

Morristown Area Little League 2026

**SAFETY MANUAL FOR
MANAGERS, COACHES & VOLUNTEERS**



District 1

Section 1

League ID - 230-01-10

Prepared by Joe Liccardo and Matthew Mirett - 03/05/2026

Table of Contents

Little League SAFE	3
Emergency Numbers	4
Morristown Area Little League (MALL) Elected and Appointed Officials	4
Morristown Area Little League Code of Conduct	5
Morristown Area Little League Safety Code	5
First Aid	7
Automated External Defibrillator (AED Device).....	8
Accident Reporting Procedures	9
Storage Locker/Shed Procedures	11
Concession Stand Safety and Cleaning Procedures	12
Appendix A: Accident Reporting Form.....	14
Appendix B: Concession Stand Food Handling and Cooking Guidelines.....	15
Appendix C: CDC Heads Up -Concussion Fact Sheet for Youth Sports Coaches	16

Little League SAFE

Morristown Area Little League is committed to providing a safe, welcoming environment where every player, volunteer, and family feels supported. Safety is an important part of every season, and we believe it is a shared responsibility that helps everyone enjoy the game with confidence and peace of mind.

As part of Little League SAFE, our league has confirmed the steps we take to protect children, prepare volunteers, and maintain safe facilities and playing conditions. From equipment checks and emergency planning to strong child protection practices and volunteer training, our goal is to create a positive, fun, and secure experience for every participant.

Thank you for being part of a community that puts kids first and works together to help ensure a safe, memorable Little League season.

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.
- Don't play on a field that is not safe or with unsafe playing equipment.
- Be sure your players are fully equipped at all times, especially catchers and batters.
- Check your team's equipment often.

Sincerely,

Morristown Area Little League Executive Board

Emergency Numbers

Department	State	Phone Number
Morristown, Morris Twp. and Morris Plains Police	Emergency	911
Morristown Police Morris Twp. Police Morris Plains Police	Non-Emergency	973-538-2200 973-539-0777 973-538-2284
Morristown, Morris Twp. and Morris Plains Ambulance	Emergency	911
Morristown Ambulance Morris Twp. Ambulance Morris Plains Ambulance	Non-Emergency	973-539-1776 973-539-1776 973-539-1776
Morristown, Morris Twp. Fire and Morris Plains Fire	Emergency	911
Morristown Fire Morris Twp. Fire Morris Plains	Non-Emergency	908-292-6605 973-326-7435 973-538-2284

Morristown Area Little League (MALL) Elected and Appointed Officials

League Officers		
Officers	Name	Email
Presidents	Lauren Udall	laurenudall@gmail.com
	Sean O'Connor	Seanwoconnor22@gmail.com
Vice President (Baseball)	Kate Lovenberg	katelynlovenberg@gmail.com
Vice Presidents (Softball)	Kathy Colaco	kathycolaco@gmail.com
Treasurers	Joe Vazzano	vazz2121@gmail.com
Safety Directors	Matthew Mirett	safetymorristownareaLL@gmail.com
	Joe Liccardo	
Coach Development	Brian McClintock	mcclintockbrian@yahoo.com
Player Development	Joe Martinez	jmartinez12@gmail.com
Baseball Player Agents	Jason Pedalino	ipedalino@crisdel.com
	Matthew Mirett	matthew.mirett@gmail.com

Morristown Area Little League Code of Conduct

- Speed Limit is 5mph in roadways and parking lots while attending any MALL function.
- Watch for children around parked cars.
- No alcohol allowed in any parking lot, field or common during any MALL.
- No profanity.
- No throwing rocks.
- No playing in parking lots.
- No playing on lawn equipment.
- No swinging bats or throwing balls at any time within the walkways and common areas of any MALL complex.
- Catchers must be used for all batting practice sessions, unless in a batting cage
- Observe all posted signs.
- Players and spectators should always be on the alert for foul balls and errant throws.
- No throwing balls against dugouts or against backstop.
- Only a player on the field and at bat may swing a bat.
- During the game, players must remain in the dugout area.
- After each game, each team must clean up trash in dugout and around stands.
- All gates to the fields must remain closed at all times.
- Gates shall be closed and secured after players enter or leave the playing field.

