

# Western Region Sunrise Little League



“Where Safety comes First”  
2025 Safety Plan

League ID #: 4050508



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# Sunrise Little League Safety Program

## **Safety Mission Statement**

Sunrise Little League is a non-profit organization run by volunteers whose mission is to provide an opportunity for our community's children to learn the game of baseball in a safe and friendly environment.

## **2025 Board of Directors**

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President*	Collin Miller	<a href="mailto:president@sunriselittleleague.com">president@sunriselittleleague.com</a>
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Field Maintenance Manager	Danny Rago	<a href="mailto:fields@sunriselittleleague.com">fields@sunriselittleleague.com</a>
Auxiliary Treasurer	Mike Wilson	<a href="mailto:treasurer@sunriselittleleague.com">treasurer@sunriselittleleague.com</a>
Auxiliary Board Member	April Jones	

\*Executive Board Members

## **Distribution of Safety Manual**

Each team will receive a paper copy of this safety manual. Managers and or Team Safety Officers should have a copy of the safety manual at all league functions.

## **EMERGENCY PHONE NUMBERS**

Police Non-Emergency	916-727-5500
Police Emergency	911
Non-threat Emergency	311
Fire	911
Paladine Security	916-331-3176
Poison Control	916-227-1400

## **NEIGHBORING HOSPITALS**

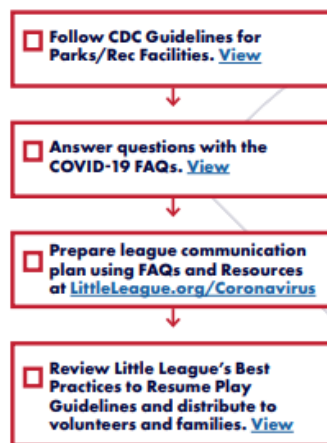
- Mercy San Juan Medical Center 916-537-5000  
6501 Coyle Ave. Carmichael. CA 95608
- Sutter Medical Center 916-781-1000  
1 Medical Center Dr. Roseville. CA 95661
- Kaiser Medical Center 916-784-4000  
1600 Eureka Rd. Roseville, CA 95661

# COVID-19 Guidelines

**As your local league considers returning to play, keep these resources in mind:**



If all checked above, move on to the criteria below.

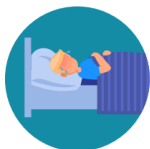


When all boxes are checked –

**Play Ball!**

More information and resources are available at [LittleLeague.org/Coronavirus](#).

## STAY SAFE ON AND OFF THE FIELD



**Stay home** if you are sick.



**Bring your own** equipment and gear (if possible)



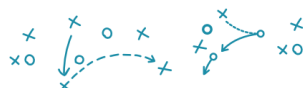
**Cover your coughs and sneezes** with a tissue or your elbow.



**Wash your hands** or use sanitizer before and after events and sharing equipment.



**Tell a coach** or staff member if you don't feel well.



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

## Volunteers

Little League International has established criteria for each chartered league's performance of an investigation into the background of all individuals who volunteer in any capacity. Each volunteer will be required to complete a volunteer application form and provide a copy of their government issued photo identification. The minimum requirement for these background investigations is verification that volunteers are not registered sex offenders. To provide additional protection to the children we will submit a list of all volunteers to JDP. A background investigation that will list any convictions nationwide will be completed. Upon clearance of individual background investigations all volunteers will be notified by The Board of Directors.



*Volunteering  
makes a  
difference*





Do not use forms from past years. Use extra paper to complete if additional space is required.

Visit [LittleLeague.org/LocalBGcheck](http://LittleLeague.org/LocalBGcheck) for more information.

**ALL RED fields are required.**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous volunteer experience (including baseball/softball and year):

(Answering yes to Question 6. does not automatically disqualify you as a volunteer.)

Last Updated: 12/4/2024

Name/Phone

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_

☐ JDP Background Check Completed (Includes review of the US. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List)\*

\*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed, you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

**Only attach to this application copies of background check reports that reveal convictions of this application.**

☐ Proof of completion of Little League Abuse Awareness Training for Adults provided to league.

Mandatory Training Course is available at [LittleLeague.org/AbuseAwareness](http://LittleLeague.org/AbuseAwareness)

## League Training Dates and Times

	<b>Date</b>	<b>Location</b>	<b>Time</b>
<b>Positive Coaching Alliance</b>	TBD (by District 5)		
<b>Parent Meeting</b>	2/1/25	Trajan Elementary 6601 Trajan Dr. Orangevale 95662	9:00am
<b>Safety &amp; First-Aid Training*</b>	2/1/25	Trajan Elementary 6601 Trajan Dr. Orangevale 95662	11:00am

*\*Each team will receive a paper copy of this safety manual. Managers and/or Team Safety Officers should have a copy of the safety manual at all league functions.*

### First Aid Kits

Each team is provided with a league issued first aid kit. Each kit includes at least the following:

- |  |                          |
|--|--------------------------|
| (10) Adhesive sterile bandage            | (1) Adhesive tape        |
| (2) Extra-large adhesive sterile bandage | (3) Antiseptic towelette |
| (2) Non-adherent pads 2 x 3              | (1) Burn Cream 1/8 oz.   |
| (2) Gauze pad 12-ply 3 x 3 sterile       | (3) Sting relief wipes   |
| (2) Instant cold compress 4 x 4          | (1) Tweezers             |
| (1) Triple antibiotic ointment           |                          |

### Communicable Disease Procedures

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

# Hydration

***Managers are required to bring water to each practice and game.  
Players are encouraged to bring bottled water or sports drinks.***

## **Tips to Prevent Heat Illness:**

- Know that once you are thirsty you are already dehydrated.
- Drink before you become thirsty.
- Drink plenty of liquids like water, or sports drinks every 15 minutes.
- Water seems to be the preferred beverage. Water has many critical functions in the body that are important for performance they include, carrying oxygen and nutrients to exercising muscles.
- Do not drink beverages with caffeine before practice or games. Caffeine can increase the rate of dehydration.
- Do not exercise vigorously during the hottest time of the day.
- Practice in the morning and during the latter part of the evening.
- Wear light color loose cloths.
- Use sunscreen to prevent sunburn.
- If you begin to feel faint or dizzy stop your activity and cool off by sitting in the shade, air-conditioned car or use a wet rag to cool you off.

