

DUBOIS LITTLE LEAGUE 02381008



League Safety Officer Manual

League Name DuBois Little League

League # _____ - _____ - _____

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DuBois Little League Safety Officer, under the direction of DuBois Little League President , created this ASAP Manual according to the Qualified Safety Plan Requirements by Little League Baseball Incorporated.

TJ Wingard_____

____3/1/2017____

Date

Safety Officer
DuBois Little League Baseball and Softball

Andy Gilbert_____

____3/1/2017____

Date

President
DuBois Little League Baseball and Softball

ASAP Mission Statement

DuBois Little League Baseball and Softball is a nonprofit organization devoted to the development and wellness of the children it serves. This *ASAP Manual* is designed to assist DuBois Little League Volunteers in providing a safe environment for all participants. It shall be annually revised, published and distributed to DuBois Little League service members. The DuBois Little League Board of Directors has mandated the implementation of the requirements, procedures, policies and ideals contained in this *ASAP Manual*.*

Medical Emergency Procedures

1. Give first aid, and if professional medical treatment is required, **call 911**.
2. Notify a parent or legal guardian immediately if a player is injured or ill.
3. Complete an *Incident/Injury Tracking Report*, and submit the report to the DuBois Little League Safety Officer with in 48 hours of the incident. Verbal notification to the League President and Safety Officer is required the day of the incident/injury.
4. If applicable, the *Little League Baseball and Softball Accident Notification Form* must be completed by a parent or legal guardian and the DuBois Little League Safety Officer. The claim must be submitted to Little League Headquarters with in 20 days of the injury.
5. Discuss the incident with those present. Use the event as a learning opportunity. Some players may be upset by the accident and in need of reassurance.

When in doubt, call 911!

Use a mobile Telephone if a land line is not available!

A Telephone (mobile or land) will be accessible at all field locations of DuBois Little League.

Emergency Telephone Numbers*

Ambulance	911
EMS	911
Fire	911
Police	911
Rescue	911

Poison Control Center	800-222-1222
Emergency Services	765-5357
DuBois Regional Medical Center	371-2200
Poison Control	724-681-6669
DuBois State Police	814-371-4652

PA LL District 10 Administrator	337-3244
US LL Eastern Region Headquarters	860-585-4730
US LL Headquarters	570-326-1921

Glenn Fiebig

President – Andy Gilbert - 412-977-6946
Vice President – Chris Deeb - 814-771-0190
Treasurer – Darren Bryan - 814 – 594-4818
Safety Officer – TJ Wingard – 814-591-0867
Player Agents – Tball/ML/LL – Shane Farrell – 814-591-5323
JR/ SR – Rich Petrillo – 814-603-1622
SB – Mike Pasternak -814-591-6428
Equipment Manager – George Fatula -814-590-3182

DuBois Little League

Update with plan phone numbers and emails

MEMBER	ADDRESS	CITY/ST/ZIP	PHONE	POSITION	EMAIL
Chris Deeb	116 Wilson Avenue	DuBois,PA DuBois, PA	771-0190	VP	chrisdeeb@hotmail.com
Darren Bryan	1375 Treasure Lake	15801 DuBois, PA	913-1973	Treasurer	darren.bryan@stbank.net
Scott Frano	946 Chestnut Avenue	15801 DuBois, PA	371-9494 412-977-	VP Softball	franoscott@yahoo.com
Andy Gilbert	319 Shaffer Avenue	15801	6946	PresidentL	Andy.gilbert@myrtlegroup.com
Gretchen Clark	432 Randall Court	DuBois, Pa DuBois, PA	591-7219	Fundraising	gclark@dasd.k.12.pa.us
Bill Drahushak	1407 Treasure Lake	15801 DuBois, PA	771-6643	T-Ball Coordinator	billdrahushak@hotmail.com
Mike Pasternak	504 N 4th Street	15801 DuBois, PA	375-9698	Player Agent SB	mspnak5@gmail.com
Rich Petrillo	111 B Wasson Avenue	15801	371-7185	Player Agent Jr/ Sr BB	rmpetrillo@drmc.org
Kelly McCall	215 E Weber Avenue	DuBois, PA 15801 DuBois, PA	771-2008	Information Officer	Kellymccall417@gmail.com
CJ Miles	209 E 2 nd Avenue	15801 DuBois, PA	590-5166	Umpire In Chief	cjoemiles@gmail.com
George Fatula	98 Don Street	15801 DuBois, PA	590-3182	Equipment manager	gfatula@comcast.net
Dan Snyder	305 Green Ridge Dr	15801 DuBois, PA	375-9832	Safety Office SB	penndotjcs@gmail.com
Joe Simbeck	225 Dixon Avenue	15801 DuBois, PA	541-3934	VP Jr/ Sr BB	jjsimbeckdsl1@comcast.net
Michelle Snyder	305 Green Ridge Drive	15801 DuBois, PA	375-9832	Secretary	michellesnyder@verizon.net
Mike Starr	1664 Treasure Lake	15801 DuBois, PA	371-0873	Safety Officer Jr/ Sr BB	kerrymike@verizon.net
Brentt Smith	30 3 rd Street	15801	771-0824	Field Mgr SB	Brent.smith20@yahoo.com
Shane Farrell	1111 treasure Lake	DuBois, PA 15801	591-5323	Player Agent ML/ LL BB	sfarrell@unitedpa.com
TJ Wingard	1692 Treasure Lake	DuBois, PA 15801	591-0867	Field maintenance ML/LL	tcwingard@verizon.net

DuBois Little League Service Requirements

1. All DuBois Little League managers, coaches, board members and any other volunteers who provide regular services to DuBois Little League or who have repetitive access to or contact with players or teams must complete a *Little League Volunteer Application*.
2. The DuBois Little League President in conjunction with the DuBois Little League Safety Officer shall conduct a background search of all applicants utilizing services provided thru First Advantage and local police departments.
3. Anyone refusing to complete a *Little League Volunteer Application* is **NOT** eligible to participate as a DuBois Little League service member.
4. Anyone who is discovered to have a founded history of child abuse is **NEVER** eligible to participate as a DuBois Little League service member.
5. The DuBois Little League president shall retain all confidential documents regarding DuBois Little League service members for their respective years of service.
6. The DuBois Little League will have the ASAP reviewed by the DA or ADA.



