



Sunnyside Lone Star

Little League



2020



Safety Plan



League ID# 04051004

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Sunnyside Lone Star Little League 2020 Safety Plan

- 1. Todd Hugger is our Safety Officer on file with Little League Headquarters.**
- 2. Our League will provide a paper copy of this Safety Plan to all managers/coaches, league volunteers and the District Administrator. A copy will also be available at the following locations: Bakman Field snack bar**
- 3. Emergency and Key officials contact information:**

Ambulance and Fire: 911 or 559-621-4000 (Fresno Fire)

Police: 911 or 559-498-1414 (Fresno Police Department)

President: Sean Sagardia 559-230-9428

Vice-President: Lea Ganse 831-776-1215

Player Agent/Secretary: Lori Jalomo 559-353-1933

Safety Officer: Todd Hugger 559-360-9290

Treasurer: Randy Sakamoto 559-269-1210

Head Umpire: Lori Jalomo 559-353-1933

Coaching Coordinator: Joel Ganse 559-840-6913

Challenger Coordinator: Cindy Martinez 559-930-1139

Concession Manager: Tina Sanchez Montgomery 559-270-9004

Information Officer: Greg Calderon 559-347-8926

Sponsorships/Fund Raising: Joe Perez 559-513-3379

These are the emergency procedures to follow for handling all injury claims. When an injury occurs, contact the League Safety Officer who will be responsible for collecting the information using the Little League Incident/Injury Tracking Report. A copy of this report is included in our Safety Plan. Accident Claim Forms will be made available to the injured party by the League Safety Officer.

Also included in this safety plan is a memo entitled, “What Parents Should Know About Little League Insurance”, which can be given to any parents who are considering filing a claim form.

- 4. Our League uses the 2020 Volunteer Application Form or “Returning” Volunteer Application Form as applicable. All managers, coaches, board members and any other volunteers who provide regular services to the league and/or have repetitive access to or contact with players or teams MUST fill out the application form as well as provide a government-issued photo identification card for ID verification. Our league will utilize First Advantage to conduct a search of the background check (including the United States Department of Justice’s National Sex Offender Registry (www.nsopr.gov) on all such people. Anyone refusing to complete the Volunteer Application will be ineligible to be a league member or volunteer. The League Safety Officer will keep these confidential forms on file for the year of service. We have provided a Blank Copy of the 2020 Volunteer Application Form and 2020 “Returning” Volunteer Application Form in our Safety Plan.**
- 5. Our League will require that all teams have at least their manager or coach attend Hit A Bomb District Fundamentals training. Our goal would be to have ALL managers and coaches attend this training each season. District 10 mandates that 60% of all managers and coaches attend. *Clinic training is scheduled for February 22nd or 23rd. Morning and afternoon sessions.**

***Hit A Bomb District Fundamentals Training will include the fundamentals of coaching for hitting, sliding, fielding, and pitching.**

It is permissible for a Manager or Coach to not be in attendance provided they have at least one Manager or Coach in attendance at the Training, and that each manager or coach has attended training at least once in every three seasons. It is District 10’s policy that if an individual has not been to training in the past 3 seasons, they will not be permitted to be a post season manager or coach.

This training will be documented to include the date, location, who is required to attend, and who actually did attend.

- 6. We will provide and require that all teams have at least one manager or coach attend first-aid training each season. Our goal would be to have ALL managers and coaches attend his training each season.**

Training will include basic first-aid training related to sports injuries with special emphasis on the concussion awareness.

This season our training will be held on February 22nd or 23rd.

It is permissible for a Manager or Coach to not be in attendance provided they have at least one Manager or Coach in attendance at the Training, and that each individual has attended training at least once in every three seasons.

This training will be documented to include the date, location, who is required to attend, and who actually did attend.

In accordance with the California law regarding youth sports concussion protocols, this training will identify the signs of a concussion, what to do if a concussion is suspected and what steps must be taken when a concussion is sustained. In addition, each player, parents, coaches and league officials will be required to sign an acknowledgement of receipt of a concussion and head injury information sheet. All coaches and league officials will be required to take the CDC training course on concussions.

We have provided a copy of several CDC handouts relating to concussion information.

- 7. We will require that all fields used for games and/or practices be walked and inspected by coaches and umpires before they are used. Any unsafe conditions should be corrected immediately before play/practice takes place. The Little League Facility and Field Inspection Checklist is provided in our Safety Plan to document these inspections.**
- 8. Our League Safety Officer will complete the 2020 Annual Little League Facility Survey on-line only. We have provided a copy of this completed survey attached to our Safety Plan.**
- 9. Our League will require our concession manager to be trained in the attached safety procedures in safe food handling/prep and procedures. These guidelines, "Concession Stand Tips" were obtained from the January-February 2004 issue of the ASAP news. A copy of this article is attached to this safety plan. Training will also cover safe use, care and inspection of equipment. An article entitled, "Make League's Barbeques Safe", is attached to this safety plan along with a flyer entitled "Volunteers Must Wash Hands".**
- 10. All equipment will be inspected regularly by manager/coaches. Coaches and umpires will be required to check each teams equipment before each game begins. All equipment that is not to Little League specification will be held until the end of the game. Bad equipment will be destroyed or made unusable to stop children from attempting to save it from waste.**
- 11. All accidents will be reported to the League Safety Officer Todd Hugger within 24-48 hours of the incident. We will use the accident forms provided by Little League. An example is included in our Safety Plan. An article entitled, "Good Procedures to Implement" is attached to this safety plan.**

- 12. Our League will provide a first-aid kit at all fields where games are played. Each team will also be provided a first-aid kit that must be available at all practices.**
- 13. All board members, managers, coaches, and umpires are responsible for enforcing Little League rules including overseeing the use of proper equipment. This includes practices as well as games. Bases that disengage from their anchors will be used at all fields. Managers and coaches are not allowed to catch pitchers (Rule 3.09); this includes standing at backstop during practice as informal catcher for batting practice. Adherence to the new bat rule will strictly enforced.**
- 14. Player Roster Data, Coach and Manager Data has been submitted via the Little League Data Center. This is a mandatory requirement for an approved ASAP Plan.**
- 15. Idea that our league has implemented to improve or promote our safety plan: With California having implemented a law in 2017 regarding Youth Sports Concussion Protocol, we are making our league officials, managers, coaches, parents and players aware of this protocol and disseminating information from the Center for Disease Control and Prevention including the online training offered by them.**
- 16. The Qualified Safety Plan Registration Form has been completed and submitted to Little League Baseball. A copy has been attached to this Safety Plan.**

ACTIVE SHOOTER RESPONSE

LEARN HOW TO SURVIVE A SHOOTING EVENT



RUN



HIDE



FIGHT

CALL 911 ONLY WHEN IT'S SAFE TO DO SO



RUN



HAVE AN ESCAPE PLAN



EVACUATE



LEAVE YOUR BELONGINGS



HELP OTHERS IF POSSIBLE



DO NOT MOVE WOUNDED PEOPLE



HIDE



BE OUT FROM SHOOTER'S VIEW



LOCK DOORS AND BLOCK THEM WITH FURNITURE



KEEP YOUR OPTIONS FOR MOVEMENT



SILENCE PHONE



BE QUIET



FIGHT



ACT AGGRESSIVELY



INCAPACITATE THE ACTIVE SHOOTER



THROW OBJECTS



YELL AND CALL FOR HELP

FIGHT ONLY AS A LAST RESORT

BE PREPARED



CALL 911



CALL 911 WHEN YOU ARE SAFE



GIVE INFORMATIONS TO THE OPERATOR

WHEN LAW ENFORCEMENT ARRIVES



FOLLOW THE INSTRUCTIONS OF POLICE OFFICERS



DROP ANY OBJECT



KEEP HANDS VISIBLE

BATTING CAGE RULES

Be alert and exercise caution

- Bat at your own risk.
- Always wear a helmet when using the batting cages.
- Only one person in the cage at a time.
- Keep the door closed while batting.
- Never climb on or hang from the cage.
- Swing the bat exclusively inside the cage.
- Never stand in front of the pitching machine or on home plate.
- Watch out for stray balls at your feet.
- Don't steal baseballs.
- No one under the influence of drugs or alcohol is permitted to use the batting cages.
- Don't bring food or drink into the batting cages.
- No gum or chewing tobacco inside the batting cages.
- Be safe and don't fool around inside the batting cages.

Developing an Emergency Plan

Requirement 3

When an emergency occurs, you may not have time to think about everything you need to know. So prepare ahead of time for the worst, and your league will be able to handle it no matter what happens.

The examples on pages 9 through 11 provide you some of the best practices for Point 3 of a qualified safety program. The requirement only says you must publish or post key emergency numbers such as those of key league officials.

However, these extended ideas come from some of the best safety programs in the country, and using these as guides will enhance the safety of your players and volunteers. At a minimum the list of numbers of page 9 should be used in your coaches' and managers' safety manual and posted near league phones.

But if you take all three pages of ideas and implement them in your league, you will be better prepared for any emergency. In the coming months, we will publish all the elements that make up a quality and qualified safety plan, using examples from the safety plans which have won awards.

List Emergency Numbers

One of the most important pieces of your safety plan, an emergency phone numbers list must be placed where anyone can find it in an emergency. Make sure you include local numbers for the fire department, hospital and/or ambulance service, police and even poison control.

If you have utilities such as electrical, gas or water services, include the local and emergency numbers to call if you were to discover a problem with any of these, as well. Describe or illustrate where the main disconnects for these services are located also, so trained personnel can shut off the utility in question as quickly as possible.

Give a copy of this list to each manager and coach in their Safety Manual. Keep a copy by every indoor phone as well (concession stand, press box, etc.) and laminate copies for exterior structures like the equipment storage shed or batting cages, where emergency help could be sought quickly. (See page 9.)

Give Emergency Procedures

When someone is upset and desperate for assistance, they need all the help they

can get. If you develop a list of procedures to follow when an accident or injury occurs, you give the person summoning aid a big helping hand. Just reading over the list during a training session will help them calm down and give good information if the time ever comes when they have to make a call for emergency aid. See example on page 10.