## **How is it treated?**

Emergency medical treatment is necessary. If you think someone has heatstroke, call 911 or a doctor immediately. In the meantime, give first aid as follows:

- Move the person to a shady area.
- Cover the person with a wet sheet and keep the sheet wet for cooling from evaporation.
- Fan the person with paper or an electric fan (preferably not cold air).
- Sponge down the body, especially the head, with cool water.
- Continue giving first aid until the body feels cool to the touch.
- If the person is conscious, let them sip water, fruit juice, or a soft drink.



## Concussions

A concussion is a medical condition caused by a blow or impact to the head. If, in the judgment of a coach, umpire or Board Member on Duty, a player displays symptoms of concussion, he/she is to be removed from the game.

### Concussion in Sports Action Steps:

1. Educate Coaches, Parents, and Athletes: Inform and educate coaches, athletes, and their parents and guardians about concussion through training and/or a concussion information sheet.  
**\*\*\*Required training for all SLL Board Members, Managers and Coaches\*\*\***
  - **Concussions Training Course**: <https://www.train.org/cdctrain/course/1089818>
  - log in or create an account, select "Pre-Assessment" and complete.
  - Complete the Quiz at the end of the course, a certificate of completion will be emailed to you
  - Email a copy of your certificate to [vicepresident@sunriselittleleague.com](mailto:vicepresident@sunriselittleleague.com)
2. Remove Athlete from Play: An athlete who is believed to have a concussion is to be removed from play right away.
3. Obtain Permission to Return to Play: An athlete can only return to play or practice after at least 24 hours and with permission from a health care professional.

## CA Heath and Safety Code 124235

### ARTICLE 2.5. Youth Sports Concussion and Sudden Cardiac Arrest Prevention Protocols

- (a) A youth sports organization that elects to offer an athletic program shall comply with all of the following:
- (1) (A) An athlete who is suspected of sustaining a concussion or other head injury, or who has passed out or fainted, in an athletic activity shall be immediately removed from the athletic activity for the remainder of the day, and shall not be permitted to return to any athletic activity until the athlete is evaluated by a licensed healthcare provider. The athlete shall not be permitted to return to athletic activity until the athlete receives written clearance to return to athletic activity from a licensed healthcare provider. If the licensed healthcare provider determines that the athlete sustained a concussion or other head injury, the athlete shall also complete a graduated return-to-play protocol of no less than seven days in duration under the supervision of a licensed healthcare provider.

(B) If the licensed healthcare provider suspects that the athlete has a cardiac condition that puts the athlete at risk for sudden cardiac arrest or other heart-related issues, the athlete shall remain under the care of the licensed healthcare provider to pursue follow up testing until the athlete is cleared to play.

(2) If an athlete who is 17 years of age or younger has been removed from athletic activity due to a suspected concussion or due to fainting or another suspected cardiac condition, the youth sports organization shall notify a parent or guardian of that athlete of the time and date of the injury, the symptoms observed, and any treatment provided to that athlete for the injury.

(3) (A) On a yearly basis, the youth sports organization shall give both a concussion and head injury and a sudden cardiac arrest information sheet to each athlete. The information sheet shall be signed and returned by the athlete and, if the athlete is 17 years of age or younger, shall also be signed by the athlete's parent or guardian, before the athlete initiates practice or competition.

(B) If the athlete is six years of age or younger, only the signature of the athlete's parent or guardian shall be required to comply with this paragraph. If the athlete is 18 years of age or older, only the signature of the athlete shall be required to comply with this paragraph.

(C) The information sheet may be sent and returned through an electronic medium including, but not necessarily limited to, fax or electronic mail.

(4) On a yearly basis, the youth sports organization shall offer concussion and head injury and sudden cardiac arrest prevention education, or related educational materials, or both, to each coach, administrator, and referee, umpire, or other game official of the youth sports organization.

(5) The youth sports organization shall require both of the following:

(A) Each coach, administrator, and referee, umpire, or other game official of the youth sports organization shall be required to successfully complete the concussion and head injury and sudden cardiac arrest prevention education offered pursuant to paragraph (4) at least once, either online or in person, before supervising an athlete in an activity of the youth sports organization.

(B) The youth sports organization shall post related information, as referenced in paragraph (4), online, or provide educational materials to athletes and parents, or both.

(6) The youth sports organization shall identify both of the following:

(A) Procedures to ensure compliance with the requirements for providing concussion and head injury and sudden cardiac arrest prevention education and a concussion and head injury and sudden cardiac arrest prevention information sheet, as referenced in paragraphs (3) to (5), inclusive.

(B) Procedures to ensure compliance with the athlete removal provisions and the return-to-play protocol required pursuant to paragraph (1)

(b) As used in this article, all of the following shall apply:

(1) “Concussion and head injury education and educational materials” and a “concussion and head injury information sheet” shall, at a minimum, include information relating to all of the following:

(A) Head injuries and their potential consequences.

(B) The signs and symptoms of a concussion.

(C) Best practices for removal of an athlete from an athletic activity after a suspected concussion.

(D) Steps for returning an athlete to school and athletic activity after a concussion or head injury.

(2) “Licensed healthcare provider” means either of the following:

(A) A licensed healthcare provider who is trained in the evaluation and management of concussions and is acting within the scope of the provider’s practice for evaluation and management of concussions or other head injuries.

(B) A licensed healthcare provider who is trained in the evaluation and management of cardiac conditions and is acting within the scope of that provider’s practice for evaluation and management of sudden cardiac arrest, fainting, and shortness of breath.