Little League Volunteer Application - 2017

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

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory with First Advantage) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

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

Do you have children in the program? Yes No If yes, list full name and what level? _____

Special Certification (CPR, Medical, etc.): _____

Do you have a valid driver's license: Yes No

Driver's License#: _____ State _____

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor? Yes No

If yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? Yes No If yes, describe each in full: _____

Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: _____

In which of the following would you like to participate? (Check one or more.)

League Official Coach Umpire Field Maintenance

Manager Scorekeeper Concession Stand Other

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone _____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE:

<http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

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.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____

on _____

System(s) used for background check (minimum of one must be checked):
Regulation (c)(9) Mandates First Advantage or another provider that is comparable

*First Advantage Sex Offender Registry Data along with a National Criminal Records check of at least 281 million records

*Please be advised that if you use First Advantage 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 directly from LexisNexis 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.

Fundamentals Training Requirements

1. Every year on the second Tuesday of March at the DuBois Fire Training Room located at the DuBois City Garage, at least one (1) manager or coach from each team in the DuBois Little League must attend a mandatory training for baseball/softball fundamentals clinic. This must be rotated every three years so that each manager or coach get trained at least every three years.
2. The DuBois Little League safety officer shall arrange for an experienced professional, college, high school, American Legion or Little League coach to provide training.
3. The fundamentals clinic shall include training in hitting, fielding, and throwing, base running, sliding, pitching and catching.
4. Managers and coaches shall likewise deliver fundamentals training to their players during structured practices.
5. DuBois Little League shall communicate access to the coaches resource center at Little League.org

First Aid Training Requirements

1. Every year on the second Tuesday of March at the DuBois Fire Training Room located at the DuBois City Garage , at least one (1) manager or coach from each team in the DuBois Little League must attend a manatory first aid clinic. This must be rotated every three years so that each manager or coach get trained at least every three years.
2. The DuBois Little League safety officer shall arrange for a licensed physician, nurse or EMT to provide training.
3. The first aid clinic shall include comprehensive.
4. The DuBois Little League safety officer shall issue to all managers a sports first aid kit, which must be present at all DuBois Little League practices and games.

Fundamentals and Basic First Aid will be reviewed at the mandatory manager or coaches meeting.. A manager or coach from each team in each division must be present.

First Aid Kits: What goes in them?

Requirement 12

"Hello, I need a list of what to put in a team first aid kit as well as the big first aid kits kept at the fields. I have a sponsor willing to fill this need. I just need to give them a list of what we need and how many."

Thanks,
Marc Paladino
(via email)

A team's first aid kit should contain ice in bags; these will be used almost anytime you have an injury to help reduce the pain and potential swelling. If using chemical cold packs, be cautious using around the face in case of leaks. Also, bandages, both large and small, gauze, some kind of dressing material like an Ace wrap or elastic wrap to hold gauze in place, or athletic tape. You should also provide water or a cleanser (antiseptic wipes, etc.) to clean abrasions or cuts. Check local expectations for first aid kits, as some states do not allow these cleansers other than at home or by health care professionals.

Also, don't forget latex or rubber gloves and some kind of small bag to properly dispose of blood and blood-soiled items like wipes or towelettes; blood-borne pathogens should be an important part of your safety training, so people do not put their health and future safety at risk dealing with unknown risks.

Finally, each team should have some kind of emergency telephone (mobile or land-line) to call an ambulance as well as a map or written directions to the area medical facilities anyone evacuated by medical professionals would be taken to. In an emergency, people need all the help they can get. Check the November/December 2003 ASAP News for some examples of that kind of information.

NOTE: Individual leagues decide what they need in a first aid kit. These give a good idea of fully-stocked kits. Items any kit should contain: A good supply of ice, drinking water, and personal items

or medications; emergency phone numbers; coins for pay phones; and directions and/or a map to/from emergency medical facilities.

ALSO: Keep a list of original supplies in your first aid kit, so it can be stocked and replenished! If managers or coaches use any first aid supplies, replace them before the next time the team meets.

Here are three good examples of a well-stocked first aid kit:

LLB's Emergency Management and Training Program

Little League's EMTP manual recommends your first aid kit include:

- Ice bags
 - Plastic bags of crushed ice
- Elastic bandages
 - 3, 4 and 6 inch widths
- Sterile dressings
 - 3 by 3 inch individual gauze
 - 2 to 3, 5 by 9 inch pads
 - Telfa or non-stick dressings
 - Eye patches
- Adhesive bandages
 - 3/4, 1 and 2 inch widths
- Bandages
 - Triangular shape and in rolls
- Adhesive tape
 - 1/2, 1 and 1 1/2 inch widths
- Eye shields
- Small flashlight
- Scissors
- Antiseptic soap
- Splints
 - Inflatable, cardboard or wooden, for arm and leg (large enough for your largest player)
- Petroleum jelly
- Safety pins
- First aid manual
- Towels
- Blanket
- Small pocket notebooks and pencils
- Water for drinking and plenty of paper cups. (Water and paper cups can also do double duty in some first aid applications.)

