

# **Big Horn County Little League**

**2020**

## **Safety Plan**

**"The Safety of Our Children Always Comes  
First!"**

## **Authority**

Little League Baseball, Inc. Operating Manual requires that each league have an active Safety Officer. This position must with voting privileges. This is reinforced by the implementation of the **A Safety Awareness Program (ASAP)** by Little League Baseball, Inc. International Congress in 1965.

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# **Big Horn County Little League**

## **2020 Safety Plan**

***Making It "Safer for the Kids!"***

### **1. Introduction**

This Safety Plan was developed in accordance to Little League Baseball<sup>7</sup>, Inc. and its A.S.A.P Program requirements. This plan shall be up-dated annually or as needed so as to maintain compliance with Little League and ASAP standards.

### **2. Safety Plan Distribution**

This Safety Plan shall be disseminated to all league board members, managers, coaches, team parents, umpires and other volunteers. In addition, a copy of this Safety Plan shall be posted in the league's equipment room so that any person wishing to review it can do so. Copies this plan shall be made available upon request to any parent/guardian or others having the need to know.

### **3. Authority of League Safety Program**

Little League Baseball Inc. Operating Manual requires that each league have an active Safety Officer who is on file with Little League Headquarters in Williamsport, P A. This position must be one with voting privileges on the league's board. This is reinforced by the implementation of the A Safety Awareness Program of Little League baseball <sup>7</sup>, Inc. International Congress in 1965.

The completion and submitting of the "Qualified Safety Plan Registration" form from the ASAP Safety Plan Instruction package shall meet this requirement.

### **4. Big Horn County Little League Mission Statement**

Big Horn County Little League's mission is to provide a safe environment where the children residing within the boundaries of the league may learn to play baseball and softball all while having FUN.

## 5. Little League's Pledge for Players, Volunteers and Parents/Guardians

Players:

**I TRUST IN GOD  
I LOVE MY COUNTRY  
AND WILL RESPECT ITS LAWS  
I WILL PLAY FAIR  
AND STRIVE TO WIN  
BUT WIN OR LOSE  
I WILL ALWAYS  
DO MY BEST**

Volunteer and Parent/Guardian:

**I WILL TEACH ALL CHILDREN TO PLAY FAIR AND DO THEIR BEST  
I WILL POSITIVELY SUPPORT ALL MANAGERS, COACHES AND PLAYERS  
I WILL RESPECT THE DECISIONS OF THE UMPIRES  
I WILL PRAISE A GOOD EFFORT DESPITE THE OUTCOME OF THE GAME**

A special quote:

**From the ranks of youngsters who stand now  
On the morning side of the hill  
will come the leaders, the future strength  
and character of the nation**

Source: Little League Baseball 7, Inc.

## 6. Safety Code of Little League Baseball

- ! Responsibility for safety procedures should be that of an adult member of the local league.
- ! Arrangements should be made in advance of all games and practices for emergency medical services.
- ! Managers, coaches and umpires should have some training in first-aid. First-Aid kit should be available at the field.
- ! No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- ! Play areas should be inspected frequently for holes, damage, glass and other foreign objects.

- ! Dugouts and bat racks should be positioned behind screens.  
Only players, managers, coaches and umpires are permitted on the playing field during play and practice sessions.
- ! Responsibility for keeping bats and loose equipment of the field of play should be that of a regular player assigned for that purpose.
- ! Procedures should be established for retrieving foul balls batted out of the playing area.
- ! During practice sessions and games, all players should be alert and watching the batter on each pitch.
- ! During warm up drills, players should be spaced so that no one is endangered by errant balls.
- ! Equipment should be inspected regularly. Make sure it fits properly.
- ! Pitching machines, if used, must be in good working order (including extension cords, outlets, etc.) and must be operated only by an adult manager or coach.
- ! Batters must wear protective NOCSAE helmets during practice as well as during games.
- ! Catchers must wear catcher's helmet (with face mask and throat guard), chest protector and shin guards. Male catchers must wear long-modeled chest protector (divisions below Junior and Senior, protective supported and cup at all times.
- ! Except when a runner is returning to a base, a headfirst slide is not permitted.
- ! During sliding practices, bases should not be strapped down.
- ! At no time, should "horse play" be permitted on the playing field.
- ! Parents of players who wear glasses should be encouraged to provide "Safety Glasses".
- ! Players must not wear watches, rings, pins, jewelry and other metallic items.
- ! Catchers must wear catcher's helmet, face mask and throat guard in warming up pitchers. This applies between innings and bullpen practice. Skull caps are not permitted.
- ! Batting/Catcher's helmets shall not be painted unless approved by the manufacturer.
- ! Regulations prohibit on-deck batters. This means no player should handle a bat even while in an enclosure, until it is his/her time at bat. (Note: This does not apply to Junior, Senior and Big League divisions.)
- ! Players who are ejected, ill or injured should remain under supervision until released to a parent or guardian.

Source: Little League Baseball Inc. Official Regulations and Playing Rules

## **7. Safety Code of Big Horn County Little League**

Big Horn County Little League's safety code is, "If it isn't safe, we won't do it".

