustion AND call 911.

Appendix C - Communicable Diseases

These procedures, also printed in each of the Official Regulations and Playing Rules, should be understood and followed by all managers, coaches, and umpires. While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood, as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

- 1) The bleeding must be stopped, the open wound covered, and if there is an excessive amount of blood on the uniform, it must be changed before the athlete may participate.

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

Appendix D – Incident Injury Tracking Report

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

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: Male Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

- A.) Baseball Softball Challenger TAD
- B.) Challenger T-Ball Minor Major Intermediate (50/70)
 Junior Senior Big League
- C.) Tryout Practice Game Tournament Special Event
 Travel to Travel from Other (Describe): _____

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

- D.) Batter Baserunner Pitcher Catcher First Base Second
 Third Short Stop Left Field Center Field Right Field Dugout
 Umpire Coach/Manager Spectator Volunteer Other: _____

Type of injury: _____

Was first aid required? Yes No If yes, what: _____Was professional medical treatment required? Yes No If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)**Type of incident and location:**

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

Prepared By/Position: _____ Phone Number: () _____

Signature: _____ Date: _____

Appendix E – Some Important Do's and Don'ts

Do...

- Make sure you know of any medical special needs of any of your players.
- 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 as a coach and request professional medical help when needed.
- Assist those who require medical attention - and when administering aid, remember to look for signs of injury (Blood, Black-and-blue deformity of joint etc.).
- Listen to the injured describe what happened and what hurts if conscious.
- Before questioning, you may have to calm and soothe an excited child.
- Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have public phones.
- Check equipment before each competition.
- Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones
- Have your players' Medical Clearance Forms with you at all games and practices.
- Carry your first-aid kit to all games and practices

Don't...

- Administer any medications
- Provide any food or beverages (other than water)
- Hesitate in giving aid when needed
- Be afraid to ask for help if you're not sure of the proper procedures (i.e., CPR, etc.)
- Transport injured individuals except in extreme emergencies
- Leave an unattended child at a practice, game
- Allow players to visit the restroom alone, have the child's parent or volunteer escort the player to and from the restroom and back to the field of play
- Hesitate to report any present or potential safety hazard to the Safety Officer immediately.

Appendix F - Basic Safety Reminders

- First Aid Kits will be located in the Concession Stand and the Major and Minor League Press Boxes.
- No games or practices should be held when weather or field conditions are questionable. If the surrounding street lights are on and you are on a field with no lights, it is probably too dark to continue playing, and the game should be called.
- Coaches and umpires are required to inspect the check the playing field for holes, damage, stones, glass and other foreign objects. (Especially outfield areas where players stomp holes)
- Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games.
- All pre-game warm-ups should be performed within the confines of a playing field and not within areas that are frequented by, spectators and children.
- Equipment should be inspected regularly and before each competition for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets while
- Catcher must wear catcher's helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter at all times (males) for all practices and games. NO EXCEPTIONS. Managers should encourage all male players to wear protective cups and supporters for practices and games.
- If a catcher is not wearing a dangling throat protector game will be stopped until one is located or another helmet is worn. Hockey style masks are NOT exempt from this rule
- Parents of players who wear glasses should be encouraged to provide "safety glasses."
- Player must not wear watches, rings, pins or metallic items during games and practices.
- Kids warm up kids during games – no coaches need to warm up kids in the outfield, infield or bullpens.
- Bat racks should be positioned behind screens.
- Only players, Managers, Coaches, and umpires are permitted on the playing field during play and practice sessions.
- Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in ball pen.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose.
- During practice sessions and games, all players should be alert and watching the batter on each pitch.
- During warm up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- No head first slides except back to first base.
- Rubber cleats or tennis shoes only, no metal spikes.
- Parents should not visit dugouts during the game.