Fyrst USA Sport Medical Kits

A new first aid kit, available both in a team size and a league size, is offered by Fyrst USA. It was developed specifically for sports injuries. A unique feature: resupplies can be ordered by phone and to you in 5-7 days. Call 800/782-1355 or go to www.fyrstusa.com to order.

- 1 Reusable ice bag: 9 inches
 - 4 Instant cold packs: 6 by 10 inches
 - 1 Blister Kit
 - 20 Bandages: 1- by 3-inches
 - 6 Large bandages: 2 by 4 1/2 inches
 - 1 Elastic wrap
 - 1 Scissors
 - 20 Antimicrobial skin wipes
 - 10 Blood-off cloth towelettes
 - 20 Latex gloves
 - 1 Antiseptic hand cleaner: 4 ounces
 - 2 Rolls of athletic tape
 - 1 Roll of pre-wrap
 - 3 Sport wound care kits
- FIRST USA now carries the SAVE-A-TOOTH Preservation System (with ADA Seal of Acceptance)

Little League First Aid Kit

- The first aid kit produced by Johnson & Johnson, is available through the equipment and supplies catalog.
- Bandages — sheer and flexible
 - Non-stick pads — assorted sizes
 - Soft-Gauze bandages
 - Oval eye pads
 - Triangular bandage
 - Hypo-allergenic first aid tape in dispenser
 - 2-inch elastic bandage
 - Antiseptic wipes
 - First aid cream
 - Instant cold pack
 - Tylenol® extra-strength caplets
 - Scissors
 - Tweezers
 - First aid guide
 - Contents card
 - Disposable gloves

asap@musco.com 9

COACHING PROCEDURES (for Managers & Coaches)

1. Coaches shall have their ASAP Manuals present at practices and games.
2. Coaches shall walk the field and look for hazards prior to each practice and each home game.
3. Coaches shall remove field hazards before practice or a game begins.
4. Coaches shall complete and submit to the DuBois Little League Safety Officer a Field Deficiency Report when a hazard or issue exists and needs addressed.
5. Coaches shall inspect athletic equipment before each use.
6. Coaches shall not permit the use of defective athletic equipment.
7. Coaches shall complete and submit an Incident/Injury Tracking Report when a participant is injured, involved in an accident or experiences a near miss within 48 hours to the DuBois Little League Safety Officer.
8. The DuBois Little League Safety Officer shall share information on injuries, accidents and near misses with the PA District 10 Safety Director.
9. Coaches shall have a sports first aid kit present at all practices and games.
10. Coaches shall ensure that there is a telephone available at practices and games.
11. Coaches shall have their players completed Medical Release forms present at all practices and games.
12. Coaches shall enforce all Little League rules at practices and games. This includes that all players are registered with the league, and are properly equipped at all times. This includes catchers warming up (Reminder: Coaches are not permitted to warm up pitchers, rule 3.09, 2009 Official Regulations)
13. Coaches shall conduct structured warm up drills before practices and games.

Coaches Code of Conduct

CODE OF CONDUCT – Coaches are Role Models

“Our Little League is in the process of putting together a newsletter for the coaches stating Coaches Code of Conduct. I thought in the past in one of the ASAP newsletters I saw one but I cannot find it. Our local league is putting a newsletter together on this and it would help if Little League already had some information on this and additional ideas for a list to be handed out and signed by the Managers and Coaches as to their conduct during games and practices to help guide them.”

George Colby

Easton, Conn., Little League, District 2

Editor's Note: Here is a Code of Conduct that is used in many safety plans. On the next page (pg 8) is a Volunteer Code of Conduct that serves as a reminder of the important role coaches and managers have in the development of youth people. It stresses that sports should be about fun, physical exercise and character development, and not winning.

Speed Limit 5 mph in roadways and parking lots while attending any _____ Little League function. Watch for small children around parked cars.

No Alcohol allowed in any parking lot, field, or common areas within the _____ Little League complex.

No SMOKING or Tobacco products of any kind (including spit tobacco) allowed in any common areas within the _____ Little League complex.

No Playing in parking lots at any time.

No Playing on and around lawn/maintenance equipment.

No Profanity allowed in any parking lot, field, or common areas within the _____ Little League complex.

No Swinging Bats or throwing baseballs at any time within the walkways and common areas of the Little League complex.

No throwing balls against dugouts or against backstop.

No throwing rocks and no climbing fences.

Only a player on the field and at bat, may swing a bat (Ages 5 - 12).

Observe all posted signs. Players and spectators should be alert at all times for Foul Balls and Errant Throws.

During game, players must remain in the dugout area in an orderly fashion at all times.

After each game, each team must clean up trash in dugout and around stands.

All gates to the field must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.

No children under age of 16 are to be permitted in the Snack Bars.

Failure to comply with the above may result in expulsion from the _____ Little League field or complex.



mlsp@mlsco.com 7

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 NUFI Accident Master Policy acquired through Little League contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

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 Headquarters. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFI 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, Pa. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions.

With your league's cooperation, insurance rates have increased only three times since 1965. This rate stability would not have been 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. In 2000 the State of Virginia was the first state to have its accident insurance rates reduced by high participation in ASAP and reduction in injuries. In 2002, seven more states have had their accident insurance rates reduced, as well. They are Alaska, California, Delaware, Idaho, Montana, Washington, Wisconsin.

