

# ***2019 Safety Manual***



**Northern Calvert  
Little League  
022-07-06**

## 2019 SAFETY PROGRAM PLAN AND MANUAL

*Northern Calvert Little League is committed to the safe operation of our Programs. This Safety Plan and Manual has been developed to assist in that effort and to ensure that our league is “ASAP” compliant.*



### **Safety Mission Statement of Our Little League**

*It is the policy of NCLL to actively participate in the ASAP Program in order to safeguard the physical and emotional well-being of all children participating in any baseball and softball programs, as well as providing a safe and friendly environment for volunteers, parents and spectators.*

*It is also the policy of our league to*

- *Inform and educate our community as to what the ASAP Program is and how it serves the best interests of our participants*
- *Involve players, parents, community members, local businesses, law enforcement, fire protection, EMS and other organizations in our ASAP Program through the sharing of information, poster campaigns, advertising and education programs*
- *Utilize all available resources within our community to further the goals of the ASAP*
- *Make Zero-Injuries our ultimate goal*



## 2019 SAFETY PROGRAM PLAN AND MANUAL

# NCLL 2019 League Safety Officer

**Name: Ray Albaugh**

**Cell: (443) 624-5437**

**Email: rayalbaugh@hotmail.com**

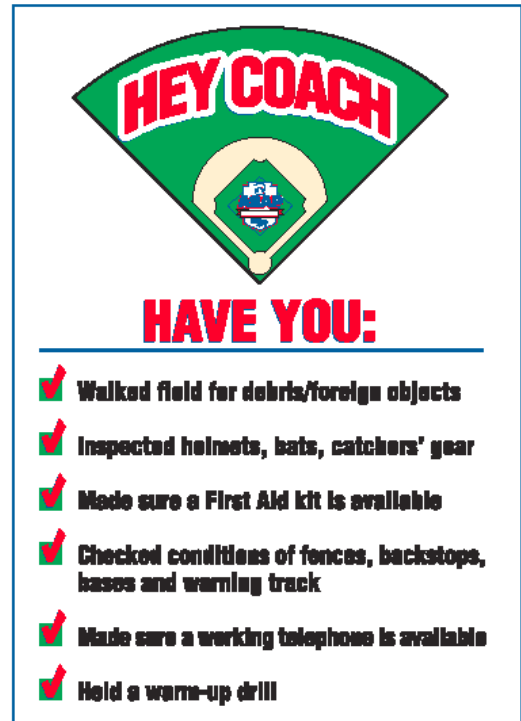
The responsibilities of the League Safety Officer to the our Little League are:

- ✓ **Develop and document League Safety Program and distribute copies to all volunteers in accordance with ASAP policy**
- ✓ **Submit a yearly ASAP plan to Little League Baseball**
- ✓ **Submit annually an updated Facilities Survey to LLBB**
- ✓ **Insure compliance throughout the league with the established safety policies**
- ✓ **Help develop and coordinate all Safety Related Training with the League**
- ✓ **Conduct weekly inspections of all fields and facilities**
- ✓ **Report all violations to our Little League Board of Directors along with the corrective actions taken**
- ✓ **Investigate all accidents; provide claims forms and information and track in accordance with this safety manual**
- ✓ **Make sure all teams have First Aid Kits at all games and practices**
- ✓ **Insure league compliance with the Little League Baseball's Child Protection Policy**
- ✓ **Ensure compliance with ASAP requirement 14 requiring player registration data and coach/manager data be submitted via the Little League Data Center**
- ✓ **Submit an idea implemented by our league to help improve our safety plan**

# 2019 SAFETY PROGRAM PLAN AND MANUAL

## General Safety Policies for NCLL

- This Safety Plan and manual will be distributed to all coaches and managers as well as all officers and league volunteers of *our Little League*
- NCLL will inform and involve parents in the Safety Program
- Umpires are a vital part of our Safety Program. Umpires will be considered as Safety Officers for each game they officiate in the absence of a District or League Safety Officer and have the authority to stop or delay play due to any safety issues
- Before any game or practice, Managers, Coaches and Umpires will carefully inspect the fields/facilities for hazards. Inspection should include bases, fences, outfield area, rest rooms, and bleachers. Managers must also ensure that all phone listings for our Little League Board of Directors and all Emergency Phone listings are predominately posted at the game or practice site. Report all problems to the League Safety Officer. Correct all problems BEFORE beginning play or practice.
- A working phone will be available at all game and practice sites
- Before any game or practice, all equipment (Bats, Helmets, Bases, Catchers Equipment) must be carefully inspected for defects. Discard all defective equipment and report all problems to the Safety Officer. All defective equipment will be returned for permanent disposal. At no time will defective equipment be given away.