Appendix G – Specific Accident Response

Cuts and Scrapes - Proper care is essential to avoid infection or other complications. These guidelines can help you care for simple wounds:

- 1) **Stop the bleeding:** Most cuts and scrapes will stop bleeding on their own, but if not apply gentle pressure with a clean cloth for 20 minutes. Do not keep checking during this time as it will disrupt the clot that's forming.
- 2) **Clean the wound:** Rinse the wound with clean water to remove dirt or debris. It is not necessary to use soap or antiseptics (such as alcohol, iodine, or hydrogen peroxide).
- 3) **Apply a clean Bandage:** A clean bandage will keep the wound clean and help keep it from getting infected.

Soft Tissue Injuries - If a player sustains a bruise or sprain, remember the mnemonic RICE:

Rest: One of the most important things to do to reduce stress on an injured area.

Ice: Apply for 20 minutes. Do not apply ice directly to the skin – place a thin cloth between the ice and the affected area.

Compression: If an elastic bandage is available, wrap the area snugly to help reduce edema.

Elevation: Keep the area elevated above the level of the heart, which help increase venous return (and therefore reduce edema).

Tooth Loss - If a child loses a tooth, it is possible to sometimes implant it. The following steps should be taken:

- Handle the tooth by the top (crown), not the roots
- Gently rinse in a bowl of tap water to remove debris (do not rub/scrape off debris, and do not hold the tooth directly under running water)
- Try to put the tooth back into the socket – may bite down gently on some gauze to help get it into place, and keep it in place until seen by a dentist
- If the tooth can't be replaced in the socket, you may place it in some milk or the child's saliva

Nosebleeds - To take care of a nosebleed, have a child sit upright and lean forward (leaning forward helps prevent swallowing blood). Have the child or parent pinch the nostril shut with their thumb and index finger. Apply pressure for 5-10 minutes.

Black Eye - Black eyes may be treated by applying cold packs (or ice in a cloth), starting immediately after the injury. They may be applied for 20 minutes at a time for 24-48 hours to help keep the swelling down. Be careful not to apply pressure to the eyeball.

Most black eyes are not serious, but it is possible to have bleeding on the inside of the eye as well, which can lead to damage of the eye. If you are able to see blood to the white or colored parts of the eye itself, or if the child has complaints of vision problems (double vision, blurring), they should seek emergency care.

Appendix H – Tips to Prevent Throwing Injuries

- Overuse injuries of the elbow and shoulder are becoming more prevalent in little league baseball players
- Single sport concentration, year-round participation, and inadequate rest are suspected causes
- Scientific studies have shown there is a direct relationship between the number of pitches thrown in a game, during a season, and during a year and the rate of elbow and shoulder injuries
- Throwing sliders and curveballs increase the risk further
- The USA Baseball Medical and Safety Advisory Committee have made specific pitching recommendations (pertains to number of pitches thrown in games/scrimmages):

• Age (Years)	• Pitches per Game	• Pitches per Week	• Pitches per Season	• Pitches per Year
• 9-10	• 50	• 75	• 1000	• 2000
• 11-12	• 75	• 100	• 1000	• 3000
• 13-14	• 75	• 125	• 1000	• 3000

- Youth players should not compete in baseball more than 9 months of the year and rest for at least 3 months. During rest they should not participate in any stressful overhead activities (throwing drills, throwing football, swimming, etc...)
- If you have an athlete complaining of pain in the elbow or shoulder, especially if they have been throwing a lot of pitches, he should see a physician for evaluation and clearance

Appendix J - Umpires

In our league, the umpires are furnished from a pool of league volunteers. As Little League rules dictate, they are in complete control of what happens on the field. Umpires play an important role in safety. Umpire training is essential to the safety of the players, managers & coaches, spectators, and other umpires. A West End Little League Umpires clinic will be held during the preseason to teach the proper skills to anyone who is interested in umpiring.