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 occurs.

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 Headquarters. 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.

05-013-09 rev. 4/21/2009

Good Procedures to Implement

Checklist for Managers, Coaches, and Umpires

Here are some good procedures for your league to implement and follow on several required areas of the safety plan. Requirements 7, 10, 12 and 13 are all included in the checklists below. These come from several leagues whose volunteers are providing safety leadership through their efforts to increase awareness and help volunteers do the right thing at the right time.

A. Safe Playing Areas

Regular safety inspections of all fields, (practice and game), structures, and dugouts, is the best way to eliminate conditions that cause accidents. Managers, coaches, and umpires should routinely check playing area for:

1. Holes, damage, rough or uneven spots, slippery areas, and long grass
2. Glass, rocks, foreign objects
3. Damage to screens or fences, including holes, sharp edges, or loose edges
4. Unsafe conditions around backstop, pitcher's mound, or warning track
5. Proper attire by the catcher at all times, including in the bull pens and in between innings

B. Safe Equipment

All equipment shall be inspected before each use. Regular safety inspection of equipment is essential. Managers, coaches, and umpires should:

1. Be sure all equipment is LL approved
2. Inspect all bats, helmets, and other equipment on a regular basis. Dispose of unsafe equipment properly.

3. Keep loose equipment stored properly
4. Have all players remove all personal jewelry
5. Parents should be encouraged to provide safety glasses for players who wear glasses
6. Repair or replace defective equipment

C. Safe Procedures

Managers and coaches must:

1. Have all players' medical release forms with you at every practice and game
2. Have a first aid kit with you all practices and games
3. Have access to a telephone in case of emergencies
4. Know where the closest emergency shelter is in case of severe weather
5. Ensure warm-up procedures have been completed by all players
6. Stress the importance of paying attention, no "horse playing allowed"
7. Instruct the players on proper fundamentals of the game to ensure safe participation
8. Each practice should have at least 2 coaches in case of an emergency

D. Weather Conditions

Before the Storm

1. Check the weather forecast before leaving for a game or practice
2. Watch for signs of an approaching storm
3. Postpone outdoor activities if storms are imminent

Approaching Thunderstorm

1. Take caution when you hear thunder. If you hear thunder, you are close enough to get struck by lightning. During a game, the umpire will clear the field in the event of an approaching storm.

2. Move to a safe environment immediately. Do not go under a tree or stay in the dugout.
3. If lightning is occurring and there is not sturdy shelter near, get inside a hard top automobile and keep the window up.
4. Stay away from water, metal pipes, and telephone lines.
5. Unplug appliances not necessary for obtaining weather information. Avoid the telephone except for emergency use only.
6. Turn off air conditioners.

If caught outdoors & no shelter exists

1. Find a low spot away from trees, fences, light poles, and flagpoles. Make sure the site you pick is not prone to flooding.
2. If in the woods, take cover under shorter trees.
3. If you feel your skin begin to tingle or your hair feels like it's standing on end, squat low to the ground, balancing on the balls of your feet. Make yourself the smallest possible target, tuck your head between your legs, and minimize your contact with the ground.

What to do if someone is struck by lightning

1. The person who has been struck will carry no electrical charge; therefore, they are safe to touch.
2. Call 9-1-1 as soon as possible for help.
3. Check for burns to the body.
4. Give first aid as needed.
5. If breathing and/or heartbeat have stopped, perform CPR until EMS arrives.
6. Contact the league Safety Officer or President ASAP.

FIELD DEFICIENCY REPORT
DuBois Little League

On which field does the problem exist?

- Little League field
- T - Ball
- Girls softball field
- Senior League field
- Highland Street Field
-
-
-
-
-

Where does the problem exist?

- Infield
- Outfield
- Dugout
- Fencing
- Surrounding Area

Briefly describe the nature of the problem.

Briefly explain corrective actions taken / suggested.

Report Completed by: _____

Team: _____ **Date:** _____



Little League[®] Baseball and Softball Medical Release



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: _____ Date of Birth: _____

League Name: _____ I.D. Number: _____

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: _____

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

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

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

It is suggested this memo should be reproduced on your league's letterhead over the signature of your president or safety officer and distributed to the parents of all participants at registration time.

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

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a \$50.00 deductible per claim, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

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

1. The Little League Baseball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League 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 after the 52-week time limit when:
 - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
 - (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment.

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

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

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

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

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 (5-8) Minor (7-12) Major (9-12) Junior (13-14)
 Senior (14-16) Big League (16-18)
C.) Tryout Practice Game Tournament Special Event
 Travel to Travel from Other (Describe): _____

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

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

Type of injury: _____

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

Was professional medical treatment required? Yes No If yes, what: _____

(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for Little League purposes only, to report 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 claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

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

Signature: _____ Date: _____

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 Headquarters. 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.

Accident Notification Form

"I called today and asked about what form I fill out for an injured kid. You are going to send me one in the mail and I was going to look on-line for what I need. Is this the Incident Tracking Form? When I called they said something about an Accident Notification Form and I can't seem to find it on the website. Can you help?"

John Voyles
Safety Officer
Oviedo, Fla., Little League

Here is an example of the Accident Notification Form you need to use in cases of players injured who do or may require medical attention. It should be filled out by a league official and signed by the league president and sent to Little League International Headquarters. Look for it on-line in the League Officials section under the "Insurance" header on the left-hand side (<http://www.littleleague.org/common/insurance/index.asp?cid=5>).

