

Crescenta Valley Little League 2020 Safety Manual

League ID 405-16-08



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Safety Manuals & First Aid Kits

A copy of this safety manual is available to all participants and volunteers of CVLL on the league website (www.cvlittleleague.com).

First Aid kits and Chemical ice packs will be available at all times in the equipment boxes, equipment shed and concessions stand.

The equipment boxes, shed, and concessions stand will also have a Safety Manual.

This Safety Manual includes important contact phone numbers and DO's and Dont's for treating injuries.

Phone List

Verdugo Hills Hospital.....(818) 790-7100
Huntington Memorial Hospital.....(626) 397-5000
Glendale Police Department.....(818) 548-4840

CVLL Board of Directors

Position	Board Member	Cell Phone	Email
President	Chris Charles	818-220-6700	president@cvlitleague.com
VP, Baseball	Brian Karsten	626-627-6139	medvirus36@hotmail.com
Treasurer	Shawn Howard	626-625-3899	shawn@sourceonefinance.com
Player Agent	Jason Kell	415-505-5231	kelljason@yahoo.com
Secretary	Steve Norkus	818-391-9270	melochnorkus@hotmail.com
League Safety Officer	Kim Phelan	818-383-2692	Kim9980@aol.com
Umpire Coordinator	Walsh Carvalho	310-678-7817	walsh.carvalho@yahoo.com;
Website Manager	Brad Phelan	818-590-6493	BHPMT1@yahoo.com
Information Officer	Stephanie Charles	818-749-1925	stephanie.r.charles@gmail.com
Concessions Manager	Steve Norkus	818-391-9270	melochnorkus@hotmail.com
Sponsorship Coordinator	Chad Pluimer	818-482-5636	chadpluimer@outlook.com
Coaching Coordinator	John Breckow	818-635-5849	jbreck@sbcglobal.net
Volunteer Coordinator	Stephanie Charles	818-749-1925	stephanie.r.charles@gmail.com
Equipment / Uniforms	Brandi Nalley	818-653-2165	bl.nalley@yahoo.com
Field Permits	David Sinclair	818-720-8321	sinclair7two@outlook.com
Field Maint. / Supplies	Mike Herman	818-970-7936	handhflatheads@hotmail.com
Field Improvements	Corey Nalley	818-455-2520	cnalley76@sbcglobal.net
Special Events / Ceremonies	Dean Baker	818-749-5272	deacor@hotmail.com
Design / Photos	Rich Medina	818-326-7497	Richard.A.Medina@disney.com
Awards / Trophies	Dotty Coelho	818-635-5849	dorotheacoelho@gmail.com
Juniors Director	Kevin Deitch	818-469-0110	kevindeitch@gmail.com
Majors Director	Chad Pluimer	818-482-5636	chadpluimer@outlook.com
Minors Director	Michael Christie	562-618-5727	michaelchristie2@yahoo.com
Coach Pitch Director	Justin Kennerly	626-316-7300	pocopelo@charter.net
T-Ball Director	Stephanie Charles	818-749-1925	stephanie.r.charles@gmail.com

CVLL Code of Conduct

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 umpire. I will praise a good effort despite the outcome of the game.

- *Little League Parent/Volunteer Pledge*

Crescenta Valley Little League is dedicated to the spirit of competition and fair play espoused in the Little League Pledge. It is equally dedicated to the physical and emotional health and safety of its players. All parents are required to sign and adhere to the following principles of conduct at any Crescenta Valley Little League Game:

I understand that being a part of a CVLL team means that my actions reflect positively and negatively on the league and the community. I will refrain from making negative or profane comments about the game, coaches, umpires or teammates in the presence of my child or other league families. I am aware that such comments can severely harm the overall Little League experience of our players and families.

I recognize how critical it is to lead by example with respect to sportsmanship. No matter what other fans might do, my actions toward those involved in the game will be one of respect. Even if an umpire makes what I believe to be a bad call, I will continue to respect the individual and the fact that he/she is a volunteer by keeping quiet and letting the team coaches address any concerns within the game.

I understand that I am putting my child at physical risk by arriving late to practices or games. CVLL games are played at a high level of skill and competition. It is critical that players have enough time to stretch and properly warm up prior to the start of play. Having my child arrive on time also shows respect for the coaches who so willingly give their personal time to the league and the development of its players.

I will not confuse my child by yelling out game instruction from the stands. Part of respecting the game of baseball or softball is to allow the coaches of the team to properly implement their strategies and effectively communicate with their players at all times. I will ensure that my comments are limited to encouraging my child and other players for both teams.