## 8. Communicable Disease Procedure of Little League

The following procedure has been adopted by Little League Baseball, Inc. This league recognizes this procedure and enforces its implementation.

These procedures, also printed in each of the Official Regulations and Playing Rules, should be understood and followed by all managers, coaches and umpires.

While risk of one athlete infecting another with HIV / AIDS during competition is close to non-existent, there is the remote risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not limited to, the following:

- ! The bleeding must be stopped, the open wound covered and if there is an excessive amount of blood on the uniform it must be changed before the athlete may participate.

Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or bodily fluids is anticipated.

Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other bodily fluid. Wash hands immediately after removing gloves.

1. Clean all blood contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
2. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.
3. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
4. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.
5. Contaminated towels should be properly disposed of/disinfected.
6. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.

Additional information is available from your state high school association, local

hospitals and health departments and from TARGET.

Source: Little League Baseball 7, Inc. Operating Manual and Official Regulations and Plying Rules

## **9. Contaminated Items Disposal Procedure of Big Horn County Little League**

The League Safety Officer shall obtain from one a container designed for the disposing of such items as bloody bandages/gauze, needles, or other contaminated items. This container shall be marked as to its contents.

Contents of containers shall be disposed of in a safe and lawful manner. Under no circumstances shall the contents or contents and contained be disposed of by placing in the trash. The Big Horn County Medical Clinic facility can handle the disposal. A replacement container will be made available for immediate use when needed.

## **10. Safety Officer Duties and Responsibilities of Big Horn County Little League**

**Authority:** By the unanimous action of the 1965 Little League International Congress and subsequent ratification by the Board of Directors of Little League, Inc., it was resolved that every chartered Little League shall appoint a Safety Officer. The League Safety Officer's name, address and telephone number shall be on file with Little League Baseball, Inc.

**Selection:** Selection of the League Safety Officer shall be conducted in one of two methods. The League safety officer shall either be appointed by the League President or elected by the board or general election. The League Safety Officer shall have full authority with voting rights on the board.

**Qualifications:** The League Safety Officer shall be a person having the following qualifications.

Have the time, desire, interest to develop a safety program.

Be able to work effectively with the League President, fellow board members, managers, coaches, umpires, players and parents/guardians.

Have knowledge of Little League Baseball/Softball so as to be able to evaluate and suggest corrective measures for hazards or other safety concerns without conflicting with Little League policy.

Have firsthand experience or training in the area of safety and the ability to develop a strong safety program. Such a person may have a background in law enforcement, fire protection, medical services or other related areas.

Be able to adapt to others point of view if so needed.

Be able to see League's Safety Plan and Program to all involved.

Be able to attend any and all meetings, seminars offered by the Little League Baseball District or Regional units.

Work closely with the District Safety Officer.

**Responsibilities:** The main responsibility of the League Safety Officer is to develop and implement the league's safety program in accordance to Little League requirements. The following are some duties of the League Safety Officer.

This position should be the only position held by the person assigned or chosen to it. This program is not only important for the safety of our children but also is time consuming at times.

- Develop and maintain a functional league safety plan meeting Little League requirements.
- Annually review and up-date, as needed the league's safety plan.
- Complete and submit to Little League the annual National Facility Survey, Lighting Audit, Safety program registration Application and all other required applications of Little League.
- Submit the Safety Plan each year through the District Administrator for his review to Little League International accompanied by a completed qualified ASAP Safety Plan Registration Form.
- Attend all meetings pertaining to safety offered by District or Regional Headquarters.
- Develop and present training classes on safety (First Aid & CPR training, equipment inspection, etc.) and other related training.
- Organize and present regular safety meeting for the managers, coaches and other volunteers within the league.
- Develop and up-date as needed manuals/policies relating to snack bar operation, emergency preparedness, etc.
- Keep League president, Board members, managers, coaches, etc. up to date on all new safety policies from Little League.

- Handle or assist in the background checks of all league volunteer applicants.  
Work closely with the District safety officer.
- Obtain, investigate, review, and disseminate to need to know parties all accident, injury and incident reports. In addition, be responsible for filing of it.
- Receive and process insurance claims.
- Investigates all accidents, injuries as to what happened and what can be done to prevent similar incidents from reoccurring.
- Develop and train an Assistant safety officer as well as Team Safety Representatives.
- Develop league safety contest on safety ideas for its children to participate in.
- Encourage the use of mouth guards, helmet guards, safety glasses as well as any other item promoting safety for our children.
- Make available the current as well as past issues of ASAP News.
- Other duties as required by local league

**Financial:** The league shall allocate sufficient funding so as to enable the League Safety Officer to purchase safety supplies as needed. All purchases shall have prior approval from the board

Every effort shall be made to obtain supplies through donations from local hospitals, doctors, medical supply places, etc.

## 11. Emergency, League officials and Other Important Telephone Numbers

In the event of an emergency requiring immediate response of Police, Fire, medical Aid or any combination of, call:

# 911

The following telephone numbers are league business use only. Under no circumstances should they be given out for non-league related business.