Finish with a Site Map

When an emergency occurs, a site map can locate all the important places for anyone needing to know something in a hurry. Make this available at all phones and submit it to your local 9-1-1 Center in case of an emergency, so the caller can quickly locate the field name, access points (gates or openings in the fences) and closest roads. Include in it:

- Fields, correctly named and placed with nearest roads, access gates, and any unique features (ex: large first aid station, score booth, equipment shed/box, fire extinguishers, water hoses, etc.);
- First aid stations, whether part of a larger area or a stand-alone facility;
- Restrooms, mark handicap access, as well as water shut-off valves;
- Concession stands, with shut-off valves for gas, propane, water, electric main, etc. clearly marked and labeled;
- Telephone locations;
- Parking areas; label no-parking areas;
- Walkways for pedestrian crossing of roads, parking areas, etc.
- Warm-up and practice sites, including bull pens, batting cages, practice fields. (See page 11 for a site plan example.)

For emergencies such as concession stand fire, gas leak, or earthquake, locate a place at your facility where teams and spectators should gather away from structures, like in the middle of an outfield or in a parking lot.

For weather emergencies such as lightning or tornadoes, designate a safe indoor structure or outdoor procedure. (See pages 4-5 for lightning information.)

Emergency Phone List

For Hometown Little League

EMERGENCY

Hometown Police/Fire/EMT: 911
Hometown Hospital Ambulance: 555-3333
AAPCC Poison Control Center: (800) 222-1222

Non-Emergency Contact Numbers

Hometown Police - Non-Emergency555-0000
 Hometown Fire Dept. - Non-Emergency555-1111
 Our County Sheriff - Non-Emergency555-2222

UTILITIES - EMERGENCY

Tri-County Gas Dept. (800) 555-0001
Metro-Area Electric Co. (800) 555-0002
Hometown Water Dept. (800) 555-0003

UTILITIES - Non-Emergency

Tri-County Gas Dept. 555-0011
 Metro-Area Electric Co. 555-0022
 Hometown Water Dept. 555-0033
 Hometown Waste/Sewer 555-0044

Area Hospitals (*see attached driving directions*)

Our County General Hospital 555-3333
 100 100th Avenue
 Hometown, State, ZIP

Hometown Sport Clinic 555-4444
 200 200th Street
 Hometown, State, ZIP

Hometown Medical Center 555-5555
 300 300th Road
 Hometown, State, ZIP

HOMETOWN Little League

Hometown Park and Recreation Dept. 555-4321
 123 Main Street
 Hometown, State, ZIP

Main Little League Complex Office 555-1234
 100 Little League Drive
 Hometown, State, ZIP

Snack Bar Phone 555-6789
 Rain-Outs Automated Message 555-9876

Safety Committee

Safety Officer, John Doe 555-0001
 Co-Safety Officer, Jennie Brown 555-0002
 • Facilities Chair, Ed Fields 555-0003
 • Equipment Chair, Sue Bats 555-0004
 • Activities Chair, Jeff Games 555-0005
 • Training Chair, Pam Clinic 555-0006

Hometown LLB Board of Directors Officers

President 555-0007
 Vice President 555-0008
 Player Agent 555-0009
 Treasurer 555-1000
 Secretary 555-2000
 Chief Umpire 555-3000
 Information Officer 555-4000

District Staff

District Administrator (555) 123-4567
 1234 Maple Drive
 Yourtown, State, ZIP
 District Safety Officer (555) 123-9876

Little League Support Numbers

LL Regional Office (555) 123-4567
 FAX - LL Regional Office (317) 897-6158
 1234 E. Little League Drive
 Regiontown, State ZIP

LL International Office (570) 326-1921
 FAX - LL International Office (570) 322-2376
 PO Box 3485 or 539 Route 15 Hwy.
 Williamsport, PA 17701 S. Williamsport, PA 17702

Emergency Contact Procedures

For Hometown Little League



Police



Fire



Rescue



Sheriff

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

1) First dial 9-1-1.

2) Give the dispatcher the necessary information. Answer any questions that he or she might ask.

Most dispatchers will ask:

- **The exact location or address of the emergency?** Include the name of the city or town, nearby intersections, landmarks, etc. as well as the field name and location of the facility, if applicable.

Our address is:

Cross-streets are :

- **The telephone number from which the call is being made?**
- **The caller's name?**
- **What happened** — i.e., a baseball-related accident, bicycle accident, fire, fall, etc.?
- **How many people are involved?**
- **The condition of the injured person** — i.e., unconscious, chest pains, or severe bleeding?
- **What help is being given** (first aid, CPR, etc.)?

3) Do not hang up until the dispatcher hangs up.

The dispatcher may be able to tell you how to best care for the victim.

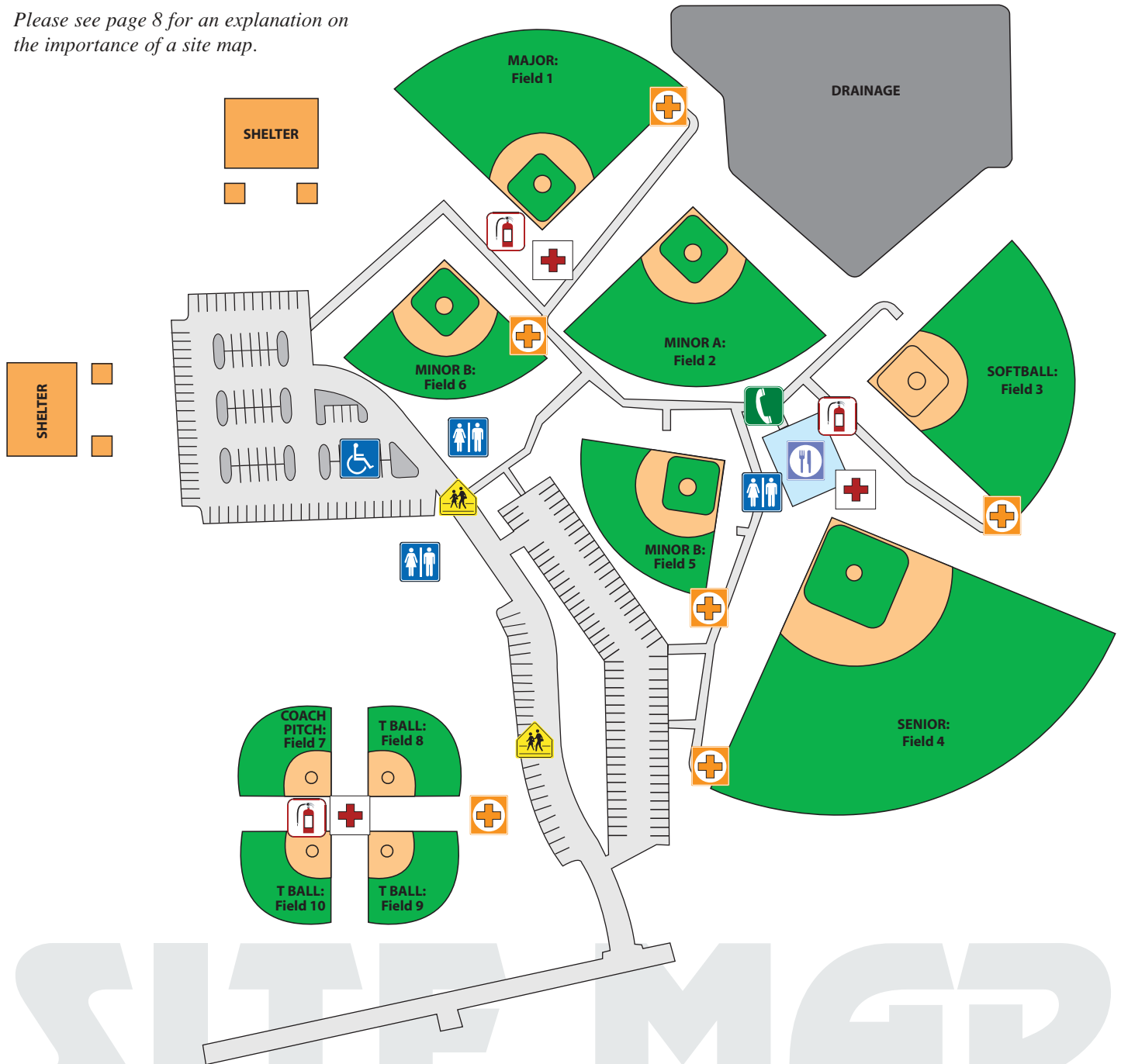
4) Continue to care for the victim until professional help arrives.

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









(From the 2003 Unicoi County Little League, Erwin, Tenn. Safety Plan)

Hometown Little League Complex

Please see page 8 for an explanation on the importance of a site map.



KEY

	CROSSWALK		FIRST AID		FIRE EXTINGUISHER		FIELD EMERGENCY ACCESS
	PHONE		HANDICAP ACCESSIBLE		RESTROOMS		FOOD

Little League® “Basic” Volunteer Application - 2020

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

This volunteer application can be used as a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meet the standards of Little League Regulation 1(c)9. Visit LittleLeague.org/localBGcheck for more information.

All fields are required.

Name _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____

Work Phone: _____ E-mail Address: _____

Driver's License#: _____

1. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?

If yes, describe each in full: _____ Yes No

(If volunteer answered yes to Question 1, the local league must contact the Little League International Security Manager.)

2. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes No

If yes, describe each in full: _____

(Answering yes to question 2, does not automatically disqualify you as a volunteer.)

3. Do you have any criminal charges pending against you regarding any crime(s)? Yes No

If yes, describe each in full: _____

(Answering yes to question 3, does not automatically disqualify you as a volunteer.)

4. Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: _____

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

- | | | |
|--|--|---|
| <input type="checkbox"/> League Official | <input type="checkbox"/> Field Maintenance | <input type="checkbox"/> Concession Stand |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Manager | <input type="checkbox"/> Other |
| <input type="checkbox"/> Umpire | <input type="checkbox"/> Scorekeeper | _____ |

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked): Regulation 1(c)9 Mandates all checks include criminal records and sex offender registry records

*JDP Sex Offender Registry Data and National Criminal Records
check, as mandated in the current season's official regulations

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

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

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION (NOT NECESSARY IF VOLUNTEER IS RETURNING).

Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation: _____

Employer: _____

Address: _____

Special professional training, skills, hobbies: _____

Special Certifications (CPR, Medical, etc.): _____

Special Affiliations (Clubs, Services Organizations, etc.) : _____

Previous volunteer experience (including baseball/softball and years (s)): _____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/BgStateLaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Name (please print or type) _____

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.