Please be advised that, per Little League rules, the umpire has the authority to remove any spectator from the park for offensive or unsportsmanlike behavior. Such action may result in a suspension of the individual, forfeiture of the team's game or additional action against the team/manager once an investigation is completed.

I agree to honor the CVLL Parent Code of Conduct in my actions and my words.

Safety Top Ten

1. BE ALERT;
2. CHECK PLAYING FIELD FOR SAFETY HAZARDS;
3. WEAR PROPER EQUIPMENT;
4. ENSURE EQUIPMENT IS IN GOOD SHAPE;
5. ENSURE FIRST AID IS AVAILABLE;
6. MAINTAIN CONTROL OF THE SITUATION;
7. MAINTAIN DISCIPLINE;
8. SAFETY IS A TEAM SPORT;
9. BE ORGANIZED;
10. HAVE FUN!!!!

IN CASE OF A MEDICAL EMERGENCY:

1. Give first aid and have someone call 911 immediately if an ambulance is necessary (i.e. severe injury, neck or head injury, not breathing – error on the side of caution);
2. Notify the parents immediately if they are not on the scene;
3. Notify league safety officer (Kim Phelan 818-383-2692);
4. Complete a CVLL injury report form;
5. Talk to your team about the situation if it involves them. Often players are upset and worried about the injured player. They need to understand why the injury occurred and how to avoid a future reoccurrence.

CVLL Safety Guidelines

1. Responsibility for safety procedures belong to every adult member of CVLL;
2. Managers and coaches from each team will have mandatory training in baseball fundamentals and first-aid at least once every three years. Coaching fundamentals training including basic first aid was held 02/22/2020 at Montrose Park. One representative from each team was present;
3. First-aid kits are available in the boxes, shed and concessions stand;
4. No games or practices will be held when weather or field conditions are not good, particularly when lightning is visible;
5. Play area will be inspected frequently for holes, damage, glass and other foreign objects;
6. Dugouts and bat racks will be positioned behind screens;
7. Only players, managers, coaches, and umpires are permitted on the playing field during play and practice sessions;
8. Responsibility for keeping bats and loose equipment off the field of play will be that of coaches and players;
9. During practice and games, all players should be alert and watching the batter on each pitch;
10. During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches;
11. Equipment should be inspected regularly. Make sure it fits properly;
12. Batters must wear approved protective helmets during practice, as well as during games;
13. Shoes with metal spikes or cleats are NOT permitted (except in Juniors Divisions). Shoes with molded cleats are permissible.

CVLL Board Responsibilities

The President:

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

Field Maintenance Manager:

The CVLL Facilities manager is responsible to ensure the fields and structures used by CVLL meet the safety requirements as set forth in this manual.

Equipment Manager:

The CVLL Equipment Manager is responsible to get damaged equipment repaired or replaced as reported (badly damaged equipment will be destroyed). This replacement will happen in a timely manner. The Equipment Manager will also exchange equipment if it doesn't fit properly. Coaches should notify the equipment manager of defective equipment.

CVLL Safety Officer:

The responsibility of the CVLL Safety Officer is to develop and implement the League's safety program and to ensure all volunteers have been approved by Little League International (LLI) via completion of LLI Volunteer Application Form.

The CVLL Safety Officer is the liaison to Glendale P & R staff, league managers, coaches, umpires, players, spectators, and any other third parties on the CVLL grounds in regards to safety matters, rules and regulations.

The CVLL Safety Officer's responsibilities include:

1. Coordinate with the team managers to provide the safest environment possible for all.
2. Assist parents and individuals with insurance claims and act as the liaison between the insurance company and the parents and individuals.
3. Explain insurance benefits to claimants and assist them with filing the correct paperwork.

4. Maintain the First Aid Log. This log will list where accidents and injuries occur, to whom, in which divisions, at what times, and under what supervision.
5. Correlate and summarize the data in the First-Aid Log to determine proper accident prevention in the future.
6. Insure that each team accesses its Safety Manual at the beginning of the season.
7. Install First-Aid Kits in the equipment boxes, shed and concessions stand and re-stock the kits as needed.
8. Inspect applicable concession operations and check any fire extinguishers.
9. Instruct any concession stand workers on the use of fire extinguishers.
10. Check fields with the Field Managers and list areas requiring attention.
11. Ensure that managers and coaches attend the District 16 pre-season clinic for all managers, designated coaches, umpires, and player agents.
12. Act immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
13. Make spot checks at practices and games to ensure all managers have their Safety Manuals.
14. Track all injuries and near misses in order to identify injury trends.
15. Make sure that safety is a topic at the season-end meeting, allowing experienced people to share ideas on improving safety.

