



# APPLE VALLEY LITTLE LEAGUE

## SAFETY PLAN

League ID #4054901

POLICY STATEMENT

APPLE VALLEY LITTLE LEAGUE

IS A NON-PROFIT ORGANIZATION RUN BY VOLUNTEERS  
WHOSE MISSION IS TO PROVIDE THE YOUTH OF OUR COMMUNITY WITH  
A QUALITY OPPORTUNITY TO LEARN, DEVELOP AND ENJOY  
AMERICA'S NUMBER ONE SPORT, LITTLE LEAGUE BASEBALL/SOFTBALL,  
IN A SAFE AND FRIENDLY ENVIRONMENT FOR ALL PARTICIPANTS.

**League President: Joel Johnson – (760) 265-0669**

**League Vice President: Katie Lucas - (760) 703-9096**

**Safety Officer: Gilbert Munoz– (760) 220-2170**

**Emergency Phone Number: 911**

**Local Police Number: 240-7000**

**Local Fire Department: 247-7618**





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# SAFETY MANUAL AND FIRST AID KITS

Each team will be issued a Safety Manual and a First Aid Kit at the beginning of the season. The manager or a team representative will acknowledge the receipt of both by signing in the space provided below when taking possession of these articles. One chemical ice pack will be issued with the first aid kits. Other ice packs are available at the concession stand. Contact the equipment manager for replacement ice packs. If needed, First Aid Kits and copies of the Safety Manual are in plain sight in the concession stands. The Safety Manual will include emergency numbers, contact numbers for all Board members, the AVLL Code of Conduct, and the Do's and Don'ts of treating players. The First Aid Kits will include the necessary items to treat an injured player until professional help arrives if need be. Managers will be required to have a First Aid kit on hand at all team functions.

-----  
*Tear on the above dotted line and give to the AVLL Safety Officer upon signing.*

I *have* received my Safety Manual and First Aid Kit and will have them both present at all practices, games, and any other even where team members could become injured or hurt.

\_\_\_\_\_  
Print name of Manager

\_\_\_\_\_  
Team name and Division

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date



# APPLE VALLEY LITTLE LEAGUE CODE OF CONDUCT

The Board of Directors of Apple Valley Little League has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and sign in the space provided below acknowledging that he or she understands and agrees to comply with the Code of Conduct. Tear the signature sheet on the dotted line and return to the AVLL Safety Officer upon signing.

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

- o Not at any time, touch, push, shove, strike, or threaten to strike an official, player, volunteer, or spectator.
- o Forcibly make an unwilling child to participate in sports by verbally or physical means.
- o Be guilty of verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- o Be guilty of an objectionable demonstration of dissent at an official's decision by the throwing of equipment, or any other forceful un-sportsman-like action. (ie: booing, taunting etc)
- o Be guilty of encouraging unnecessary rough tactics in the play of a game against the body of an opposing player causing intentional unnecessary injury.
- o Use profanity, obscene, or vulgar language and/or gesture in any manner at any time.
- o Appear on the field of play, stands, or anywhere on the AVLL complex while in an intoxicated state at any time. Intoxication will be defined as an odor or behavior issue.
- o Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- o Smoking (tobacco or vapor), or smokeless tobacco and forms alcohol are not allowed at any Apple Valley Town Park facility.
- o Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision, or a "personal opinion" on any players during the game.
- o As a manager or coach fraternizing with spectators during the game.
- o Discourage players on either team from learning or developing the skills of the game.
- o Speak disrespectfully to any player, manager, coach, official or representative of the league.
- o Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official scorebooks, rankings, financial records, or procedures.
- o Challenge an umpire's authority. The umpires shall have the authority and discretion during the game to penalize the offender according to the infraction up to and including removal from the game.
- o I WILL encourage development, and demand fairness regardless of age, sex, color, belief, or ability and emphasize emotional and physical wellbeing to all participants.

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

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**I have read the Apple Valley Little League Code of Conduct and promise to adhere to its rules and regulations.**

\_\_\_\_\_  
**Print name of Manager      Team name and Division**

\_\_\_\_\_  
**Signature of Manager      Date**

\_\_\_\_\_  
**Coach #1**

\_\_\_\_\_  
**Coach #2**





# APPLE VALLEY LITTLE LEAGUE SAFETY CODE

The Board of Directors of AVLL has mandated the following **Safety Code**. All managers and coaches will read this **Safety Code** and then read it to the players on their team. Signatures are required in the spaces provided below acknowledging that the manager, coach, and players understand and agree to comply with the **Safety Code**. *Tear the signature sheet on the dotted line and return to the AVLL Safety Officer.*

- Safety procedures belong to every adult member and player of AVLL.
- Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him or herself and to others.
- Only league-approved managers and/or coaches are allowed to supervise batting cages or practice teams.
- Managers, designated coaches, and umpires will have mandatory training in First Aid during initial Managers meeting.
- First Aid Kits are issued to each team manager during the pre-season and additional kits will be located in the concession stand.
- No games or practices will be held when weather or field conditions are poor. Only a board member or the field umpire can cancel a game.
- Play area will be inspected before games and practices for holes, damage, stones, glass and any other foreign objects.
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as “in play”.
- Only players, managers, coaches, approved volunteers, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Managers are responsible for the security of loose equipment and to ensure all equipment is kept in the dugout.
- Foul balls out of play will be returned to one of the two managers. The manager will then call time out and return it to the umpire. Foul balls will never be thrown over the fence while the game is in play.
- During practice and games, all players will remain alert and watch the batter on each pitch.
- During warm up drills, players should be properly spaced so that no one is injured by wild throws or missed catches.
- All pre-game warm-ups will be confined to the limits of the playing field.
- Equipment should be inspected before each use to ensure proper fit and protection.
- Batters must wear Little League approved protective helmets that bear the NOCSAE seal during practice and games.
- During sliding practice, bases should not be strapped down or anchored.
- At no time should “horse play” be permitted on the playing field or in the dugout.
- Parents of children who wear glasses should be encouraged to provide safety glasses for their children.
- Managers will only use official little league baseball’s/softballs supplied by AVLL during a game.
- Once a ball becomes discolored, it will be removed from the game.
- All male players will wear athletic supporters or cups during games or practices. Catchers must always wear a cup and long model chest protector. Cup may be a metal, fiber or plastic type cup.
- Female catchers may wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards, and catcher’s helmet, all of which must meet Little League specifications and standards. Skull caps are not permitted.
- Only medical badges will be worn during games or practices. No other type of jewelry is permitted.
- Only Gatorade or water will be allowed in dugouts during games or practices.
- Catchers must wear full catching equipment while catching at any time.
- Managers will never leave a child unattended during or after a practice or game.

- Managers and coaches are encouraged to have a cellular phone available during games and practices for use in the event of an emergency.
- Speed limit is 5 miles an hour anywhere in the AVLL complex.
- No alcohol or drugs allowed on the premises at any time.
- No medication will be taken at the facility unless administered directly by the child's parent or guardian. This includes aspirin and Tylenol.
- No playing in the parking lots at any time.
- No playing on and around lawn equipment at any time.
- No swinging bats or throwing balls outside of the playing field.
- No throwing rocks.
- No climbing fences.
- No climbing on dugouts or swinging on dugout roofs.
- Observe all posted signs.
- Players and spectators should always be alert for foul balls and errant throws.
- All gates to the fields must always remain closed.
- No one is allowed in the complex with open wounds. Wounds should be treated and properly bandaged.
- All electrical boxes to the fields are off limits.
- Report all safety violations or concerns to the Safety Officer, immediately.

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 -  
 I have read or have been read the Apple Valley Little League Safety Code and promise to adhere to its rules and regulations.

Manager	Signature of Manager	Date	Team name and Division      Print name of
Coach 1	Coach 2		
Player 1	Player 2	Player 13	Player 14
Player 3	Player 4		
Player 5	Player 6		
Player 7	Player 8		
Player 9	Player 10		
Player 11	Player 12		

# ROLLS AND RESPONSIBILITIES

## THE RESPONSIBILITY OF THE PRESIDENT

The President of AVLL assumes full responsibilities and ensuring that the policies and regulations of the AVLL Safety Officer are carried out by the entire membership to the best of his/her abilities. Receives all information from Little League International and the main contact for the local organization to Little League International.

## THE VICE PRESIDENT

Presides in the absence of the president, carries out assignments delegated by the president.

## THE RESPONSIBILITY OF THE AVLL SAFETY OFFICER

The main responsibility of the AVLL Safety Officer is to develop and implement the League's Safety Awareness Program.

The AVLL Safety Officer is the link between the Board of Directors of AVLL and its managers, coaches, umpires, team safety officers, players, spectators, and any other third parties on the complex with regards to safety matters, rules, and regulations.

