

Wabash Little League Safety Plan

Rev. 2022

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Policy Statement

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

CONTACT LIST

Emergency 9-1-1

Wabash Parkview Hospital		877-774-8632
Wabash Lutheran Hospital		260-563-9410
District Safety Officer	Nick Brandt	260-402-6736
Williamsport Insurance Claims		570-327-1674

President	Bryan Dillon	260-330-9908
Vice President	Josh Long	260-517-0492
Player Agent	Bill Osborn	260-330-4677
Equipment	Bill Osborn	260-330-4677
Concessions	Megan Dafoe	765-748-7692
Umpire-in-Chief		
Safety-Officer	Matthew Baker	260-224-5179
Grounds Keeping	Josh Long	260-571-0492
N.L. Commissioner	Brad Kaufman	217-853-4705
A.L. Commissioner	Artie Wischman	260-330-1305
C.P. Commissioner	Seth Denney	260-330-0454
T.B. Commissioner	Chevy Graves	260-579-5672
Jr/SR.L. Commissioner	Christian Deeter	260-571-8283
Challenger Commissioner	Sam Hipskind	260-563-0283

Safety Officer for Wabash Little League
Matthew Baker
6 Broadmoor Dr.
Wabash, IN 46992
Cell: 260-224-5179

Board Members not previously mentioned: Dan Hipskind, Paul McCann

SAFETY MANUAL AND FIRST AID KITS

Each team will have in possession a Safety Manual and a First Aid Kit at the beginning of the season. The team will take the First Aid Kit to every practice and game. The safety manual will be available on our website wabashlittleleague.com. The manager of the team will acknowledge the receipt of both by signing in the space provided below when taking possession of these articles.

I have received instructions of how to obtain my Safety Manual and First Aid Kit and will have them both present at all practices, games (season games and post-season games) and any other event where team members could become injured or hurt.

I am aware it is my responsibility to know and understand the Safety Manual and ALL of its content. I am also aware it is my responsibility to inform my team including all coaching staff and players of the content and meaning in the Wabash Little League Safety Manual

Manager/ Team Representative: _____ Team: _____ League: _____

Signature: _____ Date: _____

Wabash Little League Code of Conduct

The board of directors of Wabash Little League has mandated the following Code of Conduct. All board members, managers, coaches, players, or spectators will strictly adhere to these rules and policies. Failure to abide can result in disciplinary action, possible forfeiture of duties, and/or removal from premises.

Wabash Little League Code of Conduct:

No Board Member, Manager, Coach, Player or Spectator shall:

At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.

Be guilty of heaping personal verbal or physical abuse upon any person for any real or imaginary belief of a wrong decision or judgment.

Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.

Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.

Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.

Be guilty of the use of profane, obscene or vulgar language in any manner at any time.

Appear on the field of play, stands, or anywhere on the WLL complex while in an intoxicated or impaired state at any time. Intoxicated will be defined as a behavior issue.

Be guilty of gambling upon any play or outcome of any game with anyone at any time.

Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision, or a personal opinion on any players during the game.

Speak disrespectfully to any manager, coach, official or representative of the league.

Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records, or procedures.

Not challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

The Board of Directors will review all infractions of the WLL Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

Zero Tolerance Policy

ALL participants of Wabash Little League:

Wabash Little League prides itself in providing a safe environment for the youth and who participate in our baseball program. We strive to model good sportsmanship and make it a priority within our organization. Over the years, the league has seen an increase in inappropriate conduct by parents, coaches, fans, and players. As a result, we are losing volunteers, coaches and umpires due to these actions.

EFFECTIVE IMMEDIATELY: Wabash Little League implements a Zero Tolerance Policy. Any parent, coach, fan, or player displaying inappropriate behavior while attending a Wabash Little League event, including but not limited to: inappropriate language, threats, or physical altercations, will be asked to leave the game or event site immediately.

The Board of Director's Executive Committee will review the incident, and a decision will be made based on the offense, which could result in a suspension from attending future Little League games/events. If further action is needed, it could result in a temporary or permanent ban from ALL Wabash Little League games/events.

It is important to remember the purpose of our program is to teach our players not only the skills of baseball, but the skills of being a supportive teammate. Our program also believes modeling appropriate behaviors is the responsibility of the adults who participate and attend our events. We believe the Zero Tolerance Policy is necessary to maintain the safe and fun environment our program intends to provide for our players.

Wabash Little League is always looking for volunteers in order to keep our program running each season. If you have any interest in joining, please reach out to one of our board members.

Thank You
Wabash Little League
Board of Directors
12/19/2021

Wabash Little League Safety Code

The Board of Directors of Wabash Little League has mandated the following Safety Code. All managers and coaches will read this Safety Code and then read it to the players on their team.

At any time an OFF-SITE facility or property is used, namely other than Wabash Little League property, it is essential that the Wabash Little League Safety Code is still enforced to its fullest potential to ensure the safest “foreign” environment.

Field of Dreams/Morrett Sports Complex Facility Rules:

Morrett Sports Complex, Field of Dreams is a tobacco free, alcohol free and drug free area, this includes all Wabash Little League and Field of Dreams grounds.

First-aid kits are issued to each team manager during the pre-season and additional kits will be located at each concession stand and in each announcer's booth.

Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects. Furthermore, home plate, batter’s box, bases and the area around the pitcher’s mound will be checked periodically for tripping and stumbling hazards.

Bicycling, skateboarding and rollerblading are not allowed on any concrete surface in the Morrett Sports Complex.

No medication will be taken at the facility unless administered directly by the child's parent. (This includes aspirin and Tylenol.)

Playing, practicing, or warming-up in the parking lots will only be allowed during the pre-season.

Foul balls batted out of playing area will be returned to the announcer's booth and not thrown over the fence during a game.

No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.

No throwing rocks, no climbing fences, and no swinging on or from dugout roofs.

Players and spectators should be alert at all times for foul balls and errant throws.

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

There is no running allowed in the bleachers.

Materials used to mark the field will consist of a non-irritating white pigment (no lime).

Chain-link fences will be checked regularly for holes, sharp edges, and loose edges and will be repaired or replaced accordingly.

The safety caps on chain-link fences will be checked regularly for cracks and will be repaired or replaced accordingly.

All bleachers will have back guard rails and side rails.

All dugouts will have bat racks and be clean and free of debris at all times.

