

# **Naamans Little League**

Delaware District 2

League ID: 2080208

## **2022 ASAP Safety Manual**

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# 2022 Manager Fundamentals

## Manager Training

- Fundamentals Training will be held at the Naamans Little League complex during the annual Division meetings held by the coordinators prior to the start of the season.
- One manager or coach from each team must be present and attendance will be recorded.
- The complex is located at 300 Mount Lebanon Road, Wilmington, DE 19803.

## Information Managers/Coaches needed at each game

- Roster with phone numbers
- Roster with players with medications & Medical Release Forms
- Equipment bag with First Aid Kit
- Emergency contact listing with phone numbers

## Equipment Checkout and Field Inspection

- Each equipment bag is to be checked out and signed for by the manager.
- The manager is responsible for maintaining the equipment.
- Inspection should be done before and after each game.
- In the event that equipment is missing or damaged, the Division League Coordinator is to be contacted immediately for replacement.
- Managers, coaches and/or umpires are required to walk fields checking for hazards such as glass, rocks, holes, etc. prior to each game.
- Both managers & the umpire are required to verify the field is safe for play. In the event there is a field issue that needs to be addressed, contact the Division League Coordinator immediately.

## What Every Manager Must Know

1. **Little League will require ALL TEAMS to enforce ALL Little League rules, including - proper equipment for catchers, no on-deck batters, & bases that disengage on all fields. All rules apply to practices, training, games, and any other Little League event.**
2. All managers should fill out a line-up card listing the following:
  - a. Player's full name
  - b. Uniform number
  - c. Playing position
  - d. All available subs
3. The opposing team should be made aware of all changes during the game.
4. Managers or coaches should keep track of the team's score as well as the opposing team's score during the game. The score should be confirmed every inning.
5. Only the manager and two (2) coaches are allowed in the dugout with the team during games. Scorekeepers should be near the dugout away from the stands.
6. The use of tobacco and alcoholic beverages in any form is prohibited on the playing field, benches or dugouts. [RULE XIV (e)] This includes practices and games.
7. Base coaches are to remain within the coaches boxes at all times, except as provided in Rule 7.11 [RULE 4.05 (3)] which allows for one offensive time out per inning to confer with a batter.
8. Defensive coaches shall remain in the dugout area at all times. Exception: T-ball and Coach Pitch.
9. All teams must keep a scorebook showing innings played and innings pitched by all players.
10. Every player on a team roster will participate in each game for a minimum of six (6) defensive outs and bat at least one (1) time. [RULE IV (I)] Please note penalty and notes 1 and 2.
11. Every manager should have a rulebook with him at all games.
12. At the start of the 4<sup>th</sup> inning any player who has not been in the game must go in at that time. Coaches: please remind each other and monitor this closely. Remember, we are here to provide baseball opportunities to the children and winning needs to be secondary.
13. Harassment of umpires by players, coaches, managers and fans will not be tolerated. If you have a question, ask for time to confer with the umpire in a dignified manner.
14. Before each game, you must walk the field looking for any hazards. Report any problems to the Division Coordinator. [Look for the following: fencing in working order without holes or flaws, infield dirt raked and ready for play, no tripping hazards, secure bases, debris has been removed, no metal, glass, etc.]
15. Check all equipment before every game and practice. Any defective or missing equipment must be reported to Coordinator. You must turn in defective equipment to the Coordinator in order to receive a replacement.

**Registration Form**

- Registration is done on-line at [www.naamansll.com](http://www.naamansll.com) with the Blue Sombrero Platform

**Medical Release Form**

- Each player's parent or guardian has filled out the medical release form information during the on-line registration process at [www.naamansll.com](http://www.naamansll.com)
- Copies of these forms are available on-line and can be printed if needed.

**Volunteer Application Form**

- Managers, coaches, volunteers, and board members must fill out an on-line volunteer form annually.
- A background check is conducted for volunteers through the JDP on-line system.

**Volunteer Application Form**

- All managers/coaches/volunteers/board members must fill out an on-line volunteer form yearly.
- A background check is conducted for volunteers through the JDP on-line system.

# 2022 First Aid

## First Aid Training

- First Aid Training will be held Naamans Little League complex during the annual division meetings held by the coordinators prior to the start of the season.
- One manager or coach from each team must be present and attendance will be recorded.
- 300 Mount Lebanon Road, Wilmington, DE 19803
- Due to their training and education, it is not necessary for licensed medical doctors, licensed registered nurses, licensed practical nurses and paramedics to attend first aid training in order to meet the requirement; however, it is recommended that leagues utilize these professionals from their league/community to present the training.
- Other individuals who attend various outside first aid training and courses are **not** exempt.
- Training qualifies a volunteer for 3 years, but one team representative is still needed each year.