## OTHER RESPONSIBILITIES OF THE SAFETY OFFICER

- Coordinating the individual Team Safety Officers to provide the safest environment possible for all.
- Assisting the parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Maintain an Accident/Incident Log. This log will list where and when accidents occur and to whom it happened to, who his or her manager, and the time and place of the accident.
- Use the information in the Accident/Incident Log to determine proper accident prevention in the future.
- Ensuring that the First Aid Kits are in their assigned places and re-stocking the kits as needed.
- Ensure that each team receives its Safety Manual and its First Aid Kit at the beginning of the season.
- Make Little League's "no tolerance with child abuse" clear to all.
- Inspecting concession stands and checking fire extinguishers.
- Instruct concession stand workers on the use of fire extinguishers.
- Check fields with the Field Managers and list areas needing attention.
- Schedule a First Aid Clinic and CPR training class for all managers, designated coaches, umpires, player agents, and team safety officers during the preseason.
- Creating and maintaining all signs on the AVLL complex. No Parking, etc.
- Act immediately to resolve unsafe or hazardous conditions once a situation has been brought to his or her attention.
- Make spot checks at practices and games to ensure all managers have their First Aid Kits and Safety Manuals.
- Oversee Background checks and monitor only approved volunteers allowed on fields.
- Track all injuries and near misses to identify injury trends.
- Visit other leagues to allow a fresh perspective on safety.
- Make sure that safety is a monthly Board Meeting topic and allow experienced people to share ideas improving safety.

## THE SECRETARY

Maintains a register of members and directors; records the minutes of meetings; is responsible for sending out notice of meetings, issues membership cards and maintains a record of league's activities.

## THE AVLL MEMBER (Volunteers)

**The AVLL Members** will adhere to and carry out the policies as set forth in this safety manual at all times.

All Members are volunteers, volunteers have to submit to completing mandatory background checks and abuse awareness training annually. This annual date resets on the fiscal calendar every Oct 1<sup>st</sup>. Volunteers are not considered members unless said requirements are met.

## **TREASURER**

**The Treasurer** dispenses league funds as approved by the Board of Directors; reports on the status of league funds; keeps local league books and financial records; prepares budgets and assumes the responsibility for all local league finances.

## **PLAYER AGENT**

**The Player Agent** conducts annual tryouts, and oversees player selection and placement, assists president in checking birth records and eligibility of players; serves as a member of the Board of Directors of the local league and generally supervises and coordinates the transfer of players to or from the Minor Leagues according to provisions of the regulations of Little League.

## **THE AVLL INFORMATION OFFICER**

**The AVLL Information Officer** is responsible for maintaining AVLL's website at [www.applevalleylittleleague.com](http://www.applevalleylittleleague.com)

- Assigns online administrative rights to other local volunteers.
- Encourages creation of team web sites for managers, coaches, and parents; ensures that league news and scores are updated online on a regular basis.
- Collects, posts, and distributes important information on league activities including direct dissemination of fundraising and sponsor activities to Little League, the district, the public, league members, and the media.
- Provides player, coach, and manager records to Little League International in electronic format. and updating the safety information on a weekly basis.

## **BASEBALL-SOFTBALL CORDINATORS**

Represents coaches/managers in league.

- Presents a coach/ manager training budget to the board.
- Gains the support and funds necessary to implement a league-wide training program.
- Orders and distributes training materials to players, coaches, and managers.
- Coordinates mini clinics as necessary.
- Serves as the contact person for Little League and its manager-coach education. Receives and distributes coaching information from Little League International and distributes it to all coaches and managers.

## **MANAGERS AND COACHES**

**The Manager** is a person appointed by the **President** of AVLL 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.

**The Manager** shall always be responsible for the team's conduct, observance of the official rules and reference to the umpires.

**The Manager** is also responsible for the safety of his or her players. He/She is also ultimately responsible for the actions of designated coaches and the Team Safety Officer (TSO).

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.

## **PRESEASON**

Managers will:

- Take possession of this Safety Manual and the First Aid Kit supplied by AVLL.

- Appoint a volunteer parent as Team Safety Officer. The TSO must be able to be present at all games and must own or have access to a cell phone for emergencies if games and practices take place off the complex.
- Meet with all the parents on “parent’s day” to discuss Little League philosophy and safety issues.
- Cover the basis of safe play with his/her team before starting the first practice.
- Return the signed AVLL Code of Conduct and the AVLL Safety Code to the AVLL Safety Officer before the first game.
- Teach players the fundamentals of the game while advocating safety.
- Notify parents that if a child is injured or ill, he or she cannot return to practice unless they have a note from their doctor. This medical release protects you if that child becomes further injured or ill. There are no exceptions to this rule.
- Encourage players to bring water bottles to practices and games.
- Tell parents to bring sunscreen for themselves and their child.
- Encourage your players to wear mouth and/or face protection.

## **SEASON PLAY**

Managers will:

- Work closely with the TSO to make sure equipment is in first-rate working order.
- Make sure that telephone access is available at all activities including practices.
- Not expect more from their players than what the players are capable of.
- Teach the fundamentals of the game to players.
- Catching fly balls
- Sliding correctly
- Proper fielding of ground balls
- Simple pitching motion for balance
- Be open to ideas, suggestions, or help.
- Enforce that prevention is the key to keeping accidents to a minimum.
- Have players wear sliding pads if they have cuts or scrapes on their legs.
- Always have a First Aid Kit and Safety Manual on hand.
- Enforce all Little League Rules and Regulations

## **PRE-GAME AND PRACTICE**

Managers will:

- Make sure that players are healthy, rested, and alert.
- Make sure that players are wearing the proper uniform and catchers are wearing a cup.
- Make sure the equipment is in good working order and is safe.
- Agree with opposing manager on the fitness of the playing field. If the two managers cannot agree, the President or a duly delegated representative shall make the determination.
- Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching. It is recommended stretch and flex exercises should involve Calf muscles, Hamstrings, groin, shoulders, wrists, elbow/forearm, arm shake out, quadriceps, neck and back. Then have players do a light jog around the field before starting warm-up throws.

## **DURING THE GAME**

Managers will:

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.

- Keep player's alert.
- Always maintain dugout and field discipline.
- Be organized. (do not hold up the flow of the game)
- 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.
- Ensure catchers wear the proper equipment.
- Encourage everyone to think about safety first.
- No player should handle a bat in the dugouts at any time.
- Keep players off fences.
- Encourage good housekeeping of dugouts and fields.
- Get players to drink often so they do not dehydrate.
- Not play with children who are ill or injured.
- Attend to children that become injured in a game.
- Not lose focus by engaging in conversation with parents and passersby.

**IF A MANAGER HAS NOT APPOINTED A TSO THEN HE OR SHE MUST ASSUME THOSE RESPONSIBILITIES.**

## **POST GAME**

Managers will:

Do cool down exercises with the players:

- Light jog
- Stretching as noted above.
- Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows.
- Catchers should ice their knees.
- Not leave the field until every team member has been picked up by a known family member or designated driver.
- Notify parents if their child has been injured no matter how small or insignificant the injury is. There are no exceptions to this rule. This protects you, Little League Baseball, and AVLL.
- Discuss any safety problems with the Team Safety Officer that occurred before, during, or after the game.
- If there is an injury, make sure an accident report was filled out and given to the AVLL Safety Officer.
- Return the field to its pre-game condition, per AVLL policy. (housekeeping)

***IF A MANAGER KNOWINGLY DISREGARDS SAFETY IN ANY FASHION, HE OR SHE WILL APPEAR BEFORE THE BOARD OF DIRECTORS TO EXPLAIN HIS OR HER ACTIONS.***

## **UMPIRE-IN-CHIEF (U.I.C)**

Serves as coordinator of and advises the league President on the league umpire program; responsible for recommending umpires to the league President for appointment to the league umpire roster and:

- recruiting and retaining volunteer umpires.
- establishing a league umpire training program consistent with Little League® guidelines.
- coordinating and assisting with conducting umpire clinics at league and district level.
- communicating rule changes to league umpires; scheduling league umpires for regular season games.
- evaluating league umpires using established guidelines to maintain program integrity.
- further continual improvement, and prepare league umpires for advancement to tournament levels; communicating with and providing updates to the District Umpire Consultant on the league umpire program, and attending Umpire Training programs at the District, State, Region, and/or Headquarters level.

## **UMPIRES PRE-GAME**

Before the game starts, the umpire shall:

- Check the equipment in the dugouts of both teams, equipment that does not meet specifications must be removed from the game immediately.
- Make sure catchers have all the necessary safety equipment, even when warming up a pitcher.
- Run hands along bats to make sure there are no splinters on the bats.
- Make sure all bats have proper grips.
- Make sure there are no foam inserts in helmets and that helmets meet Little League NOCSAE specifications and bear Little League's seal of approval.
- Inspect helmets for cracks.
- Walk the field for hazards and obstructions.
- Check players to see if they are wearing jewelry.
- Check players to see if they are wearing metal cleats.
- Make sure that all playing lines are marked with non-caustic lime, chalk, or other white material easily distinguishable from the ground or grass.
- Secure official Little League balls for play from both teams.
- Use the Field Safety Check List included in the Safety Manual to document that all the above was carried out.