Morristown Area Little League Safety Code

- The Safety Director must complete the Annual Little League Facility Survey, update the Safety Manual, file all appropriate documents through the Little League Website and retain a file for future needs.
- The League President and Player Agent will submit updated league rosters to Little League headquarters to satisfy requirements set forth in the ASAP plan. Rosters should include player, manager, and coach information.
- Managers, coaches, and volunteers must fill out the Little League volunteer background check form and submit to a background check.
- Managers and coaches, Board of Directors and any other persons or volunteers must attend a Rutgers Safety Clinic and hold a safety certificate from the clinic.
- Managers and Coaches for both baseball and softball are required to attend the coach's First Aid clinic at least every three years. Note that at a minimum the manager and/or one of the coaches from each team must attend the clinic.
- Managers and coaches will be provided with a first aid kit and shall bring a first aid kit to all games and practices.
- No games or practices should be held when weather or field conditions are not conducive to safe play.
- "Walk the Field" – A Manager/Coach from both teams shall walk the field to identify any hazards and remove all hazards prior to use.
- Equipment shall be inspected regularly for the condition of the equipment as well

as for proper fit. Damaged or ill-fitting equipment shall be removed, not used, and replaced if necessary.

- All team equipment should be stored in the dugout during games and practices.
- Only players, managers, coaches, and umpires are permitted on the field or in the dugout during games and practices.
- Procedures should be established for retrieving foul balls.
- Managers and coaches will be provided with a copy of the 2026 Safety Manual and are required to familiarize themselves with its contents and to have it present at all games and practices.
- During practice and games, all players should be alert and watch the batter on each pitch.
- During warm-up drills players should be spaced so that no one is endangered by errant throws or missed catches.
- All pre-game warmups should be performed within the confines of the playing field or batting cages and not within areas that are frequented by spectators.
- Batters must wear Little League approved protective helmets during batting practice and games.
- Base Coaches, if players, must wear a protective helmet.
- Catchers must wear catcher's helmet, mask, throat guard, long model chest protector, shin guards, and protective cup (males) at all practices and games.
- Managers should encourage all male players to wear protective cups and supporters for practices and games.
- Managers should encourage all players to wear a heart guard and athletic cup during practice and games.
- Except when a runner is returning to base, headfirst sliding is not permitted.
- Parents of players who wear glasses should be encouraged to provide "safety glasses."
- Players may not wear watches, rings, pins, earrings, or metallic items during games and practices.
- On-deck batters are not permitted to swing bats.
- Managers and coaches should avoid warming up pitchers before or during a game. Properly attired catchers should warm up pictures.
- Catchers must wear catcher's helmet and mask with a throat guard while warming up pitchers. This applies to both between innings and in the bullpen.
- Players and spectators should be alert at all times for foul balls and errant throws.
- Assign a manager, coach, or parent to have a cell phone available for emergencies.
- Always have signed player medical release forms with you at all games and practices.

First Aid

All coaches and managers are to carry a first aid kit to all practices and games and familiarize themselves with the First Aid Overview document located on the MALL website. First aid kits are also located at the concession stands for those fields that have concession stands. First aid kits are to be checked periodically to make sure contents are present, in acceptable condition, and within useful life. Contact the safety director for replacement items.

A well-stocked kit shall include (but is not limited to) the following items:

- Latex gloves
- Instant cold packs
- Bandages: 1 x 3 inches & 2 x 4.5 inches
- Antiseptic wipes & first aid cream
- Rolls of athletic tape

Some important dos and don'ts

DO...