The backstops will always be padded and painted blue for the safety of the catcher.

Equipment

Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.

Parents of players who wear glasses should be encouraged to provide "safety glasses" for their children.

Male catchers must wear a long-model chest protector while female catchers may wear long or short model chest protectors.

All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.

Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible.

Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size or weight consistent with protecting the hand. (Exceptions will be allowed in T-Ball and Coaches Pitch)

All male catchers must wear athletic supporters or cups, while other male players are encouraged to also during practice and games.

Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher's helmet and an athletic cup as described above.

Use of a helmet by a player/base coach is mandatory. Use of a helmet by an adult base coach is optional.

Helmets w/ face shields must be worn by all hitters/runners 9 years and younger, the pitcher in T-Ball, and ALL American League hitters/runners.

If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.

Bats with dents, or that are fractured in any way, must be discarded.

Only Official Little League balls or approved by WLL will be used during practices and games, T-ball will use reduced impact balls.

Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team and is in acceptable condition. If it is not, get replacements from the Equipment Manager.

Make sure that players respect the equipment that is issued.

Pre-Game/Prior to practice: (But not limited to)

Make sure that players are healthy, rested and alert.

Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they cannot play.

Stretching and throwing warm-ups that should incorporate the following.

- | | |
|-----------------------------------|----------------------------------|
| 1. Calf muscles | 6. Shoulders |
| 2. Hamstrings | 7. Elbow/forearm |
| 3. Quadriceps | 8. Arm Shake out |
| 4. Groin | 9. Neck |
| 5. Back | |
| _ Light tosses short distance. | _ Light tosses medium distance. |
| _ Light tosses large distance. | _ Medium tosses medium distance. |
| _ Regular tosses medium distance. | _ Field ground balls. |
| _ Field pop flies. | |

All pre-game warm-ups should be performed within the confines of the playing field or designated practice areas, and not within areas that are frequented by, and thus endangering spectators, (i.e., playing catch, pepper, swinging bats etc.)

During Game/ Practice: (But not limited to)

Encourage everyone to think Safety First

Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.

Make sure catchers are wearing the proper equipment.

Observe the "no on-deck" rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.

Head first slides are not permitted unless a runner is returning to a base.

Post-Game/Practice: (But not limited to)

Managers will never leave an unattended child at a practice or game. Nor leave the field until every team member has been picked up by a known family member or designated driver.

Notify parents if their child has been injured no matter how small or insignificant the injury is. There are no exceptions to this rule. This protects you, Little League Baseball, Incorporated and Wabash Little League, Incorporated. Discuss any safety problems with the Safety Officer that occurred before, during or after the game.

If there was an injury, make sure an accident report was filled out and given to the WLL Safety Officer.

Responsibilities

President: The President of WLL is responsible for ensuring that the policies and regulations of the WLL Safety Officer are carried out by the entire membership to the best of his abilities.

Wabash Little League Safety Officer: The main responsibility of the League Safety Officer is to develop and implement the League's Safety program. The WLL Safety Officer is the link between the Board of Directors of Wabash Little League and its managers, coaches, umpires, team safety officers, players, spectators, and any other third parties on the complex in regards to safety matters, rules and regulations.

The WLL Safety Officer's responsibilities include:

Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.

Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.

Keep the First Aid log. This log will list where accidents and injuries are occurring, to whom, in which divisions (JR/SR, National, American, Coaches Pitch, Tee ball), at what times, under what supervision.

Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future.

Insure that each team receives its Safety Manual and its First-Aid Kit at the beginning of the season and that it is posted on our website.

Installing First-Aid Kits in all concession stands and the announcer's booth and re-stocking the kits as needed.

Schedule a First Aide Training Clinic for all managers, designated coaches, umpires, and player agents during the pre-season.

Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.

Making spot checks at practices and games to make sure all managers have First Aid Kits and Safety Manuals.

Track all injuries in order to identify trends, as well as "near misses" as potential hazards for intervention.

Making sure that safety is a monthly Board Meeting topic, and allowing experienced people to share ideas an improving safety.

Managers and Coaches:

The Manager is a person appointed by the Board of Directors of WLL to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

First Coaches are approved by the board and must fulfill responsibility in the absence of the Manager.

(a) The Manager shall always be responsible for the team's conduct, observance the Official Rules and deference to the umpires.

(b) The Manager is also responsible for the safety of his /her players. He/She is also ultimately responsible for the actions of designated coaches.

(c) If a Manager leaves the field, that Manager shall designate a Coach as a substitute and such Substitute Manager, as defined as 1st Coach, shall have the duties, rights and responsibilities of the Manager.

Pre-Season

Managers will:

Attend at least one fundamentals training every year.

Attend a mandatory training session on First Aid and Fundamentals given by the WLL.

Take possession of the Safety Manual and First-Aid Kit supplied by WLL and return the signed WLL Safety manual and First Aid form (pg 6) to the WLL Safety Officer before the first game.

Teach players the fundamentals of the game while advocating safety.

Notify parents that if a child is injured or seriously ill, he or she cannot return to practice unless they have a note from their doctor. This medical release protects you if that child should become further injured or ill. There are no exceptions to this rule.

Season Play

Managers will:

Enforce Little League rules including proper equipment.

Work closely with Team Safety Officer to make sure equipment and field are in first-rate working order.

Abide by the pitching count rules, with no exceptions. (See Appendix)

Teach the fundamentals of the game to players for the appropriate age.

Enforce that prevention is the key to reducing accidents to a minimum.

Umpires: The umpires' responsibilities include managing and calling a game to his/her best ability. Furthermore, the umpire is responsible for the following but not limited to.

Pre-Game

Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.

Make sure catchers are wearing helmets to warm up.

Run hands along bats to make sure there are no splinters or dents.

Make sure that bats have grips.

Make sure there are foam inserts in helmets and that helmets meet Little League **NOCSAE** specifications and bear Little League's seal of approval.

Inspect helmets for cracks.

Walk the field for hazards and obstructions (e.g. rocks and glass)

Check players to see if they are wearing jewelry and have them remove any if found.

Check players to see they are wearing metal cleats and have cleats removed if found.

Secure Official Little League balls from each team.

During the Game

Govern the game as mandated by Little League rules and regulations.

Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.

Enforce the rule that no spectator shall be allowed on the field during a game.

Make sure catchers are wearing the proper equipment.

Continue to monitor the field for safety and playability.