The Incident Tracking Form (on the next page) is for your league to use in all accidents – those requiring medical attention and those not. Doing this tracking will help your league determine if additional training is needed for specifics like sliding (if several players in a division are hurting their legs or ankles, but not enough to go to the hospital); or if players are getting hurt on a specific field from bad hops, the field may need dragging or other work, etc.

"Do you have examples of injury or accident processes that can be distributed to league parents? I'm looking for ideas for a document to be included in our parent handbook that explains the process in layman's terms."

Pat Gallagher
Safety Officer
Capitola Little League, Soquel, Calif.

That's a great question. Here's an example of what we have in the sample safety manual. Attached is a tracking form for your coaches to fill out as

well (on next page); but if an accident occurs, you should fill out and submit the Accident Notification Form.

Accident 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 48 hours of incident. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

When to Report

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

_____ who can
be reached (day) at _____
or (evening) at _____

How to Make the Report

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. 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.

Safety Officer's Responsibilities
Within 48 hours of receiving the incident

report, the Safety Officer will contact the injured party or the party's parents and:

- (1) Verify the information received;
- (2) Obtain any other information deemed necessary;
- (3) Check on the status of the injured party; and
- (4) In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) 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 Safety 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).

LITTLE LEAGUE, BASEBALL AND SOFTBALL
ACCIDENT NOTIFICATION FORM
INSTRUCTIONS

For claims occurring after January 1, 2005

Send Complete Form To:
Little League, Inc. (Form 300)
100 Little League Way, PO Box 1088
Morgantown, PA 17053-0088
Attention: Claims Control Number
Phone: 717/251-1011 Fax: 717/251-0281

- This form is to be completed by your club (children and not an adult) and a league official and returned to Little League on Monday after a 48-hour period. An incident of this form is to be used to file a claim with Little League. It is not to be used to file a claim with your local insurance carrier. It is to be used to file a claim with Little League. It is to be used to file a claim with Little League. It is to be used to file a claim with Little League.
- Check all that apply. If you check "Other" you must describe the injury in the "Other" box. If you check "Other" you must describe the injury in the "Other" box.
- If you check "Other" you must describe the injury in the "Other" box. If you check "Other" you must describe the injury in the "Other" box.
- If you check "Other" you must describe the injury in the "Other" box. If you check "Other" you must describe the injury in the "Other" box.

Name of Injured Person (Last, First, Middle Initial)	Age
Position (Last, First, Middle Initial)	Division
Name of the Official (Last, First, Middle Initial)	Position (Last, First, Middle Initial)
Name of the Club (Last, First, Middle Initial)	Division

Accident Details

Date of Accident: _____ Time of Accident: _____ Type of Injury: _____

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

Check all that apply (circle or check):

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (B or R)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRICOLITE	<input type="checkbox"/> SPECIAL EVENT
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL	<input type="checkbox"/> MANAGER/COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> BOYS' SUMMER
<input type="checkbox"/> CYCLE RACING	<input type="checkbox"/> WRESTLING	<input type="checkbox"/> VOLUNTEER/UMPIRE	<input type="checkbox"/> SCOUTING/CLUB	<input type="checkbox"/> SPECIAL CHALLENGER
<input type="checkbox"/> TAG/CHAS/AMERICAN	<input type="checkbox"/> LITTLE LEAGUE (B or R)	<input type="checkbox"/> PLAYER/AGENT	<input type="checkbox"/> TWELVE TO	<input type="checkbox"/> (Indicate a copy of your report from your league)
<input type="checkbox"/> JUNIOR	<input type="checkbox"/> SENIOR	<input type="checkbox"/> OFFICIAL/SCOUT/REPORTER	<input type="checkbox"/> TWELVE TO/THIRTEEN	
<input type="checkbox"/> BULLDOZER	<input type="checkbox"/> OTHER	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> COLLEGIATE	
		<input type="checkbox"/> VOLUNTEER/UMPIRE	<input type="checkbox"/> OTHER (Specify)	

I hereby certify that I have read the instructions to all parties of this form and to the best of my knowledge and belief the information contained is true and correct and that it is a true and correct copy of the original. I understand that I am responsible for the accuracy of the information provided and that I am not responsible for the accuracy of the information provided by any other person.

I hereby certify that I have read the instructions to all parties of this form and to the best of my knowledge and belief the information contained is true and correct and that it is a true and correct copy of the original. I understand that I am responsible for the accuracy of the information provided and that I am not responsible for the accuracy of the information provided by any other person.

Date: _____

Insurance Forms

Forms can be obtained on the internet at www.littleleague.org

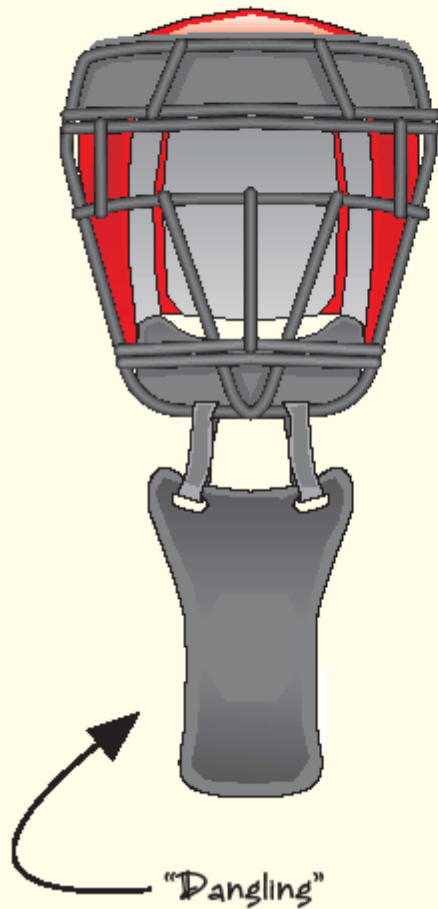
- **Go to Little League Website**
- **Off the main page select Forms and Publications on the right side Menu**
- **Complete the following forms and turn in to League Safety Officer**
 - **Incident/Injury Tracking Form**
 - **Accident Claim Form**
 - **General Liability Claim Form**