Little League® Volunteer Application - 2020

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

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

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

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience (including baseball/softball and year): _____

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

2. Special Certification (CPR, Medical, etc.)? Yes No If yes, list: _____

3. Do you have a valid driver's license? Yes No
Driver's License#: _____ State _____

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

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

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

7. Have you ever been refused participation in any other youth programs? Yes No
If yes, explain: _____

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

- League Official
- Umpire
- Manager
- Concession Stand
- Coach
- Field Maintenance
- Scorekeeper
- Other _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/BgStateLaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____
on _____

System(s) used for background check (minimum of one must be checked):
Regulation 1(c)(9) Mandates all checks include criminal records and sex offender registry records

* JDP Sex Offender Registry Data and National Criminal
Records check, as mandated in the current season's
official regulations

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

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



DISTRICT 10 COACHING CLINIC

With Coach Mike Ramirez

Sunday, February 23, 2020



MORNING TRAINING:
REGISTRATION 8:45AM
SESSION: 9AM-12PM
Minors – Coach Pitch – level
Coaches & Parents of Players 5-8 years old.

2 SESSIONS!

AFTERNOON TRAINING
REGISTRATION 12:45PM
SESSION: 1PM - 4PM
INTERMEDIATE-MAJORS-level
Coaches & Parents of Players 9-13 years old.



Place: Hit A Bomb
4957 E. Lansing Way
Fresno, CA 93727



THIS IS AN ADULTS ONLY TRAINING CLINIC
PLEASE DO NOT BRING YOUR PLAYERS



Contact: Mike Gentry
M_gentry99@cadistrict10.com



**American
Red Cross**

Adult First Aid/CPR/AED

READY REFERENCE



CHECKING AN INJURED OR ILL ADULT

APPEARS TO BE UNCONSCIOUS

TIP: Use disposable gloves and other personal protective equipment and obtain consent whenever giving care.

AFTER CHECKING THE SCENE FOR SAFETY, CHECK THE PERSON:

1 CHECK FOR RESPONSIVENESS

Tap the shoulder and shout, "Are you OK?"



2 CALL 9-1-1

If **no** response, **CALL 9-1-1** or the local emergency number.

- If an unconscious person is face-down, roll face-up, supporting the head, neck and back in a straight line.

If the person responds, obtain consent and **CALL 9-1-1** or the local emergency number for any life-threatening conditions.

CHECK the person from head to toe and ask questions to find out what happened.

3 OPEN THE AIRWAY

Tilt head, lift chin.

4 CHECK FOR BREATHING

CHECK quickly for breathing for no more than **10** seconds.

- Occasional gasps are not breathing.



5 QUICKLY SCAN FOR SEVERE BLEEDING

WHAT TO DO NEXT

- Give **CARE** based on conditions found.
- IF NO BREATHING—Go to PANEL 6 or PANEL 7 (if an AED is immediately available).
- IF BREATHING—Maintain an open airway and monitor for any changes in condition.

CONSCIOUS CHOKING

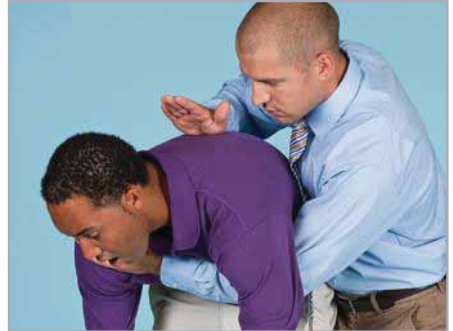
CANNOT COUGH, SPEAK OR BREATHE

AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON, HAVE SOMEONE CALL 9-1-1 AND GET CONSENT.

1 GIVE 5 BACK BLOWS

Give **5** back blows.

- Bend the person forward at the waist and give **5** back blows between the shoulder blades with the heel of one hand.



2 GIVE 5 ABDOMINAL THRUSTS

- Place a fist with the thumb side against the middle of the person's abdomen, just above the navel.
- Cover your fist with your other hand.
- Give **5** quick, upward abdominal thrusts.



3 CONTINUE CARE

Continue sets of **5** back blows and **5** abdominal thrusts until the:

- Object is forced out.
- Person can cough forcefully or breathe.
- Person becomes unconscious.



WHAT TO DO NEXT

- IF THE PERSON BECOMES UNCONSCIOUS—**CALL 9-1-1**, if not already done, and give care for an unconscious choking adult, beginning with looking for an object (PANEL 5, Step 3).

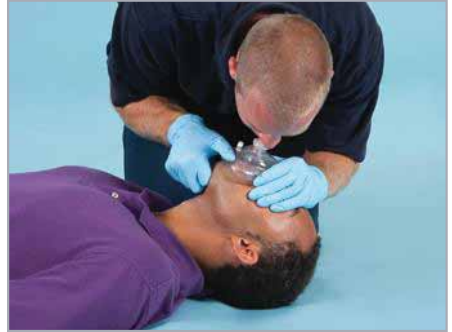
UNCONSCIOUS CHOKING

CHEST DOES NOT RISE WITH RESCUE BREATHS

AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:

1 GIVE RESCUE BREATHS

Retilt the head and give another rescue breath.



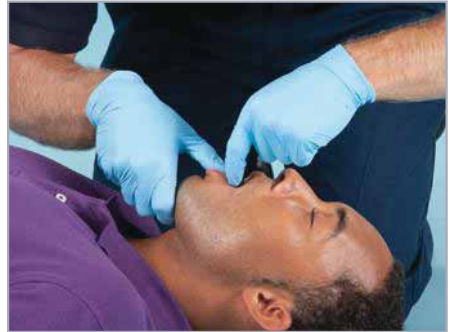
2 GIVE 30 CHEST COMPRESSIONS

If the chest still does not rise, give **30** chest compressions.

TIP: Person must be on firm, flat surface. Remove CPR breathing barrier when giving chest compressions.



3 LOOK FOR AND REMOVE OBJECT IF SEEN



4 GIVE 2 RESCUE BREATHS

WHAT TO DO NEXT

- IF BREATHS DO NOT MAKE THE CHEST RISE—Repeat steps 2 through 4.
- IF THE CHEST CLEARLY RISES—**CHECK** for breathing. Give **CARE** based on conditions found.

CPR

NO BREATHING

AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:

1 GIVE 30 CHEST COMPRESSIONS

Push hard, push fast in the middle of the chest at least **2** inches deep and at least **100** compressions per minute

TIP: Person must be on firm, flat surface.



2 GIVE 2 RESCUE BREATHS

- Tilt the head back and lift the chin up.
- Pinch the nose shut then make a complete seal over the person's mouth.
- Blow in for about **1** second to make the chest clearly rise.
- Give rescue breaths, one after the other.

Note: If chest does not rise with rescue breaths, retilt the head and give another rescue breath.



3 DO NOT STOP

Continue cycles of CPR. Do not stop CPR except in one of these situations:

- You find an obvious sign of life, such as breathing.
- An AED is ready to use.
- Another trained responder or EMS personnel take over.
- You are too exhausted to continue.
- The scene becomes unsafe.

WHAT TO DO NEXT

- IF AN AED BECOMES AVAILABLE—Go to AED, PANEL 7.
- IF BREATHS DO NOT MAKE THE CHEST RISE— AFTER RETILTING HEAD—Go to Unconscious choking, PANEL 5.

TIP: If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.

AED—ADULT OR CHILD OLDER THAN 8 YEARS OR WEIGHING MORE THAN 55 POUNDS

NO BREATHING

AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:

TIP: Do not use pediatric AED pads or equipment on an adult or child older than 8 years or weighing more than 55 pounds.

1 TURN ON AED

Follow the voice and/or visual prompts.



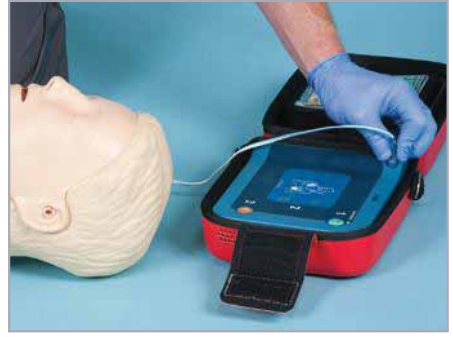
2 WIPE BARE CHEST DRY

TIP: Remove any medication patches with a gloved hand.

3 ATTACH PADS



4 PLUG IN CONNECTOR, IF NECESSARY



5 STAND CLEAR

Make sure no one, including you, is touching the person.

- Say, “EVERYONE, STAND CLEAR.”



6 ANALYZE HEART RHYTHM

Push the “analyze” button, if necessary. Let AED analyze the heart rhythm.

7 DELIVER SHOCK

If SHOCK IS ADVISED:

- Make sure no one, including you, is touching the person.
- Say, “EVERYONE, STAND CLEAR.”
- Push the “shock” button, if necessary.



8 PERFORM CPR

After delivering the shock, or if no shock is advised:

- Perform about **2 minutes** (or **5 cycles**) of CPR.
- Continue to follow the prompts of the AED.

TIPS:

- *If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.*
- *If two trained responders are present, one should perform CPR while the second responder operates the AED.*

CONTROLLING EXTERNAL BLEEDING

AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:

1 COVER THE WOUND

Cover the wound with a sterile dressing.

2 APPLY DIRECT PRESSURE UNTIL BLEEDING STOPS



3 COVER THE DRESSING WITH BANDAGE

Check for circulation beyond the injury (check for feeling, warmth and color).



4 APPLY MORE PRESSURE AND CALL 9-1-1

If the bleeding does not stop:

- Apply more dressings and bandages.
- Continue to apply additional pressure.
- Take steps to minimize shock.
- **CALL 9-1-1** or the local emergency number if not already done.

TIP: Wash hands with soap and water after giving care.

BURNS

AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:

1 REMOVE FROM SOURCE OF BURN

2 COOL THE BURN

Cool the burn with cold running water at least until pain is relieved.



3 COVER LOOSELY WITH STERILE DRESSING



4 CALL 9-1-1

CALL 9-1-1 or the local emergency number if the burn is severe or other life-threatening conditions are found.

5 CARE FOR SHOCK

POISONING

AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:

1 CALL 9-1-1 OR POISON CONTROL HOTLINE

For life-threatening conditions (such as if the person is unconscious or is not breathing, or if a change in the level of consciousness occurs), **CALL 9-1-1** or the local emergency number.

OR

If the person is conscious and alert, **CALL** the National Poison Control Center (PCC) hotline at **1-800-222-1222** and follow the advice given.

2 PROVIDE CARE

Give **CARE** based on the conditions found.

HEAD, NECK OR SPINAL INJURIES

AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:

1 CALL 9-1-1 OR THE LOCAL EMERGENCY NUMBER

2 MINIMIZE MOVEMENT

Minimize movement of the head, neck and spine.



3 STABILIZE HEAD

Manually stabilize the head in the position in which it was found.