## General First Aid

### *Bleeding*

Heavy bleeding is a medical emergency

#### Treatment of Bleeding

1. Have someone call 911
2. Keep the victim lying down
3. Apply direct pressure to the wound with a clean cloth/gauze pad
4. Hold the pad with a strong bandage with cloth strips, etc.
5. If possible elevate bleeding leg or arm higher than the victim's heart
6. Once bleeding has been controlled:
  - a. Keep the victim warm by covering them with a blanket or coat
  - b. If you suspect the victim to have a neck or spinal cord injury, do not move them.
7. If possible, keep the wound covered and accessible

### *Burns*

- Burns can occur from heat [thermal burns] or chemicals
- The main objective of burns is to prevent shock
- Burn Shock: cold, clammy skin with beads of perspiration on the forehead and palms; pale skin color; a cold feeling or shaking chills; nausea; vomiting; or shallow, rapid breathing.
- All major burns should be seen by a doctor
- Do not apply ointments, sprays, antiseptics, or home remedies such as butter or margarine

### Treatment of Burns

1. Cool the burned area quickly with cold water
2. Place a clean cloth over all burns to protect these areas
3. Keep the victim lying down
4. Give NO fluids by mouth
5. Elevate the victim's legs if possible
6. Call 911

### ***Cuts & Abrasions***

The most important part of caring for minor wounds is preventing infection.

### Treatment of Cuts & Abrasions

1. Immediately clean the wound with antiseptic cleansing wipe [sting free]. This can be left on the wound.
2. Do not touch the wound with your bare hands or dirty cloths [prevent infections].
3. Hold a sterile pad firmly over the wound until bleeding stops. If bleeding doesn't stop then apply another sterile pad over it. DO NOT remove the first pad.
4. Bandage the wound with tightly wound triangular or rolled bandage.
5. If bleeding does not stop call 911 or take to the nearest emergency room.
6. For deep or gaping wounds get help immediately.

### ***Fractures***

- The main objective is to prevent further injury
- Two types of fractures are
  - Closed: Bone is broken but skin has not been punctured
  - Open: Bone is broken and skin has been punctured

### Treatment of Fractures

1. If fracture is severe call 911 immediately
2. Do not move the victim if not in danger until fracture has been splinted
3. Leave the fracture as you find it. The splints should be placed on that position.
4. Splints should be long enough to extend beyond and above the joints and below the fracture
5. Any firm material can be used for splints [thick magazines, boards, folded newspaper, etc.]
6. Use clothing or other soft materials to help pad and prevent skin injury

### **2022 MTLB First Aid continued**

7. Fasten the splint with bandages or cloth at a minimum of three sites:
  - a. Below the joint, below the break
  - b. Above the joint, above the break

- c. Mid break
8. Broken bones in the hand or foot can be immobilized with a pillow or blanket
9. Keep the victim lying down

### ***Shoulder Dislocation***

#### Treatment of Shoulder Dislocation

1. Immobilize the affected arm against the person's chest with a triangular bandage or sling
2. Have the victim use the other hand to help support the immobilized arm
3. Get medical help as soon as possible

### ***Sprains & Strains***

- RICE [Rest, Ice, Compression, Elevation]
- Treat the sprain and strain as a fracture if there is any doubt that it is more than a simple sprain or strain.

#### Treatment of Sprains & Strains

1. Rest the injured area
2. Ice 12 to 20 minutes every few hours for the first few days
3. Wear an elastic wrap for compression to reduce swelling. Do not cut off circulation by wrapping too tightly.
4. Keep elevated above heart to reduce swelling
5. DO NOT APPLY HEAT for the first 24 hours [heat increases swelling]

### ***Nosebleeds***

#### Treatment of Nosebleeds

1. Have the victim sit and lean forward
2. Pinch the soft portion of the nose [below the nasal bone] for ten minutes
3. If bleeding does not stop place a rolled gauze or nose plug in one or both nostrils
4. Apply a cold compress or cold pack to the bridge of the nose
5. If bleeding continues call for medical help or go to your nearest emergency room

## **2022 MTLB First Aid continued**

### ***Shock***

- Cold, clammy skin with beads of perspiration on the forehead and palms; pale skin color; a cold feeling or shaking chills; nausea; vomiting; or shallow rapid breathing
- Accompanies severe injury, illness