Lovell Police Dept Non-Emergency/ Telephone Number:	(307) 548-2215
Big Horn Hospital Telephone Number:	(307) 548-5200
Little League Baseball Inc. Headquarters, Williamsport, PA	(570) 326-1921
Little League Baseball Inc. Headquarters, Williamsport, PA	(570) 326-1074 (FAX)
Western Region Headquarters, San Bernardino, CA	(909) 887-6444
Western Region Headquarters, San Bernardino, CA	(909) 887-6135
	(FAX)
ASAP Hotline	(800) 811-7443
ASAP Fax	(515) 673-4852 (FAX)

Wyoming District 1 Administrator: Donny Anderson, Jr.	(307) 899-1899 cell
	(307) 587-5533

District Safety Officer: Doug Arnold	(307) 254-0140 cell
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Big Horn County Little League Safety Officer: Joe Wassmer (307) 272-0230 cell

Big Horn County Little League Board of Directors:

President:	Megan Wilson	(307) 250-7553 cell
Vice President:	Ryan Mangus	(307) 272-6799 cell
Secretary:	Jill Asay	(307) 202-0766 cell
Treasurer:	Becky Rael	(307) 272-8511 cell
Player Agent:	Doug Arnold	(307) 254-0140 cell
Safety Officer:	Joe Wassmer	(307) 272-0230 cell
Umpire-in-chief:	Jason Sumaya	(307) 254-8255 cell
Coach Coordinator:	Charlie Cooley	(307) 254-1811 cell
Information Officer:	Chris Allen	(307) 250-1651 cell
Equipment Manager:	Greg Rael	(307) 272-9309 cell
Fundraiser Coordinator:	Aimee Crosby	(307) 248-2212 cell



No volunteer will be allowed to work with or provide any form of service to the league until he or she have completed the background check, appointed by the League President and approved by the League Board of Directors.

This background policy shall be up-dated and amended as needed.

**Big Horn County Little League will use First Advantage to perform their background checks.**

### **13. Manager and Coach Training**

Each manager and coach who has been approved shall attend and complete training classes offered by the league. Failure to complete this requirement may result in that person being removed from his or her position and/or future consideration for any league position.

First Aid/CPR training shall be presented by a Big Horn County EMT who has experience and training in each area being offered.

Since Wyoming has no high school or college baseball programs to draw on for expertise, training classes in hitting, sliding, fielding, throwing and proper warm-up drills will be through use of the Little League Coaches Training Tool on the [www.littleleague.org](http://www.littleleague.org) web site.

These classes are for ensuring the safety of both our children and volunteers.

The following dates have been assigned for the mandatory training for managers, coaches and other designated persons to attend. Failure to attend may be grounds for your removal from your position.

First-Aid/CPR Training	April 18, 2020	Lovell Fire Dept.
Coaches Fundamentals Training	March 21, 2020	Lovell Middle School Gym.

### **14. Field and Equipment Inspection Procedure**

It will be the duty of the home team manager or one of his coaches designated by the manager and prior to the game or practice complete a physical and visual check of the

playing field for glass, holes, rocks, fence damage, unsafe bases, or other item that could cause injury to any player or volunteer. This check also includes the dugout, all equipment (league or player owned), and electrical outlets within the field or dugout areas.

Any problems found must be repaired or removed prior to any game or practice being held.

Use of breakaway bases is mandatory for the safety of players. Big Horn County Little League uses "Soft Touch" bases for the majors and minors and "Rodgers Break Away" bases for older players.

All equipment found to be damaged or in poor condition shall be removed from use and returned to the League Equipment Manager for replacement. All player's personal equipment not meeting Little League standards or is damaged during play shall be removed. The parent/guardian of the child shall be advised that the equipment is not to be used and should be disposed of so that other cannot use it.

To ensure that these checks are completed, the league will supply each manager with blank copies of a "Field/Equipment Safety Inspection" form. One of these forms must be completed for each practice and/or game and submitted to the League Safety Officer for Review and filing.

The League Equipment Manager shall upon receiving any damaged or poor condition shall be repaired if possible or destroyed so that it may not be used by others. Under no circumstances shall any equipment to be destroyed be given to any person or organization for future use. The league safety Officer and/or District Safety Officer may request and should be allowed to keep some damage equipment for training purposes.

**Remember: Our Children's Safety as Well as Others Comes First!**

Prior to each game, the umpire shall consult with the manager/coach completing the safety inspection and be advised of any problems, equipment removal, etc. If the problem is with the field or permanent installed equipment and cannot be corrected before the game starts, the game shall be postponed until such repairs have been completed and the field is safe to play on.

**15. Annual Facility Inspections**

Each year and prior to the first practice or game being held, the League Safety Officer shall make a physical inspection of all playing and practice fields, dugouts, fencing, bleachers, backstops, batting cages, snack bars, storage areas, lighting, etc. Additional checks shall be made throughout the season. This inspection will help find and correct

any safety concern.

Each year and prior to any equipment being issued, the League Safety Officer along with the League Equipment Manager shall inspect each helmet, bat, catchers gear, and other issued equipment for any signs of wear, damage or other type of hazard. Any piece of equipment found to be damaged and unusable shall be destroyed.