- Provide support by placing your hands on both sides of the person's head.
- If head is sharply turned to one side, **DO NOT** move it.

STROKE

FOR A STROKE, THINK F.A.S.T.

AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:

1 THINK F.A.S.T.

- Face**— Ask the person to smile. Does one side of face droop?
- Arm**— Ask the person to raise both arms. Does one arm drift downward?
- Speech**— Ask the person to repeat a simple sentence (such as, “The sky is blue.”). Is the speech slurred? Can the person repeat the sentence correctly?
- Time**— **CALL 9-1-1** immediately if you see any signals of a stroke. Try to determine the time when signals first appeared. Note the time of onset of signals and report it to the call taker or EMS personnel when they arrive.



2 PROVIDE CARE

Give **CARE** based on the conditions found.



**American
Red Cross**

Pediatric First Aid/CPR/AED

READY REFERENCE



CHECKING AN INJURED OR ILL CHILD OR INFANT

APPEARS TO BE UNCONSCIOUS

TIPS:

- Use disposable gloves and other personal protective equipment whenever giving care.
- Obtain consent from parent or guardian, if present.

AFTER CHECKING THE SCENE FOR SAFETY, CHECK THE CHILD OR INFANT:

1 CHECK FOR RESPONSIVENESS

Tap the shoulder and shout, "Are you OK?"

- For an infant, you may flick the bottom of the foot.



2 CALL 9-1-1

If **no** response, **CALL** 9-1-1 or the local emergency number.

- If an unconscious child or infant is face-down, roll face-up, supporting the head, neck and back in a straight line.

If **ALONE**—Give about **2** minutes of **CARE**, then **CALL** 9-1-1.

If the child or infant responds, **CALL** 9-1-1 or the local emergency number for any life-threatening conditions and obtain consent to give **CARE**. **CHECK** the child from head to toe and ask questions to find out what happened.

3 OPEN THE AIRWAY

Tilt head back slightly, lift chin.

4 CHECK FOR BREATHING

CHECK quickly for no more than **10** seconds.

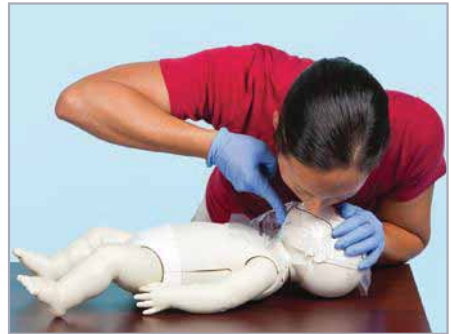
- Occasional gasps are not breathing.
- Infants have periodic breathing, so changes in breathing pattern are normal for infants.



5 GIVE 2 RESCUE BREATHS

If no breathing, give **2** rescue breaths.

- Tilt the head back and lift the chin up.
- **Child:** Pinch the nose shut, then make a complete seal over child's mouth.
- **Infant:** Make complete seal over infant's mouth and nose.
- Blow in for about **1** second to make the chest clearly rise.
- Give rescue breaths, one after the other.



TIPS:

- If you witnessed the child or infant suddenly collapse, skip rescue breaths and start CPR (PANEL 7).
- If the chest does not rise with rescue breaths, retilt the head and give another rescue breath.



6 QUICKLY SCAN FOR SEVERE BLEEDING

WHAT TO DO NEXT

- IF THE CHEST STILL DOES NOT CLEARLY RISE AFTER RETILTING HEAD—Go to Unconscious Choking, PANEL 6.
- IF **NO** BREATHING—Go to CPR, PANEL 7 or AED, PANEL 8 (if AED is immediately available).
- IF BREATHING—Monitor breathing and for any changes in condition.

CONSCIOUS CHOKING—CHILD

CANNOT COUGH, SPEAK OR BREATHE

TIP: Stand or kneel behind the child, depending on his or her size.

AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD, HAVE SOMEONE CALL 9-1-1 AND GET CONSENT FROM THE PARENT OR GUARDIAN, IF PRESENT.

1 GIVE 5 BACK BLOWS

Bend the child forward at the waist and give **5** back blows between the shoulder blades with the heel of one hand.



2 GIVE 5 ABDOMINAL THRUSTS

- Place a fist with the thumb side against the middle of the child's abdomen, just above the navel.
- Cover your fist with your other hand.
- Give **5** quick, upward abdominal thrusts.



3 CONTINUE CARE

Continue sets of **5** back blows and **5** abdominal thrusts until the:

- Object is forced out.
- Child can cough forcefully or breathe.
- Child becomes unconscious.



WHAT TO DO NEXT

- IF CHILD BECOMES UNCONSCIOUS—**CALL 9-1-1**, if not already done. Carefully lower the child to the ground and give **CARE** for an unconscious choking child, beginning with looking for an object (PANEL 6, Step 3).

CONSCIOUS CHOKING—INFANT

CANNOT COUGH, CRY OR BREATHE

AFTER CHECKING THE SCENE AND THE INJURED OR ILL INFANT, HAVE SOMEONE CALL 9-1-1 AND GET CONSENT FROM THE PARENT OR GUARDIAN, IF PRESENT.

1 GIVE 5 BACK BLOWS

Give firm back blows with the heel of one hand between the infant's shoulder blades.



2 GIVE 5 CHEST THRUSTS

Place two or three fingers in the center of the infant's chest just below the nipple line and compress the breastbone about 1½ inches.

TIP: Support the head and neck securely when giving back blows and chest thrusts. Keep the head lower than the chest.



3 CONTINUE CARE

Continue sets of **5** back blows and **5** chest thrusts until the:

- Object is forced out.
- Infant can cough forcefully, cry or breathe.
- Infant becomes unconscious.

WHAT TO DO NEXT

- IF INFANT BECOMES UNCONSCIOUS—**CALL** 9-1-1, if not already done. Carefully lower the infant onto a firm, flat surface and give **CARE** for an unconscious choking infant, beginning with looking for an object (PANEL 6, Step 3).

UNCONSCIOUS CHOKING—CHILD AND INFANT

CHEST DOES NOT RISE WITH RESCUE BREATHS

AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD OR INFANT:

1 GIVE RESCUE BREATHS

Retilt the head and give another rescue breath.



2 GIVE CHEST COMPRESSIONS

If the chest still does not rise, give **30** chest compressions.

TIP: Child or infant must be on firm, flat surface. Remove CPR breathing barrier when giving chest compressions.



3 LOOK FOR AND REMOVE OBJECT IF SEEN



4 GIVE 2 RESCUE BREATHS

WHAT TO DO NEXT

- IF BREATHS DO NOT MAKE THE CHEST RISE—Repeat steps 2 through 4.
- IF THE CHEST CLEARLY RISES—**CHECK** for breathing. Give **CARE** based on conditions found.

CPR—CHILD AND INFANT

NO BREATHING

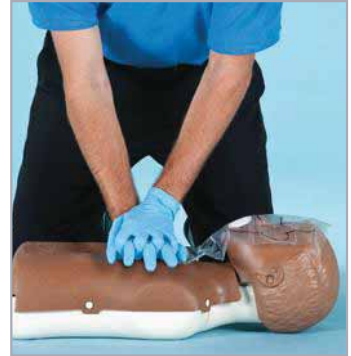
AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD OR INFANT:

1 GIVE 30 CHEST COMPRESSIONS

Push hard, push fast in the middle of the chest.

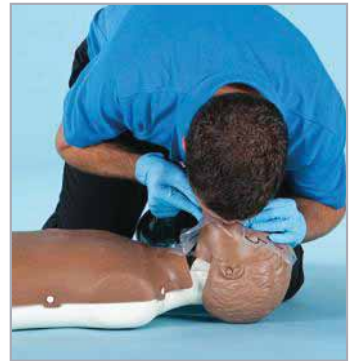
- Child: Push about **2** inches deep.
- Infant: Push about **1½** inches deep.
- Push fast, at least **100** compressions per minute.

TIP: Child or infant must be on firm, flat surface.



2 GIVE 2 RESCUE BREATHS

- Tilt the head back and lift the chin up.
- Child: Pinch the nose shut, then make a complete seal over child's mouth.
- Infant: Make complete seal over infant's mouth and nose.
- Blow in for about **1** second to make the chest clearly rise.
- Give rescue breaths, one after the other.



3 DO NOT STOP

Continue cycles of CPR. Do not stop CPR except in one of these situations:

- You find an obvious sign of life, such as breathing.
- An AED is ready to use.
- Another trained responder or EMS personnel take over.
- You are too exhausted to continue.
- The scene becomes unsafe.

TIP: If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.

WHAT TO DO NEXT FOR CHILD AND INFANT

- IF AN AED BECOMES AVAILABLE—Go to AED, PANEL 8.
- IF BREATHS DO NOT MAKE CHEST RISE—Give **CARE** for unconscious choking (PANEL 6).

AED—CHILD AND INFANT YOUNGER THAN AGE 8 OR WEIGHING LESS THAN 55 POUNDS

NO BREATHING

TIP: When available, use pediatric settings or pads when caring for children and infants. If pediatric equipment is not available, rescuers may use AEDs configured for adults.

AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD OR INFANT:

1 TURN ON AED

Follow the voice and/or visual prompts.



2 WIPE BARE CHEST DRY

3 ATTACH PADS

If pads risk touching each other, use front-to-back pad placement.



4 PLUG IN CONNECTOR, IF NECESSARY



5 STAND CLEAR

Make sure no one, including you, is touching the child or infant.

- Say, “EVERYONE, STAND CLEAR.”



6 ANALYZE HEART RHYTHM

Push the “analyze” button, if necessary. Let AED analyze the heart rhythm.

7 DELIVER SHOCK

IF A SHOCK IS ADVISED:

- Make sure no one, including you, is touching the child or infant.
- Say, “EVERYONE, STAND CLEAR.”
- Push the “shock” button, if necessary.



8 PERFORM CPR

After delivering the shock, or if no shock is advised:

- Perform about **2** minutes (or **5** cycles) of CPR.
- Continue to follow the prompts of the AED.

TIPS:

- *If two trained responders are present, one should perform CPR while the second responder operates the AED.*
- *If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.*

CONTROLLING EXTERNAL BLEEDING

AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:

1 COVER THE WOUND

Cover the wound with a sterile dressing.

2 APPLY DIRECT PRESSURE UNTIL BLEEDING STOPS



3 COVER THE DRESSING WITH BANDAGE

Check for circulation beyond the injury (check for feeling, warmth and color).