- Reassure and aid children who are injured, frightened, or lost.
- Provide or assist in obtaining medical attention for those who require it.
- Know your limitations.
- Carry your first aid kit to all games and practices.
- **LOOK** for signs of injury (Blood, black-and-blue, deformity of joint, etc.).
- **LISTEN** to the injured describe what happened and what hurts if conscious.
 - Before questioning, you may have to soothe an excited child.
- **FEEL** gently and carefully the injured area for signs of swelling or grating of broken bone.
- Make sure any child with Asthma has his/her inhaler with them at all times.
- Make arrangements to have a cell phone available when your game or practice is at a facility that does not have a public phone.
- Know the name and location of the field that you are practicing on.
- Bleeding must be stopped, and the open wound covered.
- Always use latex gloves to prevent mucous membrane exposure when contact with blood or other body fluids is anticipated.
- Immediately wash hands and other skin surface if contaminated with blood.
- Clean all blood contaminated surfaces and equipment.
- Managers, coaches, and volunteers with open wounds should refrain from all direct contact until the condition is resolved.
- Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressing, mouth guards, and other articles containing body fluids.
- Concussion Protocol can be found in Appendix C of this document.

DO NOT...

- Administer any medications.
- Provide any food or beverages.
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedures.
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the Director of Safety immediately.

Automated External Defibrillator (AED Device)

An **Automated External Defibrillator (AED)** is a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia in a patient, and is able to treat them through defibrillation, the application of electrical therapy which stops the arrhythmia, allowing the heart to reestablish an effective rhythm. PMID 9118556 "Automatic External Defibrillators for Public Access Defibrillation." AEDs are to be regularly inspected and tested to ensure they are in proper working condition and charged.

MALL has five AEDs in the following locations:

MALL AED List		
AED ID	Field	Location
001	Burnham	Concession Stand
002	Ginty	Coaches Locker
003	Vets	Concession Stand
004	Jim Fear	Field 1 Side of Electric Box
005	Jim Fear	Field 3 Side of Shed

- In the event of a cardiac arrest remain calm and call 911.
- Time is critical for a positive outcome, minutes count. Retrieve the AED and follow instructions upon deploying the device.
- The device is meant to be used without training; however, **managers and coaches** should.

familiarize themselves with the AED Quick Reference Card found with the AED and on the MALL website (morristownlittleleague.com).

Accident Reporting Procedures

All injuries must be reported to the league Safety Directors. An Incident / Injury Tracking Report is to be filled out by a league official and signed by the league president and sent to Little League International Headquarters. The Incident Tracking Form must be used for ALL accidents whether they require medical attention or not. This is important because Little League not only needs to address children seriously injured but also track trends in injuries. The Incident / Injury Tracking Report can be found in Appendix A of this document.

MALL Required Reporting Procedures:

- What to Report
 - An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the league safety officer within 24 hours of incident. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury, periods of rest or even simply putting band-aid.
- When to Report
 - All such incidents described above must be reported by the Head Coach to the league President, Vice President, and Safety Officer within 24 hours of the incident.
- How to Make the Report
 - Reporting incidents must be reported within 24 hours by filling out the incident report form (located in Appendix B of this document) as well as an email or phone call to President, Vice President, and/or Safety Officer. At a minimum, the following information must be given:
 - Name and phone number of the person involved.
 - Date, time, and location of the incident
 - As detailed a description of the incident as possible.
 - Preliminary estimation of the extent of any injuries
 - Name and phone number of the person reporting the incident.
- MALL Officers Responsibilities
 - Within 48 hours of receiving the incident report, a MALL Officer will contact the injured party or the party's parents and:
 - Verify the information received.
 - Obtain any other information deemed necessary.
 - Check on the status of the injured party.

In the event the injured party requires other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) the MALL Officer will advise the parent or guardian of the Little League's insurance coverages and the provisions for submitting any claims. If the extent of the injuries are more than minor in nature, the MALL Officer shall periodically call the injured party to (1) check on the status of any injuries, and (2) to check if any

other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the league again).

The Safety Directors for 2026 are:

Joe Liccardo (Baseball)

Cell: 201-790-8484

Email: safetymorristownareaLL@gmail.com

Matthew Mirett (Baseball)

Cell: 347-715-0032

Email: safetymorristownareaLL@gmail.com

Weather

Rain:

If it begins to rain:

- Evaluate the strength of the rain (is it a light drizzle or is it pouring?)
- Determine the direction the storm is moving.
- Evaluate the playing field as it becomes more and more saturated.
- Stop practice if the playing conditions become unsafe - use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.