## **DURING THE GAME**

During the game the umpire shall:

- Govern the game as mandated by Little League rules and regulations.
- Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions and darkness.
- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment.
- Continue to monitor the field for safety and playability.
- Make the calls loud and clear, signaling each call properly.
- Make sure players and spectators keep their fingers off the fencing.

## **POST GAME**

After a game, the umpire shall:

- Check with the managers of both teams regarding safety violations.
- Report any unsafe situations to the AVLL Safety Officer by telephone and in writing.

## **SPONSORSHIP/FUNDRAISING COORDINATOR**

Solicits and secures local sponsorships to support league operations.

- Collects and reviews sponsorship and fundraising opportunities.
- Organizes and implements approved league fundraising activities.
- Coordinates participation in fundraising activities; and maintains records of monies secured through sponsorship and fundraising initiatives.

## **FACILITIES and FIELDS MANAGER**

**The AVLL Facilities and Fields Manager** is responsible for ensuring the fields and structures used by AVLL meet the safety requirements as set forth in this manual.

## **CONCESSION STAND MANAGER/ CONCESSIONS COORDINATOR**

**The AVLL Concession Stand Manager** is responsible for ensuring the Concession Stand Volunteers are trained in the safety procedures as set forth in this manual. Maintains the operation of concession facilities.

- Organizes the purchase of concession products.

- Responsible for the management of the concession sales at league events.
- Schedules volunteers to work the concession booth during league events.
- Collects and reviews concession related offers including coupons, discounts, and bulk-purchasing opportunities; and organizes, tallies and keeps records of concession sales and purchases.

**The AVLL Concessions Coordinator** assists the concession manager in scheduling and training volunteers to help in concession stand.

## **MARKETING/PUBLIC RELATIONS MANAGER**

Oversees new player recruitment efforts.

- Develops and maintains a league marketing plan focused on player recruitment and retention.
- Oversees efforts to market new divisions of play and initiatives offered by the league.
- Works with local media to promote the interests of Little League, and coordinates efforts to make the local Little League visible in the community year-round.

## **EQUIPMENT MANAGER**

**The AVLL Equipment Manager** is responsible for issuing and tracking needed equipment to teams and to get damaged equipment repaired or replaced as reported. This replacement will happen in a timely manner. The Equipment Manager will work to exchange equipment if it doesn't fit properly. At the end of the season the EM will collect and clean returned equipment and store it properly.

## **TEAM SAFETY OFFICER**

The TSO is a:

- Role model to younger children.
- Defender of safety.
- Liaison between the team and the AVLL Safety Officer.
- Hero when injuries are prevented by taking safety seriously.

## **PRE-SEASON**

In the pre-season, the TSO must:

- Acquire this Safety Manual from the team manager and read it.
- Call the AVLL Safety Officer and introduce them self.
- Attending the Emergency Medical Clinic with your team manager.
- Have parents fill out Emergency Medical Treatment Consent and Contact forms and return them to you.
- Inspect the equipment when the Equipment Manager issues it to your team and replace any equipment that looks unsafe.
- Get to know the players on your team.
- Talk to the parents, confidentially, and inquire if their child suffers from allergies, asthma, heart conditions, past injuries, ADD, ADHD, a communicable disease such as HIV, AIDS, etc. Fill out a medical history form on each child.
- Find out if a child is taking any kind of medication.
- Report your findings in a written summary and submit it to the AVLL Safety Officer for his/her records.

## **SEASON**

During the season the TSO will:

- Keep a Safety Log of all injuries that occur on his or her team.
- Report weekly as part of a Safety Committee to the AVLL Safety Officer even if nothing is wrong.
- Inspect player's equipment for cracks and broken straps on a routine basis.
- Have a five-minute safety meeting with the team each week.
- Communicate any safety infractions to the AVLL Safety Officer or any other Board Member.
- Have parents fill out "driving permission slips" if transporting a child to a game or practice is necessary.
- Help managers and designated coaches give First Aid if needed.
- Act as a conduit between parents, managers, the AVLL Safety Officer and the kids.



- Fill out accident reports if an injury occurs.
- Report any injury to the AVLL Safety Officer within 12 hours of the accident.
- Track the First Aid Kit inventory and ask the AVLL Safety Officer for replacements when needed.

## PRE-GAME

Before the game starts, the TSO will:

- Make sure that this Safety Manual and the First Aid Kit is present.
- Greet the players as they arrive and make sure everyone is feeling all right.
- Watch the players when they stretch and do warm up exercises for signs of stress or injury.
- Check equipment for cracks and broken straps.
- Walk the field; remove broken glass and other hazardous materials.
- Be ready to go into action if anyone should get hurt.

## DURING THE GAME

During the game the TSO will:

- Watch the players to see that they are always alert.
- In case of injury, help the team manager treat the child until professional help arrives.
- Act as the conduit between the AVLL Safety Officer, the manager, the child, and his or her parents.

## POST-GAME

After the game the TSO will:

- Record any safety infractions or injuries in his or her Safety Log.
- Report any injuries to the AVLL Safety Officer within 12 hours of the accident.
- Fill out an accident investigation report and send a copy to the AVLL Safety Officer if there is an injury requiring medical attention.
- Assist parents if the child must go to a hospital or to see a doctor.
- Provide insurance documentation to the hospital if necessary.
- Follow up with the parents to make sure the child is all right.

## POST-SEASON PLAY

Everybody's responsibilities remain the same throughout the post season. This includes TOC and ALLSTARS.

## Insurance Riders:

Insurance riders are needed if any practices, games, or events involving baseball, on or off the AVLL complex takes place before or after the regularly scheduled season and "All Star" post season.

Insurance riders are also necessary if non-Little League teams practice, play games, or hold tournaments at the AVLL facility.

# Safety Requirements and Notes

## HYDRATION

Good *nutrition* is important for children. Sometimes, the most important nutrient children need is *water* – especially when they're physically active. When children are physically active, their muscles generate *heat* thereby increasing their *body temperature*. As their body temperature rises, their cooling mechanism - sweat – kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become *overheated*. We usually think about *dehydration* in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. ***It does not matter if***

*it's January or July; thirst is not an indicator of fluid needs. Thirst generally occurs once your already dehydrated, Therefore, children are encouraged to drink fluids before and even when they don't feel thirsty.*



Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days and should encourage players to drink between every inning. During any activity water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. ***Caffeinated beverages (tea, coffee, Colas) should be avoided because they are diuretics and can dehydrate the body further. Avoid carbonated drinks,*** which can cause gastrointestinal distress and may decrease fluid volume.

## COMMON SENSE

***Playing safe*** means using ***common sense***. For instance, if you witnessed a strange person walking around the AVLL complex who looked like he/she didn't belong there you would report the incident to a Board Member. There will always be a Board Member on site (*see the telephone number list in the beginning of this manual to identify them or check the display cases outside the clubhouse*). The AVLL Board Member, after hearing your concerns, would investigate the matter and have the person in question removed before anything could happen if, indeed, that person did not belong there. Another example of ***common sense*** – You witness kids throwing rocks or batting rocks on the AVLL complex. They are having fun but are unknowingly endangering others. Don't just walk on figuring that someone else will deal with the situation. Stop and explain to the kids what they are doing wrong and ask them to stop. Webster's Dictionary definition of ***common sense*** is: Native good judgment; sound ordinary sense. In other words, to use common sense is to realize the obvious. Therefore, if you witness something that is not safe, do something about it! And encourage all volunteers and parents to do the same.

## EQUIPMENT

The Equipment Manager is an elected AVLL 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 AVLL Equipment Manager will promptly replace damaged and ill-fitting equipment. Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book. At the end of the season, all equipment must be returned to the AVLL Equipment Manager. First-Aid kits and Safety Manuals must be turned in with the equipment. Each team shall have five (5) protective helmets which must meet NOCSAE specifications and standards. These helmets will be provided by AVLL at the beginning of the season. 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.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers may wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a helmet, with a face mask and a "dangling" type throat protector during practice, pitcher warm-up, and games. **NOTE:** Skullcaps are not permitted.
- If the gripping tape on a bat becomes unraveled, the bat may not be used until it is repaired.
- Bats with dents, or those that are fractured in any way, must be discarded.
- Only Official Little League balls will be used during practices and games.
- No wood bats at any time.
- 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.
- Make sure helmets fit.
- Replace questionable equipment immediately by notifying the AVLL Equipment Manager.
- Make sure that players respect the equipment that is issued.
- Multi-colored gloves can no longer be worn by pitchers.