4 APPLY MORE PRESSURE AND CALL 9-1-1

If the bleeding does not stop:

- Apply more dressings and bandages.
- Continue to apply additional pressure.
- Take steps to minimize shock.
- **CALL 9-1-1** if not already done.

TIP: Wash hands with soap and water after giving care.

BURNS

AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:

1 REMOVE FROM SOURCE OF BURN

2 COOL THE BURN

Cool the burn with cold running water at least until pain is relieved.



3 COVER LOOSELY WITH STERILE DRESSING



4 CALL 9-1-1

CALL 9-1-1 or the local emergency number if the burn is severe or other life-threatening conditions are found.

5 CARE FOR SHOCK

POISONING

AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:

1 CALL 9-1-1 OR POISON CONTROL HOTLINE

For life-threatening conditions (such as if the child or infant is unconscious or is not breathing or if a change in the level of consciousness occurs), **CALL** 9-1-1 or the local emergency number.

OR

If conscious and alert, **CALL** the National Poison Control Center (PCC) hotline at 1-800-222-1222 and follow the advice given.

2 PROVIDE CARE

Give **CARE** based on the conditions found.

SEIZURE

AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:

1 CALL OR HAVE SOMEONE CALL 9-1-1

2 REMOVE NEARBY OBJECTS

- DO NOT hold or restrain the child or infant.
- DO NOT place anything between the teeth or in the mouth.

3 AFTER SEIZURE PASSES

Monitor breathing and for changes in condition.

WHAT TO DO NEXT

- Comfort and reassure the child or infant. If fluids or vomit are present, roll the child or infant to one side to keep the airway clear.
- Provide **CARE** based on conditions found.





**American
Red Cross**

Pediatric First Aid/CPR/AED

READY REFERENCE



CHECKING AN INJURED OR ILL CHILD OR INFANT

APPEARS TO BE UNCONSCIOUS

TIPS:

- Use disposable gloves and other personal protective equipment whenever giving care.
- Obtain consent from parent or guardian, if present.

AFTER CHECKING THE SCENE FOR SAFETY, CHECK THE CHILD OR INFANT:

1 CHECK FOR RESPONSIVENESS

Tap the shoulder and shout, "Are you OK?"

- For an infant, you may flick the bottom of the foot.



2 CALL 9-1-1

If **no** response, **CALL** 9-1-1 or the local emergency number.

- If an unconscious child or infant is face-down, roll face-up, supporting the head, neck and back in a straight line.

If **ALONE**—Give about **2** minutes of **CARE**, then **CALL** 9-1-1.

If the child or infant responds, **CALL** 9-1-1 or the local emergency number for any life-threatening conditions and obtain consent to give **CARE**. **CHECK** the child from head to toe and ask questions to find out what happened.

3 OPEN THE AIRWAY

Tilt head back slightly, lift chin.

4 CHECK FOR BREATHING

CHECK quickly for no more than **10** seconds.

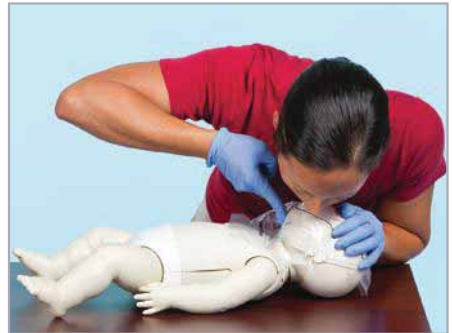
- Occasional gasps are not breathing.
- Infants have periodic breathing, so changes in breathing pattern are normal for infants.



5 GIVE 2 RESCUE BREATHS

If no breathing, give **2** rescue breaths.

- Tilt the head back and lift the chin up.
- **Child:** Pinch the nose shut, then make a complete seal over child's mouth.
- **Infant:** Make complete seal over infant's mouth and nose.
- Blow in for about **1** second to make the chest clearly rise.
- Give rescue breaths, one after the other.



TIPS:

- If you witnessed the child or infant suddenly collapse, skip rescue breaths and start CPR (PANEL 7).
- If the chest does not rise with rescue breaths, retilt the head and give another rescue breath.



6 QUICKLY SCAN FOR SEVERE BLEEDING

WHAT TO DO NEXT

- IF THE CHEST STILL DOES NOT CLEARLY RISE AFTER RETILTING HEAD—Go to Unconscious Choking, PANEL 6.
- IF **NO** BREATHING—Go to CPR, PANEL 7 or AED, PANEL 8 (if AED is immediately available).
- IF BREATHING—Monitor breathing and for any changes in condition.

CONSCIOUS CHOKING—CHILD

CANNOT COUGH, SPEAK OR BREATHE

TIP: Stand or kneel behind the child, depending on his or her size.

AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD, HAVE SOMEONE CALL 9-1-1 AND GET CONSENT FROM THE PARENT OR GUARDIAN, IF PRESENT.

1 GIVE 5 BACK BLOWS

Bend the child forward at the waist and give **5** back blows between the shoulder blades with the heel of one hand.



2 GIVE 5 ABDOMINAL THRUSTS

- Place a fist with the thumb side against the middle of the child's abdomen, just above the navel.
- Cover your fist with your other hand.
- Give **5** quick, upward abdominal thrusts.



3 CONTINUE CARE

Continue sets of **5** back blows and **5** abdominal thrusts until the:

- Object is forced out.
- Child can cough forcefully or breathe.
- Child becomes unconscious.



WHAT TO DO NEXT

- IF CHILD BECOMES UNCONSCIOUS—**CALL 9-1-1**, if not already done. Carefully lower the child to the ground and give **CARE** for an unconscious choking child, beginning with looking for an object (PANEL 6, Step 3).

CONSCIOUS CHOKING—INFANT

CANNOT COUGH, CRY OR BREATHE

AFTER CHECKING THE SCENE AND THE INJURED OR ILL INFANT, HAVE SOMEONE CALL 9-1-1 AND GET CONSENT FROM THE PARENT OR GUARDIAN, IF PRESENT.

1 GIVE 5 BACK BLOWS

Give firm back blows with the heel of one hand between the infant's shoulder blades.



2 GIVE 5 CHEST THRUSTS

Place two or three fingers in the center of the infant's chest just below the nipple line and compress the breastbone about 1½ inches.

TIP: Support the head and neck securely when giving back blows and chest thrusts. Keep the head lower than the chest.



3 CONTINUE CARE

Continue sets of **5** back blows and **5** chest thrusts until the:

- Object is forced out.
- Infant can cough forcefully, cry or breathe.
- Infant becomes unconscious.

WHAT TO DO NEXT

- IF INFANT BECOMES UNCONSCIOUS—**CALL** 9-1-1, if not already done. Carefully lower the infant onto a firm, flat surface and give **CARE** for an unconscious choking infant, beginning with looking for an object (PANEL 6, Step 3).

UNCONSCIOUS CHOKING—CHILD AND INFANT

CHEST DOES NOT RISE WITH RESCUE BREATHS

AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD OR INFANT:

1 GIVE RESCUE BREATHS

Retilt the head and give another rescue breath.



2 GIVE CHEST COMPRESSIONS

If the chest still does not rise, give **30** chest compressions.

TIP: Child or infant must be on firm, flat surface. Remove CPR breathing barrier when giving chest compressions.



3 LOOK FOR AND REMOVE OBJECT IF SEEN



4 GIVE 2 RESCUE BREATHS

WHAT TO DO NEXT

- IF BREATHS DO NOT MAKE THE CHEST RISE—Repeat steps 2 through 4.
- IF THE CHEST CLEARLY RISES—**CHECK** for breathing. Give **CARE** based on conditions found.

CPR—CHILD AND INFANT

NO BREATHING

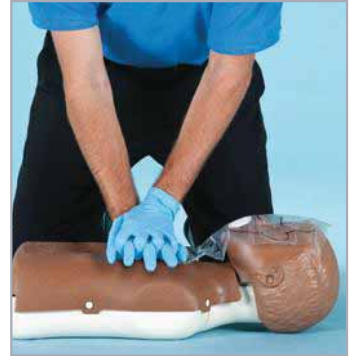
AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD OR INFANT:

1 GIVE 30 CHEST COMPRESSIONS

Push hard, push fast in the middle of the chest.

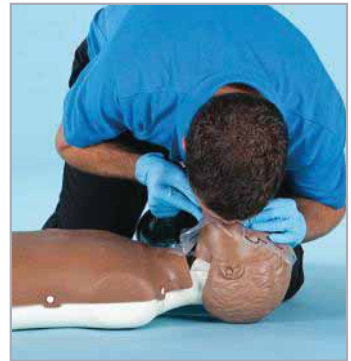
- Child: Push about **2** inches deep.
- Infant: Push about **1½** inches deep.
- Push fast, at least **100** compressions per minute.

TIP: Child or infant must be on firm, flat surface.



2 GIVE 2 RESCUE BREATHS

- Tilt the head back and lift the chin up.
- Child: Pinch the nose shut, then make a complete seal over child's mouth.
- Infant: Make complete seal over infant's mouth and nose.
- Blow in for about **1** second to make the chest clearly rise.
- Give rescue breaths, one after the other.



3 DO NOT STOP

Continue cycles of CPR. Do not stop CPR except in one of these situations:

- You find an obvious sign of life, such as breathing.
- An AED is ready to use.
- Another trained responder or EMS personnel take over.
- You are too exhausted to continue.
- The scene becomes unsafe.

TIP: If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.

WHAT TO DO NEXT FOR CHILD AND INFANT

- IF AN AED BECOMES AVAILABLE—Go to AED, PANEL 8.
- IF BREATHS DO NOT MAKE CHEST RISE—Give **CARE** for unconscious choking (PANEL 6).

AED—CHILD AND INFANT YOUNGER THAN AGE 8 OR WEIGHING LESS THAN 55 POUNDS

NO BREATHING

TIP: When available, use pediatric settings or pads when caring for children and infants. If pediatric equipment is not available, rescuers may use AEDs configured for adults.

AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD OR INFANT:

1 TURN ON AED

Follow the voice and/or visual prompts.



2 WIPE BARE CHEST DRY

3 ATTACH PADS

If pads risk touching each other, use front-to-back pad placement.



4 PLUG IN CONNECTOR, IF NECESSARY



5 STAND CLEAR

Make sure no one, including you, is touching the child or infant.

- Say, “EVERYONE, STAND CLEAR.”



6 ANALYZE HEART RHYTHM

Push the “analyze” button, if necessary. Let AED analyze the heart rhythm.

7 DELIVER SHOCK

IF A SHOCK IS ADVISED:

- Make sure no one, including you, is touching the child or infant.
- Say, “EVERYONE, STAND CLEAR.”
- Push the “shock” button, if necessary.