Make the calls loud and clear, signaling each call properly.

Make sure players and spectators keep their fingers out of the fencing.

Post-Game

Check with the managers of both teams regarding safety violations

Report any unsafe situations to the WLL Safety Officer by telephone and in writing

Concession Stand Manager: (See appendix x2) **The WLL Concession Stand Manager** is responsible to ensure the Concession Stand Volunteers are trained in the safety procedures as set forth in this manual, including the following:

Instruct ALL concession stand workers on the use of extinguishers.

No children under the age of 13 are permitted in the Concession Stands

People working in the concession stands will be trained in safe food preparation. Training will cover safe use of the equipment.

Cooking equipment will be inspected periodically and repaired or replaced if need be.

Propane tanks will be turned off at the grill and at the tank after use.

Food not purchased by WLL to sell in its concession stands will not be cooked, prepared, or sold in the concession stands.

Cooking grease will be stored safely in containers away from open flames.

Carbon Dioxide tanks will be secured with chains so they stand upright and can't fall over. Report damaged tanks or valves to the supplier and discontinue use. (see "Concession Stand Weekly Check List" in appendix)

Cleaning chemicals must be stored in a locked container.

A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.

All concession stand workers will attend a training session in the Heimlich maneuver.

A fully stocked First Aid Kit will be placed in each Concession Stand.

For fire safety the Concession Stand entrance/exit doors will not be locked or blocked while people are working inside.

Equipment Manager: The Equipment Manager is an elected WLL Board Member and is responsible for purchasing, distributing, and replacing equipment to the individual teams. This equipment is checked and tested when it is issued, but it is the **Team Manager who is responsible to maintain it. Managers should inspect equipment before each game and each practice.** The equipment manager, has the authority to spot check and take into possession any equipment that doesn't meet the following.

The WLL Equipment Manager will promptly replace damaged and ill-fitting equipment.

Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

At the end of the season, all equipment must be returned to the WLL Equipment Manager.

Weather

Indiana weather is unpredictable and there are those days when the weather turns bad and creates unsafe weather conditions.

Rain:

If it begins to rain:

1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
2. Determine the direction the storm is moving.
3. Evaluate the playing field as it becomes more and more saturated.

Lightning:

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

1. Suspend all games and practices immediately.
2. Stay away from metal including fencing and bleachers.
3. Do not hold metal bats.
4. Get players to walk, not run to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.

Hot Weather:

Precautions must be taken in order to make sure the players on your team do not dehydrate or hyperventilate.

1. Suggest players take drinks of water when coming on and going off the field between innings.
2. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P.
3. If a player should collapse as a result of heat exhaustion, call 9-1-1 immediately. Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives.

ACCIDENT REPORTING PROCEDURE

What to report: An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the league safety officer within 24 hours of incident. This includes "near misses."

When to report: Team Manager will fill out appropriate paperwork and turn into Wabash Little League Safety Officer within 24 hours.

How to make a report: (See Appendix)

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.

Little League Safety Officer then will:

Within 24 hours of receiving the WLL Accident Investigation Form, the WLL Safety Officer will contact the injured party or the party's parents and; verify the information received; obtain any other information deemed necessary; check on the status of the injured party; and in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, et.) will advise the parent or guardian of the Wabash County Little League's insurance coverage and the provision for submitting any claims.

If the extent of the injuries is more than minor in nature, the WLL Safety Officer shall periodically call the injured party to:

Check on the status of any injuries, and

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).

Insurance Policies

Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated.

Wabash Little League Insurance Policy is designed to supplement a parent's existing family policy.

Explanation of Coverage: The AIG Little League's insurance policy is designed to afford protection to all participants at the most economical cost to WLL. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, AIG Little League insurance - which is purchased by WLL takes over and provides benefits, after a \$50 deductible per claim, for all covered injury treatment costs up to the maximum stated benefits.

How the insurance works:

1. First have the child's parents file a claim under their insurance policy; Blue Cross, Blue Shield or any other insurance protection available.
2. Should the family's insurance plan not fully cover the injury treatment, the Little League AIG Policy will help pay the difference, after a \$50 deductible per claim, up to the maximum stated benefits.
3. If the child is not covered by any family insurance, the Little League AIG Policy becomes primary and will provide benefits for all covered injury treatment costs, after a \$50 deductible per claim, up to the maximum benefits of the policy.
4. Treatment of dental injuries can extend beyond the normal fifty-two week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at the time treatment is given, even though it may be some years later. Maximum dollar benefit is \$500 for eligible dental treatment after the normal fifty-two week period, subject to the \$50 deductible per claim.

Filing a Claim: When filing a claim, (see claim forms in appendix) all medical costs should be fully itemized. 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 must accompany a claim form.

On dental claims, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant, or parent(s)/guardian(s), if claimant is a minor.

"Accidental damage to whole, sound, normal teeth as a direct result of an accident" must be stated on the form and bills. 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.

Claims must be filed with the WLL Safety Officer. He/she forwards them to Little League Baseball, Incorporated, PO Box 3485, Williamsport, P A, 17701. Claim officers can be contacted at (717) 327-1674 and fax (717) 326-1074. Contact the WLL Safety Officer for more information.

Anyone needing to use the AIG Little League insurance policy must review policy for actual coverage. Coverage stated above is believed to be accurate; however, you must review actual policy for coverage.

WLL Key Policy

The following applies to all keys issued by Wabash Little League.

- Keys to the equipment sheds will only be issued by WLL's President or his/her designated representative.
- No one, other than the president or his representative is authorized to make and distribute copies of keys.
- A record shall be kept of all individuals possessing keys.

Keys will be returned to the League President immediately once someone ceases to have responsibilities for equipment sheds

Storage Building Policy

The following applies to all of the storage buildings used by Wabash Little League.

- All storage buildings will be kept locked at all times.
- All individuals with access to the equipment buildings are aware of their responsibility for the orderly and safe storage of heavy machinery, hazardous materials, fertilizers, poisons, tools, etc...
- Before the use of any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment.
- All chemicals or organic materials stored in buildings shall be properly marked and labeled and stored in its original container if available.
- Any witnessed "loose" chemicals or organic materials within these buildings should be cleaned up and disposed of immediately to prevent accidental poisoning.
- Keep products in their original container with the labels in place.
- Use poison symbols to identify dangerous substances.
- Dispose of outdated products as recommended.
- Use chemicals only in well-ventilated areas.
- Wear proper protective clothing, such as gloves or a mask when handling toxic substances.