## WEATHER

Most of our days in Southern California are warm and sunny but there are days when the weather turns bad and creates ***unsafe weather conditions***.

### ***Rain:***

If it begins to rain:

1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
2. Determine the direction the storm is moving.
3. Evaluate the playing field as it becomes more and more saturated.
4. Stop practice if the playing conditions become unsafe -- use commonsense. 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 within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's over hanging 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 stroke can only be heard over 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 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!

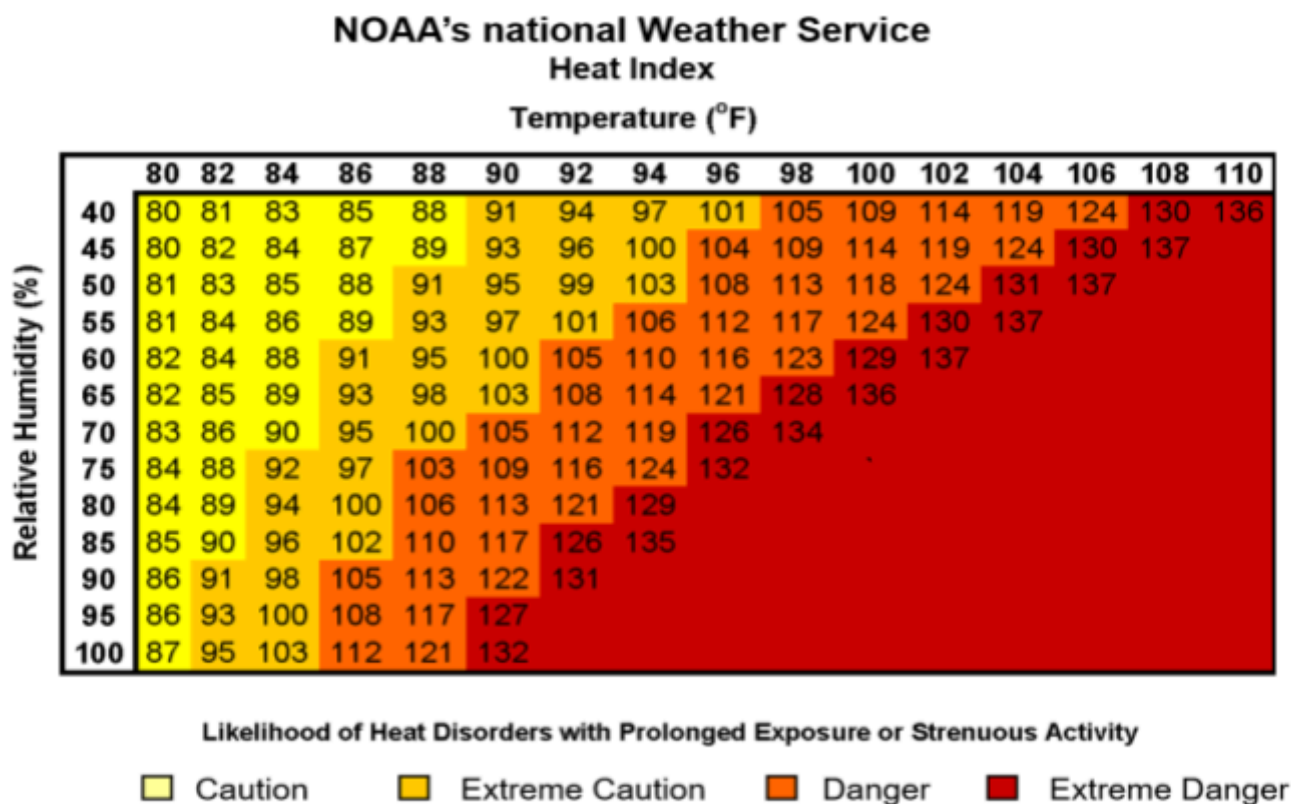
If you can **HEAR, SEE OR FEEL** a **THUNDERSTORM**:

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 parents' or designated driver's cars and wait for your decision on whether or not to continue the game or practice.

## HOT WEATHER

One thing we do get in Southern California is hot weather. Precautions must be taken in order to make sure the players on your team do not **dehydrate** or **hyperventilate**.

1. Suggest players take drinks of water when coming on and going off the field between innings.
2. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P.
3. If a player should collapse because 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. (See section on **HYDRATION**)



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## ULTRA-VIOLET RAY EXPOSURE (SUN EXPOSURE)

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

## EVACUATION PLAN

Severe storms, lightning, earthquakes, and fire are all possible in Southern California. For this reason, AVLL must have an *evacuation plan*.

1. At that time all players will return to the dugout and wait for their parents to come and get them.
2. If a player's parent is not attending the game, the Manager will take responsibility for evacuating that child.
3. Once parents have obtained their children, they will proceed to their cars in a calm and orderly manner.
4. Drivers will then proceed slowly and cautiously out of the facility, observing the 5 MPH speed limit.
5. Once outside the facility, drivers will observe the posted speed limits.

**\*\* IF A MANAGER HAS NOT APPOINTED A TSO THEN HE OR SHE WILL ASSUME THOSE RESPONSIBILITIES.**

## RISKS UNIQUE TO OUR FACILITY

### STORAGE SHED PROCEDURES

The following applies to all the storage sheds used by Apple Valley Little League and further applies to anyone who has been issued keys by Apple Valley Little League to use these sheds.

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

### MACHINERY

Golf Carts, mowers and any other heavy machinery will:

- Be operated by appointed staff only.
- Never be operated under the influence of alcohol or drugs (including medication)
- Not be operated on by any person under the age of 18.

- Never be operated on in a reckless or careless manner.
- Be stored appropriately when not in use with the brakes in the on position, the blades retracted, the ignition locked, and the keys removed.
- Never be operated or ridden in a precarious or dangerous way (i.e. riding on the fenders of a tractor).
- Never leave outside the tool sheds or appointed garages if not in use.

## GENERAL FACILITY

- All dugouts will have bat racks.
- Speed bumps are painted yellow – their purpose is to slow traffic.
- The backstops will always be padded and painted green for the safety of the catcher.
- The dugouts will be always clean and free of debris.
- Dugouts and bleachers will be free of protruding nails and wood splinters.
- Home plate, batter's box, bases, and the area around the pitcher's mound will be checked periodically for tripping and stumbling hazards.
- Materials used to mark the field will consist of a non-irritating white pigment.
- Chain-link fences will be checked regularly for holes, sharp edges, and loose edges and will be repaired or replaced accordingly.
- "5 M.P.H. Speed Limit" signs will be posted every 150 feet along the main drive of the complex.
- After the Parent's Day meeting, Managers will volunteer parents to pick up trash and other materials that could lead to accidents on the AVLL complex.

## ACCIDENT REPORTING PROCEDURE

### What to report –

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the AVLL 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 AVLL Safety Officer within 24 hours of the incident. The AVLL Safety Officer, **Gilbert Munoz**, can be reached at the following:

**Cell: (760) 220-2170**

The AVLL Safety Officer's contact information will be posted at all times on the main message board outside the snack bar.

### How to make a report –

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided:

- The name and phone number of the individual involved.
- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.

### Team Safety Officer's Responsibility –

The TSO will fill out the *AVLL Accident Investigation Form* and submit it to the AVLL Safety Officer **within 24 hours of the incident**. If the team does not have a safety officer, then the Team Manager will be responsible for filling out the form and turning it in to the AVLL Safety Officer. (AVLL Accident Investigation Forms can be found in the Appendix.) Accidents occurring outside the team (i.e., spectator injuries, concession stand injuries and third-party injuries) shall be handled directly by the AVLL Safety Officer.

## **AVLL Safety Officer's Responsibilities –**

Within 24 hours of receiving the *AVLL Accident Investigation Form*, the AVLL Safety Officer will contact the injured party or the party's parents and Verify the information received, Obtain any other information deemed necessary, Check on the status of the injured party and In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, et.) will advise the parent or guardian of the Apple Valley Little League's insurance coverage and the provision for submitting any claims. If the extent of the injuries are more than minor in nature, the AVLL 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).

## **INSURANCE POLICIES**

*Little League accident insurance* covers only those activities approved or sanctioned by Little League Baseball, Incorporated. Apple Valley Little League participants shall not participate as a Little League team in games with other teams of other programs or in tournaments except those authorized by Little League Baseball, Incorporated. Apple Valley Little League participants may participate in other programs during the Little League regular season and tournament provided such participation does not disrupt the Apple Valley Little League season or tournament team. Unless expressly authorized by the Board of Directors of AVLL, games played for any purpose other than to establish a League champion or as part of the International Tournament are prohibited. (See IX - Special Games, pg.15 in the Rule Book for further clarification)

### **Explanation of Coverage:**

The *Apple Valley Little League's insurance policy* (see in Appendix) is designed to afford protection to all participants at the most economical cost to AVLL. 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, Keystone Risk Managers, LLC insurance - which is purchased by the AVLL, not the parent - takes over and provides benefits, after a *\$50 deductible* per claim, 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 always in force during the season.