- **League President and Safety Officer must be notified with in 24 hours of the incident**
- **Note all documentation of the incident must be submitted to Little League Headquarters with in 20 days of the injury or the claim may be denied.**
- **It is the responsibility of the parents and the coach of the injured player to initiate the completion of the required forms and submit to the League Safety Officer.**



HAVE YOU:

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



**Make
Sure
They
Are
Safe!**

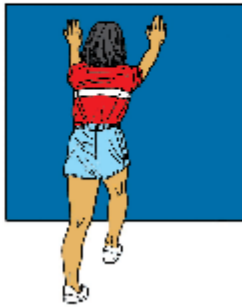
REMEMBER:

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."

Suggestions for Warm-up Drills



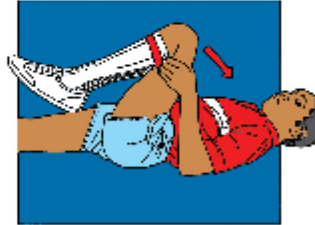
Heel Cord Stretches

Lean against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Slightly bend the leg that's closer to the wall. Lean forward. You should feel the stretch along the back of your calf. Repeat with other leg.



Head and Neck Circles

Make a circle with your head, going around first in one direction five times. Then reverse and make five circles in the opposite direction.



Low Back Stretches

Lie on your back, bring one knee up, and pull the knee slowly toward your chest. Hold and repeat three times. Switch legs and repeat.



Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.



Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.



Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.



Thigh Stretches #1

Sit on the ground. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on your knees. You should feel the stretch along the backs of your legs.

Thigh Stretches #2

Sit on the ground with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.



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

© 1996 Little League Baseball, and Musco Lighting, Inc.

Drinking Guidelines For Hot Day Activities

Before: Drink 8 oz. immediately before exercise
During: Drink at least 4 oz. every 20 minutes
After: Drink 16 oz. for every pound of weight lost

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

Asthma Emergency Signs

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

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

Asthma is different for every person.

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

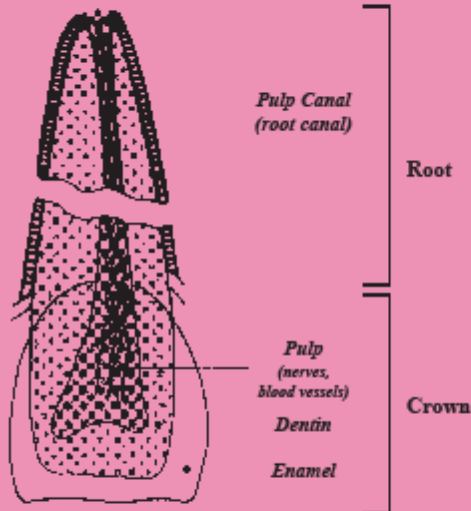
If you are at all uncertain of what to do in case of a breathing emergency...

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

Michigan Asthma Steering Committee of the Michigan Department of Community Health

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

Emergency Treatment of Athletic Dental Injuries



Professionally-made, properly fitted Custom Mouthguards greatly reduce the risk and severity of mouth injuries. Mouthguards are recommended injury prevention equipment for all at-risk sports.

AVULSION (Entire Tooth Knocked Out)

1. Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
2. If debris is on tooth, *gently* rinse with water.
3. If possible, reimplant and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert and conscious.
4. If unable to reimplant:
Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."
2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2% milk.
3rd best - Wrap tooth in saline-soaked gauze.
4th best - Place tooth under athlete's tongue. Do this **ONLY** if athlete is conscious and alert.
5th best - Place tooth in cup of water.
5. **Time is very important.** Reimplantation within 30 minutes has the highest degree of success rate. **TRANSPORT IMMEDIATELY TO DENTIST.**

LUXATION (Tooth in Socket, But Wrong Position)

THREE POSITIONS

EXTRUDED TOOTH - Upper tooth hangs down and/or lower tooth raised up.

1. Reposition tooth in socket using firm finger pressure.
2. Stabilize tooth by gently biting on towel or handkerchief.
3. **TRANSPORT IMMEDIATELY TO DENTIST.**

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

1. Try to reposition tooth using finger pressure.
2. Athlete may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
3. **TRANSPORT IMMEDIATELY TO DENTIST.**

INTRUDED TOOTH - Tooth pushed into gum - looks short.

1. Do nothing - avoid any repositioning of tooth.
2. **TRANSPORT IMMEDIATELY TO DENTIST.**

FRACTURE (Broken Tooth)

1. If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on towel or handkerchief to control bleeding.
2. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
3. Save all fragments of fractured tooth as described under Avulsion, Item 4.
4. **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST.**

**Academy for
Sports Dentistry**
875 North Michigan Ave.
Suite 4040
Chicago, IL 60611-1901

1800-273-1788
1800-ASD-1788

The Academy for Sports Dentistry, a professional organization dedicated to the dental needs of athletes at risk to sports injuries, recommends that every sports medicine team include a dentist knowledgeable in sports dentistry.