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- **All rules of the 2019 Little League rulebook will be strictly enforced. Our league will ensure that the appropriate 2019 Little League rulebook is distributed to every manager, coach, umpire and league/district official. All participants must follow all 2019 Little League Baseball Inc. rules, both during practices and games as most rules relate to safe participation. Some rules of special importance**
  - **All fields under our control will use dis-engage able bases IAW Rule 1.06 , inspected and listed on the 2019 Little League Field Survey submitted on-line**
  - **Catchers will be properly equipped In accordance with Rule 1.17. All catchers must also have dangling throat protectors secured to their masks in such a way as to provide proper protection**
  - **Catchers warming up pitchers or catching for infield/outfield drills will wear catchers helmet, mask with dangling throat protector**
  - **Under no circumstances will an adult volunteer warm up a pitcher in accordance with Rule 3.06. This includes standing at the backstop during practice as informal catcher for batting practice**
  - **All equipment will be inspected before it is issued and before each use. All batting and catchers helmets will comply with all specifications and applicable NOSCAE standards**
  - **All suspect or clearly defective equipment will be disposed of by our equipment manager. It will not be given away for use by anyone**
  - **All bats used by our league will fully comply with 2019 Little League rules**
- **Every Manager is to ensure that a First Aid Kit is available for all games and practices. Managers will also be sure to carry the team first aid kit if traveling outside of the league facilities. All kits should include non-latex gloves.**
- **Every Manager is to carry the team's roster with copies of all Medical Release Forms to all games and practices.**
- **Annual Basic First Aid/EMT Training is mandatory for our coaches and managers. All umpires and league officials will also be required to attend.**

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- Annual Fundamentals/Skills Training is mandatory for all managers and coaches.
- Our league encourages the use of protective cups by all male players. We also highly recommend the use of protective mouth guards by all infielders.
- NCLL strongly encourages the use of batting helmet face guards and will provide them to all players requesting them.
- Our league requires that the Little League Baseball Medical Release be completed, signed and returned to the team manager before participation in any practice or game. **There are no exceptions to this rule. Copies must also be provided to the Player Agent.** A blank copy will be provided with the registration forms.



**Little League Baseball**

**Medical Release**

NOTE: TO be carried by any regular season or tournament team manager together with team roster or eligibility affidavits.



Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 League Name: \_\_\_\_\_ I.D. Number: \_\_\_\_\_  
 Parent or Guardian Authorization:  
 In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)  
 Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Hospital Preference: \_\_\_\_\_  
 In case of emergency contact:  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Player \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Player \_\_\_\_\_  
 Please list any a variety of medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

| Medical Diagnosis | Medication | Dosage | Frequency of Dosage |
|-------------------|------------|--------|---------------------|
|                   |            |        |                     |
|                   |            |        |                     |
|                   |            |        |                     |

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.  
 Date of Last Tetanus Toxoid Booster: \_\_\_\_\_  
 Mr./Mrs./Ms. \_\_\_\_\_  
 Authorized Parent/Guardian Signature  
WARNING: Participation requires a parent/guardian to give permission for a player to participate in this activity. Little League Baseball does not have participation in its activities on the basis of ability, race, color, creed, or national origin. If you are unable to participate or only have preference on my participation please contact medical release form.

Whether regular season or tournament games or practices, your managers need to carry all their players' Medical Releases. While just as critical for teams in tournament play, the forms are just as important during the regular season.

Most hospitals will not treat a player who does not have a life-threatening injury without one. Imagine if your manager has to accompany a player with a broken leg to the hospital because the parents weren't at the game or practice. Without a Medical Release it's likely to be a long wait with a suffering player as the manager tries frantically to reach them to approve medical treatment.

Make sure your league has all players' Medical Releases, and the manager carries the team's forms with him or her everywhere. Then if a parent isn't at the field when an accident happens, the only call that will really matter is to 9-1-1.

**A list of emergency numbers and league officials will be posted at all sites along with Emergency Procedures for our league.**

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# OUR LEAGUE EMERGENCY PROCEDURE

In the event of any serious crime, threat of any type, injury or illness

## **DIAL 9-1-1**

This will connect you to a dispatcher who will provide the appropriate response to any emergency. Listen carefully to the dispatcher. They will ask you the appropriate questions and get you the help you need. No matter what, **DO NOT HANG UP** until the dispatcher hangs up or tells you to.

If the emergency is an injury or illness, follow this procedure

**First, protect the victim from further injury! DO NOT MOVE THE VICTIM UNLESS THERE IS AN IMMEDIATE THREAT!**

Any qualified person at the scene should provide First Aid immediately.

The most important help 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.

**First dial 9-1-1.** Give the dispatcher the necessary information. Answer any and all questions that he or she might ask. Most dispatchers will ask your exact location, the telephone number from which the call is being made and your name. They will also need to know what happened, how many victims there are and their condition. They will also ask what help is being given (first aid, CPR, etc.) The dispatcher may be able to tell you how to best care for the victim.

Continue to care for the victim and reassure them until professional help arrives.

If the victim is a minor, find the legal guardian.

Always notify the League President and/or Safety Officer of any incident, no matter how minor, so that it can be properly documented by the league.

**League President - Larry Hull 443-771-0205**

**League Safety Officer - Ray Albaugh 443-624-5437**





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### Northern Calvert Little League Accident Reporting and Tracking Policy

All accidents and near-miss incidents must be reported to the League Safety Officer (LSO).