(3) “Sudden cardiac arrest prevention education and educational materials” and a “sudden cardiac arrest information sheet” shall, at a minimum, include information relating to all of the following:

(A) Cardiac conditions and their potential consequences.

(B) The signs and symptoms of sudden cardiac arrest.

(C) Best practices for removal of an athlete from an athletic activity after fainting or a suspected cardiac condition is observed.

(D) Steps for returning an athlete to an athletic activity after the athlete faints or experiences a cardiac condition.

(E) What to do in the event of a cardiac emergency: this shall include calling 911, performing hands-only CPR, and using an automated external defibrillator (AED) if it is available.

(4) “Youth sports organization” means an organization, business, nonprofit entity, or a local governmental agency that sponsors or conducts amateur sports competitions, training, camps, or clubs in which persons 17 years of age or younger participate.

(c) This section shall apply to all persons participating in the activities of a youth sports organization, irrespective of their ages. This section shall not be construed to prohibit a youth sports organization, or any other appropriate entity, from adopting and enforcing rules intended to provide a higher standard of safety for athletes than the standard established under this section.

# A FACT SHEET FOR Youth Sports Coaches



**CDC HEADS UP**  
SAFE BRAIN. STRONGER FUTURE.

Below is information to help youth sports coaches protect athletes from concussion or other serious brain injury, and to help coaches know what to do if a concussion occurs.

## What is a concussion?

A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.

## What is a subconcussive head impact?

A subconcussive head impact is a bump, blow, or jolt to the head that *does not* cause symptoms. This differs from concussions, which *do* cause symptoms. A collision while playing sports is one way a person can get a subconcussive head impact. Studies are ongoing to learn about subconcussive head impacts and how these impacts may or may not affect the brain of young athletes.

## How can I keep athletes safe?

As a youth sports coach, your actions can help lower an athlete's chances of getting a concussion or other serious injury. Aggressive or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury.<sup>3</sup> Here are some ways you can help:

### Talk with athletes about concussion:

- Set time aside throughout the season to talk about concussion.
- Ask athletes about any concerns they have about reporting concussion symptoms.
- Remind athletes that safety comes first and that you expect them to tell you and their parent(s) if they think they have experienced a bump, blow, or jolt to their head and “don’t feel right.”

### Focus on safety at games and practices:

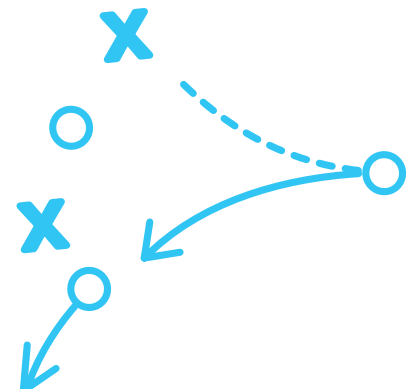
- Teach athletes ways to lower the chances of getting a hit to the head.
- Enforce rules that limit or remove the risk of head impacts.
- Tell athletes that good sportsmanship is expected at all times, both on and off the field.
- Bring emergency contact information for parents and healthcare providers to each game and practice in case an athlete needs to be seen right away for a concussion or other serious injury.

### Multiple concussions

Athletes who have ever had a concussion have a higher chance of getting another concussion. A repeat concussion can lead to more severe symptoms and longer recovery.<sup>1,2</sup>

### Coach's to-do list:

- ✓ Talk with athletes about concussion.
- ✓ Teach athletes ways to lower their chances of getting a hit to the head.
- ✓ Encourage concussion reporting among your athletes.
- ✓ Know what to do if you think an athlete has a concussion.
- ✓ Learn how to help an athlete safely return to play after a concussion.





## Make sure athletes do not perform these unsafe actions:

- Use their head or helmet to contact another athlete.
- Make illegal contact or check, tackle, or collide with an unprotected opponent.
- Try to injure another athlete.

## Stay up to date on concussion information:

- Review your state, league, and organization's concussion plans and rules.
- Take a training course on concussion. The Centers for Disease Control and Prevention (CDC) offers free concussion training at [cdc.gov/HEADSUP](https://cdc.gov/HEADSUP).
- Download CDC's HEADS UP app or another resource that provides a list of concussion signs and symptoms.

## Check equipment and sports facilities:

- Make sure all athletes wear a helmet that is appropriate for the sport or activity; ensure that the helmet fits well and is in good condition.
- Work with the game or event manager to fix any concerns, such as tripping hazards or goal posts without proper padding.

One study found that nearly 70% of athletes continued to play with concussion symptoms.<sup>4</sup>



## How can I spot a possible concussion?

Athletes who show or report one or more of the signs and symptoms listed below—or who simply say they just “don’t feel right”—after a bump, blow, or jolt to the head or body may have a concussion or other serious brain injury. Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not show up for hours or days.

### Signs coaches or parents may observe:

- Seems confused
- Forgets an instruction or is unsure of the game, position, score, or opponent
- Moves clumsily
- Answers questions slowly or repeats questions
- Can’t remember events before or after the hit, bump, or fall
- Loses consciousness (even for a moment)
- Has behavior or personality changes

### Symptoms athletes may report:

- Headache
- Nausea or vomiting
- Dizziness or balance problems
- Bothered by light or noise
- Feeling foggy or groggy
- Trouble concentrating or problems with short- or long-term memory
- Does not “feel right”

### Signs of a more serious brain injury

In rare cases, a concussion can cause dangerous bleeding in the brain, which puts pressure on the skull. Call 9-1-1 if an athlete develops one or more of these danger signs after a bump, blow, or jolt to the head or body:

- A headache that gets worse and does not go away
- Significant nausea or repeated vomiting
- Unusual behavior, increased confusion, restlessness, or agitation
- Drowsiness or inability to wake up
- Slurred speech, weakness, numbness, or decreased coordination
- Convulsions or seizures (shaking or twitching)
- Loss of consciousness (passing out)

### Some athletes may not report a concussion because they don’t think a concussion is serious.

They may also worry about:

- Losing their position on the team or losing playing time during a game,
- Putting their future sports career at risk,
- Looking weak,
- Letting down their teammates or the team, and/or
- What their coach or teammates think of them.<sup>5-7</sup>



## What should I do if an athlete has a possible concussion?

As a coach, if you think an athlete may have a concussion, you should:

### Remove the athlete from play.

**When in doubt, sit them out!** Record and provide details on the following information to help the healthcare provider or first responders assess the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out) and for how long
- Any memory loss right after the injury
- Any seizures right after the injury
- Number of previous concussions (if any)

### Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a healthcare provider.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess an athlete for a possible concussion and decide when it is safe for the athlete to return to play.