Lightning:

The average lightning strike is 5-6 miles long with up to 30 million volts at 100,000 amps and flow in less than a tenth of a second. The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour. Once the leading edge of a thunderstorm approaches within 10 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead. On average, the thunder from a lightning strike can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached within 3- 4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

If you can **HEAR, SEE OR FEEL** a **THUNDERSTORM**:

- ***Suspend all games and practices immediately!***
- Stay away from metal including fencing and bleachers.
- Do not hold metal bats.
- Direct players to walk, not run, to their parent's or designated guardian's car and wait for the decision to suspend or resume the game or practice.

Hot Weather:

In the warmer months precautions must be taken to make sure the players on your team do not ***dehydrate*** or ***hyperventilate***:

- Suggest players take drinks of water when coming on and going off the field between innings. Parents should be reminded to provide water for their children for games and practice.
- If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P. Immediately provide water to the child and place a cold towel or pack to the back of the child's neck.
- If a player should collapse as a result of heat exhaustion, call **9-1-1** immediately. Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives.

Storage Locker/Shed Procedures

The following applies to all storage lockers/sheds used by MALL and applies to anyone who has been issued a key by MALL to use those lockers/sheds.

- Report any lost or stolen keys to a league President.
- All individuals with keys to the MALL equipment lockers/sheds (i.e. Managers, coaches, umpires, etc.) are aware of their responsibilities for the orderly and safe storage of the rakes, shovels, bases, etc.
- Before you use any machinery located in the sheds (i.e. lawn mowers, weed wackers, lights, scoreboards, public address systems, etc.) locate and read the written operating procedures for that equipment.
- All chemicals or organic materials (i.e. lime, fertilizer, etc.) stored within these equipment sheds will be separated from the areas used to store machinery and gardening equipment (i.e. rakes, shovels, etc.) to minimize the risk of punctured storage containers.
- Any witnessed "loose" chemicals or organic materials within the sheds shall be cleaned and disposed of in accordance with label directions as soon as possible to prevent accidental poisoning.

- At the conclusion of games, practices, or other MALL events the home team shall check all lockers/sheds to ensure equipment is properly stored and the doors are locked.
- At the conclusion of games, the home team shall check to make sure the umpire gear, bases, bats, racks, etc. have been returned.
- If equipment is damaged, broken or missing notify the Fields and Facilities Officer.
- If replacement materials need to be ordered (i.e. lime, drying agent, etc.) notify the Fields and Facilities Officer.
- At the conclusion of the season all keys shall be returned to the fields and facilities officer.

Concession Stand Safety and Cleaning Procedures

The following rules apply to all volunteers who work at one of MALL's concession stand:

- Never work alone, always work with a partner. Ensure one individual has a phone.
- A Board Member will take care of putting away the money box and locking the concession stand doors.
- Follow posted procedures for opening and closing stand.
- Always have a tidy work area and utensils.
- Cleaning products are to be stored separately from food.
- Make sure all food is handled properly.
- Wash hands and utensils thoroughly after contact with uncooked meats. (i.e. hot dogs, hamburgers).
- Volunteers who handle money should not handle food without first washing their hands.
- Ensure all volunteers are knowledgeable in the proper use of appliances.
- Appliances in need of repair should be removed and tagged. Notify the Fields and Facilities Officer about replacement.
- Always use caution when using appliances – misuse may result in injury (burns, cuts, electric shock, or fire).
- Ensure the first aid kit is properly stocked and easily retrievable.
- Be aware of the fire extinguisher location and ensure it is properly charged.
- If a fire extinguisher is used, notify Safety Officer, Field and facilities Officer and/or Equipment Supervisor for replacement.
- Know the location of utility shut offs (i.e. water, electric, gas) and know how to shut off and restore.
- Children under 12 are not allowed in the concession stands.
- Place uncooked hotdogs, cheese, and buns in a freezer bag and store in refrigerator.
- Place uncooked, frozen hamburgers in a freezer bag and store in freezer. Thawed hamburgers to be thrown out.
- Restock drinks in the refrigerator.