Managers & Coaches:

The Manager is a person appointed by the president of CVLL 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.

1. The Manager shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
2. The Manager is also responsible for the safety of his/her players. He/She is also ultimately responsible for the actions of designated coaches.
3. If a Manager leaves the field, that Manager shall designate a Coach as a substitute and such Substitute Manager shall have the duties, rights and responsibilities of the Manager.
4. Encourage players to bring water bottles to practices and games.
5. Tell parents to bring sunscreen for themselves and their child.

Managers will:

1. Work closely with Team Safety Officer to make sure equipment is in first rate working order.
2. Not expect more from their players than what the players are capable of.

Pre-Game and Practice:

Managers will:

1. Make sure players are healthy, rested, alert, and properly stretch.
2. Make sure players returning from injury have a medical release form signed by their doctor; otherwise, they can't play.
3. Make sure players are wearing the proper uniform.
4. Make sure that the equipment is in good working order and is safe for use.
5. Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, the President or a duly delegated representative shall make the determination.



HAVE YOU:

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

During the Game Managers will:

1. Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is at bat. No equipment shall be left lying on the field, either in fair or foul territory.
2. Keep players alert.
3. Maintain discipline at all times.
4. Be organized.
5. 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.
6. Make sure catchers are wearing the proper protective equipment.
7. Encourage everyone to think Safety First.
8. Observe the "no on-deck" rule for batters and keep players behind the screens at all times.
9. No player should handle a bat in the dugout at any time.
10. Keep players off fences.
11. Get players to drink often so they do not dehydrate.
12. Not play children that are ill or injured.

Before the Game — Meet at home plate

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

During the Game — Umpires and Coaches

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

EQUIPMENT

The Equipment Manager is an appointed CVLL Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but it is the Manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice.

The CVLL Equipment Manager will promptly replace damaged and ill-fitting equipment when notified. 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 CVLL Equipment Manager. Safety Manuals must be turned in with the equipment.

Each team shall have a minimum of four (4) protective helmets at all times in the dugout which must meet NOCSAE specifications and standards. These helmets will be provided by CVLL and will be located in the equipment boxes. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.

Each helmet shall have an exterior warning label. NOTE: The warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.

~Use of a helmet by the batter and all base runners is mandatory.

~Use of a helmet by a player / base coach is mandatory.

~Use of a helmet by an adult base coach is optional.

~Make sure helmets fit.

~Male catchers must wear the metal, fiber or plastic type cup.

~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.

~Female catchers must wear long or short model chest protectors.

~All catchers must wear a mask, “dangling” type throat protector and catcher’s helmet during practice, pitcher warm-up, and games. NOTE: Skullcaps are not permitted.

~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.

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

1. Replace questionable equipment immediately by notifying the CVLL Equipment Manager.
2. Make sure that players respect the equipment that is issued.
3. Bases will be Little League approved and disengage from the base.

WEATHER

Generally unsafe weather conditions.

Rain:

If it begins to rain:

- Evaluate the strength of the rain (is it a drizzle or is it pouring?).
- Determine the direction the storm is moving.
- Evaluate the playing field as it becomes increasingly saturated.
- Stop practice if the playing conditions become unsafe -- use common sense.
- If playing a game, consult with the other manager and the umpire to formulate a decision.

Lightning:

The average lightning strike is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second. The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour. Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the

possibility of lightning strikes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead. On average, the thunder from a lightning strike can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

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:

During HOT weather, precautions must be taken in order to make sure the players on your team do not dehydrate or hyperventilate.

1. Suggest players drink water between every inning.
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.

Ultra-Violet Ray Exposure:

This kind of exposure increases an athlete's risk of developing a specific type of skin cancer known as melanoma. The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time that they are 18 years old. Therefore, CVLL will recommend the use of sunscreen with

a SPF (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light.

ACCIDENT REPORTING

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 CVLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to report -

All such incidents described above must be reported to the CVLL Safety Officer within 24 hours of the incident. The CVLL Safety Officer, Kim Phelan, can be reached at the following:

Cell: (818) 383-2692

Email: kim9980@aol.com

How to make a report -

Reporting of incidents are made via the Little League Accident Report form and tracked by the CVLL Safety Officer.