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

### ***How the insurance works:***

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

### **Filing a Claim:**

When filing a claim, (see claim forms in appendix) all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of Group or Employer insurance must accompany a claim form. On *dental claims*, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant, or parent(s)/guardian(s), if claimant is a minor. "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 AVLL Safety Officer. He/she forwards them to Little League Baseball, Incorporated, P.O. Box 3485, Williamsport, PA, 17701. Claim officers can be contacted at (717) 327-1674 and fax (717) 326-1074. *Contact the AVLL Safety Officer for more information.*

**Protective equipment cannot always prevent all injuries a player might receive while participating in Baseball/Softball but is used to help reduce or eliminate serious injuries.**

## CONCESSION STAND SAFETY

- No person *under the age of fifteen* will be allowed behind the counter in the concession stands.
- People working in the concession stands will be trained in safe food preparation. Training will cover safe use of the equipment.
- This training will be provided by the Concession Stand Manager (an AVLL Board Member certified in restaurant safety) and given to Team Mom's and Team Parents on Parent's Day in the beginning of the season.
- Cooking equipment will be inspected periodically and repaired or replaced if need be.
- Propane tanks will be turned off at the grill and at the tank after use.
- Food not purchased by AVLL to sell in its concession stands will not be cooked, prepared, or sold in the concession stands.
- Cooking grease will be stored safely in containers away from open flames.
- Carbon Dioxide tanks will be secured with chains so they stand upright and can't fall over. Report damaged tanks or valves to the supplier and discontinue use.
- Cleaning chemicals must be stored in a locked container.
- A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.
- All concession stand workers are to be instructed on the use of fire extinguishers.
- All concession stand workers will attend a training session in the ***Heimlich maneuver***.
- A fully stocked First Aid Kit will be placed in each Concession Stand.
- The Concession Stand main entrance door will not be locked or blocked while people are inside.

## Safety Considerations (Field and Park)

### ***BICYCLING, SKATEBOARDING, AND ROLLERBLADING***

Bicycling, skateboarding, and rollerblading is only authorized in the approved area located next to the basketball courts in front of field#1. Children participating in the above activities will wear all safety equipment required by law.

### **CHILD ABUSE**

*Volunteers* are the greatest resource Little League has in aiding children's development into leaders of tomorrow. But some potential volunteers may be attracted to Little League to be near children for *abusive reasons*. Big Brothers/Big Sisters of America defines *child sexual abuse* as "the exploitation of a



child by an older child, teen or adult for the personal gratification of the abusive individual.” So, abusing a child can take many forms, from touching to non-touching offenses. Child victims are usually made to feel as if they have brought the abuse upon themselves; they are made to feel guilty. For this reason, Sexual abuse victims seldom disclose the victimization. Consider this: Big Brothers/Big Sisters of America contend that for every child abuse case reported, *ten or more go unreported*. Children need to understand that *it is never their fault*, and both children and adults need to know what they can do to keep it from happening. *Anyone* can be an *abuser* and it could happen *anywhere*. By educating parents, volunteers, and children, you can help reduce the risk that it will happen at Apple Valley Little League.

Like all safety issues, **prevention** is the key. Apple Valley Little League has a three-step plan for selecting caring, competent, and safe volunteers.

**Application:** To include *residence information, employment history* and three *personal references* from non-relatives. All potential volunteers must fill out the application that clearly asks for information about *prior criminal convictions*. The form also points out that all positions are conditional based on the information received back from a background check.

**Interview:** Make all applicants aware of the policy *that no known child-sex offender will be given access to children in the Little League Program*.

**Reference Checks:** Make sure the information given by the applicant is corroborated by references.

## Reporting

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

### Fiction and Fact

**“Sex abusers are dirty old men.”**

Not true. While sex abusers cut across socioeconomic levels, educational levels and race, the average age of a sex offender has been established at 32.

**“Strangers are responsible for most of the sexual abuse.”**

Fact: 80-85% of all sexual abuse cases in the US are perpetrated by an individual familiar to the victim. Less than 20% of all abusers are strangers.

**“Most sex abusers suffer from some form of serious mental illness or psychosis.”**

Not true. The actual figure is more like 10%, almost the same as the figure found in the general population of the United States.

**“Most sex abusers are homosexuals.”**

Also, not true. Most are heterosexual.

**“Children usually lie about sexual abuse, anyway.”**

In fact, children *rarely* lie about being sexually abused. If they say it, don’t ignore it.

**“It only happens to girls.”**

While females do comprise the largest number of sexual abuse victims, it is now believed that the number for male victims is much higher than reported.

## Investigation

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

## Suspending/Termination

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

### **Immunity From Liability**

According to Boys & Girls Clubs of America, "Concern is often expressed over the potential for criminal or civil liability if a report of abuse is subsequently found to be unsubstantiated." However, we want adults and Little Leaguers to understand that they shouldn't be afraid to come forward in these cases, even if it isn't required and even if there is a possibility of being wrong. All states provide **immunity from liability** to those who report suspected child abuse in "good faith." At the same time, there are also rules in place to protect adults who prove to have been inappropriately accused.

## **Make Our Position Clear**

***Make adults and kids aware that Little League Baseball and AVLL will not tolerate child abuse, in any form.***

### **The Buddy System**

It is an old maxim, but it is true: There is safety in numbers. Encourage kids to move about in *a group* of two or more children of similar age, whether an adult is present or not. This includes travel, leaving the field, or using the restroom areas. It is far more difficult to victimize a child if they are not alone.

### **Access**

Controlling access to areas where children are present -- such as the dugout or restrooms -- protects them from harm by outsiders. It's not easy to control the access of large outdoor facilities, but visitors could be directed to a central point within the facility. Individuals should not be allowed to wander through the area without the knowledge of the Managers, Coaches, Board Directors, or any other Volunteer.

### **Lighting**

Child sexual abuse is more likely to happen in the dark. The lighting of fields, parking lots and any and all indoor facilities where Little League functions are held should be bright enough so that participants can identify individuals as they approach, and observers can recognize abnormal situations.

### **Shower and Toilet Facilities**

Little Leaguers can use toilet facilities on their own, so there should be no need for an adult to accompany a child into restroom areas. There can sometimes be special circumstances under which a child requires assistance with toilet facilities, for instance when the T-Ball and Challenge divisions, but there should still be adequate privacy for that child. Again, we can utilize the "**buddy system**" here.

## **TRANSPORTATION**

Before any manager or designated coach can transport any AVLL child, other than his/her own, anywhere, he or she must:

- Have a valid California Driver's License.
- Submit a Photostat copy of his or her Driver's License to the AVLL Player Agent so the *driving record* can be checked.
- Submit a Photostat copy of *proof of insurance* to the AVLL Player Agent. (*Must have Uninsured Motorist coverage*)
- Wear *corrective lenses* when operating a vehicle if the Driver's License stipulates that the operator must wear corrective lenses.
- *Notify* the AVLL Player Agent of who is driving and when at least 24 hours prior to departure.
- Have *signed permission slips* from parents before children are transported. (see sample in appendix section).
- Have correct *class of license* for the vehicle he or she is driving.
- Not carry more children in their vehicle than they have *seat belts* for.

- Make sure that the vehicle is in good running order and that it would pass a *CHP vehicle safety inspection* if spontaneously given.
- Not drive in a *careless or reckless* manner.
- Not drive under the influence of *alcohol, drugs, or medication*.
- Always obey all traffic laws and speed limits.
- Never transport a child without returning him/her *to the point of origin*.

## Covid-19

### During the Coronavirus Pandemic

Since COVID-19 was declared a pandemic in March 2020, there have been unfathomable impacts to our families, communities, and lives. For millions of people, Little League® is where their community comes alive, and returning to the baseball and softball field has provided positive, meaningful opportunities throughout this difficult era.

As volunteers look to operate their local Little League programs around the world, Apple Valley LL strongly encourages you to take the following into consideration.