- Turn off all cooking equipment (grill, fryer, toaster oven, pretzel display, warming trays)
- Unplug coffee pot / Keurig.
- Place all paper products and utensils in proper storage area.
- Place all condiments, candy, cookies, etc. in proper storage area.
- Clean grill (spray with degreaser or vinegar) and scrub with grill brush. If grill is cool, empty grease tray.
- Wipe down all surfaces with multi-surface cleaner and sweep floor.
- Wash all dishes and serving / cooking utensils and place them in proper storage area.
- Create a list of all items that need to be restocked and post the list.

Cooking guidelines can be found in Appendix B of this document.

Concession Stand Injuries – Call 911 if the injury is severe.

All injuries are to be reported to the Safety Officer.

Burns

- Flush with cold water.
- If a blister forms, do not break blister (this is nature's Band-Aid).
- If severe seek immediate medical attention.

Cuts

- Bleeding must be stopped and the open wound covered.
- Always use latex gloves to prevent mucous membrane exposure when contact with blood or other body fluids is anticipated.
- Immediately wash hands and other skin surface if contaminated with blood.
- Clean all blood contaminated surfaces and equipment.
- Volunteers with open wounds are not allowed to work at concession stands.
- Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressing and other articles containing body fluids.

Electric Shock

- Open main power supply and notify Field and Facilities Officer.
- DO NOT TOUCH an individual who is being electrocuted, they are part of the electric circuit and touching them will result in the next individual to be electrocuted. The electrical circuit must be broken, open electrical circuit to do so.

Appendix A: Accident Reporting Form

Activities / Reporting

A Safety Awareness Program's Incident/Injury Tracking Report

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

Field Name/Location: _____ Incident Time: _____

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

Address: _____ Age: _____ Sex: Male Female

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

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

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

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

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

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

Type of injury: _____

Was first aid required? Yes No If yes, what: _____

Was professional medical treatment required? Yes No If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

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

Appendix B: Concession Stand Food Handling and Cooking Guidelines

Hot Dogs	<p>Cook on grill or boil in tray of water on grill. If rolls are frozen, warm in microwave for 10 seconds then place on grill 15 - 20 seconds each side before serving. Serve on a roll and place in a paper sleeve.</p>
Hamburgers	<p>Cook on grill while frozen until internal temperature is 160degF. Do not defrost hamburgers. If rolls are frozen, warm in microwave for 10 seconds then place on grill 15 - 20 seconds each side before serving. Serve on a roll on a small plate. DO NOT PRECOOK HAMBURGERS.</p>
Chicken Nuggets (6 per order)	<p>Cook in fryer until they are heated through (approximately 3-4 minutes) Do not defrost chicken nuggets. Serve in red & white food tray.</p>
French Fries	<p>Cook in fryer until they are heated through (approximately 4 minutes) Do not defrost French Fries. Serve in red & white food tray. Fries can be reheated by placing back in fryer for approximately 20 seconds Do Not Serve if fries are cold, overcooked, or dark brown / black.</p>
Pretzels	<p>Defrost in microwave (1-2 at a time) for approximately 2 minutes. Following microwave, heat in toaster oven for 2-3 minutes. Spray with water and sprinkle with salt. Place cooked pretzels in heating display.</p>
Churros	<p>Place frozen churros in toaster oven for 3-4 minutes. Toss cooked churros in cinnamon sugar and place in bottom of pretzel warmer. Keep 4 churros in the warmer at all times.</p>

Appendix C: CDC Heads Up -Concussion Fact Sheet for Youth Sports Coaches

A FACT SHEET FOR Youth Sports Coaches



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.¹ 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:

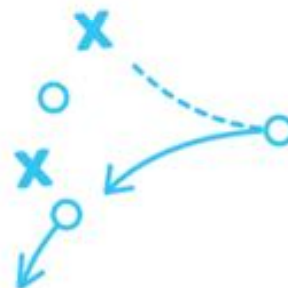
- Teach athletes ways to lower the chances of getting a hit to the head.
- Enforce rules that limit or remove the risk of head impacts.
- Tell athletes that good sportsmanship is expected at all times, both on and off the field.
- Bring emergency contact information for parents and healthcare providers 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.^{1,2}

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://www.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.⁴



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

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)

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”

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.^{5,7}

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.



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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.

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