CVLL Safety Officer's Responsibilities

1. Within 24 hours of receiving the CVLL Accident Investigation Form, the CVLL Safety Officer will contact the injured party or the party's parents and;
2. Verify the information received;
3. Obtain any other information deemed necessary;
4. Check on the status of the injured party;
5. 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 Little League's insurance coverage and the provision for submitting any claims;
6. If the extent of the injuries are more than minor in nature, the CVLL 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. CVLL participants shall not participate as a Little League player in games with other teams of other programs or in tournaments except those authorized by Little League Baseball, Incorporated. CVLL participants may participate in other programs during the Little League season and tournament provided such participation does not disrupt the Little League season or tournament team.

Note: The Little League Insurance Policy is designed to supplement a parent’s existing family policy.

Explanation of Coverage:

Little League’s insurance policy is designed to afford protection to all participants at the most economical cost to CVLL. 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, Little League insurance - which is purchased by the CVLL, not the parent - takes over and provides benefits, for all covered injury treatment costs up to the maximum stated benefits. This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is in force at all times during the season.

Filing a Claim:

When filing a claim, 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. “Accident 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 CVLL Safety Officer. He/she forwards them to Little League Baseball, Incorporated, PO Box 3485, Williamsport, PA, 17701. Claim officers can be contacted at (717) 327-1674 and fax (717) 326-1074. Contact the CVLL Safety Officer for more information.

CONCESSION STAND SAFETY

1. People working in the concession stands will be trained in safe food preparation.
2. Any person handling fresh food preparation will thoroughly wash hands with supplied soap and hot water before beginning the preparation process. They will rewash whenever compromising sanitation by handling none fresh food items.
3. Training will cover safe use of the equipment. This training will be provided by the VP Concessions.
4. Cooking equipment will be inspected periodically and repaired or replaced if need be, or discontinue use.
5. A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times if such food is cooked/served out of the concessions stand.
6. All concession stand workers are to be instructed on the use of fire extinguishers.

FIRST AID

What is First Aid?

First Aid means exactly what the term implies, it is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrives (9-1-1 paramedics). At no time should anyone administering First Aid go beyond his or her capabilities. Know your limits! The average response time on 9-1-1 calls is 5-7 minutes. Paramedics are in constant communication with the local hospital preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

First Aid-Kits:

1. First Aid Kits will be located in all equipment boxes, the shed, and concessions stand.
2. A First Aid Kit shall be taken with each team that plays an away activity (post-season) and any other CVLL Little League event where children's safety is at risk.
3. To replenish materials in a First Aid Kit, the Manager, designated coaches or team coordinator must contact the CVLL Safety Officer.

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:

1. Move a victim only if the victim's life was endangered.
2. Ask a conscious victim for permission before giving care.
3. Check the victim for life-threatening emergencies before providing further care.
4. Summon professional help to the scene by calling 9-1-1.
5. 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. People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer's response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

PROVIDING FIRST AID

SOME IMPORTANT DO'S AND DON'TS

Do . . .

1. Assess the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
2. Know your limitations.
3. Call 9-1-1 immediately if person is unconscious or seriously injured.
4. Look for signs of injury (blood, black-and-blue marks, deformity of joint, etc.)
5. 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.
6. Feel gently and carefully the injured area for signs of swelling or grating of broken bone.
7. 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 . . .

1. Administer any medications.
2. Provide any food or beverages (other than water).
4. Hesitate in giving aid when needed.
5. Be afraid to ask for help if you're not sure of the proper procedure (i.e., CPR, etc.).
6. Transport injured individual except in extreme emergencies.

9-1-1

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 steps.

1. First Dial 9-1-1.
2. Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
3. The exact location or address of the emergency. Include the name of nearby intersections.
4. The telephone number from which the call is being made.
5. The caller's name.
6. What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
7. The number of people involved.
8. The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
9. What help (first aid) is being given.
10. 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 until paramedics arrive.
11. Continue to care for the victim until professional help arrives.
12. Appoint somebody to go to the street and look for the ambulance and fire engine and flag them down if necessary.
13. Remember...every minute counts.

WHEN TO CALL 9-1-1

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 -

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

Bleeding

Before initiating any First Aid to control bleeding, be sure to wear the latex gloves included in your First-Aid Kit in order to avoid contact of the victim's blood with your skin. If a victim is bleeding:

1. Act quickly. Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
2. Control bleeding by applying direct pressure on the wound with a sterile pad or clean cloth.
3. If bleeding is controlled by direct pressure, bandage firmly to protect wound. Check pulse to be sure bandage is not too tight.
4. If bleeding is not controlled by use of direct pressure, call 9-1-1 immediately. Apply a tourniquet only as a last resort to stop excessive bleeding.