**MOUTHGUARDS SHOULD NOT BE
OPTIONAL EQUIPMENT**

What to do if someone is struck by lightning

- ▶ **Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention.**
- ▶ **Call for help.** Have someone call 9-1-1 or your local ambulance service. Medical attention is needed as quickly as possible.
- ▶ **Give first aid.** Cardiac arrest is the immediate cause of death in lightning fatalities. However, some deaths can be prevented if the victim receives the proper first aid immediately. Check the victim to see that they are breathing and have a pulse and continue to monitor the victim until help arrives. Begin CPR if necessary.
- ▶ **If possible, move the victim to a safer place.** An active thunderstorm is still dangerous. Don't let the rescuers become victims. Lightning CAN strike the same place twice.



NOAA

STAY INFORMED

Listen to NOAA Weather Radio for the latest forecast and for any severe thunderstorm WATCHES or WARNINGS. Severe thunderstorms produce winds of 58 mph or greater, or hail 3/4 of an inch or larger in diameter.

A severe thunderstorm WATCH is issued when conditions are favorable for severe weather to develop.

A severe thunderstorm WARNING is issued when severe weather is imminent. National Weather Service personnel use information from weather radar, satellite, lightning detection, spotters, and other sources to issue these warnings.



NOAA WEATHER RADIO IS THE BEST WAY TO RECEIVE FORECASTS AND WARNINGS FROM THE NATIONAL WEATHER SERVICE.

Remember that all thunderstorms produce lightning and all lightning can be deadly to those outside.

Lightning Safety Awareness Week is the last full week of June. For additional information on lightning or lightning safety, visit NOAA's lightning safety web site:

<http://www.lightningsafety.noaa.gov>

or contact us at

National Weather Service
P.O. Box 1208
Gray, Maine 04039

GYX 0301 (August 2003) - Revised

Coach's and Sports Official's Guide to Lightning Safety...



NOAA

***LIGHTNING...
the underrated killer!***

A SAFETY GUIDE

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND
ATMOSPHERIC ADMINISTRATION

NATIONAL WEATHER
SERVICE

Gray, Maine



This safety guide has been prepared to help coaches and sports officials recognize the dangers of lightning and take appropriate safety precautions.

Umpiring Procedures

1. DuBois Little League umpire chief in conjunction with the DuBois Little League president shall appoint umpires to officiate at each DuBois Little League game.
2. Umpires shall enforce the 2012 Playing Rules for all divisions of Little League Baseball and Softball.
3. Umpires shall walk the field and look for hazards such as rocks, glass, holes, damaged fences, etc. prior to each game.
4. Umpires shall inspect athletic equipment before each game.
5. Umpires shall report safety issues to the DuBois Little League safety officer after each game.

Umpire Guidelines

North Issaquah, Washington, Little League

Before the Game — Meet at home plate

- Introduce plate and base umpires, managers/coaches
- Receive official lineup cards from each team
- Discuss any local playing rules (time limit, playing boundaries, etc.)
- Discuss the strike zone
- Discuss unsportsmanlike conduct by the players
- Discuss the innings pitched by a pitcher rule
- Clarify calling the game due to weather or darkness
- Inspect playing field for unsafe conditions
- Discuss legal pitching motions or balks, if needed
- Discuss no head-first slides, no on-deck circle rules
- Get two game balls from home team
- Be sure players are not wearing any jewelry
- Be sure players are in uniform (shirts in, hats on)
- Inspect equipment for damage and to meet regulations
- Ensure that games start promptly

During the Game — Umpires and Coaches

- Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to take the field with two outs
- Make sure catchers are wearing the proper safety equipment
- Continually monitor the field for safety and playability
- Pitchers warming up in foul territory must have a spotter and catcher with full equipment
- Keep game moving — one minute or eight pitches to warm up the pitcher between innings or in case of mid-inning replacement
- Make calls loud and clear, signalling each properly
- Umpires should be in position to make the call
- No protesting of any judgment calls by the umpire
- Managers are responsible for keeping their fans and players on their best behavior
- Encourage everyone to think “Safety First!”

Copy and provide to umpires for reference.

CONCESSION STAND PROCEDURES

1. Maintain complete control over food products from source to service.
2. A food thermometer must be used to check all internal cooking and holding temperatures of potentially hazardous foods.
3. Beef and pork products must be cooked to an internal temperature of 155° F and poultry and fish products must be cooked to an internal temperature of 165 ° F.
4. Potentially hazardous foods must be kept at 41° F or below (if cold) or 140° F or above (if hot).
5. Rapidly reheat hazardous foods to 165° F.
6. Immediately refrigerate potentially hazardous foods and cool them to 41° F or below quickly.
7. Store ice used for cooling and ice used in beverages separately.
8. Wash hands frequently and thoroughly.
9. Handle foods with disposable gloves or with an acceptable utensil.
10. Those who prepare or handle food must be in good health and must maintain good personal hygiene.
11. Cleanse all dishes and utensils by washing in hot soapy water and rinse in hot clean water.
12. Sanitize work surfaces frequently.
13. Cover foods to protect them from insects while remembering to place refuse in an acceptable container with a tight fitting lid.
14. Store foods at least six inches off the floor.
15. Discard unusable food and clean the concession area after each event.

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.