Under no circumstances shall any damaged equipment be given to players or their parents/guardians for their own personal use. Also, no damaged equipment shall be given to any other youth organization for their own use. The League Safety Officer and/or the District Safety Officer may request, and the request granted for the taking and using of the damage equipment for training purposes.

Upon receipt each year of the NATIONAL FACILITY SURVEY report, the League Safety Officer shall complete it and submit it with the League's Safety Plan. One copy shall be kept on file for future use and one copy submitted to the District Safety Officer along with the League's Safety Plan.

## 16. Snack Bar/Concession Stand Operation and Safety Procedures

Big Horn County Little League does operate concession stands. They operate under the following requirements of the State of Wyoming.

**The following requirements of the Wyoming State Department of Agriculture for seasonal concessions stands apply in Wyoming.**



**Consumer Health Services**

**A Division of the WY Dept. of Agriculture**

### Temporary Food Stand Requirements

1. All food used in the stand must come from an approved source - no home canned foods or wild game is allowed.
2. All foods must be prepared on the premises or in a licensed kitchen.
3. All meats and other potentially hazardous foods shall be kept at an internal temperature of 40°F or

colder or 140°F or hotter during display, service and holding. Hamburger shall be cooked until an internal temperature of 155°F is reached. All other potentially hazardous foods requiring heating shall be heated to 165°F within 1 hour, prior to serving or holding. Under no circumstances will potentially hazardous foods be allowed to sit at room or air temperature.

4. A thermometer capable of testing the temperatures of hot and/or cold potentially hazardous foods must be available if it applies to your stand.

5. Wrapped food shall not be stored in direct contact with ice. Canned and bottled beverages may be cooled in ice water to which sanitizer (50 ppm chlorine) has been added, providing the container is drained and cleaned daily when in use.

6. Condiments shall not be served from an open type container. Individual packets or an approved dispenser shall be used.

7. Ice shall be from an approved source and stored in a clean, covered container and dispensed with a scoop that has a handle. The handle of the ice scoop shall be kept out of the ice at all times.

8. Milk shall be served in original containers of one pint or less or from an approved dispenser.

9. Only food-grade containers shall be used for food or ice storage. Garbage cans or trash bags are not made from food-grade material. Enamelware food contact surfaces are prohibited.

10. All food contact equipment, surfaces and utensils used in the preparation of food shall be kept clean until used. If facilities are not available to wash, rinse and sanitize utensils, extra utensils must be provided in case those in use fall on the floor or ground.

11. Only single service items shall be used by the consumer at the temporary food stand. All single service items shall be protected until used, properly dispensed and stored off the floor or ground by at least 6 inches.

12. Wiping cloths shall be available and stored in a clean, bleach and water solution the strength of which is 200 ppm. (One tablespoon of bleach per gallon of water yields 200 ppm.) Chlorine test strips should be available to test the sanitizing solution strength.

13. A convenient handwashing facility shall be available for employee handwashing. If hot and cold running water and a sink are not available in the stand, then a container with clean water for washing hands with soap and a second container with a mild bleach and water solution for rinsing hands shall be available in the stand. Disposable towels shall be used for drying hands.

14. Employees shall be free from contagious or communicable diseases, sores or infected wounds and wear clean clothing while on duty. Hair restraints such as caps, scarves or hairnets shall be worn. Long hair shall be tied back to prevent it from coming in contact with the food. There shall be no smoking in the food stand.

15. The food stand and food storage areas shall be maintained clean and sanitary. All food shall be protected from dust and dirt by using the proper covering. Handling of foods must be minimized by the use of utensils, disposable gloves, etc. No food shall be stored on the floor or ground.

16. The immediate area around the food stand shall be kept clean. Garbage from the operation of the stand shall be kept in closed trash bags or covered containers and disposed of in the receptacles provided. Wastewater shall be disposed of in an approved manner. UNDER NO CIRCUMSTANCES SHALL LIQUID OR SOLID WASTE BE DISPOSED OF ON THE GROUND.

17. Spray bottles shall be labeled as to contents. All cleaners, detergents, sanitizers and other toxic items shall be stored separately from food and food contact surfaces and equipment.

**ANY PERISHABLE FOODS FOUND TO BE CONTAMINATED, ADULTERATED, OR NOT MAINTAINED AT THE PROPER TEMPERATURE SHALL BE CONFISCATED AND DESTROYED. VIOLATIONS OF ANY OF THE ABOVE PROVISIONS WILL BE GROUNDS FOR THE TEMPORARY FOOD PERMIT SUSPENSION OR REVOCATION.**

## **Mobile Food Unit Requirements**

A **mobile food unit** is a vehicle mounted food service establishment designed to be readily movable.

A **pushcart** is a non-self-propelled vehicle limited to serving non-potentially hazardous foods or commissary wrapped food maintained at proper temperatures or limited to the preparation and serving of frankfurters.