There is also training offered through the District 12 Chief Umpire and on line at the Umpires Resource section of the LLB website (<http://www.littleleague.org/umpires.htm>)

The following is a list of topics the clinic will cover:

- Umpires must be fair, impartial, and consistent. All trained Umpires will go away from training with a good understanding of the rules.
- Proper positioning (and rotation) in the field to avoid obstructing play or getting injured.
- Basic rules of baseball, and interpretations of commonly misunderstood rules.
- Safety violations.
- Pre-game procedures.
- Walk the field for foreign objects, holes and any hazards that might cause injury. Ensure installation of disengageable bases.
- Inspect equipment for any safety violations prior to the start of any game
- WELL's Lightning Safety Plan

Appendix K - Automated External Defibrillator (AED)

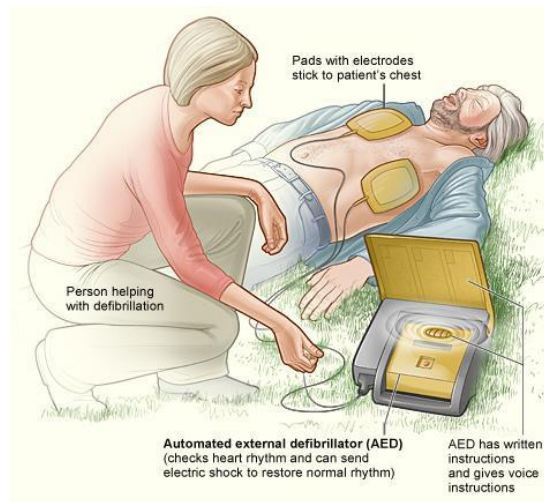
AEDs are user-friendly devices that untrained bystanders can use to save the life of someone having cardiac arrest. West End Little League is fortunate to have an AED available in the Henderson Field Press Box. If you

find a person who collapses or is unconscious, you should check for breathing and a pulse. If breathing and pulse are absent or irregular, you should initiate CPR, call 9-1-1, and send someone to bring you the AED.

AEDs are simple to use, and usually can be applied and used within 90 seconds. The AED device gives voice prompts and step-by-step instructions when it is turned on.

Before using an AED, check for puddles or water near the person who is unconscious. Move him or her to a dry area, and stay away from wetness when delivering shocks (water conducts electricity). Expose the person's chest. If the person's chest is wet, dry it. AEDs have sticky pads with sensors called electrodes. Apply the pads to the person's chest as pictured on the AED's instructions.

Place one pad on the right center of the person's chest above the nipple. Place the other pad slightly below the other nipple and to the left of the ribcage.



If a shock is needed, the AED will let you know when to deliver it. Stand clear of the person and make sure others are clear before you push the AED's "shock" button.

Start or resume CPR until emergency medical help arrives or until the person begins to move. After 2 minutes of CPR, you can use the AED again to check the person's heart rhythm and give another shock, if needed.

Appendix L- Lightning Safety Plan

Each year across the United States, thunderstorms produce an estimated 25 million cloud-to-ground flashes of

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lightning - each one of those flashes is a potential killer. According to the National Weather Service, an average of 73 people are killed by lightning each year and hundreds more are injured, some suffering devastating neurological injuries that persist for the rest of their lives. A growing percentage of those struck are involved in outside recreational activities.

Officials responsible for sports events often lack adequate knowledge of thunderstorms and lightning to make educated decisions on when to seek safety. Without knowledge, officials base their decisions on personal experience and, sometimes, on the desire to complete the activity. Due to the nature of lightning, personal experience can be misleading.

While many people routinely put their lives in jeopardy when thunderstorms are nearby, few are actually struck by lightning. This results in a false sense of safety. Unfortunately, this false sense of safety has resulted in numerous lightning deaths and injuries during the past several decades because people made decisions that unknowingly put their lives or the lives of others at risk

For all of these reasons and because the safety of the WELL members is the top priority of the WELL board members, WELL has a **Lightning Safety Plan** that should be followed without exception. This plan offers clear and specific safety guidelines on what to do with the threat of impending bad weather.

Who should monitor the weather during games at WELL and who is responsible for making the decision to stop games?