MACHINERY OPERATION POLICY

1. Machinery may only be operated by appointed service members
2. A person must possess a valid driver's license to operate machinery.
3. Machinery must never be operated in a reckless manner.
4. Passengers are prohibited.
5. Machinery must never be operated by anyone who is under the influence of alcohol or drugs, including medications.

Mower/Equipment Safety Rules



1. Never make adjustments or repairs with the engine running.
2. Be sure the area is clear of other people before mowing. **STOP** if anyone enters the area.
3. Never carry passengers.
4. Do NOT mow in reverse.
5. **ALWAYS** look down and behind **BEFORE** and **WHILE** backing.
6. Remove rocks, tree limbs, cans, etc. before mowing.
7. Always check the oil in the mowers before use.
8. **ONLY** adults operate mowers. **NO** children/others allowed to ride along with operator of riding mowers.
9. Please report damage or trouble with the mowers so they can be repaired.
10. You **MUST** wear safety glasses when using weed eater.

 Modified from Peru, Ind., Little League safety plan

 asap@musco.com 1

Concussion Training Requirements

1. Every year, at least one (1) manager or coach from each team in the DuBois Little League must attend a concussion training clinic.
2. The Dubois Little League safety officer shall arrange for a licensed physician to provide this training.
3. The concussion 2017 concussion clinic will be instructed by Dr. George Fatula.

The information from this clinic will be reviewed at the mandatory coaches meeting.

A coach from each team in each division must be present.

All coaches not present will be informed of this information by the coach from the given team that was present.

4. All players/parents will receive the handout on pages 42-43.
5. All coaches will receive the handout on pages 44-47.



HEADS UP: CONCUSSION IN YOUTH SPORTS

A Fact Sheet for **PARENTS**

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

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

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding,

shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.

- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. **Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It's better to miss one game than the whole season.

For more information and to order additional materials free-of-charge, visit:

www.cdc.gov/ConcussionInYouthSports (<http://www.cdc.gov/ConcussionInYouthSports>)

For more detailed information on concussion and traumatic brain injury, visit:

<http://www.cdc.gov/injury> (<http://www.cdc.gov/injury>)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

July 2007

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Page Located on the Web at http://www.cdc.gov/concussioninYouthSports/english/toolkit_parents_factsheet.htm

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
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A Fact Sheet for COACHES

To download the coaches fact sheet in Spanish, please visit www.cdc.gov/ConcussionInYouthSports

Para descargar la hoja informativa para los entrenadores en español, por favor visite

www.cdc.gov/ConcussionInYouthSports

THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussions can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

WHAT IS A CONCUSSION?

Concussion, a type of traumatic brain injury, is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move quickly back and forth—causing the brain to bounce around or twist within the skull.

This sudden movement of the brain can cause stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

HOW CAN I RECOGNIZE A POSSIBLE CONCUSSION?

To help spot a concussion, you should watch for and ask others to report the following two things:

1. A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.
2. Any concussion signs or symptoms, such as a change in the athlete's behavior, thinking, or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later he or she can't recall coming to the practice or game.

You should repeatedly check for signs of concussion and also tell parents what to watch out for at home. Any worsening of concussion signs or symptoms indicates a medical emergency.

It's better to miss one game than the whole season.

Below are five gradual steps that you and the health care professional should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

BASELINE: Athletes should not have any concussion symptoms. Athletes should only progress to the next step if they do not have any symptoms at the current step.

STEP 1: Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

STEP 2: Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

STEP 3: Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

STEP 4: Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

STEP 5: Athlete may return to competition.

If an athlete's symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him or herself too hard.

The athlete should stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.

PREVENTION AND PREPARATION

Insist that safety comes first. To help minimize the risks for concussion or other serious brain injuries:

- Ensure that athletes follow the rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Wearing a helmet is a must to reduce the risk of severe brain injury and skull fracture.
 - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

Check with your league, school, or district about concussion policies. Concussion policy statements can be developed to include:

- The school or league's commitment to safety
- A brief description of concussion
- Information on when athletes can safely return to school and play.

Parents and athletes should sign the concussion policy statement at the beginning of the season.

ACTION PLAN

WHAT SHOULD I DO WHEN A CONCUSSION IS SUSPECTED?

No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play. To help you know how to respond, follow the Heads Up four-step action plan:

- 1. REMOVE THE ATHLETE FROM PLAY.** Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, sit them out!
- 2. ENSURE THAT THE ATHLETE IS EVALUATED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL.** Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing 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/ knocked out) and if so, for how long
 - Any memory loss immediately following the injury

- Any seizures immediately following the injury
- Number of previous concussions (if any)

- 3. INFORM THE ATHLETE'S PARENTS OR GUARDIANS.** Let them know about the possible concussion and give them the Heads Up fact sheet for parents. This fact sheet can help parents monitor the athlete for signs or symptoms that appear or get worse once the athlete is at home or returns to school.
- 4. KEEP THE ATHLETE OUT OF PLAY.** An athlete should be removed from play the day of the injury and until an appropriate health care professional says they are symptom-free and it's OK to return to play. After you remove an athlete with a suspected concussion from practice or play, the decision about return to practice or play is a medical decision.

REFERENCES

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3. Centers for Disease Control and Prevention (CDC). Sports-related recurrent brain injuries-United States. *Morbidity and Mortality Weekly Report* 1997; 46(10):224-227. Available at: www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm.

*If you think your athlete has a concussion...
take him/her out of play and seek the advice of a health care professional
experienced in evaluating for concussion.*

For more information, visit www.cdc.gov/Concussion.