#### Treatment of Shock



1. Call 911
2. Correct the cause of the shock [control bleeding, splint fracture]
3. Keep the victim's airway open
4. If victim vomits: turn head to the side to prevent choking. If you suspect a neck/spinal injury, keep the body alignment straight.
5. Elevate victim's legs if confident that there is not a leg fracture or spinal cord injury
6. Keep the head lower than the trunk of the body if possible
7. Keep warm and comfortable
8. Only give fluids if conscious
9. Reassure the victim

### ***Asthma***

- SEEK EMERGENCY CARE, particularly if:
- Child's wheezing or coughing does not improve after taking prescribed medication. [15-20 minutes for most asthma medications]
- Child's chest or neck is pulling in while struggling to breathe
- Child is having 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

### **Treatment of Asthma**

1. Use doctor prescribed medication for victim
2. Asthma is different for every person
3. **If you are unsure: Call 911 & parents or guardian**

### ***Allergic Reactions***

- The look and feel of an allergic reaction depend on the body part involved and the severity of the reaction. Some reactions affect many areas, while others affect just one area. Reactions to the same allergen vary by individual.
- Anaphylaxis is the term for any combination of allergic symptoms that are rapid, or sudden, and potentially life-threatening. Call an ambulance immediately if you suspect anaphylaxis.

## 2022 First Aid continued

- One sign of anaphylaxis is shock. Shock has a very specific meaning in medicine: The organs of the body are not getting enough blood because of dangerously low blood pressure. Shock may lead rapidly to death. The person in shock may be pale or red, sweaty or dry, confused, anxious, or unconscious.
- Breathing may be difficult or noisy, or the person may be unable to breathe.
- Skin: redness, itching, swelling, blistering, weeping, crusting, rash, eruptions, or hives (itchy bumps or welts)
- Lungs: wheezing, tightness, cough, or shortness of breath
- Head: swelling of the face, eyelids, lips, tongue, or throat; headache
- Nose: stuffy nose, runny nose (clear, thin discharge), sneezing
- Eyes: red (bloodshot), itchy, swollen, or watery
- Stomach: pain, nausea, vomiting, diarrhea, or bloody diarrhea

### Treatment of Allergic Reactions

1. Use doctor prescribed medication for victim
2. Allergic reactions are different for every person
3. Refer to Player Registration sheet for allergies and Instructions
4. **If you are unsure: Call 911 & parents or guardian**

## **2022 Concussion Review**

## 2022 Concussion Review

### Concussion Training/Awareness

- All managers/coaches are required to take the new online HEADS UP to Youth Sports: Online Training for Coaches.
- All players are required to review & sign the online HEADS UP to Youth Sports: Online player/parent information forms.
- The website is: <http://www.cdc.gov/HeadsUp/youthsports/training/index.html>
- Both coaches & players need to upload their signed forms to the MTLB website.

### Management of Concussion in Sports

#### Grades of Concussions

Grade 1	Grade 2	Grade 3
<ol style="list-style-type: none"> <li>1. Transient Confusion [Inattention, inability to maintain coherent stream of thought and carry out goal-directed movements]</li> <li>2. No Loss of Consciousness</li> <li>3. Concussion Symptoms or mental status abnormalities on examination resolve in <b>less</b> than 15 minutes</li> </ol>	<ol style="list-style-type: none"> <li>1. Transient Confusion</li> <li>2. No Loss of Consciousness</li> <li>3. Concussion symptoms or mental status abnormalities [including amnesia] on examination last <b>more</b> than 15 minutes</li> </ol>	<ol style="list-style-type: none"> <li>1. Any Loss of Consciousness</li> </ol>

#### Management Recommendations

Grade 1	Grade 2	Grade 3
<ol style="list-style-type: none"> <li>1. Remove from contest</li> <li>2. Examine immediately and at 5 minute intervals for the development of mental status abnormalities or post-concussive symptoms at rest and with exertion</li> <li>3. May return to contest if mental status abnormalities or post-concussive symptoms clear within 15 minutes</li> </ol>	<ol style="list-style-type: none"> <li>1. Remove from contest and disallow return that day</li> <li>2. Examine on-site frequently for signs of evolving intracranial pathology</li> <li>3. A trained person should re-examine the athlete the following day</li> <li>4. A physician should perform a neurological examinations to clear the athlete for return to play after 1 full asymptomatic week at rest and with exertion</li> </ol>	<ol style="list-style-type: none"> <li>1. Transport the athlete from the field to the nearest ER by ambulance if still unconscious or if worrisome signs are detected</li> <li>2. A thorough neurological exam should be performed</li> <li>3. Hospital admission may be required if signs and symptoms are still present</li> </ol>

