

# **Cumberland Valley Softball Association**

## **Emergency Action Plan**

### **Emergency Contacts & Safety Plan**

#### **Emergency Contacts**

Following list is put in each equipment bag and must be brought by manager to each game.

<b>Fire</b>	<b>911</b>
<b>Police</b>	<b>911</b>
<b>Emergency Medical</b>	<b>911</b>
<b>Silver Spring Police Department</b>	<b>(717) 697-0607</b>
<b>President: Julia Mentzer-Yarlett</b>	<b>(717) 579-7339</b>
<b>Safety Officer: Matt Graeff</b>	<b>(717) 606-5791</b>
<b>Field Safety: Scott Machemer</b>	<b>(717) 943-3378</b>

**Cumberland Valley Softball Association Little League Contacts**

## **Emergency Action Plan**

In the event that there are no medical professionals present, the manager or team designated first aid provider will assume responsibility.

### ***Procedures to be followed by Designated Individual***

1. The designated care provider will remain with the injured athlete at all times. Do not move the athlete if numbness, neck pain, or back pain is present. Do not move an unconscious victim.
2. Have someone [Manager, Coach, Parent] call 911 for you and ask for ambulance
  - a. Identify person calling and exact location
  - b. State nature of injury
  - c. Instruct the emergency vehicle exactly where the victim is and how to reach them
    - i. Street address
    - ii. Entry gate
    - iii. Specific location of baseball field at address
  - d. Stay on the line until the operator disconnects
  - e. Return to the injury scene in case other assistance is needed
3. Have someone [manager, coach, parent] meet emergency vehicle at entrance gate
4. Assign someone to control crowd
5. If parent of victim is not present
  - a. Have someone call the parent using emergency contact information sheet
  - b. Assign coach/parent to accompany injured athlete to the hospital until parent arrives
6. Contact the appropriate League officials
  - a. Coordinators
  - b. Safety officer

### **Data Registration Requirement**

League player registration data and manager/coach registration data will be submitted via the Little League Data Center at [www.LittleLeague.org](http://www.LittleLeague.org).

## Accident Reporting

- Accident forms must be turned in to the Safety Officer within 24-48 hours of the incident
- Accident form can be found on the Little League International website.
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(<https://www.littleleague.org/downloads/incident-injury-tracking-form/>)

### 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 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  
 Concession 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](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](http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf).

Prepared By/Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Insurance Reporting

- Insurance claim form and application instructions can be found on the Little League International website.
  - Insurance Claim Form
    - <https://www.littleleague.org/downloads/accident-claim-form/>
  - Insurance Claim Instructions
    - <https://www.littleleague.org/downloads/accident-claim-form-instructions/>

	<b>LITTLE LEAGUE<sup>®</sup> BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS</b>	<b>Send Completed Form To:</b> Little League, International 539 US Route 15 Hwy, PO Box 3485 Williamsport PA 17791-0485 <b>Accident Claim Contact Numbers:</b> Phone: 570-327-1374																																			
<p>1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.</p> <p>2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.</p> <p>3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.</p> <p>4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.</p> <p>5. <b>Limited</b> deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.</p> <p>6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.</p>																																					
League Name		League I.D.																																			
Name of Injured Person/Claimant		SSN																																			
Date of Birth (MM/DD/YY)		Age																																			
Sex		<input type="checkbox"/> Female <input type="checkbox"/> Male																																			
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code) Bus. Phone (Inc. Area Code)																																			
Address of Claimant		Address of Parent/Guardian, if different																																			
<p>The Little League Master Accident Policy provides benefits in excess of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.</p> <p>Does the insured Person/Parent/Guardian have any insurance through:</p> <table style="width: 100%; border: none;"> <tr> <td>Employer Plan</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>School Plan</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Individual Plan</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Dental Plan</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>			Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No																											
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Date of Accident	Time of Accident	Type of Injury																																			
	<input type="checkbox"/> AM <input type="checkbox"/> PM																																				
Describe exactly how accident happened, including playing position at the time of accident:																																					
<p>Check all applicable responses in each column:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> BASEBALL</td> <td><input type="checkbox"/> CHALLENGER (4-12)</td> <td><input type="checkbox"/> PLAYER</td> <td><input type="checkbox"/> TRYOUTS</td> <td><input type="checkbox"/> SPECIAL EVENT (NOT GAMES)</td> </tr> <tr> <td><input type="checkbox"/> SOFTBALL</td> <td><input type="checkbox"/> T-BALL (4-7)</td> <td><input type="checkbox"/> MANAGER, COACH</td> <td><input type="checkbox"/> PRACTICE</td> <td><input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)</td> </tr> <tr> <td><input type="checkbox"/> CHALLENGER</td> <td><input type="checkbox"/> MINOR (8-12)</td> <td><input type="checkbox"/> VOLUNTEER UMPIRE</td> <td><input type="checkbox"/> SCHEDULED GAME</td> <td></td> </tr> <tr> <td><input type="checkbox"/> TAD (2ND SEASON)</td> <td><input type="checkbox"/> LITTLE LEAGUE (9-12)</td> <td><input type="checkbox"/> PLAYER AGENT</td> <td><input type="checkbox"/> TRAVEL TO</td> <td></td> </tr> <tr> <td><input type="checkbox"/> INTERMEDIATE (12-13)</td> <td><input type="checkbox"/> JUNIOR (12-14)</td> <td><input type="checkbox"/> OFFICIAL SCOREKEEPER</td> <td><input type="checkbox"/> TRAVEL FROM</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SENIOR (13-16)</td> <td><input type="checkbox"/> SENIOR (13-16)</td> <td><input type="checkbox"/> SAFETY OFFICER</td> <td><input type="checkbox"/> TOURNAMENT</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> VOLUNTEER WORKER</td> <td><input type="checkbox"/> OTHER (Describe)</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-12)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)	<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)	<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (8-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME		<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO		<input type="checkbox"/> INTERMEDIATE (12-13)	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM		<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT			<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)		
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<p>I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.</p> <p>I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.</p> <p>I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.</p>																																					
Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)																																				
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Little League® Baseball & Softball  
CLAIM FORM INSTRUCTIONS