To prevent infection and to slow transmission of COVID-19, do the following:

- Wash your hands regularly with soap and water or clean them with alcohol-based hand rub.
- Cover your mouth and nose with a mask when in public settings or around others.
- Maintain at least six feet distance between you and people coughing or sneezing.
- Avoid touching your face.
- Cover your mouth and nose when coughing or sneezing.
- Stay home if you feel unwell.
- Refrain from smoking and other activities that weaken the lungs.
- Practice physical distancing by avoiding unnecessary travel and staying away from large groups of people.
- It is highly encouraged that each league and district adhere to the guidelines set forth by their respective state and local government and health officials in terms of public gatherings, organized youth sports, and sporting events when determining how and when to return to Little League activities.
- If a local league would like to consider additional requirements for its players, volunteers, and fans (for example: mandating masking for all participants, requiring vaccines to volunteer or play, etc.), these items should be carefully considered and voted on by the Board of Directors, and then communicated to all league members. Leagues are also strongly encouraged to include their COVID-19 mitigation plan in their annual A Safety Awareness Program (ASAP) Plan. **Note AV little League programs has not adopted additional mitigation efforts outside of any respective requirements from state.**

District Staff and local government and health officials encourages leagues, families, and volunteers to make every effort to follow the recommendations from the CDC, World Health Organization, and state and local health officials, including vaccination, to help mitigate the spread of COVID-19.

- District Administrators and District Staff should work with all their leagues to understand and communicate COVID-19 mitigation efforts, especially for leagues who participate in interleague play, combined teams, District Travel, and the International Tournament, so that league personnel (administrators, coaches, parents, etc.) understand any differences in mitigation guidelines at different leagues throughout the season.

### Member Communication:

- Local leagues should disseminate information to all families, volunteers, and spectators about the Coronavirus risk and the efforts your league will be undertaking to mitigate those risks, as outlined above. Information should be disseminated by way of email, league website, social media, coach talks, and public announcements.
- Designate a league board representative to be responsible for COVID19 concerns (e.g. Safety Officer).

#### Post Information to Promote Everyday Preventive Actions:

- Leagues should display posters and signs throughout the park to frequently remind visitors to take steps to prevent the spread of COVID-19. These messages may include information about:
  1. Staying home if you are sick or do not feel well, and what to do if you're sick or feel ill.
  2. Using social distancing and maintaining at least six feet between individuals in all areas of the park.
- The CDC has downloadable resources available to post at public places; and leagues are encouraged to utilize additional resources from their state or local authorities.

#### Concession Stands:

- Leagues should follow local and/or state guidance when considering operating food or concession sales.
- Leagues opting to operate food and/or concession sales should also review and understand the CDC's guidelines.
- For leagues not operating a concession stand, families are encouraged to bring their own food/beverages

## Active Shooter

While nobody wants to think of the idea that this may happen, in today's world you hear about it more than ever before. AVLL fields and parks utilized are on public property and it is not out of the realm of possibilities. Here are some tips to hopefully prevent members and participants from becoming a victim if an incident like this arises at or near one of the fields:

### 1. Run

- a. Have an escape, if possible. Leave your belongings behind.
- b. Help others Escape, if possible. Do not attempt to move the wounded.
- c. Prevent others from entering an area where shooters may still be present.
- d. Call 911. Provide information to 911 operator.
  - i. Location
  - ii. Number of shooter(s)
  - iii. Physical description of shooter
  - iv. Number and type of weapon
  - v. Number of potential victims at location

### 2. Hide

- a. Hide in an area out of shooters view.
- b. Lock door or block entry if indoors.
- c. Silence your phone and remain quiet.

### 3. Take out.

- a. This is a **last resort option** and only do this if your life is in imminent danger.
- b. Attempt to incapacitate shooter (we all have bats available)
- c. Act with as much physical aggression as possible, fight like your life depends on it.
- d. Improvise weapons or throw items.
- e. Commit to your actions. Your life may depend on it.

When Law Enforcement arrives, remain calm and follow instructions, drop items in your hands, move slowly, raise hands and spread fingers, keep hands visible, avoid shouting towards officers, avoid pointing screaming or yelling. Remember they are just arriving at a very involved hostile situation.

*Let the AVLL Safety Officer or nearest Board member know of any suspicious activity or incidents right away.*

# First Aid

## HEALTH AND MEDICAL - Giving 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. En-route 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***

- First Aid Kits will be furnished to each team at the beginning of the season.
- The AVLL Safety Officer's *name and phone number* are taped on the inside lid of all First-Aid Kits.
- The First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or post-season) and any other AVLL Little League event where children's safety is at risk.
- To ***replenish materials*** in the Team First Aid Kit, the Manager, designated coaches or the appointed Team Safety Officer must contact the AVLL Safety Officer. (See contact information and address in phone # section of this Safety Manual or on First Aid Kit)
- ***First Aid Kits and this Safety Manual must be turned in at the end of the season*** along with your equipment package. The First Aid Kit will come in a plastic white and red box and include the following items:

**2 Instant Ice Packs**

**2 Plastic Bags for Ice**

**6 Antiseptic Wipes**

**1 Roll of Gauze**

**2 Large Bandages 2"x4"**

**2 Large Non-stick Bandages**

**20 Band-Aids 1"x3"**

**2 Antiseptic Cream Packs**

**1 Cloth Athletic Tape**

**2 Eye Pads**

**1 Roll of Gauze**

**2 Burn Cream Packs**

**1 Scissors**

**1 Pair of Latex Gloves**

**1 Tweezers**

**2 Sterile Gauze Pads**

**1 Plastic Kit**

If you are missing any of the above items, contact the AVLL safety officer immediately.

***Three additional First-Aid Kits*** will be available in the major/minor field concession stand. Materials from these additional Kits may not be used to replenish materials in the Team's Kit but only used in emergency situations.

## ***Good Samaritan Laws***

There are laws to protect you when you help someone in an emergency. 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 under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim’s injury. For example, a reasonable and prudent person would –Move a victim only if the victim’s life was endangered. Ask a conscious victim for permission before giving care. Check the victim for life-threatening emergencies before providing further care. Summon professional help to the scene by calling **9-1-1**. Continue to provide care until more highly trained personnel arrive. *Good Samaritan laws were developed to encourage people to help others in emergency situations.* They require that the “Good Samaritan” use common sense and a reasonable level of skill, not to exceed the scope of the individual’s training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury. 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.

## ***Permission to Give Care***

If the victim is conscious, you must have his/her permission before giving first aid. To get permission you *must* tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to take care of you. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present. Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

## ***Treatment At Site -***

### **Do . . .**

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

**Know** your limitations.

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

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

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

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

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

### **Don’t . . .**

Administer any medications.

Provide any food or beverages (other than water).

Hesitate in giving aid when needed.

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

Transport injured individuals except in extreme emergencies.

***CPR should only be administered by a trained person, ensuing activity can result in further harm to a victim.***

## ***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 other caller follows these four steps.

**\_ First Dial 9-1-1.**

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

The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc. ***Our address is 13467 Navajo Road, Apple Valley, and our cross-streets are Ottawa and Powhattan.***

The telephone number from which the call is being made. The caller's name.

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

How many people are involved.

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

What help (first aid) is being given.

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

Continue to care for the victim till professional help arrives.

Appoint somebody to go to the street and look for the ***ambulance*** and ***fire engine*** and flag them down if necessary.

Remember, every minute counts.

**When to call –**

If the injured person is unconscious, call ***9-1-1*** immediately.

Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call ***911*** anyway and request paramedics if the victim -

Is or becomes unconscious.

Has trouble breathing or is breathing in a strange way.

Has chest pain or pressure.

Is bleeding severely.

Has pressure or pain in the abdomen that does not go away.

Is vomiting or passing blood.

Has seizures, a severe headache, or slurred speech.

Appears to have been poisoned.

Has injuries to the head, neck or back.

Has possible broken bones.

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

**Also Call 9-1-1 for any of these situations:**

Fire or explosion.

Downed electrical wires.

Swiftly moving or rapidly rising water.

Presence of poisonous gas.

Vehicle Collisions.

Vehicle/Bicycle Collisions.

Victims who cannot be moved easily.

Active Shooter.

***Checking the Victim***

**Conscious Victims:**

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



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

### **Unconscious Victims**

If the victim does not respond to you in any way, assume the victim is un-conscious. **Call 9-1-1** and report the emergency immediately.

#### **Checking An Unconscious Victim:**

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

When treating an injury, remember:

Protection Rest Ice Compression Elevation Support

### ***Muscle, Bone, or Joint Injuries***

#### **Symptoms of Serious Muscle, Bone, or Joint Injuries:**

Always suspect a serious injury when the following signals are present:

Significant deformity

Bruising and swelling



Inability to use the affected Part normally.

Bone fragments sticking out of a wound.

Victim feels bones grating; victim felt or heard a snap or pop at the time of injury.

The injured area is cold and numb.

The cause of the injury suggests that the injury may be severe.

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

### **Treatment for muscle or joint injuries:**

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

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

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

Consult professional medical assistance for further treatment if necessary.

### **Treatment for fractures:**

Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, twigs, bats, etc...