In the case of suspected inclement weather, WELL requires the game head umpire (home plate) to specify that someone be designated to monitor the weather for lightning during play. The 'lightning monitor' is encouraged to be someone other than head coaches or other umpires as they are not able to devote the attention needed to adequately monitor conditions. Team scorekeepers, asst. coaches and/or other league officials are suggested candidates. The 'lightning monitor' must be familiar with this WELL Safety Manual and these lightning safety guidelines. The 'lightning monitor' must notify the game's head umpire of any lightning within 6 miles and the head umpire is empowered to assure that these guidelines are followed.

When should activities be stopped?

The sooner activities are stopped and people get to a safe place, the greater the level of safety. In general, a significant lightning threat extends outward from the base of a thunderstorm cloud about 6 to 10 miles. Therefore, people should move to a safe place when lightning is detected 6 miles away. Here are some criteria that could be used to halt activities.

- 1) **If lightning is observed** - The ability to see lightning varies depending on the time of day, weather

conditions, and obstructions such as trees, mountains, etc. In clear air, and especially at night, lightning can be seen from storms more than 10 miles away provided that obstructions don't limit the view of the thunderstorm.

- 2) ***If thunder is heard*** - Thunder can usually be heard from a distance of about 10 miles provided that there is no background noise. Traffic, wind, and precipitation may limit the ability to hear thunder less than 10 miles away. If you hear thunder, though, it's a safe bet that the storm is within ten miles.
- 3) ***If the time between lightning and corresponding thunder is 30 seconds or less*** - This would indicate that a thunderstorm is 6 miles away or less. As with the previous two criteria, obstructions, weather, noise and other factors may limit the ability to use this criterion. In addition, a designated person must diligently monitor any lightning. In addition to any of the above criteria, activities should be halted if the sky looks threatening. Thunderstorms can develop directly overhead and some storms may develop lightning just as they move into an area.

What do players/adults do when activities stopped because of lightning?

Because electrical charges can linger in clouds after a thunderstorm has passed, people should wait at least 30 minutes after the last lightning detection within 6 miles storm before resuming activities.

What should be done if someone is struck by lightning?

Most lightning strike victims can survive a lightning strike; however, medical attention may be needed immediately - have someone call for medical help. Victims do not carry an electrical charge and should be attended to at once. In many cases, the victim's heart and/or breathing may have stopped and CPR may be needed to revive them. The victim should continue to be monitored until medical help arrives; heart and/or respiratory problems could persist, or the victim could go into shock. If possible, move the victim to a safer place away from the threat of another lightning strike.

Appendix M- Complete a Medical Release

Complete a Medical Release

This enables emergency medical care if parent or guardian is not in attendance, and also informs managers, coaches and medical providers of allergies or other medical problems.

- f) It is important that you share any medical information that may affect your child during games and practice. If you have concerns or questions, please contact the manager or League Safety Officer. All information is considered confidential. Have your child eat a snack before practice or games; hungry ball players don't concentrate well. Routinely, check your child's equipment for safety concerns.
- g) No alcohol or tobacco on the field. If volunteers must smoke or chew tobacco, please do it away from the players in designated areas. If the players can see you smoke or chew, you are too close!
- h) Please be extra cautious when entering and leaving the parking lots. Children may not always look for you, especially young future ball players.
- i) Arrive to practice and games early to allow for proper warm ups. Accidents can happen when kids don't warm up arms & legs
- j) Help out at practices. The more adults we have watching out for our players, the better our chance to avoid accidents. Volunteering in both District and League activities will make your child's experience even better.

Golden Rules:

No one holds a bat! Many players bring their own bats to practice and games. They should remain in their bags, in the dugout or on the ground in front of them until they are needed.

No one holds a bat except when going to the plate. No swinging warm ups inside the dugout

The manager or coach will never leave a player alone at the field. It is very important that parents are on time to pick up the children on time. It is recommended that parents remain at the field if possible. If this is not possible, please contact the coach or manager prior to the event.