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

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

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

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

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

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

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

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

## What Parents Should Know about Little League Insurance

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

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 \$50 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.

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

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

(a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.

(b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment.

Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.

No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.

Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

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

## Lightning Safety

### Lightning Facts

- Each year about 400 children and adults in the United States are struck by lightning while working outside, at sporting events, and other outdoor activities
- On average 10% of strike victims die and 70% of survivors suffer serious long-term effects
- Lightning strikes can be as far as 10 miles away from rainfall
- If you hear thunder, lightning is not far behind
- Look for dark clouds and increasing winds.

### Safety Rules

- Postpone activity promptly. Don't wait for rain! Take shelter in a grounded building with water and electricity, or in a car.
- Be at the lowest point. Lightning hits the tallest object.
- Keep an eye on the sky. Look for darkening skies, flashes of lightning, or increasing wind, which all can be signs of an approaching thunderstorm.
- Listen for the sound of thunder. If you hear thunder, go to the closest safe shelter.
- Avoid metal and stay away from trees.
- Listen to local weather reports.

### What To Do If Someone Is Struck By Lightning

1. Call 911
2. Give first aid. If the person has stopped breathing, have a trained professional administer CPR.
3. People who are struck carry no electrical charge that can shock another person. You can examine an individual without risk.

### Principle Lightning Safety Guide

- The MHSAA says that when thunder is heard or lightning is seen athletes are not to return to the playing field until the thunder and lightning are absent for 30 minutes
- Use the 30-30 rule. When you see lightning, count the time until you hear thunder. If that time is 30 seconds or less, the thunderstorm is within 6 miles of you. Seek shelter immediately!

## League Lightning Policy Application

### Thunder & Lightning Policy

If you see lightning, the game/practice needs to be suspended.

If you hear thunder the game/practice needs to be suspended.

Each suspension is for 30 minutes after the last sight of lightning or sound of thunder. Below is an excerpt from the ASA rule Book. We follow guidelines established by both ASA softball and the PIAA for both junior high and high school sports.

If activity has been suspended due to lightning or thunder, the designated weather watcher should wait at least 30 minutes after the last lightning flash or sound of thunder prior to resuming activity. Each time additional lightning is observed or thunder is heard, the minimum 30-minute waiting period should be reset. A clear sky or lack of rainfall are not adequate indicators for resuming play. The minimum 30-minute return-to-play waiting period should not be shortened. Play should not be resumed even after the 30-minute waiting period if any signs of thunderstorm activity remain in the area or if the weather forecast indicates the threat is not over.

Your game umpire is aware of these guidelines.

**Point of Emphasis** - When it comes to player safety the HEAD COACH needs to make sure the inclement weather guideline is ALWAYS followed. Your opposing coaches and umpires are required to follow the **same procedures**.