8 PERFORM CPR

After delivering the shock, or if no shock is advised:

- Perform about **2** minutes (or **5** cycles) of CPR.
- Continue to follow the prompts of the AED.

TIPS:

- *If two trained responders are present, one should perform CPR while the second responder operates the AED.*
- *If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.*

CONTROLLING EXTERNAL BLEEDING

AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:

1 COVER THE WOUND

Cover the wound with a sterile dressing.

2 APPLY DIRECT PRESSURE UNTIL BLEEDING STOPS



3 COVER THE DRESSING WITH BANDAGE

Check for circulation beyond the injury (check for feeling, warmth and color).



4 APPLY MORE PRESSURE AND CALL 9-1-1

If the bleeding does not stop:

- Apply more dressings and bandages.
- Continue to apply additional pressure.
- Take steps to minimize shock.
- **CALL 9-1-1** if not already done.

TIP: Wash hands with soap and water after giving care.

BURNS

AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:

1 REMOVE FROM SOURCE OF BURN

2 COOL THE BURN

Cool the burn with cold running water at least until pain is relieved.



3 COVER LOOSELY WITH STERILE DRESSING



4 CALL 9-1-1

CALL 9-1-1 or the local emergency number if the burn is severe or other life-threatening conditions are found.

5 CARE FOR SHOCK

POISONING

AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:

1 CALL 9-1-1 OR POISON CONTROL HOTLINE

For life-threatening conditions (such as if the child or infant is unconscious or is not breathing or if a change in the level of consciousness occurs), **CALL** 9-1-1 or the local emergency number.

OR

If conscious and alert, **CALL** the National Poison Control Center (PCC) hotline at 1-800-222-1222 and follow the advice given.

2 PROVIDE CARE

Give **CARE** based on the conditions found.

SEIZURE

AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:

1 CALL OR HAVE SOMEONE CALL 9-1-1

2 REMOVE NEARBY OBJECTS

- DO NOT hold or restrain the child or infant.
- DO NOT place anything between the teeth or in the mouth.

3 AFTER SEIZURE PASSES

Monitor breathing and for changes in condition.

WHAT TO DO NEXT

- Comfort and reassure the child or infant. If fluids or vomit are present, roll the child or infant to one side to keep the airway clear.
- Provide **CARE** based on conditions found.





HAVE YOU:

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

Umpire Guidelines

North Issaquah, Washington, Little League

Before the Game — Meet at home plate

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

During the Game — Umpires and Coaches

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

2020 Season

Facility surveys may also be entered online

LITTLE LEAGUE BASEBALL® & SOFTBALL NATIONAL FACILITY SURVEY



League Name: Sunnyside Lone Star

District #: 04051004

ID #: _____

(if needed) ID #: _____

(if needed) ID #: _____

City: Fresno State: CA

President: Sean Sagardia

Safety Officer: Todd Hugger

Address: 6812 E. Ramona Way

Address: 7314 E. Pine Ave.

Address: _____

Address: _____

City: Fresno

City: Fresno

State: CA ZIP: 93727

State: CA ZIP: 93737

Phone (work): _____

Phone (work): _____

Phone (home): 559 230-9428

Phone (home): 559 360-9290

Phone (cell): seansagardia@msn.com

Phone (cell): bcksprnt@qnis.net

Email: _____

Email: _____

PLANNING TOOL FOR FUTURE LEAGUE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields	1		
b. Basepath/infield	1		
c. Bases	1		
d. Scoreboards			
e. Pressbox	1		
f. Concession stand	1		
g. Restrooms	1		
h. Field lighting			
i. Warning track	1		
j. Bleachers	1		
k. Fencing	1		
l. Bull pens	1		
m. Dugouts	1		
n. Other (specify):	1		

FIELD DIMENSION DATA

Please complete for each field. Use additional space if necessary.

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:					
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:		
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole
1	4	200	225	200	15	25	25	25	25	25	25
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Return completed survey with safety program registration and supporting materials by April 16, 2018 to:

Mailing address:
 Little League International
 PO Box 3485
 Williamsport, PA 17701

Shipping address:
 Little League International
 539 US Route 15 Hwy.
 South Williamsport, PA 17702

Leagues completing their facility survey via form should include it with safety plan submission.

Using Facility Surveys

What exactly is the National Facility Survey, and how does it help? Many people think filling it out one time will “cover their bases” for years to come.

The truth is, you won’t know what has changed at your facility if you don’t look. Use the survey to look for concerns and ways to improve, even if facilities haven’t deteriorated. If an area has gotten worse, this is the perfect reminder to work on it now. The worst situation your league can face is fixing a hole in a field or a broken seat in your bleachers only after a child or parent is injured.

Some questions suggest changes to avoid injuries that have not and need not happen. Here are a few to consider:

If your concession stand is by homeplate and no one has been hit by a foul ball, count yourself lucky and consider overhead netting. People standing with their backs to the field don’t respond quickly. The same is true for fields that share a common foul line and spectator area.

Dark screening at backstop and center field is a major league upgrade at minor league prices. An inexpensive pitcher’s eye, the wood or fabric dark screening behind the catcher on the backstop, helps pitchers more quickly pick up a ball off the bat, and react. The batter’s eye, behind the pitcher in center field,

allows the batter to see the ball right out of the pitcher’s hand and react faster to avoid injuries from wild pitches.

Have you considered breakaway or quick-release bases? Studies continue to show leg, ankle and foot injuries – the majority of base runners’ injuries – can largely be avoided with these safety devices.



Safety takes effort: (above) Adding protective tubing to fence tops reduces risk of players being injured reaching for home-run balls; (top right) bleachers are more safe with handrails and back guards; (below) ball returns help get balls into play safely; (bottom) and safety bases reduce sliding injuries.



- Do you test light levels annually before each season?
- Do you have an electrician check lights’ electrical system for safety annually?
- Do you clearly separate parking areas from spectator areas?
- Do you have telephone access at all fields?
- Do you provide first aid kits to all teams?

These are all part of the Facility Survey. Taking a fresh look each year at your fields can help your league avoid accidents and injuries that you didn’t even know could happen. If you adopt these changes, you need *never* know.

Quick Hitters:

- Do you use double first bases?
- Do you ground metal bleachers?
- Do you inspect wooden bleachers annually?
- Do bleachers have hand and back guard rails if required (see local codes)?
- Do you install warning tracks for all fields?
- Do you have fenced, limited access bull pens?
- Do you provide fence caps to protect fielders from injury on wire fence edges?



2017 Little League[®] Lighting Standards & Safety Audit



Supplementing the Little League[®] 2017 Operating Manual Lighting Information

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Lighting

Night games have been permitted in Little League® programs starting in 1957 with the second Little League International Congress in Chicago. Standards set by the Illuminating Engineering Society (IES) of North America were adopted by Little League Baseball in 1957, and have been updated with recommendations from the National Electric Code, the Uniform Building Code, and others.

Over the years, these standards have been refined and have been adopted by Little League Baseball, the National Recreation Society and other organizations. **THE IMPORTANCE OF ADHERING TO THESE STANDARDS CANNOT BE OVERSTATED, TO ENSURE THE UNIFORMITY OF LIGHTING LITTLE LEAGUE FIELDS. ALL LIGHTING SYSTEMS MUST COMPLY WITH LITTLE LEAGUE STANDARDS, WITHOUT REGARD TO WHO INSTALLS OR FINANCES THE SYSTEM** (such as city, county, private individual, etc.).

Many leagues operate in conjunction with other organizations or municipalities. This does not need to be a roadblock in making sure that standards are met. Instead, it is a matter of educating people at all levels on this vital aspect of league operations.

The District Administrator (and each local Little League President) are directly responsible for ensuring that any fields on which night games are played within his/her league or district are up to these standards. The potential liability risks we all face make compliance even more imperative.

As the Little League program grows and leagues charter more divisions, the demand for fields increases dramatically. For many leagues, a less costly alternative to constructing new fields is the installation of lighting, providing optimum use of available fields within the curfew limitations for each division. In planning for lights, it is most important that minimum lighting standards be attained. Every precaution should be taken to guard against mishaps that might result because of the installation of an inadequate lighting system. **The local district administrator must pre-approve plans for any new lighting system as being adequate and within minimum standards for play.** The District Administrator and President of the league must check the system after installation to determine that the installed system complies with the plans and meets or exceeds the minimum standards for play. Lighting systems must be checked once per year, and should be done before the season begins. Copies of project plans must be submitted to the District Administrator, for prior approval that the plans and installation comply with required standards.

The following standards have been adopted by Little League. They are divided into required minimum standards and desirable optional features. The minimum standards establish criteria which are important to the Little League activities. The desirable features are established to provide guidelines for adding important value to your lighting system.

Notice: Any upgrade or addition of lighting equipment to existing systems after July 1, 1992, must be done so that the systems will be in complete compliance with current standards.

Increasing field sizes – such as extending the outfield fence – and/or increasing the base path distances – such as from a 60-foot base path to a 70-foot base path – on a lighted Little League field involves many potential variables that need to be examined on a per-field basis. A lighting audit of such a field change must be performed to show the lighting on the increased area will still meet Little League standards. If it does not, any proposed update to the existing lighting system for a field should be done such that the manufacturer shows the Little League lighting standards will be maintained with the new design.

Standards for Lighting

I. Required Minimum Standards

These minimum standards are required for all lighting installations after the date of adoption of these standards. Any modification in existing lighting systems after this date should be done so as to result in a lighting system in compliance with these standards. To be in compliance, a system must meet all required minimum standards.

PART 1 – GENERAL

1.1 LIGHTING PERFORMANCE

A. Light Levels – Optic System Performance

The quantity of equipment needed to produce the target light levels on a field is determined by the efficiency of the lighting system.

Newest metal halide technology is capable of delivering equal or better results with as little as half the amount of equipment as common metal halide systems. This generation of lighting has high performance optic characteristics that enable reductions in the quantities of luminaires needed to meet design targets. The lighting designs for the specified field will show a reduced fixture count for systems using a high-performance optic system. Manufacturers should provide assurance that target light levels will be met over the life of the system.

As light emitting diode (LED) technology improves and costs decrease, LED lighting systems become more viable for sports facilities. LED light sources can have a much greater lifespan than metal halide light sources with significantly less lumen depreciation over typical sports lighting operating hours. For example, a metal halide light source may reach 70% lumen maintenance in as little as 2,100–3,000 hours while an LED light source may take 100,000 hours or more.