Machinery Policies

Tractors, mowers and any other heavy machinery will:
Be operated by appointed staff only.

- Never be operated under the influence of alcohol or drugs (including medication)
- Not be operated by any person under the age of 16.
- Never be operated in a reckless or careless manner.
- Be stored appropriately when not in use with the brakes in the on position, the blades retracted, the ignition locked and the keys removed.
- Never be operated or ridden in a precarious or dangerous way (i.e. riding on the fenders of a tractor).
- Never left outside the tool sheds or appointed garages if not in use.

Child Abuse

Volunteers are the greatest resource Little League has in aiding children's development into leaders of tomorrow. But some potential volunteers may be attracted to Little League to be near children for abusive reasons.

Big Brothers/Big Sisters of America defines child sexual abuse as "the exploitation of a child by an older child, teen or adult for the personal gratification of the abusive individual." So abusing a child can take many forms, from touching to non-touching offenses.

Child victims are usually made to feel as if they have brought the abuse upon themselves; they are made to feel guilty. For this reason, sexual abuse victims seldom disclose the victimization.

Consider this:

Big Brothers/Big Sisters of America contend that for every child abuse case reported, ten more go unreported. Children need to understand that it is never their fault, and both children and adults need to know what they can do to keep it from happening.

In 2018, the "Protecting Young Victims from Sexual Abuse and SafeSport Authorization Act of 2017," also known as the SafeSport Act, became Federal Law. This national law increases the standard of care and makes it a crime for an individual involved in a national governing body sports organization, including Little League, to ignore, or not report to law enforcement, any reasonable suspicion of an act of child abuse, including sexual abuse, within 24 hours. The law applies to all employees, volunteers, or hired workers of Little League and makes all indicated Little League individuals' mandatory reporters in the eyes of the law.

Anyone can be an abuser and it could happen anywhere. By educating parents, volunteers and children, you can help reduce the risk it will happen at Wabash Little League. **Wabash Little League is a ZERO-TOLERANCE organization for Child Abuse.**

Volunteers in Wabash Little League

Like all safety issues, prevention is the key. Wabash Little League has steps in place for selecting caring, competent and safe volunteers.

Application: (See Appendix for Volunteer Application)

All potential volunteers, including but not limited to board members, managers, coaches, umpires or hired workers who provide regular services to the league and/or have access to or contact with players or teams, must fill out the most current application that clearly asks for information about prior criminal convictions. The form also points out that all positions are conditional based on the information received back from a **background check through JDP.**

Reference Checks:

Make sure the information given by the applicant is corroborated by references.

Reporting In: In the unfortunate case that child sexual abuse is suspected, you should immediately contact the WLL President, or a WLL Board Member if the President is not available, to report the abuse. WLL along with district administrators will contact the proper law enforcement agencies.

Investigation: WLL will appoint an individual with significant professional background to receive and act on abuse allegations. These individuals will act in a confidential manner, and serve as the League's liaison with the local law enforcement community. **Little League volunteers should not attempt to investigate suspected abuse on their own.**

Suspending/Termination: When an allegation of abuse is made against a Little League volunteer, it is our duty to protect the children from any possible further abuse by keeping the alleged abuser away from children in the program. If the allegations are substantiated, the next step is clear -- assuring that the individual will not have any further contact with the children in the League.

Good Samaritan Laws: There are laws to protect you when you help someone in an emergency situation. The "*Good Samaritan Laws*" give legal protection to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a reasonable and prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim's injury. For example, a reasonable and prudent person would—

- Move a victim only if the victim's life was endangered.
- Ask a conscious victim for permission before giving care.
- Check the victim for life-threatening emergencies before providing further care.
- Summon professional help to the scene by calling 9-1-1.
- Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the "Good Samaritan" use common sense and a reasonable level of skill, not to exceed the scope of the individual's training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury.

Consent to Give Care: If the victim is conscious, you must have his/her permission before giving first-aid. To get permission you must tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care.

Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

9-1-1 Emergency Number: The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these four steps.

First Dial 9-1-1

Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:

The exact location or address of the emergency. Include the name of the city or town, nearby intersection, landmarks, etc. Our address is 10 Water Ridge Parkway Wabash, IN 46992

The telephone number from which the call is being made.

The caller's name.

What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.

How many people are injured?

The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.

What help (first aid) is being given?

Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.

Continue to care for the victim till professional help arrives.

Appoint somebody to go to the street and look for the ambulance and fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

When to call: If the injured person is unconscious, call 9-1-1 immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call 9-1-1 anyway and request paramedics if the victim

- Is or becomes unconscious.
- Is vomiting or passing blood.
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Has seizures, a severe headache, or slurred speech.
- Is bleeding severely.
- Has pressure or pain in the abdomen that does not go away.
- Appears to have been poisoned.
- Has injuries to the head, neck or back.
- Has possible broken bones.

If you have any doubt at all, call 9-1-1- and requests paramedics.

Treatment at the site

DO:

Access the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.

Call 9-1-1 immediately if person is unconscious or seriously injured.

Look for signs of injury (blood, black-and-blue, deformity of joint etc.)

Listen to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.

Feel, gently and carefully, the injured area for signs of swelling or grating of broken bone.

Talk to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

DON'T:

Administer any medications.

Provide any food or beverages (other than water).

Hesitate in giving aid when needed.

Be afraid to ask for help if you're not sure of the proper procedure, (i.e., CPR, etc.)

Transport an injured individual except in extreme emergencies.

Checking the Victim

Conscious Victim: If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed. This check has two steps:

- Talk to the victim and to any people standing by who saw the accident take place.
- Check the victim from head to toe, so you do not overlook any problems.
- Do not ask the victim to move, and do not move the victim yourself.
- Examine the scalp, face, ears, nose, and mouth.
- Look for cuts, bruises, bumps, or depressions.
- Watch for changes in consciousness.
- Notice if the victim is drowsy, not alert, or confused.
- Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
- Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- Ask the victim again about the areas that hurt.
- Ask the victim to move each part of the body that doesn't hurt.
- Check the shoulders by asking the victim to shrug them.
- Check the chest and abdomen by asking the victim to take a deep breath.
- Ask the victim if he or she can move the fingers, hands, and arms.
- Check the hips and legs in the same way.
- Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or groans.
- Look for odd bumps or depressions.
- Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
- Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim; care to give for that problem, and who to call for help.
- When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
- When the victim feels ready, help him or her stand up.