### Inform the athlete's parent(s) about the possible concussion.

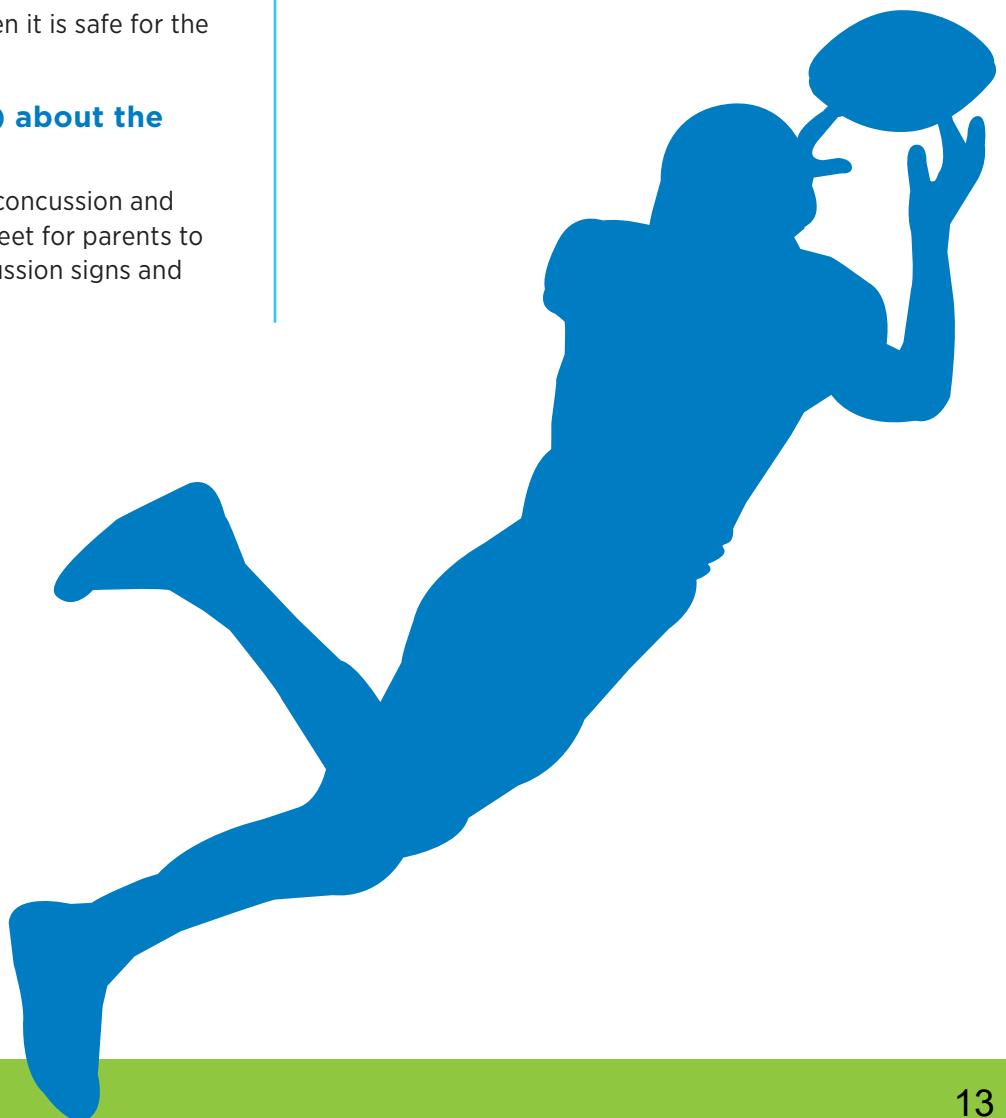
Let parents know about the possible concussion and give them the CDC HEADS UP fact sheet for parents to help them watch the athlete for concussion signs and symptoms at home.

### Ask for written instructions from the athlete's healthcare provider on return to play.

This should include information about when the athlete can return to play and steps you should take to help the athlete safely return to play. Athletes who continue to play while having concussion symptoms have a greater chance of getting another concussion. A repeat concussion that occurs before the brain has fully healed can be very serious and can increase the chance for long-term problems. It can even be fatal.

### Offer support during recovery.

An athlete may feel frustrated, sad, angry, or lonely while recovering from a concussion. Talk with them about it, and allow an athlete recovering from a concussion to stay in touch with their teammates, such as cheering on their team at practices and competitions.



## What steps should I take to help an athlete return to play?

An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a healthcare provider. When available, be sure to also work closely with your team's certified athletic trainer.

There are six gradual steps to help an athlete safely return to play. These steps should not be done in one day, but instead over days, weeks, or months. **An athlete should move to the next step only if they do not have any new symptoms at the current step.**

**Step 1:** Return to non-sports activities, such as school, with a greenlight from the healthcare provider to begin the return-to-play process

**Step 2:** Light aerobic exercise

- Goal: Increase the athlete's heart rate
- Activities: Slow to medium walking or light stationary cycling

**Step 3:** Sport-specific exercise

- Goal: Add movement
- Activities: Running or skating drills; no activities with risk for contact

**Step 4:** Non-contact training drills

- Goal: Increase exercise, coordination, and thinking
- Activities: Harder training drills and progressive resistance training

**Step 5:** Full-contact practice

- Goal: Restore confidence and have coaching staff assess functional skills
- Activities: Normal training activities

**Step 6:** Return to regular sports activity

**Remember:** It is important for you and the athlete's parent(s) to watch for concussion symptoms after each day's activities, particularly after each increase in activity. If an athlete's concussion symptoms come back, or if he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is working too hard. The athlete should stop these activities, and the athlete's parent should contact the healthcare provider. After the athlete's healthcare provider says it is okay, the athlete can begin at the step before the symptoms started.