### **Treatment for broken bones:**

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

### ***Osgood Schlatter's Disease:***

Osgood Schlatter's Disease is the "growing pains" disease. It is very painful for kids that have it. In a nutshell, the bones grow faster than the muscles and ligaments. A child must outgrow this disease. All you can do is make it easier for him or her by:

- 1) Icing the painful areas.
- 2) Making sure the child rests when needed.
- 3) Using Ace or knee supports.

### ***Concussion:***

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

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

DO NOT MOVE the victim. Call 9-1-1 immediately. (See below on how to treat head and neck injuries)

## ***Head And Spine Injuries***

### **When to suspect head and spine injuries:**

A fall from a height greater than the victim's height.

Any bicycle, skateboarding, rollerblade mishap.

A person was found unconscious for unknown reasons.

Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.

Any injury that penetrates the head or trunk, such as an impalement.

A motor vehicle crash involving a driver or passengers not wearing safety belts.

Any person thrown from a motor vehicle.

Any person struck by a motor vehicle.

Any injury in which a victim's helmet is broken, including a motorcycle, batting helmet, industrial helmet.

Any incident involving a lightning strike.

## **Signals of Head and Spine Injuries**

Changes in consciousness.

Severe pain or pressure in the head, neck, or back.

Tingling or loss of sensation in the hands, fingers, feet, and toes.

Partial or complete loss of movement of any body part.

Unusual bumps or depressions on the head or over the spine.

Blood or other fluids in the ears or nose.

Heavy external bleeding of the head, neck, or back seizures.

Impaired breathing or vision because of injury.

Nausea or vomiting.

Persistent headache.

Loss of balance.

Bruising of the head, especially around the eyes and behind the ears.

## **General Care for Head and Spine Injuries**

- 1) Call 9-1-1 immediately.
- 2) Minimize movement of the head and spine.
- 3) Maintain an open airway.
- 4) Check consciousness and breathing.
- 5) Control any external bleeding.
- 6) Keep the victim from getting chilled or overheated till paramedics arrive and take over care.

## ***Contusion to Sternum:***

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

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

## ***Sudden Illness***

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

**Symptoms of sudden illness include:**

- ❖ Feeling light-headed, dizzy, confused, or weak.
- ❖ Changes in skin color (pale or flushed skin), sweating.
- ❖ Nausea or vomiting.
- ❖ Diarrhea.
- ❖ Changes in consciousness.

- ❖ Seizures.
- ❖ Paralysis or inability to move.
- ❖ Slurred speech.
- ❖ Impaired vision.
- ❖ Severe headache.
- ❖ Breathing difficulty.
- ❖ Persistent pressure or pain.

### **Care For Sudden Illness**

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

#### **If the victim:**

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

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

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

**Has a seizure** -- Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury.

Cushion the victim's head using folded clothing or a small pillow.

### ***Caring for Shock***

Shock is likely to develop in any serious injury or illness. Signals of shock include:

Restlessness or irritability.

Altered consciousness.

Pale, cool, moist skin.

Rapid breathing.

Rapid pulse.

Caring for shock involves the following simple steps:

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

### ***Breathing Problems/Emergency Breathing***

#### **If Victim is not Breathing:**

- 1) Position victim on back while supporting head and neck.
- 2) With victim's head tilted back and chin lifted, pinch the nose shut.

- 3) Check for blockages in airway, (pushing air in may only increase the blockage if one exists)
- 4) Give two (2) slow breaths into the victim's mouth. Breathe in until chest gently rises.

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

- 5) Check for a pulse at the carotid artery (use fingers instead of thumb).
- 6) If a pulse is present but a person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).
- 7) Continue rescue breathing if a pulse is present, but the person is not breathing.

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

- 1) Re-tilt person's head.
- 2) Give breaths again.
- 3) If air still won't go in, place the heel of one hand against the middle of the victim's abdomen just above the navel.
- 4) Give up to 5 abdominal thrusts.
- 5) Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.
- 6) Tilt head back, lift chin, and give breaths again.
- 7) Repeat breaths, thrust, and sweeps until breaths go in.

### **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 the victim fluids to drink.
- 5) Get professional medical help immediately for severe cases.

### ***Dismemberment***

If part of the body has been torn or cut off, try to find the part, and wrap it in sterile gauze or any clean material, such as a washcloth. Put the wrapped part in a plastic bag. Keep the part cool by placing the bag on ice, if possible, but do not freeze. Be sure the part is taken to the hospital with the victim. Doctors may be able to reattach it.

### ***Penetrating Objects***

If an object, such as a knife or a piece of glass or metal, is impaled in a wound:

- 1) **Do not** remove it.
- 2) Place several dressings around the object to keep it from moving.
- 3) Bandage the dressings in place around the object.
- 4) If an object penetrates chest and victim complains of discomfort or pressure, quickly loosen bandage on one side and reseal. Watch carefully for recurrence. Repeat the procedure if necessary.
- 5) Treat for shock if needed (see "Care for Shock" section).
- 6) Call 9-1-1 for professional medical care.

### ***Poisoning***

Call 9-1-1 immediately before administering First Aid then:

- 1) **Do not** give any First Aid if the victim is unconscious or is having convulsions. Begin rescue breathing techniques or CPR if necessary. If the victim is convulsing, protect from further injury; loosen tight clothing if possible.

- 2) If professional medical help does not arrive immediately: **DO NOT** induce vomiting if poison is unknown, a corrosive substance (i.e., acid, cleaning fluid, lye, drain cleaner), or a petroleum product (i.e., gasoline, turpentine, paint thinner, lighter fluid). Induce vomiting if poison is known and is not a corrosive substance or petroleum product. To induce vomiting: Give adults one ounce of syrup of ipecac (1/2 ounce for child) followed by four or five glasses of water. If the victim has vomited, follow with one ounce of powdered, activated charcoal in water, if available.
- 3) Take poison container, (or vomit if poison is unknown) with victim to hospital.

## ***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 the 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 the 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***

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

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

- a) Carefully turn the victim toward you and slip a half-rolled blanket under your back.
- b) Turn victim on side over blanket, unroll, and return victim onto back.
- c) Drag victim, headfirst, keeping back as straight as possible.

### **If victim must be lifted:**

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

## ***Communicable Disease Procedures:***

While the risk of one athlete infecting another with *HIV/AIDS* or the *hepatitis B or C virus* during competition is close to non-existent, there is a remote risk other blood borne infectious disease can be transmitted. Procedures for guarding against transmission of infectious agents should include, but not be limited to the following:

A bleeding player should be removed from competition as soon as possible.

Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game. **Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid is anticipated** (*latex gloves are provided in First Aid Kit*).

Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap (Lever 2000). Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach (supplied in the concession stands and club house). A 1:1 solution can be made by using a cap full of Clorox bleach(2.5cc) and 8 ounces of water (250cc). CPR Masks will be available in the concession stands and club houses. Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved. Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

### ***Facts about AIDS and hepatitis***

AIDS stands for acquired immune deficiency syndrome. It is caused by the human immunodeficiency virus (HIV). When the virus gets into the body, it damages the immune system, the body system that fights infection. Once the virus enters the body, it can grow quietly in the body for months or even years. People infected with HIV might not feel or appear sick. Eventually, the weakened immune system gives way to certain types of infections. The *virus* enters the body in 3 basic ways:

- 1) Through direct contact with the bloodstream. *Example:* Sharing a non-sterilized needle with an HIV-positive person -- male or female.
- 2) Through the mucous membranes lining the eyes, mouth, throat, rectum, and vagina. *Example:* Having unprotected sex with an HIV positive person -- male or female.
- 3) Through the womb, birth canal, or breast milk. *Example:* Being infected as an unborn child or shortly after birth by an infected mother.

The virus cannot enter through the skin unless there is a cut or break in the skin. Even then, the possibility of infection is very low unless there is direct contact for a lengthy period. Currently, it is believed that saliva is not capable of transmitting HIV. The likelihood of HIV transmission during a

First-Aid situations are very low. Always give care in ways that protect you and the victim from disease transmission. If possible, wash your hands before and after taking care, even if you wear gloves. Avoid touching or being splashed by another person's body fluids, especially blood. Wear disposable gloves during treatment. If you think you have put yourself at risk, get tested. A blood test will tell whether your body is producing antibodies in response to the virus. If you are not sure whether you should be tested, call your doctor, the public health department, or the AIDS hot line (1-800-342-AIDS). In the meantime, don't participate in activities that put anyone else at risk. Like AIDS, hepatitis B and C are viruses. Even though there is a very small risk of infecting others by direct contact, one must take the appropriate safety measures, as outlined above, when treating open wounds. There is now a vaccination against hepatitis B. Managers are strongly recommended to see their doctor about this.

### ***Prescription Medication***

**Do not, at any time, administer any kind of prescription medicine.** This is the parent or legal guardian's responsibility and AVLL does not want to be held liable, nor do you, in case the child has an adverse reaction to the medication.