Unconscious Victims: If the victim does not respond to you in any way, assume the victim is unconscious. Call 9-1-1 and report the emergency immediately.

Checking An Unconscious Victim:

- 1) Tap and shout to see if the person responds. If no response -
- 2) Look, listen and feel for breathing for about 5 seconds.
- 3) If there is no response, position victim on back, while supporting head and neck.
- 4) Tilt head back, lift chin and pinch nose shut. (See breathing section to follow)
- 5) Look, listen, and feel for breathing for about 5 seconds.
- 6) If the victim is not breathing, give 2 slow breaths into the victim's mouth.
- 7) Check pulse for 5 to 10 seconds.
- 8) Check for severe bleeding. Finger sweep maneuver administered to an unconscious victim of foreign body airway obstruction

Muscle, Bone, or Joint Injuries

Symptoms of Serious Muscle, Bone, or Joint Injuries:

Always suspect a serious injury when the following sign and symptoms are present:

- Significant deformity
- Bruising and swelling
- Inability to use the affected part normally
- Bone fragments sticking out of a wound
- Victim feels bones grating; victim felt or heard a snap or pop at the time of injury
- The injured area is cold and numb
- Cause of the injury suggests that the injury may be severe.

If any of these conditions exists, call 9-1-1 immediately and administer care to the victim until the paramedics arrive.

Treatment for muscle or joint injuries:

If ankle or knee is affected, do not allow victim to walk. Loosen or remove shoe; elevate leg.

Protect skin with thin towel or cloth. Then apply cold, wet compresses or cold packs to affected area. Never pack a joint in ice or immerse in icy water.

If a twisted ankle, do not remove the shoe -- this will limit swelling.

Consult professional medical assistance for further treatment if necessary.

Treatment for broken bones:

Once you have established that the victim has a broken bone, and you have called 9-1-1, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary.

Concussion: Concussions are defined as any blow to the head. They can be fatal if the proper precautions are not taken.

- 1) If a player suffers a concussion, remove player from the game.
- 2) See that victim gets adequate rest.
- 3) Note any symptoms and see if they change within a short period of time.
- 4) If the victim is a child, tell parents about the injury and have them monitor the child after the game.
- 5) Urge parents to take the child to a doctor for further examination.

Contusion to Sternum

Contusions to the Sternum are usually the result of a line drive that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed and the victim dies. Do not downplay the seriousness of this injury.

- 1) If a player is hit in the chest and appears to be all right, urge the parents to take their child to the hospital for further examination.
- 2) If a player complains of pain in his chest after being struck, immediately call 9-1-1 and treat the player until professional medical help arrives.

Sudden Illness

When a victim becomes suddenly ill, he or she often looks and feels sick.

Symptoms of sudden illness include:

- Paralysis or inability to move
- Changes in consciousness
- Breathing difficulty
- Feeling light-headed, dizzy, confused, or weak
- Changes in skin color (pale or flushed skin), sweating
- Slurred speech
- Seizures
- Nausea or vomiting
- Impaired vision
- Severe headache
- Diarrhea
- Persistent pressure or pain.

Care For Sudden Illness

- 1) Call 9-1-1
- 2) Help the victim rest comfortably.
- 3) Keep the victim from getting chilled or overheated.
- 4) Reassure the victim.
- 5) Watch for changes in consciousness and breathing.
- 6) Do not give anything to eat or drink unless the victim is fully conscious.

If the victim:

Vomits -- Place the victim on his or her side.

Faints -- Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.

Has a diabetic emergency -- Give the victim some form of sugar.

Has a seizure -- Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

Shock

Signs of shock include:

- Restlessness or irritability
- Rapid breathing
- Rapid pulse.
- Pale, cool, moist skin
- Altered consciousness

Caring for shock involves the following simple steps:

- 1) Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
- 2) Control any external bleeding.
- 3) Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
- 4) Try to reassure the victim.
- 5) Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.
- 6) Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
- 7) Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

Breathing Problems/Emergency Breathing

If Victim is not Breathing:

- 1) Position victim on back while supporting head and neck.
- 2) With victim's head tilted back and chin lifted, pinch the nose shut.
- 3) Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.

Once a victim requires emergency breathing you become the life support for that person -- without you the victim would be clinically dead. You must continue to administer emergency breathing and/or CPR until the paramedics get there. It is your obligation and you are protected under the "Good Samaritan" laws.

- 4) Check for a pulse at the carotid artery (use fingers instead of thumb).

5) If pulse is present but person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).

6) Continue rescue breathing as long as a pulse is present but person is not breathing.

If Victim is not Breathing and Air Won't Go In:

1) Re-tilt person's head.

2) Give breaths again.

3) If air still won't go in, place the heel of one hand against the middle of the victim's abdomen just above the navel.

4) Give up to 5 abdominal thrusts.

5) Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.

6) Tilt head back, lift chin, and give breaths again.

7) Repeat breaths, thrust, and sweeps until breaths go in.

If instructed to begin CPR:

1) Find hand position on breastbone

2) Position shoulders over hands. Compress chest 15 times. (For small children only 5 times)

3) With victim's head tilted back and chin lifted, pinch the nose shut.

4) Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises. (For small children only 1 time)

5) Do 3 more sets of 15 compressions and 2 breaths.

6) (For small children, 5 compressions and 1 breath)

7) Recheck pulse and breathing for about 5 seconds.

8) If there is no pulse continue sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)

9) When giving CPR to small children only use one hand for compressions to avoid breaking ribs.

It is possible that you will break the victim's ribs while administering CPR. Do not be concerned about this. The victim is clinically dead without your help. You are protected under the "Good Samaritan" laws.

When to stop CPR:

- 1) If another trained person takes over CPR for you.
- 2) If Paramedics arrive and take over care of the victim.
- 3) If you are exhausted and unable to continue.
- 4) If the scene becomes unsafe.

CHOKING

Partial Obstruction with Good Air Exchange: Symptoms may include forceful cough with wheezing sounds between coughs.

Treatment: Encourage victim to cough as long as good air exchange continues. DO NOT interfere with attempts to expel object.