1. Chrisman SPD, Lowry S, Herring SA, et al. Concussion incidence, duration, and return to school and sport in 5- to 14-year-old American football athletes. *J Pediatr*. 2019;207:176-184. doi:10.1016/j.jpeds.2018.11.003.

2. Guskiewicz KM, McCrea M, Marshall SW, et al. Cumulative effects associated with recurrent concussion in collegiate football players: the NCAA Concussion Study. *JAMA*. 2003;290(19):2549-2555.

3. Collins CL, Fields SK, Comstock RD. When the rules of the game are broken: what proportion of high school sports-related injuries are related to illegal activity? *Inj Prev*. 2008;14(1):34-38.

4. Rivara FP, Schiff MA, Chrisman SP, Chung SK, Ellenbogen RG, Herring SA. The effect of coach education on reporting of concussions among high school athletes after passage of a concussion law. *Am J Sports Med*. 2014;42(5):1197-1203.

5. Kerr ZY, Register-Mihalik JK, Marshall SW, Evenson KR, Mihalik JP, Guskiewicz KM. Disclosure and non-disclosure of concussion and concussion symptoms in athletes: review and application of the socio-ecological framework. *Brain Inj*. 2014;28(8):1009-1021.

6. Register-Mihalik JK, Guskiewicz KM, McLeod TC, Linnan LA, Mueller FO, Marshall SW. Knowledge, attitude, and concussion-reporting behaviors among high school athletes: a preliminary study. *J Athl Train*. 2013;48(5):645-653.

7. Chrisman SP, Quitiquit C, Rivara FP. Qualitative study of barriers to concussive symptom reporting in high school athletics. *J Adolesc Health*. 2013;52(3):330-335.

*The information provided in this fact sheet or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other healthcare provider.*

Revised August 2019

To learn more,  
go to [cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)



# Concussion

## INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

### What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

### How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no “concussion-proof” helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



**Plan ahead.** What do you want your child or teen to know about concussion?

### How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

#### Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

#### Symptoms Reported by Children and Teens

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not “feeling right,” or “feeling down”

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



## CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

### What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

➤ **Children and teens** who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

### What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)



### Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

- ☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

- ☐ I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

16 Parent or Legal Guardian's Signature: \_\_\_\_\_

# Lightning Facts and Procedures

## Consider the following facts:

- The average lightning strike is 6-8 miles long.
- The average thunderstorm is 6-10 miles wide and travels about 25 miles an hour.
- On the average, thunder can only be heard over 3-4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

## **Rule of Thumb:**

The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager or coach who feels threatened should contact the head umpire and recommend stopping play and clearing the field. In our league the Umpire and/or The Board Member on Duty makes the decision as to whether play is stopped. Once play is stopped, take the kids to safety until play resumes or game is called.

## **Where to Go:**

No place is safe from lightning threat, but some places are safer than others. Constructed buildings are usually the safest. Most people will find shelter in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area, put your feet together, crouch down and put your hands over your ears to prevent eardrum damage.

## **Places to Avoid:**

Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts, flagpoles, light poles, bleachers, metal fences and water.

## **First Aid for a Lightning Victim:**







- Call 911 immediately.
- Typically, the lightning victim has similar symptoms as that of someone having a heart attack. Consider: will moving cause anymore injury. If the victim is in a high-risk area, determine if movement is necessary. Lightning does strike twice in the same place. If you are not at risk, and moving is a viable option, you should move the victim.
- If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving the victim.

Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well. NOTE: CPR should only be administered by a person knowledgeable and trained in the technique.

# Heat and Air Quality Guidelines

## Air Quality Guidelines:

- 201 and above (Very unhealthy): Cancel all practices and games.
- 151-200 (Unhealthy): Practices and games are temporarily postponed. A reasonable amount of time will be allotted to wait and see if air quality improves and practices and/or games can proceed.
- 101-150 (Unhealthy for sensitive groups): Practices and games are allowed. If a player belongs to the "sensitive groups," then at the parent and players discretion, players will be excused without penalty from participating in strenuous activity or games.
- 100 and below (Moderate/Good): All activities are allowed.

	US AQI Level	PM2.5 ( $\mu\text{g}/\text{m}^3$ )	Health Recommendation (for 24 hour exposure)
	Good 0-50	0-12.0	Air quality is satisfactory and poses little or no risk.
	Moderate 51-100	12.1-35.4	Sensitive individuals should avoid outdoor activity as they may experience respiratory symptoms.
	Unhealthy for Sensitive Groups 101-150	35.5-55.4	General public and sensitive individuals in particular are at risk to experience irritation and respiratory problems.
	Unhealthy 151-200	55.5-150.4	Increased likelihood of adverse effects and aggravation to the heart and lungs among general public.
	Very Unhealthy 201-300	150.5-250.4	General public will be noticeably affected. Sensitive groups should restrict outdoor activities.
	Hazardous 301+	250.5+	General public at high risk of experiencing strong irritations and adverse health effects. Should avoid outdoor activities.

*Pictured: Air quality index chart with corresponding PM2.5  $\mu\text{g}/\text{m}^3$ .*

## Heat Index Guidelines:

- 108°F (or 42°C) or above: Practices and games are temporarily postponed. A reasonable amount of time will be allotted to wait and see if the temperature decreases and practices and/or games can proceed.