1. All outer openings to an enclosed mobile food unit must be properly screened and /or sealed to protect against the entrance of insects.
2. All mobile food units serving potentially hazardous food and/or preparing hot dogs, nachos, or hamburgers must contain a three-compartment sink with hot and cold running water dispensed to all sinks by means of a combination faucet.
3. All mobile food units must contain a handwash sink with hot and cold running water dispensed by means of a combination faucet with soap and paper towels available.
4. Mobile food units where sinks are required must have a potable water tank adequately sized for the intended use of the unit.
5. The waste tank on the mobile food unit must be at least 15% larger than the size of the potable water tank.
6. Mobile food units containing a grill, or a deep fat fryer must install a hood with filters and be vented to the outside of the unit.
7. All mobile food units must have adequate hot and cold storage for the intended use of the unit.
8. The floor, walls, and ceiling of the mobile food unit must be light colored, smooth, non-absorbent, durable and easily cleanable.
9. The lights in the mobile food unit must be shielded or contain shatterproof type bulbs.
10. All food contact utensils in either mobile food units or pushcarts must be of a material that is approved by the Department.
11. A metal stem, dial thermometer with a range of 0° - 220° F must be available to check hot and cold food temperatures.
12. All cold storage units in a mobile food unit must contain a thermometer.
13. Test strips must be available to check the strength of the sanitizer used for sanitizing utensils and to test the strength of the wiping cloth solution.
14. Hair restraints must be worn by all personnel working in the mobile food unit or at the pushcart.
15. Separate storage must be provided for toxic items and for personal items.
16. All foods, utensils, and single service items must be stored off the floor.
17. Commissaries must be provided for those units which do not meet the above listed requirements.
18. A mobile food unit license is required and must be renewed each year prior to the expiration date listed on the license.

## **17. First-Aid Training and First-Aid Kit Procedure**

All managers and coaches shall attend the league first aid/CPR training class unless they have a current card.

Each manager will be issued one small first-aid kit when he or she received their equipment. This kit shall be at each practice and game.

The equipment shed shall have a large first-aid kit.

The League Safety Officer shall ensure that all first-aid kits are fully stocked. Any manager needing replacements shall contact the League Safety Officer for replacements.

Lost or stolen first-aid kits shall be reported to the League Safety Officer for replacement. Failure to report will result in the manager is requested to replace it.

Cold packs for injuries will be made available in the equipment shed. All used cold packs shall be disposed of and not reused so as to prevent the spread of germs/disease.

Each first-aid kit shall contain the following items:

- Hard shell container for storage of first-aid items.
- Bandages, all sizes, sheer and flexible
- Non-stick pads, assorted sizes
- Soft-Gauze bandages
- Oval eye pads
- Triangular bandages
- Hypo-allergenic first-aid tape in dispenser
- 2-inch elastic bandage
- Antiseptic wipes
- First-aid cream
- Instant cold pack
- Scissors
- Tweezers
- First-Aid Guide
- Contents card
- Disposable gloves Accident/Incident forms

The large first aid kit will be commercially purchased. All first-aid supplies will be kept on hand for replacement of used supplies.

## **18. Accident, Injury and Incident Reporting Procedures**

All Accidents, Injuries and Incident reports shall be reported to the League Safety Officer in writing by using the approved forms within 24 hours.

There are two types of forms. One is for Accident/Injuries and the other is for Incidents.

**Accident/Injury:** All incidents where a player, volunteer or fan is injured either by game related incident or other means. This report is required regardless of the serious of the injury. If the victim refuses to file a report, you will still need to document it for possible future use.

**Incident:** Any incident or activity where a player, volunteer, manager, coach, umpire, fan, etc. is ejected from any game or practice or where a game is stopped or suspended due to un-sportsmanlike conduct is displayed.

In the case where law enforcement is called, this report must be completed.

As with the Accident/Injury report, this report must be filed in writing to the League Safety Officer within 24 hours.

These reports will be kept on file in a secure place and reviewed by the League President and Board of Directors. Copies of these reports shall be forwarded to the District Safety Officer. In the case of the Incident reports, copies of these shall be also sent to the District Administrator.

## **19. Safety Policies and Rules of Little League**

At all times all managers and coaches as well as players shall observe and follow all rules of safety mandated by both Little League and Big Horn County Little League.

As new or revised rules or policies become available, they will be disseminated for all to see. This is the responsibility of the League Safety Officer.

## **20. Insurance Policy of Little League**

Little League provides several types of insurance for both the league and its participants. The accident insurance is for the supplementing of a child's parent/guardian insurance only. In the case where the child has no insurance, this insurance will then cover up to the maximum coverage.

Insurance types:

Big Horn Little League does carry Accident and General Liability Insurance:

**Accident:**

For all participants (player/volunteer). \$100,000.00 accidental medical expense benefit for any one injury to any one insured. Coverage is on an excess basis and carries \$50.00 deductible.

**General Liability:**

Provides legal liability to the league in case of a covered occurrence which causes property damage or bodily injury and the league becomes legally obligated to pay damages. Provides \$1,000,000.00 combined single limit bodily injury and property damage coverage per occurrence subject to an annual aggregate limit of \$2,000,000.00 where applicable. This coverage is subject to a \$250.00 per claim property damage deductible.