Insect Stings

In highly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. Call 9-1-1. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

Symptoms:

Signs of allergic reaction may include: nausea; severe swelling; breathing difficulties; bluish face, lips and fingernails; shock or unconsciousness.

Treatment:

1. For mild or moderate symptoms, wash with soap and cold water.
2. Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.
3. For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.

Care for Burns

The care for burns involves the following 3 basic steps:

1. Stop the Burning -- Put out flames or remove the victim from the source of the burn.
2. Cool the Burn -- Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available-tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the cloths cool by adding more water.
3. Cover the Burn -- Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain. Covering the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

Chemical Burns:

If a chemical burn, remove contaminated clothing. Flush burned area with cool water for at least 5 minutes. Treat as you would any major burn (see above).

Sunburn:

If victim has been sunburned:

1. Treat as you would any major burn (see above).
2. Treat for shock if necessary (see section on “Caring for Shock”)
3. Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water.
4. Give victim fluids to drink.
5. Get professional medical help immediately for severe cases.

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.

Sunstroke (Heat Stroke):

Symptoms may include: extremely high body temperature (106°F or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.

Treatment:

1. Call 9-1-1 immediately.
2. Lower body temperature quickly by placing victim in partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold, wet sheets or towels in well ventilated room or use fans and air conditioners until body temperature is reduced.
3. DO NOT give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

Transporting an Injured Person:

1. If injury involves neck or back, DO NOT move victim unless absolutely necessary. Wait for paramedics.
2. If victim must be lifted: Support each part of the body.
3. Position another person at victim's head to provide additional stability.
4. Use a board, shutter, tabletop or other firm surface to keep body as level as possible.

Concussions:

The signs and symptoms of a concussion can be subtle and may not be immediately apparent. Symptoms can last for days, weeks, or even longer. The most common symptoms after a concussive traumatic brain injury are headache, amnesia and confusion. The amnesia, which may or may not be preceded by a loss of consciousness, almost always involves the loss of memory of the impact that caused the concussion.

Signs and symptoms of a concussion may include:

- Headache or a feeling of pressure in the head
- Temporary loss of consciousness
- Confusion or feeling as if in a fog
- Amnesia surrounding the traumatic event

- Dizziness or "seeing stars"
- Ringing in the ears
- Nausea or vomiting
- Slurred speech
- Fatigue
- Some symptoms of concussions may be immediate or delayed in onset by hours or days after injury:
- Concentration and memory complaints
- Irritability and other personality changes
- Sensitivity to light and noise
- Sleep disturbances
- Psychological adjustment problems and depression
- Disorders of taste and smell

Symptoms in children:

Head trauma is very common in young children. But concussions can be difficult to recognize in infants and toddlers because they can't readily communicate how they feel. Nonverbal clues of a concussion may include:

- Listlessness, tiring easily
- Irritability, crankiness
- Change in eating or sleeping patterns
- Lack of interest in favorite toys
- Loss of balance, unsteady walking

When to see a doctor

See a doctor within one to two days if:

You or your child experiences a head injury, even if emergency care isn't required.

The American Academy of Pediatrics recommends that you call your child's doctor for advice if your child receives anything more than a light bump on the head. If your child remains alert, moves normally and responds to you, the injury is probably mild and usually doesn't need further testing. In this case, if your child wants to nap, it's OK to let them sleep. If worrisome signs develop later, seek emergency care.

Seek emergency care for a child who experiences a head injury and:

- Vomiting
- A headache that gets worse over time
- Changes in his or her behavior, including irritability or fussiness
- Changes in physical coordination, including stumbling or clumsiness
- Confusion or disorientation
- Slurred speech or other changes in speech
- Vision or eye disturbances, including pupils that are bigger than normal (dilated pupils) or pupils of unequal sizes
- Changes in breathing pattern
- Lasting or recurrent dizziness
- Blood or fluid discharge from the nose or ears
- Large head bumps or bruises on areas other than the forehead, especially in infants under 12 months of age
- Seek emergency care for anyone who experiences a head injury and:
 - A loss of consciousness lasting more than a minute
 - Repeated vomiting
 - Seizures
 - Obvious difficulty with mental function or physical coordination
 - Symptoms that worsen over time

Athletes:

No one should return to play or vigorous activity while signs or symptoms of a concussion are present. Experts recommend that an athlete with a suspected concussion not return to play until he or she has been medically evaluated. Experts also recommend that child and adolescent athletes with a concussion not return to play on the same day as the injury.



**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	Date of Birth (MM/DD/YY)		Age
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