Partial or Complete Airway Obstruction in Conscious Victim: Signs may include: Weak cough; high-pitched crowing noises during inhalation; inability to breathe, cough or speak; gesture of clutching neck between thumb and index finger; exaggerated breathing efforts; dusky or bluish skin color

Heat Exhaustion

Symptoms may include: fatigue; irritability; headache; faintness; weak, rapid pulse; shallow breathing; cold, clammy skin; profuse perspiration.

Treatment:

- 1) Instruct victim to lie down in a cool, shaded area or an air-conditioned room. Elevate feet.
- 2) Massage legs toward heart.
- 3) Only if victim is conscious, give cool water or electrolyte solution every 15 minutes.
- 4) Use caution when letting victim first sit up, even after feeling recovered.

Transporting an Injured Person

If injury involves neck or back, **DO NOT** move victim unless absolutely necessary. Wait for paramedics.

If victim must be pulled to safety, move body lengthwise, not sideways. If possible, slide a coat or blanket under the victim:

- a) Carefully turn victim toward you and slip a half-rolled blanket under back.
- b) Turn victim on side over blanket, unroll, and return victim onto back.
- c) Drag victim head first, keeping back and spine in-line as much as possible.

If victim must be lifted: Support each part of the body. Position a person at victim's head to provide additional stability. Use a board, shutter, tabletop or other firm surface to keep body as level as possible.

Asthma and Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to fill out the medical history forms (included in the appendix of this safety manual). Study their comments and know which children on your team need to be watched.

Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial 9-1-1 and request emergency service.

AED

An **automated external defibrillator (AED)** is located in the concession stand.

An AED is a portable electronic device that automatically diagnoses the life threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia in a patient and is able to treat them through defibrillation, the application of electrical therapy which stops the arrhythmia, allowing the heart to reestablish an effective rhythm.

With simple audio and visual commands, AEDs are designed to be simple to use for the layperson and the use of AEDs is taught in many first aid, certified first responder, and basic life support level cardiopulmonary resuscitation classes.

PARENTAL CONCERNS ABOUT SAFETY

The following are some of the most common concerns and questions asked by parents regarding the safety of their children when it comes to playing baseball. We have also included appropriate answers below the questions.

I'm worried that my child is too small or too big to play on the team/division he has been assigned to. Little League has rules concerning the ages of players on National, American, Coaches Pitch and T -Ball. Wabash Little League observes those rules and then places children on teams according to their skills and abilities based on their try-out ratings at the beginning of the season. If for some reason you do not think your child belongs in a particular division, please contact the WLL Player Agent and share your concerns with him or her.

Should my child be pitching as many innings per game? Little League has rules regarding pitching which all managers and coaches must follow. The rules are different depending on the division of play but the rules are there to protect children.

Do mouth guards prevent injuries? A mouth guard can prevent serious injuries such as concussions, cerebral hemorrhages, incidents of unconsciousness, jaw fractures and neck injuries by helping to avoid situations where the lower jaw gets jammed into the upper jaw. Mouth Guards are effective in moving soft issue in the oral cavity away from the teeth, preventing laceration and bruising of the lips and cheeks, especially for those who wear orthodontic appliances.

How do I know that I can trust the volunteer managers and coaches not to be child molesters? Wabash Little League runs background checks on all board members, managers and designated coaches before appointing them. Volunteers are required to fill out applications which give WLL the information and permission it needs to complete a thorough investigation. If the League receives inappropriate information on a Volunteer, that Volunteer will be immediately removed from his/her position and banned from the facility.

How can I complain about the way my child is being treated by the manager, coach, or umpire? You can directly contact the WLL Player Agent for your division or any WLL board member. Their names and telephone numbers are posted in the glass case outside the clubhouse. The complaint will be brought to the WLL President's attention immediately and investigated.

Will that helmet on my child's head really protect him while he or she is at bat and running around the bases? The helmets used at Wabash Little League must meet NOCSAE standards as evidenced by the exterior label. These helmets are certified by Little League Incorporated and are the safest protection for your child. The helmets are checked for cracks at the beginning of each game and replaced if need be.

Is it safe for my child to slide into the bases? Sliding is part of baseball. Managers and coaches teach children to slide safely in the pre-season.

My child has been diagnosed with ADD or ADHD- is it safe for him to play? Wabash Little League now addresses ADD and ADHD in their Safety Manual. Managers and coaches now have a reference to better understand ADD and ADHD. The knowledge they gain here will help them coach ADD and ADHD children effectively. The primary concern is, of course, safety. Children must be aware of where the ball is at all times. Managers and coaches must work together with parents in order to help ADD and ADHD children focus on safety issues.

Covid-19 Protocol

To: Little League Patrons

Wabash Little League has implemented new procedures under the *Back on Track Indiana* plan the Governor and Indiana Department of Health developed.

These procedures include new cleaning and sanitizing protocols and promotes physical distancing practices to adhere to the guidelines in place by local, state, and federal governments.

Below is a list of facilities rules, player's rules and spectator rules that should be followed. We will also encourage all spectators, players, and coaches to wear any PPE equipment. **Wabash Little League will:**

- regularly sanitize dugouts and restrooms.
- limit patron numbers in restrooms.
- place physical distance markers on sidewalks for concession lines

IF YOU SEE SOMETHING, SAY SOMETHING. Volunteers will be making more rounds, things happen between those times but we will be happy to attend to any issues at the facility when notified (i.e. out of paper towel or soap in the restroom)

Guidelines for Parents

- Social distancing seating. Bleachers will be roped off.
- Parents are requested to provide their own lawn chairs for seating.
- Please use all accessible parts of the facility to social distance.
- Tents will be single family use only.
- If other children are brought to the facility (other than players), that parent/guardian is responsible to make sure that child stays near the seating area and away from restroom etc.

Player Guidelines/In game Guidelines – Subject to change.