### ***Asthma and Allergies***

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to fill out the medical history forms (*included in the appendix of this safety manual*). Study their comments and know which children on your team need to be watched. Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial **9-1-1** and request emergency service.

### ***Colds and Flu***

The baseball season usually coincides with the cold and flu season. There is nothing you can do to help a child with a cold or flu except to recognize that the child is sick and should be at home recovering and not on the field passing his cold or flu on to all your other players. **Prevention** is the solution here. Don't be afraid to tell parents to keep their child at home.

## **PARENTAL CONCERNS ABOUT SAFETY**

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

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

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

***Do mouth guards prevent injuries?*** A mouth guard can prevent serious injuries such as concussions, cerebral hemorrhages, incidents of unconsciousness, jaw fractures and neck injuries by helping to avoid situations where the

lower jaw gets jammed into the upper jaw. Mouth Guards are effective in moving soft issues in the oral cavity away from the teeth, preventing laceration and bruising of the lips and cheeks, especially for those who wear orthodontic appliances.

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

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

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

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

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

***Why can't I smoke in the field?*** The Town of Apple Valley has an Ordinance which makes it illegal to smoke at any park. There are posted signs throughout the park that stipulate this. Please obey the rules as they are there for the safety of our children.

## **SUBMIT YOUR IDEAS FOR SAFETY!**

Your safety ideas are welcome at AVLL. Please submit them in written form and place them in the suggestion box that is posted on the clubhouse door. The AVLL Safety Officer will retrieve safety suggestions at the end of each week and read them.



## ***CONCESSION STAND - WEEKLY CHECK LIST***

**Date:** \_\_\_\_\_

**Sign off:** \_\_\_\_\_

**Yes/ No**


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

***Thermometer***

NOTE: Ensure that thermometer kit meter and probes are calibrated prior to taking temperatures. (Use ice and cold-water procedure for probes, temperature reads 32/  $\pm$  2/F. All refrigerators and freezers must have a properly functioning thermometer in place (built in or clamped on, easily visible, and not glass).

***Drink Machine***

**Yes/ No**


5. Soft drink, Ice machine and Ice bin are free of soil.
6. Temperature of coffee/tea water is = 180/F.
7. Cup and lid dispensers are clean and in good repair. The cup and lid holders are clean.
8. Ice machine is clean and sanitized. There is no standing water.
9. Water filter follower needle is not in the red zone.
10. Ensure that syrup tanks are flushed clean and sanitized.
11. CO2 canisters are chained and locked in the upright position.

***Freezer/Food Storage*****Yes/No**


12. Freezer interior is clean and sanitized
13. Temperature of freezer is =20/F.

***Refrigerator/Food Storage*****Yes/No**


14. Refrigerator interior is clean and sanitized
15. Temperature of refrigerator is 33-43/F.
16. Interior light is working and is properly shielded.
17. Shelving is clean, free of rust and in good repair.
18. All items stored correctly on shelves (covered and a minimum of 6" off the floor.

***Fryer Area*****Yes/No**


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

***Grill Area*****Yes/No**


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

***Other Areas***

**Yes No**


30. Proper dishwashing method used.
31. Hand sanitizer dispensers are mounted and in use.
32. Personal items stored correctly (medication, drinks, food, clothing, etc.).
33. Floors clean
- a. floor drains unobstructed; proper drainage flow
- b. no leaks or openings around pipes/plumbing


34. No sign of pest infestation (insects, rodents, etc.)
35. All trash is emptied from the inside containers.
36. Dumpster enclosure and surrounding area are clean and free of debris.
37. Dumpster is closed

**Chemicals****Yes/No**


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

**General****Yes/No**

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40. Concession stand workers (Team Mom and Parents) have gone through AVLL's initiation safety and food preparation training before working in the concession stand.

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41. Children under 15 are not allowed in the concession stand or in other areas where Food is prepared.


42. A fire extinguisher with a current certification is in plain sight.
43. A fully stocked First-Aid kit is in plain sight.

Retain this record for Safety and Health inspection verification and grading.

**Corrective Action Report**

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

- Stop the person, food, process, or use of equipment, as appropriate.
- Determine if the product(s) or ingredient(s) are not safe to serve (for example, cross contamination has occurred, or ingredient is undercooked). **If not safe, discard the item!**
- Identify the source of problem.
- Take corrective action, as appropriate.
- Troubleshoot equipment problem using the Equipment Management Reference Manual.
- Re-train Concession Stand workers.
- Wash and sanitize hands.
- Wash and sanitize counter/equipment.
- Notify the Concession Stand Manager, and/or another AVLL Board Member if the problem cannot be resolved. Note corrective action below (include number identification of infraction):

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. The overall appearance is that of a clean, unused piece of stationery or notebook paper.

**For Local League Use Only****Activities/Reporting****A Safety Awareness Program's  
Incident/Injury Tracking Report**

League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Incident Date: \_\_\_\_\_

Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Parent's Name (If Player): \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

**Incident occurred while participating in:**A.) ☐ Baseball ☐ Softball ☐ Challenger ☐ TADB.) ☐ Challenger ☐ T-Ball ☐ Minor ☐ Major ☐ Intermediate (50/70)☐ Junior ☐ Senior ☐ Big LeagueC.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event☐ Travel to ☐ Travel from ☐ Other (Describe): \_\_\_\_\_**Position/Role of person(s) involved in incident:**D.) ☐ Batter ☐ Baserunner ☐ Pitcher ☐ Catcher ☐ First Base ☐ Second☐ Third ☐ Short Stop ☐ Left Field ☐ Center Field ☐ Right Field ☐ Dugout☐ Umpire ☐ Coach/Manager ☐ Spectator ☐ Volunteer ☐ Other: \_\_\_\_\_

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

Was first aid required? ☐ Yes ☐ No If yes, what: \_\_\_\_\_Was professional medical treatment required? ☐ Yes ☐ No If yes, what: \_\_\_\_\_

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

**Type of incident and location:**

A.) On Primary Playing Field

☐ Base Path: ☐ Running *or* ☐ Sliding☐ Hit by Ball: ☐ Pitched *or* ☐ Thrown *or* ☐ Batted☐ Collision with: ☐ Player *or* ☐ Structure☐ Grounds Defect☐ Other: \_\_\_\_\_

B.) Adjacent to Playing Field

☐ Seating Area☐ Parking Area

C.) Concession Area

☐ Volunteer Worker☐ Customer/Bystander

D.) Off Ball Field

☐ Travel:☐ Car *or* ☐ Bike *or*☐ Walking☐ League Activity☐ Other: \_\_\_\_\_

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

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

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

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

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



## Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



**WARNING** — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League® contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer.



## **TREATMENT OF DENTAL INJURIES**

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury is sustained.

## **CHECKLIST FOR PREPARING CLAIM FORM**

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

## **PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR**

1. The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

## **PART II - LEAGUE STATEMENT**

1. This section must be filled out, signed and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

**IMPORTANT:** Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.





# LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:  
Little League International  
530 US Route 15 Hwy, PO Box 3485  
Williamsport PA 17701-0485  
Accident Claim Contact Numbers:  
Phone: 570-327-1874

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

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

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

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

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

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

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

Check all applicable responses in each column:

- |   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> BASEBALL         | <input type="checkbox"/> CHALLENGER (4-18)            | <input type="checkbox"/> PLAYER               | <input type="checkbox"/> TRYOUTS          | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES)               |
| <input type="checkbox"/> SOFTBALL         | <input type="checkbox"/> T-BALL (4-7)                 | <input type="checkbox"/> MANAGER, COACH       | <input type="checkbox"/> PRACTICE         | <input type="checkbox"/> SPECIAL GAME(S)                         |
| <input type="checkbox"/> CHALLENGER       | <input type="checkbox"/> MINOR (6-12)                 | <input type="checkbox"/> VOLUNTEER UMPIRE     | <input type="checkbox"/> SCHEDULED GAME   | (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12)         | <input type="checkbox"/> PLAYER AGENT         | <input type="checkbox"/> TRAVEL 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) |  |

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

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

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

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

**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

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

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

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

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

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

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

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

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

## **Emergency Contact Numbers**

**IF AN EMERGENCY EXIST, PLEASE CALL 911  
IMMEDIATELY!!!**

**APPLE VALLEY POLICE/SHERIFFS DEPARTMENT**  
**760-240-7400**

**APPLE VALLEY FIRE DEPTMENT**  
**760 247-7618**

**APPLE VALLEY LITTLE LEAGUE PRESIDENT**  
**Joel Johnson**  
**760-265-0669**

**APPLE VALLEY LITTLE LEAGUE VICE-PRESIDENTS**  
**Katie Lucas**  
**760-703-9096**  
**Mark Abbott**  
**760-403-8082**

**APPLE VALLEY LITTLE LEAGUE SAFETY OFFICER**  
**Gilbert Munoz**  
**760-220-2170**