- All accidents involving an injury that require any first aid or professional medical attention must be reported to the LSO within 24 hours of the incident.
- All other accidents and near miss incidents must be reported to the LSO within 72 hours. Near miss accidents are any incident where a player, spectator, umpire, coach, manager or league official narrowly missed being injured. These “close call” incidents may indicate a safety problem that needs to be addressed before an actual injury occurs.
- League Safety Officer will investigate and take appropriate action.
- LSO will also forward comments to the board of directors and fill out appropriate form(s)
  - ASAP Incident Tracking Form(Enclosed)
  - Little League Baseball Accident Notification Form(Enclosed)
- LSO will also assist parents in filing claim forms. Copies of all claim forms will be maintained for two years.
- All accidents and near miss incident reports will be maintained by the LSO for a minimum of two years.

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## Maryland District 7 Little Leagues

# Incident/Injury Tracking Report

### A Safety Awareness Program – Activities/Reporting

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

**Incident occurred while participating in:**

- A)  Baseball  Softball  Challenger  TAD  
 B)  Challenger  T-Ball (5-8)  Minor (7-12)  Major (9-12)  Junior (13)  
 Senior (13-15)  Sr./Minor (13-15)  Big League (16-18)  
 C)  Tryout  Practice  Game  Tournament  Special Event  
 Travel to  Travel from  Other (Describe): \_\_\_\_\_

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

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

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

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

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

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

**Type of incident and location:**

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

Please give a short description of incident: \_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

This form is for Little League purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

Prepared By/Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 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

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                         | Age  |
| Name of Parent/Guardian, if Claimant is a Minor |  | Date of Birth (MM/DD/YY)    | Sex<br><input type="checkbox"/> Female <input type="checkbox"/> Male |
| Address of Claimant                             |  | Home Phone (Inc. Area Code) | Bus. Phone (Inc. Area Code)  |
|   |  | ( )                         | ( )  |
| Address of Parent/Guardian, if different        |  |                             |  |

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

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

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

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

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

Check all applicable responses in each column:

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

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**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)<br>Residence: (    )<br>Business: (    )<br>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/<br>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 |
|------|---------------------------|

## 2019 SAFETY PROGRAM PLAN AND MANUAL

### Safety Training Events for 2019

Northern Calvert Little League will provide a Safety Training Program. In addition to the following, make up sessions will be scheduled in our area as required.

#### 2019 EMT/First Aid Training Sessions

Date/Time/ Location: Jan 19, 2019 10:00 AM Impact Center Lothian, MD

Jan 20, 2019 5:30 PM Northern HS Owings, MD

#### 2019 Fundamental/Skills Training Sessions

Date/Time/ Location: Jan 19, 2019 10:00 AM Impact Center Lothian, MD

Jan 20, 2019 5:30 PM Northern HS, Owings, MD

### Coaches and Managers Supplemental Training Outline For Coaches and Managers

The intent of our league's Supplemental Training is to provide managers and coaches with the basic knowledge needed to teach, plan and organize. There will be a strong emphasis on safety. Topics will include:

- Little League Rule Changes
- Pitch Counts per Age Group and Pitching Mechanics
- Returning from Injury- What are the Managers and Coaches responsibilities
- Safety Issues Safe Practice Field Conditions
- Safe Practice Policy
- Weather Policy
- Lightening Safety **“If you hear it, clear it. If you see it, Flee It!”**
- Lighting Conditions and Safety- 30 minute delay
- Injury Prevention

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- Coaches And Managers Code Of Conduct
- ✓ Follow your leagues Safety Plan and ASAP Guidelines
- ✓ Require players to properly warm up/stretch before all activity

Warm ups should include gradually increasing working thru the full range of motion for the activity expected and should include a sport specific activity. Lining up and throwing to each other for 15 minutes is not a warm up!

- ✓ Cool down

Cool down after vigorous exercise. A 10 to 15 minute cool-down period allows heart rate and breathing to return to normal. Slow walking will prevent blood from pooling in the legs. Blood pooling can cause dizziness and blackouts. Do stretching exercises again to prevent the muscles from getting sore and stiff.

### ***Concessions Safety***

- Northern Calvert Little League will operate concessions at Windsor Field. Operations will be inspected by our League Safety Officer and our Concession Manager on a regular basis.
  - Our league will post and distribute written safety procedures for our concession operations
  - Our league concession manager must be trained in safe food handling/prep procedures by a league volunteer that is an experienced food services employee
  - Our Training will include
    - Proper perishable food storage and handling guidelines
    - Proper food preparation guidelines
    - Procedures for inspection of all food storage equipment
    - Safety rules for operation of deep fryers, grills or other potentially dangerous equipment
    - First Aid training for all concession volunteers
    - Concessions check lists for opening and closing concessions

### **Concessions Policies and Guidelines**

All concession volunteers must have attended the Basic First Aid Training and have been instructed by the League Safety Officer or Concessions Manager in basic safety guidelines for concessions.

Grills/Hotplates/Fryers may not be attended by anyone under the age of 18