## **Safe Sports Act**

In 2018, the “Protecting Young Victims from Sexual Abuse and SafeSport Authorization Act of 2017” became Federal law. The mission of the U.S. Center for Safesport is to make the athlete well-being the centerpiece of our nation’s sports culture. All athletes deserve to participate in sports free from bullying, hazing, sexual misconduct, or any form of emotional or physical abuse. Education and awareness are the most critical components to creating safe and respectful sporting environments, free of abuse and harassment.

### **There are certain requirements from the SafeSport Act that Sunrise Little League must adhere to:**

#### **1. Reporting of Sexual Abuse involving a minor to the proper authorities:**

- All volunteers of a SLL are now mandated reporters and could face criminal charges if the league chooses to ignore, or not report to the proper authorities, any witnessed act of child abuse, including sexual abuse, within 24 hours.
  - The statutes define child abuse or neglect as physical injury or death inflicted upon a child through non-accidental means, the willful harming or endangering of a child, or unlawful corporal punishment.
  - The statutes also define neglect, sexual abuse, and willful endangerment of a child.
- Follow up written report to follow within 36 hours

### **Sac County Emergency Response Child Abuse Reporting (916)-875-5437**

#### **2. SLL’s policy on “good faith” reports of child abuse:**

- potential reporters should not be afraid to come forward in cases where they either have firsthand knowledge of or a good faith belief that abuse has occurred, even if there is a possibility that the report is wrong
- California state law, mandated reporters cannot be held liable in civil or criminal court
- under federal law mandated reporters only have immunity for reports made in good faith



### 3. SLL's policy that limits one-on-one contact with minors:

- All interactions between an Adult Participant and a Minor Athlete should be
  - Observable
  - Interruptible
- If one of the following exceptions exists with appropriate consent, the One-to-One Policy does not apply:
  - Emergency
  - Dual Relationship – the Adult Participant and the Minor Athlete had an existing relationship outside of the sport program
  - Close-In-Age – the Adult Participant has not authority over the Minor Athlete and is not more than 4 years older than the Minor Athlete

### 4. All SLL Board Member, Managers, Coaches, Umpires, Volunteers, and Score Keepers must complete the Abuse Awareness training provided by USA Baseball and SafeSport:

- <https://usabmobilecoach.com/page/3532/courses>
- log in or create an account - select "My Profile" to see course history or select new course
- Select option 2 "**Abuse Awareness for Adults**"
- Complete the Quiz at the end of the course - certificate of completion will be emailed to you
- Email a copy of your certificate to [vicepresident@sunriselittleleague.com](mailto:vicepresident@sunriselittleleague.com)



# Field Inspections and Storage Procedures

## BEFORE THE SEASON STARTS

- ✓ Familiarize yourself with the safety materials.
- ✓ Appoint a Safety Parent for your team. They need to be at all the games and have a cellular phone. It can be an Assistant Coach.

## PRIOR TO EACH GAME

- ✓ Complete a field safety checklist. Report any problems to your BMOD (Board Member on Duty) or to the League Safety Officer.
- ✓ Check the team equipment for any problems. Report any equipment problems to the BMOD or Equipment Manager.
- ✓ Check the contents in your team's first aid kit. Contact the League Safety Officer for any items that need to be replaced.

## STORAGE SHED

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

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

### **Remember:**

***Safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Safety Officer or another Board Member immediately. Do not play on an unsafe field or with unsafe equipment. Check the teams' equipment prior to each use.***

# PRE-GAME FIELD INSPECTION CHECK LIST

NAME:

FIELD:

DATE:

Time:

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

REPORT ANY PROBLEMS TO YOUR COMMISSINER OR SAFETY OFFICER.

Turn this form into the concession stand or to your division Rep.



# HEY COACH, HAVE YOU:

---

- ✓ Walked field for debris/foreign objects
- ✓ Inspected helmets, bats, catchers' gear
- ✓ Made sure a First Aid kit is available
- ✓ Check conditions of fences, backstops, bases and warning track
- ✓ Made sure a cell phone is available in case of an emergency
- ✓ Held a warm-up drill

## **Submitting Player, Manager and Coach Data**

Player, Manager, and Coach information will be submitted through the Little League Data Center at [www.littleleague.org](http://www.littleleague.org) by April 1, 2025 or two weeks following the draft.

## **Little League Survey – 2025**

The necessary participant(s) will answer the survey questions in the Little League Data Center upon notice of new survey availability.

## **Annual Little League Facility Survey**

The necessary participant(s) will complete and submit the Annual Little League Facility Survey in the Little League Data Center.

# **LITTLE LEAGUE BASEBALL® & SOFTBALL** **NATIONAL FACILITY SURVEY**

2020



League Name: \_\_\_\_\_

District #: \_\_\_\_\_

ID #: \_\_\_\_\_

(if needed) ID #: \_\_\_\_\_

(if needed) ID #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

President: \_\_\_\_\_ Safety Officer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

## **PLANNING TOOL FOR FUTURE LEAGUE NEEDS**

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields			
b. Basepath/infield			
c. Bases			
d. Scoreboards			
e. Pressbox			
f. Concession stand			
g. Restrooms			
h. Field lighting			
i. Warning track			
j. Bleachers			
k. Fencing			
l. Bull pens			
m. Dugouts			
n. Other (specify):			

## SPECIFIC BALLFIELD QUESTIONS

- Please list all fields by name.