- All players shall use social distancing.
- Limit number of players allowed in dugouts as to follow the social distancing guidelines. 3 players are allowed in the dugout at one time. All remaining players should be spread out in the bullpen or in some cases spread out using social distancing along the fence line.
- We recommend that players shall not participate in any hand shaking, hugging, high fiving, or team huddles.
- We recommend that all equipment bags be hung outside of dugouts along the fence line. We suggest players do not share equipment if possible.
- All teams must clean dugouts before leaving their games.
- It is recommended that all players sanitize their equipment before coming to games.
- It is recommended that all players carry hand sanitizer
- Players/coaches must have lids/caps on drinks while in dugouts. Drinking fountains will be shut off and players should plan to provide their own drinks.
- The National Anthem and Little League Pledge will be played prior to the start of the night's first games. The home team will take the positions in the field while the visiting team is spread out on the baselines/backstop area.
- If a player/coach conference is needed, then that conference is between player/coach only.
- It is suggested that no player socializing in parks before or after games.
- In the event of a rain delay, players and families should head to their own vehicles and wait for an announcement regarding resuming play or calling the game.
- The catcher and umpire should work together to give all parties at the plate the best safe social distancing as possible

Submit Your Ideas for Safety

Your safety ideas are welcome at WLL. Please submit them in written form and place them at the concession stand. The WLL Safety Officer will retrieve safety suggestions at the end of each week and read them.

If your safety idea warrants further investigation, you will be contacted. Safety ideas which are implemented at our ball park will appear in next year's Safety Manual under Contributions and the contributor will receive credit for his or her suggestion.

APPENDIX

Regular Season Pitching Rules – Baseball

VI – PITCHERS

(a) Any player on a regular season team may pitch. (**NOTE:** There is no limit to the number of pitchers a team may use in a game.)

(b) A pitcher once removed from the mound cannot return as a pitcher. **Junior, Senior, and Big-League Divisions only:** A pitcher remaining in the game, but moving to a different position, can return as a pitcher anytime in the remainder of the game, but only once per game.

(c) The manager must remove the pitcher when said pitcher reaches the limit for his/her age group as noted below, but the pitcher may remain in the game at another position:

League Age	17-18	105 pitches per day
	13 -16	95 pitches per day
	11 -12	85 pitches per day
	9-10	75 pitches per day
	7-8	50 pitches per day

Exception: Exception: If a pitcher reaches the limit imposed in Regulation VI (c) for his/her league age while facing a batter, the pitcher may continue to pitch until any one of the following conditions occurs: 1. That batter reaches base; 2. That batter is put out;

3. The third out is made to complete the half-inning. **Note 1: A pitcher who delivers 41 or more pitches in a game cannot play the position of catcher for the remainder of that day.**

(d) Pitchers league age 14 and under must adhere to the following rest requirements:

- If a player pitches 66 or more pitches in a day, four (4) calendar days of rest must be observed.
- If a player pitches 51 - 65 pitches in a day, three (3) calendar days of rest must be observed.
- If a player pitches 36 - 50 pitches in a day, two (2) calendar days of rest must be observed.
- If a player pitches 21 - 35 pitches in a day, one (1) calendar days of rest must be observed.
- If a player pitches 1-20 pitches in a day, no (0) calendar day of rest is required.

Pitchers league age 15-18 must adhere to the following rest requirements:

- If a player pitches 76 or more pitches in a day, four (4) calendar days of rest must be observed.
- If a player pitches 61 - 75 pitches in a day, three (3) calendar days of rest must be observed.
- If a player pitches 46 - 60 pitches in a day, two (2) calendar days of rest must be observed.
- If a player pitches 31 -45 pitches in a day, one (1) calendar days of rest must be observed.
- If a player pitches 1-30 pitches in a day, no (0) calendar day of rest is required.

(e) Each league must designate the scorekeeper or another game official as the official pitch count recorder.

(f) The pitch count recorder must provide the current pitch count for any pitcher when requested by either manager or any umpire. However, the manager is responsible for knowing when his/her pitcher must be removed.

(g) The official pitch count recorder should inform the umpire-in-chief when a pitcher has delivered his/her maximum limit of pitches for the game, as noted in Regulation VI (c).

The umpire-in-chief will inform the pitcher's manager that the pitcher must be removed in accordance with Regulation VI (c). However, the failure by the pitch count recorder to notify the umpire-in-chief, and/or the failure of the umpire-in-chief to notify the manager, does not relieve the manager of his/her responsibility to remove a pitcher when that pitcher is no longer eligible.

(h) Violation of any section of this regulation can result in protest of the game in which it occurs. Protest shall be made in accordance with Playing Rule 4.19.

(j) A player who has attained the league age of twelve (12) is not eligible to pitch in the Minor League. (See Regulation V – Selection of Players)

(k) A player may not pitch in more than one game in a day. (Exception: In the Big League Division, a player may be used as a pitcher in up to two games in a day.

(l) Under no circumstances shall a player pitch three (3) consecutive days.

NOTES:

1. The withdrawal of an ineligible pitcher after that pitcher is announced, or after a warm-up pitch is delivered, but before that player has pitched a ball to a batter, shall not be considered a violation. Little League officials are urged to take precautions to prevent protests. When a protest situation is imminent, the potential offender should be notified immediately.

2. Pitches delivered in games declared “Regulation Tie Games” or “Suspended Games” shall be charged against pitcher’s eligibility.

3. In suspended games resumed on another day, the pitchers of record at the time the game was halted may continue to pitch to the extent of their eligibility for that day, provided said pitcher has observed the required days of rest.

Example 1: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on the following Thursday. The pitcher is not eligible to pitch in the resumption of the game because he/she has not observed the required days of rest.

Example 2: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on Saturday. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game because he/she has observed the required days of rest.

Example 3: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes two weeks later. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game, provided he/she is eligible based on his/her pitching record during the previous four days.

Note: The use of this regulation negates the concept of the “calendar week” with regard to pitching eligibility.



Little League Baseball and Softball MEDICAL RELEASE



NOTE:

Team _____
Player: _____

To be carried by any Regular Season or Tournament
Manager together with team roster or International Tournament affidavit.

_____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION:

Email: _____

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: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached 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

Date of last Tetanus Toxoid Booster: _____

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.

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

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.



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:
Little League, International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485
Accident Claim Contact Numbers:
Phone: 570-327-1674 Fax: 570-326-9280

Accident & Health (U.S.)