Big Horn Little League does not carry Crime and Directors Insurance:

**Crime Insurance:**

Protects the league against monetary loss caused by dishonesty, disappearance of money, securities, or other property, and destruction of money and securities. Also provides coverage for burglary or theft of property. Coverage limit is \$35,000 per loss with no aggregate limit on the total for the calendar year. There is a \$250 deductible for property losses and a \$1,000 deductible for money and securities.

**Directors & Officers Liability Insurance:**

Provides liability protection for Little League officers, directors, managers/coaches, umpires, scorekeepers, player agents, committee personnel and other volunteers for their potential errors or omissions in the performance of their duties. Provides coverage for discrimination, libel, slander, and wrongful dismissal, rejection or suspension of league personnel or players. Provides \$1,000,000 coverage per loss, with a \$1,000,000 aggregate limit per policy for each calendar year. There is no deductible.

The League Safety Officer shall handle all insurance claims for the league. All form requests shall be made through this office. All claims shall be processed promptly and be kept confidential. All claims shall be kept for 7 years and then destroyed unless claim activity is still in process. The League Safety Officer shall meet with each team's parents/guardians and explain this insurance program to them.

Registration Data including managers, coaches, players and all league volunteers shall be submitted to Little League International by April 1, 2019 for all people that are registered by that date. **Individuals who register after April 1, 2020 will be added to the registration data on the Little League Data center as soon as they register.**

This is the primary responsibility of the Player Agent, but the League President and Safety Officer should assure that the rosters are submitted so that all of the leagues participants are properly covered by the Insurance Policies.

## **21. Training Clinics and Seminars**

The League Safety Officer with the assistance of Big Horn County EMT personnel shall conduct annual training in first-aid, CPR, proper equipment inspection and other training as needed.

Each volunteer shall attend these training classes. Failure to do so could be cause for removal from one's position.

Training offered by public or private sources will also be made available for any volunteer to attend.

Any volunteer attending outside training shall do so at their own expense.

## **22. Emergency Preparedness Procedures**

The League Safety Officer with the assistance of local public safety services shall develop a master **EMERGENCY PREPAREDNESS PROGRAM** for the league.

This procedure shall cover all aspect of what to do and not to do in the event of an act of God (earthquake, wind, lighting, killer bees, etc.), man-made (explosion, train wreck, plane crash, etc.) or criminal activity (gang fight, police activity, prison escape, etc.) or other activity where the safety of our children and volunteers is threatened.

Upon the completion and adoption of this plan it shall be disseminated to all managers, coaches, volunteers, parents/guardians and posted in all public areas. This plan shall be reviewed and up-dated as needed. A copy of this procedure shall be on file with the District Safety Officer.

**No games or practices will be played or conducted when there is any danger from any of the preceding activities are present.**

### **23. Code of Conduct Agreement for Volunteers and Parents/Guardians**

Little League Baseball and Big Horn County Little League are joining other youth sports programs in participating in a new program where parents/guardians and it's volunteers are being requested to sign a written agreement where they will obey all of the rules, maintain a civil attitude, refrain from making negative comments towards game participants of be subject to being denied access to any league sanction activity.

In addition, each parent/guardian and volunteer shall observe all laws, city ordinances, and request from league officials.

In addition to the above, all volunteers wishing to transport any child to or from any sanctioned Big Horn County Little League activity in their personal vehicle must meet the following requirements.

- ! Have a current and valid driver's license without any restrictions to transport others
- ! Have current auto liability insurance as required by state law.
- ! Be able to submit upon request a copy of one's DMV Driver History readout to the league. This shall be done at one's own expense.

### **24. Complaint Policy of Big Horn County Little League**

In the event any parent/guardian, volunteer or other person has a concern or complaint regarding the operation of the league, player complaint or its activities, they may contact any Board member.

Any correspondence shall be handled by the President or given to a Board member who would handle such complaints/concerns.

It is not required for a person submitting such correspondence to give his or her name unless they wish to be contacted with an answer.

All requests for "confidentially" will be respected.

### **25. Sexual Harassment Policy of Little League Baseball**

Big Horn County Little League has adopted the Little League Baseball, Inc. Sexual Harassment Policy. This policy will be strictly enforced. Any violation of this policy will be investigated and if found to be true, the person accused will be removed the program. .

To read this policy, you are referred to the Little League Baseball 7, Inc. Operating

Manual.

## **26. Limitation of A Child Due to A Medical or Physical Condition Policy**

To ensure that your child's well-being is met, it is the parent/guardian responsibility to inform the League Player Agent at the time of sign ups of their child's condition. It is also important that the child's manager and coach are also aware of the situation. This information will assist them in knowing how to work with the child so that he or she will have fun in Little League and not have the feeling of being left out.

Information to pass on to these persons is such as allergies, mental ability, physical weaknesses, medications taken, etc. that would place limitations on the child.

All information shall be kept confidential for sake of the child and his or her family.