[illegible]

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
FIELD																					
15.	Is field completely fenced?	Yes																			
16.	What type of fencing material is used?	Chainlink																			
		Wood																			
		Wire																			
17.	What base path material is used?	Sand, clay, soil mix																			
		Ground burnt brick																			
		Other:																			
18.	What is used to mark baseline?	Non-caustic lime																			
		Spray paint																			
		Commerc'l marking																			
19.	Is your the infield surface grass?	Yes																			
20.	Does field have conventional dirt pitching mound?	Yes																			
21.	Does field have a temporary pitching mound?	Yes																			
22.	Are there foul poles?	Yes																			
23.	Backstop behind home plate?	Yes																			
PERFORMANCE AND PLAYER SAFETY																					
24.	Is there an outfield warning track?	Yes																			
24.a.	If yes, what width is warning track? Please specify:	(Width in feet)																			
25.	Batter's eye (screen/covering) at center field?	Yes																			
26.	Pitcher's eye (screen/covering) behind home plate?	Yes																			
27.	Are there protective fences in front of the dugouts?	Yes																			
28.	Is there a protected, on-deck batter's area? (On-deck areas have been eliminated for ages 12 and below.)	Yes																			
29.	Do you have fenced, limited access bull pens?	Yes																			
30.	Is a first aid kit provided per field?	Yes																			
31.	Do bleachers have spectator foul ball protection?	Overhead screens																			
		Fencing behind																			
32.	Do your bases disengage from their anchors? (Mandatory since 2008)	Yes																			
33.	Is the field lighted?	Yes																			
34.	Are light levels at/above Little League standards? (50 footcandles infield/30 footcandles outfield)	Yes																			
		Don't know																			
35.	What type of poles are used? (Wood poles have not been allowed by Little League for new construction of lighting since 1994)	Wood*																			
		Steel																			
		Concrete																			
36.	Is electrical wiring to each pole underground?	Yes																			
37.	Ground wires connected to ground rods on each pole?	Yes																			
38.	Which fields were tested/inspected in the last two years?	Electrical System																			
		Light Levels																			
39.	Fields tested/inspected by qualified technician?	Electrical System																			
		Light Levels																			

[illegible]



FIELD DIMENSION DATA

Please complete for each field. Use additional space if necessary.

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:					
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:		
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole
1											
2											
3											
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20											

Mailing address:  
Little League International  
PO Box 3485  
Williamsport, PA 17701

Shipping address:  
Little League International  
539 US Route 15 Hwy.  
South Williamsport, PA 17702

## **Concession Stand Guidelines**

**\*\*\*Every worker must be instructed on these guidelines before they can work\*\*\***

### **Wash your hands regularly:**

- Use soap and warm water.
- Rub your hands vigorously as you wash them.
- Wash all surfaces including the backs of hands wrists, between fingers and under fingernails.
- Rinse hands well.
- Dry hands well.
- Dry hands with paper towels.
- Turn off water using paper towel, instead of your bare hands.

### **Wash your hands in this fashion before you begin work and especially after performing any of these activities:**

- After touching bare human body parts other than clean hands and clean exposed portions of arms.
- After using restrooms.
- After caring for or handling animals.
- After coughing, sneezing, using a handkerchief or disposable tissue.
- After touching soiled surfaces.
- After drinking, using tobacco, or eating.
- During food preparation.
- When switching from raw to ready to eat foods.
- After engaging in activities that contaminate hands.

### **The Top 6 Causes for Illness:**

1. Inadequate cooling and cold holding.
2. Preparing food too far in advance of service.
3. Poor personal hygiene and infected personnel.
4. Inadequate reheating.
5. Inadequate hot holding.
6. Contaminated raw foods and ingredients.

# Concession Stand Tips

## SAFETY FIRST

### Requirement 9

*12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.*

#### 1. Menu.

Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

#### 2. Cooking.

Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.

#### 3. Reheating.

Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices.

Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

#### 4. Cooling and Cold Storage.

Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

#### 5. Hand Washing.

Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

#### 6. Health and Hygiene.

Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

#### 7. Food Handling.

Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil

to serve food. Touching food with bare hands can transfer germs to food.

#### 8. Dishwashing.

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

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

#### 9. Ice.

Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

#### 10. Wiping Cloths.

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

#### 11. Insect Control and Waste.

Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

#### 12. Food Storage and Cleanliness.

Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

#### 13. Set a Minimum Worker Age.

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

*Safety plans must be postmarked no later than May 1st.*

# Volunteers Must Wash Hands

## HOW



## WHEN

***Wash your hands before you prepare food or as often as needed.***

***Wash after you:***

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

***Do not touch ready-to-eat foods with your bare hands.***

Use gloves, tongs, deli tissue or other serving utensils.

Remove all jewelry, nail polish or false nails unless you wear gloves.

***Wear gloves.***

when you have a cut or sore on your hand  
when you can't remove your jewelry

***If you wear gloves:***

- ▶ wash your hands before you put on new gloves

***Change them:***

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education. United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.



**UMASS  
EXTENSION**

## **Inspection of Equipment**

- This Little League requires regular inspection of playing equipment.
- Unsafe equipment should not be given in team equipment bags.
- Manager's Coaches and Umpires are required to inspect equipment prior to each use.
- Bad equipment will be logged and will be removed and destroyed.

## **Accident Reporting Procedure**

### **What to Report:**

An incident that causes a Payer, Manager, Coach or Umpire to receive medical treatment or first aid must be reported to The Safety Officer.

### **When to Report:**

All such incidents described above must be reported to The Safety Officer within 24 to 48 hours of the incident.

### **The Safety Officer Information:**

Name: Scott Harden

Email: [safetyoffice@sunriselittleleague.com](mailto:safetyoffice@sunriselittleleague.com)

In your safety packet you will find the injury report forms. If your Safety Parent is there, he/she can assist you in getting the front of the form filled out. The Safety Officer must be notified of the incident within 48 hours. Little League insurance is a supplemental insurance to the insured's own insurance. There is a small deductible.

The Accident Claim Forms can be replaced by The Safety Officer by request or downloaded from [www.leagueleague.org](http://www.leagueleague.org) found under forms and publications.

## 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.

## **TREATMENT OF DENTAL INJURIES**

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense 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 is sustained.