B. Light Levels – Sustaining Targets Over Time

The two methods of design to meet specified light levels are: to provide a constant light level during the guarantee period, or to apply a recoverable light loss factor to the initial design.

1. Constant Light Level Method

a. Metal Halide Light Source

The basics of this method are described under “Lumen Maintenance” in the IESNA Lighting Handbook Reference and Application, Tenth Edition, page 16-8: “Lumen maintenance control strategy calls for reducing the initial illumination of a new system to the designed minimum level. As lumen depreciation occurs, more power is applied to the lamps in order to maintain constant output.”

The term constant is intended to include any system that provides target light levels at 100 hours and maintains the target light levels throughout the system life. Light levels should be guaranteed with this technology.

Manufacturers should provide an independent test report signed by a licensed professional engineer certifying the lumen maintenance strategy and field performance of any constant light system.

b. Light Emitting Diode (LED) Light Source

Due to the increased lifespan of LED light sources the lumen maintenance strategy will need to be considered based on the expected operating hours. For low annual usage hours applying an appropriate recoverable factor to account of lumen maintenance is likely the preferred approach. For high annual usage hours applying a lumen maintenance strategy to adjust the power to the LEDs as depreciation occurs may be the better option to maintain constant light levels. When using lumen maintenance strategy based on power adjustments the TM-21-11 reports will not apply.

Level of Play/Description	Average Constant or Target Light Levels (Horizontal)	Maximum to Minimum Uniformity Ratio	Maximum Rate of Change
Standard — Competition	50 footcandles – Infield 30 footcandles – Outfield	2:1 – Infield 2.5:1 – Outfield	10% per 10 feet

2. Recoverable Light Loss Factor Method

a. Metal Halide Light Source

Computer designs are done using two sets of values. One shows the calculated “initial light levels” when lamps are new. The other predicts “target maintained light levels” after the lamps have passed through depreciation in light output. It is important to have the lighting designer use a maintenance factor adequate to account for this depreciation in light output throughout the life of the lamp.

According to best sports lighting practices, the recoverable light loss factor, or the value applied to the initial light level to predict the maintained light level values, should be in accordance with recommendations in the Pennsylvania State University report “Light Loss Factors for Sports Lighting,” published in IES’s Leukos, Vol. 6, No. 3, Jan., 2010, pages 183–201. The report’s findings show a recoverable light loss factor of 0.65 should be used if lamps will be replaced at 3000 hours. Quality manufacturers are willing to provide guarantees of lighting performance.

b. Light Emitting Diode (LED) Light Source

The life of an LED is significantly longer than metal halide, and depreciation is more gradual early in life. If the amount of lumen depreciation will impact the target light levels during the system life then an appropriate lumen maintenance factor should be applied. It is recommended to obtain the lumen maintenance report per TM-21-11, of the fixture being proposed.

Level of Play/Description	Initial Light Levels (Horizontal)	Average Constant or Target Light Levels (Horizontal)	Maximum to Minimum Uniformity Ratio	Maximum Rate of Change
Standard — Competition	77 footcandles – Infield 46 footcandles – Outfield	50 footcandles – Infield 30 footcandles – Outfield	2:1 – Infield 2.5:1 – Outfield	10% per 10 feet

C. Performance Requirements — Quantity

Playing surfaces shall be lit to an average target light level and uniformity as specified in the above charts. Lighting calculations shall be developed and field measurements taken on the grid spacing with the minimum number of grid points specified beginning on page 11 of these standards with the light meter held horizontally 36 inches above the field surface. Measured average illumination level shall be measured at the first 100 hours of operation.

D. Performance Requirements — Quality

The uniformity ratio of the lighting helps ensure the playing surface is uniform in appearance and there is the proper amount of light for the players. The comparison of the highest measure of quantity of light on the field to the lowest measurement shall not be greater than the ratios listed in the above charts. On the entire field area, the change in the quantity of horizontal footcandles should not occur at a greater rate than 10 percent per 10 feet, except for the outside perimeter readings which may change at a greater rate.

E. Glare for Participants

Pole heights, pole locations and fixture placements should be as shown on the layouts in the Appendix to enhance playability. Aiming angles are a function of both pole height and the distance from fixture to aiming point. Minimum pole heights and minimum aiming angles must be met to be in compliance.

1. Light fixtures which are set back from the foul lines between home plate to third base and between home plate to first base shall be mounted at a height above the playing surface such that a line from the lighting fixture to the point on the field where its maximum intensity is aimed is a line that is at least 25 degrees below horizontal.
2. Light fixtures positioned beyond the outfield fence or along the foul line beyond third base and first base shall be mounted at a height with a minimum aiming angle of 25 degrees below horizontal for fixtures aimed toward the infield and 21 degrees for fixtures aimed across the outfield.
3. Light fixtures should not be located in glare zones as indicated by Fig. A.

Certain situations (spill and glare control, enhanced playability, and/or physical obstructions) may result in the light fixtures being located in glare zones. These fixtures should still be aimed as described above but also include shielding such that the glare when viewed from home plate is less than 1000 candela per fixture (measured at 60 inches above the field surface).

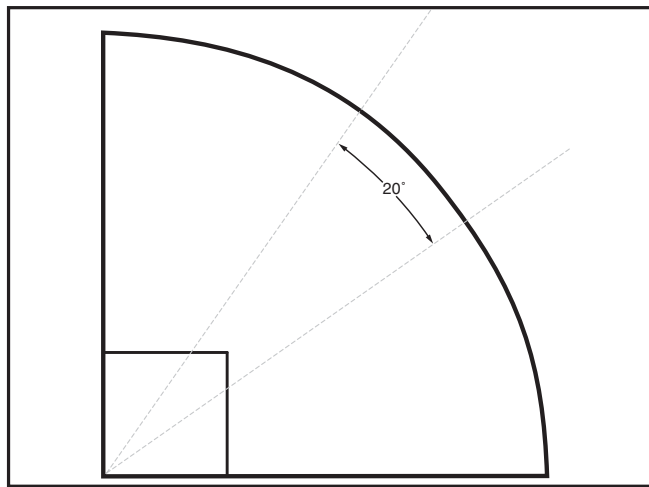


Fig. A.

1.2 ENVIRONMENTAL LIGHT CONTROL

Many facilities are located near residential or commercial properties or roadways, creating the possibility of spill and glare onto adjoining properties. Consideration should be given to this issue during the initial lighting design stage to minimize this effect. Some communities are implementing ordinances designed to minimize light pollution. Contact your local planning committee or zoning board.

The lighting equipment manufacturer can assist in assessing this issue and provide drawings showing maximum footcandles and candela at any points of concern on adjacent properties. Do not hesitate to investigate a manufacturer's reputation, abilities, and past experiences in working with local authorities and private property owners regarding glare and spill issues.

When considering lighting equipment that uses an LED light source, the off site light control should be at least as good as that of a metal halide source. Typically an LED light source can provide lower spill light values, but the glare from the fixture can end up being worse than a metal halide source if not properly designed.

1.3 LIFE-CYCLE COSTS

Leagues continue to struggle with operating budgets. Because the efficiency of lighting systems currently available can vary greatly, a life-cycle operating cost analysis should be considered when evaluating lighting systems. Owners should expect a quality lighting system to last many years. Regardless of source technology, the basics of lighting maintenance remain the same: relamping (metal halide), cleaning, monitoring, aiming alignment, and troubleshooting.

These standards provide a 10-year Life-Cycle Operating Cost Evaluation form to assist with the process. Items that should be included are energy consumption based upon the facility's expected usage, cost for spot relamping and maintenance, and any additional savings in energy or labor cost provided by automated on/off control systems. Contract price and life-cycle operating cost should both be considered in determining a lighting manufacturer for the project.

1.4 WARRANTY AND GUARANTEE

Product warranties are a good gauge of a manufacturer's confidence in their products. Prior generation equipment can range from 5 years to 10 years, and details of covered items and conditions vary greatly. New generation technology comes with warranty periods that may extend up to 25 years and includes guaranteed light levels, parts, on-site labor, lamp replacements, energy usage, monitoring and control services, spill light control, and structural integrity. The manufacturer should provide specially-funded reserves to ensure fulfillment of the warranty for the full term. It is highly recommended you consider these all-inclusive warranties to limit your league's future exposure to escalating costs and maintenance hassle.

LED products also range from 5 year to 10 year warranties. While the diodes themselves will typically outlast the length of the warranty, it is the other components that need to be covered in order to provide a system that will be operational for the length of the warranty. The basics of lighting maintenance remain the same: cleaning, monitoring, aiming alignment, and troubleshooting.

PART 2 – PRODUCT

2.1 LIGHTING SYSTEM CONSTRUCTION

A lighting system should consist of lighting, electrical, and structural components designed to work together as a system that is durable and provides safety features.

A. Outdoor lighting systems should consist of the following:

1. Galvanized steel poles and crossarm assembly. Wood poles are not allowed after September 1, 1994. Poles should be hot-dip galvanized to ASTM A123 standards. All accompanying hardware shall be galvanized or stainless steel. Direct burial of steel poles is not recommended because of the potential for deterioration at or below ground at critical stress points. If direct bury steel poles are used, leagues should have a foundation design completed by a structural engineer.
2. Reinforced concrete pole foundation. Foundations should provide for pole attachment a minimum of 18 inches above ground to avoid corrosive deterioration. Concrete should cure a minimum of 28 days to develop adequate strength before stress loads are applied unless a shorter cure time is approved by the structural engineer of record.
3. All ballasts, or drivers, and supporting electrical equipment shall be mounted onto the pole, away from the fixtures and crossarm to avoid problems of misalignment caused by the weight of these components. It is recommended that this equipment be placed in aluminum enclosures mounted remotely approximately 10 feet (3 meters) above grade. The enclosures shall be lockable and include safety disconnect and surge protection per circuit for each pole structure. Enclosures should be kept locked except during times of maintenance.
4. All wiring conductors above ground must be enclosed in rigid cover. It is recommended that the lighting system include a wire harness complete with an abrasion protection sleeve and strain relief.
5. The approved metal halide lamp for play is a 1500-watt ANSI code – M48/E.
6. For an efficient LED system the diodes should have a minimum color temperature of 5700 K and a CRI of 65+.

B. Manufacturing Requirements

It is recommended that all components be designed and manufactured as a system. All luminaires, wire

harnesses (if provided), ballast/driver and other enclosures should be factory assembled, aimed, wired and tested for reduced installation time and trouble-free operation.