It is the policy of Big Horn Little League that any time a child is rendered unconscious during a game or practice he/she will be held out of any further participation until a Medical Doctor has certified that the player may again participate. Although incidents of head injuries are less in baseball than in some other sports, incidents of intra-player contacts or equipment contacts to the head do occur. In order to error on the safe side, it shall be the position of Big Horn County Little League that, "**When in Doubt, Sit Them OUT.**" A document produced by the National Federation of High Schools on concussions entitled, "A Parent's Guide to Concussions in Sports" is Appended to this Safety Plan. Recognizing that some symptoms arise well after the incident it is prudent for the parents, coaches and game officials to make themselves aware of these symptoms and protocols for follow up treatment. Copies are to be given to all parents of players, league officials, coaches and game officials.

It is important that each child have the right to play baseball and have fun doing it.

## **27. Umpire Responsibilities Policy**

All persons designated as umpires shall be required to attend clinics offered by Big Horn County Little League.

Failure to attend these clinics and complete them shall be cause for releasing that person from umpiring at any league sanctioned game.

Prior to the game the umpires will inspect bats, helmets and catchers gear, removing any unsafe or defective items from the field and ordering the destruction of removed items.

Before and during the game look for unsafe field conditions and have them corrected before play continues.

All umpires shall complete the Little League Volunteer Application for each league they

will provide umpire service. This is required by Little League. Failure to complete such application will be grounds for not offering any umpire position.

A list will be established and kept up to date on all persons who have been cleared to work as an umpire.

All background checks will be done according to Little League policy and as covered in Section 12 of this Safety Plan.

## **28. Forms Used by Big Horn County Little League**

Big Horn County Little League Accident/Injury Report  
Big Horn County Little League Incident Report  
Little League 2020 Volunteer Application  
Little League Insurance Claim Form Instructions Information  
Little League "What Parents Should Know About Little League Insurance  
AIG Little League Baseball Accident Notification  
Little League Baseball General Liability Claim Form  
Big Horn County Little League Field Inspection Report  
Little League Medical Release  
Little League National Facility Survey  
Little League Lighting Audit Big Horn County (currently Big Horn County Little League has no lights)  
Big Horn County Little League Equipment Inspection  
Big Horn County Facility Inspection Little League  
Parent/Guardian "Code of Conduct" Agreement  
Little League Volunteer "Code of Conduct" Agreement

## **Appendix:**

### **A Parent's Guide to Concussion in Sports**

#### **What is a concussion?**

A concussion is a brain injury which results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. An athlete does not have to lose consciousness ("knocked-out") to suffer a concussion.

#### **Concussion Facts**

It is estimated that over 140,000 high school athletes across the United States suffer a concussion each year. (Data from NFHS Injury Surveillance System)

- Concussions occur most frequently in football, but girl’s lacrosse, girl’s soccer, boy’s lacrosse, wrestling and girl’s basketball follow closely behind. All athletes are at risk.
- A concussion is a traumatic injury to the brain.
- Concussion symptoms may last from a few days to several months.
- Concussions can cause symptoms which interfere with school, work, and social life.
- An athlete should not return to sports while still having symptoms from a concussion as they are at risk for prolonging symptoms and further injury.
- A concussion may cause multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to fully recognize.

## **What are the signs and symptoms of a Concussion?**

<b>SIGNS OBSERVED BY PARENTS, FRIENDS, TEACHERS OR COACHES</b>	<b>SYMPTOMS REPORTED BY ATHLETE</b>
Appears dazed or stunned	Headache
Is confused about what to do	Nausea
Forgets plays	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or fuzzy vision
Moves clumsily	Sensitivity to light or noise
Answers questions slowly	Feeling sluggish
Loses consciousness	Feeling foggy or groggy
Shows behavior or personality changes	Concentration or memory problems
Can’t recall events prior to hit	Confusion
Can’t recall events after hit	

## **What should I do if I think my child has had a concussion?**

If an athlete is suspected of having a concussion, he or she must be immediately removed from play, be it a game or practice. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death. Parents and coaches are not expected to be able to “diagnose” a concussion, as that is the job of a medical professional. However, you must be aware of the signs and symptoms of a concussion and if you are suspicious, then your child must stop playing:

### **When in doubt, sit them out!**

All athletes who sustain a concussion need to be evaluated by a health care professional who is familiar with sports concussions. You should call your child’s physician and explain what has happened and follow your physician’s instructions. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions he or she should be taken to the emergency department immediately.

### **When can an athlete return to play following a concussion?**

After suffering a concussion, **no athlete should return to play or practice on that same day**. Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown us that the young brain does not recover quickly enough for an athlete to return to activity in such a short time.

Concerns over athletes returning to play too quickly have led state lawmakers in both Oregon and Washington to pass laws stating that **no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health-care professional before he or she are allowed to return to play in games or practices**. The laws also mandate that coaches receive education on recognizing the signs and symptoms of concussion.

Once an athlete no longer has symptoms of a concussion and is cleared to return to play by health care professional knowledgeable in the care of sports concussions he or she should proceed with activity in a step-wise fashion to allow the brain to re-adjust to exertion. On average the athlete will complete a new step each day. The return to play schedule should proceed as below following medical clearance:

*Step 1:* Light exercise, including walking or riding an exercise bike. No weightlifting.