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

League Name		League I.D.	
Name of Injured Person/Claimant		SSN	PART 1
		Date of Birth (MM/DD/YY)	Age Sex
		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)
		()	()
Address of Claimant		Address of Parent/Guardian, if different	

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

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

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

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

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

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

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CHALLENGER (4-18) | <input type="checkbox"/> PLAYER | <input type="checkbox"/> TRYOUTS | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES) |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> T-BALL (4-7) | <input type="checkbox"/> MANAGER, COACH | <input type="checkbox"/> PRACTICE | <input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (6-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE(9-12) | <input type="checkbox"/> PLAYER AGENT | <input type="checkbox"/> TRAVEL TO | |
| | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | |
| | <input type="checkbox"/> JUNIOR (12-14) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> SENIOR (13-16) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe) | |
| | <input type="checkbox"/> BIG (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: () Fax: ()

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

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

POSITION WHEN INJURED	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 PUNCTURE	<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 SUNSTROKE	<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
------	---------------------------



Little League® Volunteer Application – 2022

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



This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/localbg-check for more information.

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

All red fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____ City _____ State _____ Zip _____

Social Security # (mandatory) _____

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): _____

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

2. Special Certification (CPR, Medical, etc.):¹⁸ If yes, list: _____ Yes No
Driver's license#: _____ State _____ Yes No

3. Do you have a valid driver's license? _____ Yes No

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?
If yes, describe each in full: _____ Yes No
(If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)?
If yes, describe each in full: _____ Yes No
(Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)?
If yes, describe each in full: _____ Yes No
(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? _____ Yes No
If yes, explain: _____

(If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

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

- League Official Umpire Manager Concession Stand
- Coach Field Maintenance Scorekeeper 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: LittleLeague.org/BigStatesLaw

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):
Review the Little League Regulation 1(c)9 for all background check requirements

JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List)*

OR

National Criminal Database check U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List

National Sex Offender Registry

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

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



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF 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 an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

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

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

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 stereo 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.

CONCESSION STAND - WEEKLY CHECK LIST

A) DELIVERIES

Date: _____ Date: _____ Date: _____

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. All products meet visual quality standards and have no off odors (no spoilage). |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. All packaging is in good condition – not wet, no stains, leaks, holes, tears or crushing. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Items put away in proper order (frozen, refrigerated, dry storage); in 30 minutes or less. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Code dates within code. |

B) FOOD TEMPERATURE AND SPECIFICATIONS

Thermometer Date: _____ Date: _____ Date: _____

NOTE: Ensure that thermometer kit meter and probes are calibrated prior to taking temperatures. (Use ice and cold water procedure for probes, temperature reads $32^{\circ} \pm 2^{\circ}\text{F}$.)

All refrigerators and freezers must have a properly functioning thermometer in place (built in or clamped on, easily visible, and not glass).

Drink Machine Date: _____ Date: _____ Date: _____

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Soft drink, Ice machine and Ice bin are free of soil. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Temperature of coffee/tea water is $\geq 180^{\circ}\text{F}$. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Cup and lid dispensers are clean and in good repair. Cup and lid holders are clean. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Ice machine is clean, and sanitized. There is no standing water. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Water filter follower needle is not in the red zone. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Ensure that syrup tanks are flushed clean and sanitized. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. CO2 canisters are chained and locked in the upright position. |

Freezer/Food Storage Date: _____ Date: _____ Date: _____

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Freezer interior is clean and sanitized |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Temperature of freezer is $\leq 20^{\circ}\text{F}$. |

Refrigerator/Food Storage Date: _____ Date: _____ Date: _____

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Refrigerator interior is clean and sanitized |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Temperature of refrigerator is $33\text{-}43^{\circ}\text{F}$. |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Interior light is working and is properly shielded. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Shelving is clean, free of rust and in good repair. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. All items stored correctly on shelves (covered and a minimum of 6" off the floor). |

CONCESSION STAND - WEEKLY CHECK LIST PAGE #2

FOOD TEMPERATURE AND SPECIFICATIONS CONTINUED

Fryer Area

Date: _____ Date: _____ Date: _____

Yes No

- 19. All stainless and walls above fryer are clean.
- 20. No excessive grease buildup under the fryers.
- 21. Fryer hood filters are in place and clean.
- 22. Light(s) working and properly shielded.
- 23. Cooking grease is stored safely in containers away from open flames.

Grill Area

Date: _____ Date: _____ Date: _____

Yes No

- 24. All tile and countertops around grill are clean and sanitized.
- 25. Propane tanks are properly connected.
- 26. Fuel lines from the propane tanks to the grill have been inspected for leaks.
- 27. All air vents, Venturi vents and valves are clear of obstructions (i.e. cobwebs).
- 28. All grease is cleaned from under and around the grill.
- 29. Propane tank valves are turned off when not in use.

C) SANITATION

Date: _____ Date: _____ Date: _____

Yes No

- 30. Proper dishwashing method used.
- 31. Hand sanitizer dispensers are mounted and in use.
- 32. Personal items stored correctly (medication, drinks, food, clothing, etc.).
- 33. Floors clean
 - a. floor drains unobstructed; proper drainage flow
 - b. no leaks or openings around pipes/plumbing
- 34. No sign of pest infestation (insects, rodents, etc.)
- 35. All trash is emptied from the inside containers.
- 36. Dumpster enclosure and surrounding area are clean and free of debris.
- 37. Dumpster is closed.

CONCESSION STAND - WEEKLY CHECK LIST PAGE #3

D) CHEMICALS

Date: _____ Date: _____ Date: _____

Yes No

38. Chemicals stored in locked containers and not on the same shelf or the shelf above food ingredients, product packaging materials, food storage pans or tables where food is prepared.
39. Maintain manufacturer's labels on or label containers accordingly.

E) OTHER

Date: _____ Date: _____ Date: _____

Yes No

40. Concession stand workers (Team Mom and Parents) have gone through WLL initiation safety and food preparation training before working in the concession stand.
41. Children under 15 are not allowed in the concession stand or in other areas where food is prepared.
42. A fire extinguisher with a current certification is in plain sight.
43. A fully stocked First-Aid kit is in plain sight.

CORRECTIVE ACTION REPORT

If any item on this check list is checked "No" then complete the steps below:

STOP the person, food, process, or use of equipment, as appropriate.

DETERMINE if the product(s) or ingredient(s) are not safe to serve (for example, cross contamination has occurred, or ingredient is undercooked). **If not safe, discard the item!**

IDENTIFY source of problem.

TAKE corrective action, as appropriate.

- > Troubleshoot equipment problem using the Equipment Management Reference Manual.
- > Re-train Concession Stand workers.
- > Wash and sanitize hands.
- > Wash and sanitize counter/equipment.

NOTIFY A Wabash Little League Board Member if the problem cannot be resolved.

NOTE corrective action below (include number identification of infraction):