## 2022 Concussion Review continued

### *When to Return to Play*

Grade of Concussion	Return to play only after being asymptomatic with normal neurological assessment at rest and with exercise
Grade 1	15 Minutes or Less
Multiple Grade 1	1 week
Grade 2	1 week
Multiple Grade 2	2 weeks
Grade 3 – Brief loss	1 week
Grade 3 – Prolonged	2 weeks
Multiple Grade 3	1 month or longer based on decision of evaluating physician

### Features of Concussion Frequently Observed

1. Vacant stare
2. Delayed verbal and motor responses [slow to answer questions or follow instructions]
3. Confusion and inability to focus attention
4. Disorientation [walking in the wrong direction, unaware of time, date, place]
5. Slurred or incoherent speech [making disjointed or incomprehensible statements]
6. Gross observable problems with coordination [stumbling, cannot walk a straight line]
7. Emotions out of proportion to circumstances [distraught, crying for no apparent reason]
8. Memory deficits [inability to memorize, recall 3 of 3 words or objects in 5 minutes]
9. Any period of loss of consciousness

### *Sideline Evaluation*

Mental Status Testing	
<b>Orientation:</b>	Time, place, person and situation [circumstances of injury]
<b>Concentration:</b>	Digits backwards (3-1-7, 4-6-8-2), months of the year in reverse order.
<b>Memory:</b>	Names of team in prior contest. Recall 3 word or objects at 0 and 5 minutes.

External Provocative Tests	Neurological Tests
40 yard sprint	Strength
5 Push ups	Coordination and Agility

*Any appearance of symptoms: headache, dizziness, nausea, and blurred or double vision after testing should not return to play.*

## **2022 Emergency Contacts & Safety Plans**

## 2022 Emergency Contacts & Safety Plans

### Emergency Phone List

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

<b>Fire</b>	<b>911</b>
<b>Police</b>	<b>911</b>
<b>Emergency Medical</b>	<b>911</b>
<b>New Castle County Police</b>	<b>302-573-2800</b>
<b>Water</b>	<b>302-571-4320</b>
<b>President: Michael Donovan</b>	<b>302-383-7593</b>
<b>Vice President: Chuck Hudson</b>	<b>215-316-6324</b>
<b>Safety Officer: Dan McConnell</b>	<b>302-563-9589</b>

## 2022 Emergency Contacts & Safety Plans continued

### Little League Contacts

#### Officers:

- |                                  |                         |
|----------------------------------|-------------------------|
| 1. President                     | Michael "Gooch" Donovan |
| 2. Vice President & Player Agent | Chuck Hudson            |
| 3. Treasure                      | Steve Catalina          |
| 4. Secretary                     | Jason Robinette         |

#### Directors:

- |   |                     |
|---|---------------------|
| 1. Equipment Manager                              | Doug "Oda" Campbell |
| 2. Sponsorship Coordinator                        | Joe Dugan           |
| 3. Field Maintenance Coordinator (Fields)         | Mark Goetz          |
| 4. Field Maintenance Coordinator (Other Services) | John Fabris         |
| 5. Field Maintenance Coordinator (Sr. Fields)     | Doug "Oda" Campbell |
| 6. Information Officer (Website)                  | Jeff LaPerle        |
| 7. Uniform Coordinator                            | Dante Catalina      |
| 8. Player Agent                                   | Adam Short          |
| 9. Junior/Seniors Administrator                   | Doug "Oda" Campbell |
| 10. Triple A Administrator                        | Bobby Loughheed     |
| 11. Double A Administrator                        | Patrick Flanagan    |
| 12. Single A & Rookie Administrator               | Neil Lehane         |
| 13. T-Ball Administrator                          | Kevin Kain          |



14. Snack Shack Coordinator	Stacey Stewart
15. Chief Umpire	Dave Acker
16. Communications (website/social media) / Special Events	Lesley Aulick
17. Special Events Coordinator (Golf Outing)	Steve Catalina
18. Safety Officer	Dan McConnell

These are also posted at [www.naamansll.com](http://www.naamansll.com)

## **2022 Emergency Contacts & Safety Plans continued**

### **Emergency Action Plan**

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

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

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

## 2022 Emergency Contacts & Safety Plans continued

### Data Registration Requirement

League player registration data and manager/coach registration data will be submitted via the Little League Data Center at [www.LittleLeague.org](http://www.LittleLeague.org). This is a requirement for an approved ASAP plan again in 2022.