*Step 2:* Running in the gym or on the field. No helmet or other equipment.

*Step 3:* Non-contact training drills in full equipment. Weight-training can begin.

*Step 4:* Full contact practice or training.

*Step 5:* Game play.

**If symptoms occur at any step, the athlete should cease activity and be re-evaluated by their health care provider.**

## **How can a concussion affect schoolwork?**

Following a concussion, many athletes will have difficulty in school. These problems may last from days to months and often involve difficulties with short and long-term memory, concentration, and organization.

In many cases it is best to lessen the athlete's class load early on after the injury. This may include staying home from school for a few days, followed by a lightened schedule for a few days, or perhaps a longer period of time, if needed. Decreasing the stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time.

## **What can I do?**

- Both you and your child should learn to recognize the "Signs and Symptoms" of concussion as listed above.
- Teach your child to tell the coaching staff if he or she experiences such symptoms.
- Emphasize to administrators, coaches, teachers, and other parents your concerns and expectations about concussion and safe play.
- Teach your child to tell the coaching staff if he or she suspects that a teammate has a concussion.
- Monitor sports equipment for safety, fit, and maintenance.
- Ask teachers to monitor any decrease in grades or changes in behavior that could indicate concussion.
- Report concussions that occurred during the school year to appropriate school staff. This will help in monitoring injured athletes as they move to the next season's sports.

## **Other Frequently Asked Questions**

### **Why is it so important that an athlete not return to play until they have completely recovered from a concussion?**

Athletes who are not fully recovered from an initial concussion are significantly vulnerable for recurrent, cumulative, and even catastrophic consequences of a second concussive injury. Such difficulties are prevented if the athlete is allowed time to recover from the concussion and return to play decisions are carefully made. No athlete should return-to-sport or other at-risk participation when symptoms of concussion are present, and recovery is ongoing.

## **Is a “CAT scan” or MRI needed to diagnose a concussion?**

Diagnostic testing, which includes CT (“CAT”) and MRI scans, are rarely needed following a concussion. While these are helpful in identifying life-threatening brain injuries (e.g. skull fracture, bleeding, swelling), they are not normally utilized, even by athletes who have sustained severe concussions. A concussion is diagnosed based upon the athlete’s story of the injury and the health care provider’s physical examination.

## **What is the best treatment to help my child recover more quickly from a concussion?**

The best treatment for a concussion is rest. There are no medications that can speed the recovery from a concussion. Exposure to loud noises, bright lights, computers, video games, television and phones (including text messaging) all may worsen the symptoms of a concussion. You should allow your child to rest as much as possible in the days following a concussion. As the symptoms lessen, you can allow increased use of computers, phone, video games, etc., but the access must be lessened if symptoms worsen.

## **How long do the symptoms of a concussion usually last?**

The symptoms of a concussion will usually go away within one week of the initial injury. You should anticipate that your child will likely be out of sports for about two weeks following a concussion. However, in some cases symptoms may last for several weeks, or even months. Symptoms such as headache, memory problems, poor concentration, and mood changes can interfere with school, work, and social interactions. The potential for such long-term symptoms indicates the need for careful management of all concussions.

## **How many concussions can an athlete have before he or she should stop playing sports?**

There is no “magic number” of concussions that determine when an athlete should give up playing contact or collision sports. The circumstances surrounding each individual injury, such as how the injury happened and length of symptoms following the concussion, are very important and must be considered when assessing an athlete’s risk for further and potentially more serious concussions. The decision to “retire” from sports is a decision best reached following a complete evaluation by your child’s primary care provider and consultation with a physician or neuropsychologist who specializes in treating sports concussion.

## **I’ve read recently that concussions may cause long-term brain damage in professional football players. Is this a risk for high school athletes who have had a concussion?**

The issue of “chronic encephalopathy” in several former NFL players has received a great deal of media attention lately. Very little is known about what may be causing dramatic abnormalities in the brains of these unfortunate retired football players. At this time, we have very little knowledge of the long-term effects of concussions which happen during high school athletics.

In the cases of the retired NFL players, it appears that most had long careers in the NFL after playing in high school and college. In most cases, they played football for over 20 years and suffered multiple concussions in addition to hundreds of other blows to their heads. Alcohol and steroid use may also be contributing factors in some cases. Obviously, the average high school athlete does not come close to suffering the total number or sheer force of head trauma seen by professional football players. However, the fact that we know very little about the long-term effects of concussions in young athletes is further reason to very carefully manage each concussion.

Some of this information has been adapted from the CDC's "Heads Up: Concussion in High School Sports" materials by the NFHS's Sports Medicine Advisory Committee. Please go to **[www.cdc.gov/ncipc/tbi/Coaches\\_Tool\\_Kit.htm](http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm)** for more information.

If you have any further questions regarding concussions in high school athletes or want to know how to find a concussion specialist in your area please contact Michael C. Koester, MD, ATC and Chair of the NFHS Sports Medicine Advisory Committee at

**[michael.koester@slocumcenter.com](mailto:michael.koester@slocumcenter.com)**.

This concludes the Big Horn County Little League Safety Plan for the year of 2020.