## **CHECKLIST FOR PREPARING CLAIM FORM**

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

### **PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR**

1. The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

### **PART II - LEAGUE STATEMENT**

1. This section must be filled out, signed and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

**IMPORTANT:** Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.



# LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

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

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

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

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

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

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

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

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

- |   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> BASEBALL         | <input type="checkbox"/> CHALLENGER (4-18)            | <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)                         |
| <input type="checkbox"/> CHALLENGER       | <input type="checkbox"/> MINOR (6-12)                 | <input type="checkbox"/> VOLUNTEER UMPIRE     | <input type="checkbox"/> SCHEDULED GAME   | (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12)         | <input type="checkbox"/> PLAYER AGENT         | <input type="checkbox"/> TRAVEL TO        |  |
|   | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM      |  |
|   | <input type="checkbox"/> JUNIOR (12-14)               | <input type="checkbox"/> SAFETY OFFICER       | <input type="checkbox"/> TOURNAMENT       |  |
|   | <input type="checkbox"/> SENIOR (13-16)               | <input type="checkbox"/> VOLUNTEER WORKER     | <input type="checkbox"/> OTHER (Describe) |  |

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

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

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

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



**For Residents of California:**

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

**For Residents of New York:**

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**For Residents of Pennsylvania:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For Residents of All Other States:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)**

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: (     ) Business: (     ) Fax: (     )

Were you a witness to the accident? ☐ Yes ☐ No  
Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

**POSITION WHEN INJURED**

- ☐ 01 1ST  
☐ 02 2ND  
☐ 03 3RD  
☐ 04 BATTER  
☐ 05 BENCH  
☐ 06 BULLPEN  
☐ 07 CATCHER  
☐ 08 COACH  
☐ 09 COACHING BOX  
☐ 10 DUGOUT  
☐ 11 MANAGER  
☐ 12 ON DECK  
☐ 13 OUTFIELD  
☐ 14 PITCHER  
☐ 15 RUNNER  
☐ 16 SCOREKEEPER  
☐ 17 SHORTSTOP  
☐ 18 TO/FROM GAME  
☐ 19 UMPIRE  
☐ 20 OTHER  
☐ 21 UNKNOWN  
☐ 22 WARMING UP

**INJURY**

- ☐ 01 ABRASION  
☐ 02 BITES  
☐ 03 CONCUSSION  
☐ 04 CONTUSION  
☐ 05 DENTAL  
☐ 06 DISLOCATION  
☐ 07 DISMEMBERMENT  
☐ 08 EPIPHYSES  
☐ 09 FATALITY  
☐ 10 FRACTURE  
☐ 11 HEMATOMA  
☐ 12 HEMORRHAGE  
☐ 13 LACERATION  
☐ 14 PUNCTURE  
☐ 15 RUPTURE  
☐ 16 SPRAIN  
☐ 17 SUNSTROKE  
☐ 18 OTHER  
☐ 19 UNKNOWN  
☐ 20 PARALYSIS/  
PARAPLEGIC

**PART OF BODY**

- ☐ 01 ABDOMEN  
☐ 02 ANKLE  
☐ 03 ARM  
☐ 04 BACK  
☐ 05 CHEST  
☐ 06 EAR  
☐ 07 ELBOW  
☐ 08 EYE  
☐ 09 FACE  
☐ 10 FATALITY  
☐ 11 FOOT  
☐ 12 HAND  
☐ 13 HEAD  
☐ 14 HIP  
☐ 15 KNEE  
☐ 16 LEG  
☐ 17 LIPS  
☐ 18 MOUTH  
☐ 19 NECK  
☐ 20 NOSE  
☐ 21 SHOULDER  
☐ 22 SIDE  
☐ 23 TEETH  
☐ 24 TESTICLE  
☐ 25 WRIST  
☐ 26 UNKNOWN  
☐ 27 FINGER

**CAUSE OF INJURY**

- ☐ 01 BATTED BALL  
☐ 02 BATTING  
☐ 03 CATCHING  
☐ 04 COLLIDING  
☐ 05 COLLIDING WITH FENCE  
☐ 06 FALLING  
☐ 07 HIT BY BAT  
☐ 08 HORSEPLAY  
☐ 09 PITCHED BALL  
☐ 10 RUNNING  
☐ 11 SHARP OBJECT  
☐ 12 SLIDING  
☐ 13 TAGGING  
☐ 14 THROWING  
☐ 15 THROWN BALL  
☐ 16 OTHER  
☐ 17 UNKNOWN

Does your league use batting helmets with attached face guards? ☐ YES ☐ NO  
If YES, are they ☐ Mandatory or ☐ Optional At what levels are they used?


I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date \_\_\_\_\_ League Official Signature \_\_\_\_\_

# Enforcement of Little League Rules

- All volunteers must have a volunteer application filled out and on file with the Little League. Our league will provide annual background checks.
- No laminated bat shall be used... (rule 1.10)
- The traditional batting donut is not permissible... (rule 1.10)
- A pitcher shall not wear any items on his/her hands, wrists or arms which may be distraction to the batter. White long sleeve shirts are not permitted... (rule 1.11)
- Pitcher shall not wear sweat bands on his/her wrists... (rule 1.15)
- Players must not wear jewelry... (rule 1.11)
- Catcher must wear a catcher's mitt... (rule 1.12)
- All batters must wear protective batting helmets, all helmets must bear the NOCAE stamp, No painting, or stickers on helmets... (rule 1.16)
- All male players must wear athletic supporters. Male catchers must wear the metal, fiber, or plastic type protective cup.
- Catching helmet must have the dangling type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games.
- Skull caps are not permitted... (rule 1.17)
- Each team is allowed three coaches in the dugout...
- Managers or coaches may not warm up a pitcher at home plate or in the bull pen or elsewhere at any time... (rule 3.09)
- Coaches will discourage "horseplay"
- No on deck batters are allowed in the Majors and below... (rule 1.08)

**Coach, Please Let Players Catch!**



**REMEMBER:**  
Coaches and managers must not warm up pitchers. Let Players Catch.

**RULE 3.09**  
"...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 the bull pen."

**Don't Swing It**  
...Until You're Up to the Plate!



**REMEMBER:**  
Don't pick up your bat until you leave the dugout, to approach the plate.

**RULE 1.08, Notes**  
"1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division."

**Make Sure They Are Safe!**



**REMEMBER:**  
Catchers must wear helmets during warm-ups and infield/outfield practice.

**RULE 1.17**  
"...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games."