### Accident Reporting

- Accident forms must be turned in to safety officer within 24-48 hours of the incident
- Accident form can be found on the Little League International website.

**For Local League Use Only**  
**Activities/Reporting**

**A Safety Awareness Program's  
Incident/Injury Tracking Report**

League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Incident Date: \_\_\_\_\_  
 Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_  
 Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female  
 City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Parent's Name (If Player): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
 Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

**Incident occurred while participating in:**

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

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

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

Type of injury: \_\_\_\_\_

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

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

**Type of incident and location:**

A.) On Primary Playing Field  
 Base Path:  Running or  Sliding  
 Hit by Ball:  Pitched or  Thrown or  Batted  
 Collision with:  Player or  Structure  
 Grounds Defect  
 Other: \_\_\_\_\_

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

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

## Insurance Reporting

- Insurance form and application instructions can be found on the Little League International website.

**LITTLE LEAGUE BASEBALL AND SOFTBALL**  
**ACCIDENT NOTIFICATION FORM**  
**INSTRUCTIONS**

Send Completed Form To:  
Little League International  
539 US Route 10 Hwy, PO Box 3485  
Williamsport PA 17701-0485  
Accident Claim Contact Numbers:  
Phone: 670-327-1074

Accident & Health (U.S.)

- This form must be completed by parents (if claimant is under 18 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
- Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
- 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.
- Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- Limited deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
- Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

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

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

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

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

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ Type of Injury: \_\_\_\_\_

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

Check all applicable responses in each column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	<input type="checkbox"/> TRAVEL TO your approval from Little League (Incorporated)
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL FROM Little League (Incorporated)	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	
	<input type="checkbox"/> SIG (14-18)			

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

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

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

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

Date: \_\_\_\_\_ Claimant/Parent/Guardian Signature \_\_\_\_\_

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

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

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

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

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

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

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

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

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 LUNGTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 STROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

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

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

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

## 2022 Emergency Contacts & Safety Plans continued

### What Parents Should Know about Little League Insurance

## 2022 LLB Emergency Contacts & Safety Plans continued

### Lightning Safety

#### Lightning Facts

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

## Safety Rules

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

## What to do if someone is struck by lightning

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

## Principle Lightning Safety Guide

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

## **2022 LLB Emergency Contacts & Safety Plans continued**

### **League Lightning Policy Application**

#### T-Ball, Rookie and Single A Divisions

1. At the first observation of lightning by any manager, coach, player or spectator, the home team manager will indicate suspension of play. All play on all area diamonds will be immediately suspended. The home team manager will be responsible for timing the 15-minute suspension period. Managers, coaches and players are to leave the diamond and wait at their cars. Managers, coaches and players are not to leave the field unless released by the home team manager.
2. If lightning is observed again in less than 15 minutes, the home team manager will restart the timing for a new 15 minute period
3. If the suspension period exceeds 20 minutes the Home Team manager will indicate game is cancelled. Umpires, managers, coaches and players are released.
4. If no lightning is observed after the 15-minute suspension period, the home team manager will indicating play will resume.

#### Seniors, Juniors, Majors, Triple A, and Double A Divisions

1. At the first observation of lightning by any manager, coach, player or spectator, the umpire will indicate suspension of play. All play on all area diamonds will be immediately suspended. The umpire will be responsible for timing the 15-minute suspension period. Managers/coaches and players are to leave the diamond and wait at their cars. Managers/coaches and players are not to leave the field unless released by the umpire.
2. If lightning is observed again in less than 15 minutes, the umpire will restart the timing for a new 15-minute period.
3. If the suspension period exceeds 20 minutes, the umpire will indicate that the game is cancelled. Umpires, managers/coaches and players are released.
4. If no lightning is observed after the 15-minute suspension period, the umpire indicates play will resume.

## **Snack Shack Safety Rules**

- People working in the concession stand will be trained in safe food preparation. Training will cover the safe use of the equipment. This training will be provided by concession staff managers and other volunteers designated by the concession stand manager.
- Proper cooking temperatures and cooking times will be clearly posted and timers provided at the food preparation station.
- Procedures on opening and closing of concession stand will be posted.
- An operating fire extinguisher will be in the concession stands at all times.
- The concession stand door will be kept blocked or locked at all times.
- No one under 16 is permitted to work the grill or fryer.
- All injuries must be reported to the safety officer. All injuries that requires medical attention must have an injury report completed and forwarded to the league safety officer and president, who will follow standard injury reporting procedures. All injuries will be reported within 24 to 48 hours.

# 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.





# **2022 LLB Facilities Survey**

**Little League National Facility Survey**

The facility Survey has been entered online.