C. Durability

It is recommended that all exposed components be constructed of corrosion resistant material and/or coated to help prevent corrosion. Look for items like hot dip galvanizing for steel poles, stainless steel fasteners, powder coat painted aluminum, and wiring enclosed within the crossarms, conduit, pole, or electrical enclosure.

D. Lightning Protection:

All outdoor structures need to be equipped with lightning protection meeting NFPA 780 standards. If lightning grounding is not integrated into the structure, it may be necessary to supplement with grounding electrodes, copper down conductors, and exothermic weld kits.

E. Safety

All system components need to be UL Listed for the appropriate application. All electrical conductor wires for distribution of power around the playing field should be buried underground at depths provided by local code.

F. Maximum total voltage drop

Voltage drop to the disconnect switch located on the poles should not exceed 3% of the rated voltage per IESNA RP-6-15, Annex D.

2.2 STRUCTURAL PARAMETERS

A. Location

Poles shall be located as shown on the drawings in the appendix to these standards. Whenever possible, poles should be located outside of fences to avoid causing an obstruction or safety hazard to the participants.

B. Foundation Strength

Project specific foundation drawings stamped by a licensed structural engineer shall be required, illustrating that the foundation design is adequate to withstand the forces imposed from the pole, fixtures, and other attachments to prevent the structure from leaning.

C. Wind Load Calculator

Wind load of poles and other support structures, fixtures, brackets, arms, bases, anchorages, and foundations shall be determined based on the 50-year mean recurrent isotach wind maps for the appropriate municipality per the state building code.

D. Structural Design

The stress analysis and safety factor of the poles shall conform to AASHTO Standard Specifications for Structural Supports for Highway Signs, Luminaires, and Traffic Signals.

E. Soil Conditions

The design criteria for these specifications are based on soil design parameters as outlined in the geotechnical report. If a geotechnical report is not provided by the school, the foundation design shall be based on soils that meet or exceed those of a Class 5 material as defined by 2015 IBC, Table 1806.2.

PART 3 – EXECUTION

3.1 FIELD QUALITY CONTROL

A. Illumination Measurements

Upon substantial completion of the project and in the presence of the Contractor, Project Engineer, League Representative, and Manufacturer's Representative, illumination measurements shall be taken and verified. The illumination measurements shall be conducted in accordance with IESNA RP-6-15, Annex B.

B. Correcting Non-Conformance

If, in the opinion of the Owner or his appointed Representative, the actual performance levels including footcandles, uniformity ratios, and maximum kilowatt consumptions are not in conformance with the requirements of the performance specifications and submitted information, the Manufacturer shall be liable to any or all of the following:

1. Manufacturer shall, at his expense, provide and install any necessary additional fixtures to meet the minimum lighting standards. The Manufacturer shall also either replace the existing poles to meet the new wind load (EPA) requirements or verify by certification by a licensed structural engineer that the existing poles will withstand the additional wind load.
2. Manufacturer shall minimize the Owner's additional long term fixture maintenance and energy consumption costs created by the additional fixtures by reimbursing the Owner the amount of \$1,000 (one thousand dollars) for each additional fixture required.
3. Manufacturer shall remove the entire unacceptable lighting system and install a new lighting system to meet the specifications.

3.2 ONGOING QUALITY ASSURANCE

- #### **A.**
- Full light and safety audits should be performed every year. See Lighting Safety Audit at the back of these standards.

II. Desirable Features

The following practices are recommended for increasing the lighting system performance.

4.1 CONTROL AND MONITORING SYSTEM

A remote control and monitoring system will provide ease of operation and management for your facility. Manufacturers providing systems with a long-term warranty of at least 10 years will use this system to ensure your lighting performs as required.

A. Remote Monitoring

Monitoring systems can check the lighting system each time it is turned on for luminaire outages.

When an outage is detected, the manufacturer should notify the owner so that appropriate maintenance can be scheduled.

B. Remote Lighting Control

Lighting control systems allow owners and users with a security code to schedule on/off system operation in a variety of methods including web sites, phone, app, fax, or email. Look for manufacturers that provide trained staff available 24/7 to provide scheduling support. Also evaluate features such as memory back up in the event of power outages.

C. Management Tools

Some manufacturers provide a web-based database of actual field usage and provide reports by facility and user group.

D. Communication Costs

Leagues should request that manufacturers include communication costs for operating the control and monitoring system for the life of the lighting system.

4.2 AUXILIARY BRACKETS

Sports lighting manufacturers can provide accommodations for mounting auxiliary equipment, such as speakers and security lights, on sport lighting poles. This ensures poles will be sized to accommodate the weight, dimensions, and EPA of the additional equipment. Brackets shall be welded to the pole and fabricated from hot-dip galvanized steel with a covered hand hole access and internal wiring in the pole.

4.3 FIELD PERIMETER LIGHTING

The parking areas, major areas utilized for passage, and areas immediately bordering the facilities should be lighted. The spill light from the playing field may provide illumination for some of these areas when the field is in use.

When a sports field is not in use its sports lights should be turned off. Then other security lighting would be needed. For appropriate levels, see local codes. Care should be taken to eliminate darkly shadowed areas.

For additional information, contact: Little League® International

PO Box 3485

Williamsport, PA 17701

570/326-1921

Fax: 570/326-1074

LIFE-CYCLE OPERATING COST EVALUATION

This form will assist you in comparing 10-year life-cycle operating costs from multiple manufacturers. Bid proposals should be evaluated based upon compliance with the specifications, contract price, and the following life-cycle operating cost evaluation.

BID ALTERNATE A:

A.	Energy consumption ____ Number of luminaires x ____ kW demand per luminaire x ____ kW rate x ____ annual usage hours x 10 years		
B.	Demand charges, if applicable	+	
C.	Spot relamping and maintenance over 10 years (relamping not applicable for LED) Assume ____ repairs at \$ ____ each if not included	+	
D.	Group relamps during 10 years (relamping not applicable for LED) ____ annual usage hours x 10 years / <u>lamp replacement hours</u> x \$125 lamp & labor x number of fixtures	+	
E.	Extra energy used without control system ____% x Energy Consumption in item A.	+	
F.	Extra labor without control system \$ ____ per hour x ____ hours per on/off cycle x ____ cycles over 10 years	+	
G.	TOTAL 10-Year Life-Cycle Operating Cost		

BID ALTERNATE B:

A.	Energy consumption ____ Number of luminaires x ____ kW demand per luminaire x ____ kW rate x ____ annual usage hours x 10 years		
B.	Demand charges, if applicable	+	
C.	Spot relamping and maintenance over 10 years (relamping not applicable for LED) Assume ____ repairs at \$ ____ each if not included	+	
D.	Group relamps during 10 years (relamping not applicable for LED) ____ annual usage hours x 10 years / <u>lamp replacement hours</u> x \$125 lamp & labor x number of fixtures	+	
E.	Extra energy used without control system ____% x Energy Consumption in item A.	+	
F.	Extra labor without control system \$ ____ per hour x ____ hours per on/off cycle x ____ cycles over 10 years	+	
G.	TOTAL 10-Year Life-Cycle Operating Cost		

LITTLE LEAGUE® LIGHTING STANDARDS CHECKLIST DESIGN SUBMITTAL DATA CHECKLIST AND CERTIFICATION

This form will assist you in comparing proposals from various lighting manufacturers. All items listed below should comply with your project's specifications and be submitted according to your pre-bid submittal requirements.

Included	Tab	Item	Description
	A	Letter/Checklist	Listing of all information being submitted must be included on the table of contents. List the name of the manufacturer's local representative and his/her phone number. Signed submittal checklist to be included.
	B	On Field Lighting Design	Lighting design drawing(s) showing: a. Field name, date, file number, prepared by, and other pertinent data b. Outline of field(s) being lighted, as well as pole locations referenced to home plate. Illuminance levels at grid spacing specified c. Pole height, number of fixtures per pole, as well as luminaire information including wattage, lumens and optics d. Height of meter above field surface should be 36 inches e. Summary table showing the number and spacing of grid points; average, minimum and maximum illuminance levels in foot candles (fc); uniformity including maximum to minimum ratio, coefficient of variance and uniformity gradient; number of luminaires, total kilowatts, average tilt factor; light loss factor. f. Manufacturers shall provide constant light level or provide both initial and maintained light scans using a maximum 0.65 Recoverable Light Loss Factor and lamp replacement interval at 3000 hours to calculate maintained values as shown in section 1.1.B.2.
	C	Off Field Lighting Design	Lighting design drawings showing spill light levels in footcandles and candela as specified.
	D	Photometric Report (glare concerns only)	Provide photometric report for a typical luminaire used showing candela tabulations as defined by IESNA Publication LM-35-02. Photometric data shall be certified by laboratory with current National Voluntary Laboratory Accreditation Program or an independent testing facility with over 5 years experience.
	E	Life Cycle Cost calculation	Document life cycle cost calculations as defined on the Life-Cycle Operating Cost Evaluation. Identify energy costs for operating the luminaires, maintenance cost for the system including spot lamp replacement, and group relamping costs. All costs should be based on 10 Years.
	F	Luminaire Aiming Summary	Document showing each luminaire's aiming angle and the poles on which the luminaires are mounted. Each aiming point shall identify the type of luminaire.
	G	Structural Calculations (if required)	Pole structural calculations and foundation design showing foundation shape, depth backfill requirements, rebar, and anchor bolts (if required). Pole base reaction forces shall be shown on the foundation drawing along with soil bearing pressures. Design must be stamped by a structural engineer licensed in the state where the project is located.
	H	Control and Monitoring (if required)	Manufacturer shall provide datasheet or schematics for automated control system to include monitoring. They shall also provide examples of system reporting, and access for user groups to operate the system.
	I	Electrical distribution plans	If bidding a system other than the base design, manufacturer must include a revised electrical distribution plan including changes to service entrance, panels, and wire sizing, signed by a licensed Electrical Engineer in the state where the project is located.
	J	Performance Guarantee	Provide written guarantee of illumination levels, including a commitment to undertake all corrections required to meet the performance noted in these specifications at no expense to the owner. Light levels must be guaranteed per the number of years specified.
	K	Warranty	Provide written warranty information including all terms and conditions.
	L	Project References	Manufacturer to provide a list of project references of similar products completed within the past three years.
	M	Product Information	Complete set of product brochures for all components, including a complete parts list and UL Listings.
	N	Non-Compliance	Manufacturer shall list all items that do not comply with Little League Lighting Standards.
	O	Compliance	Manufacturer shall sign off that all requirements of the specifications have been met at that the manufacturer will be responsible for any future costs incurred to bring their equipment into compliance for all items not meeting specifications and not listed in item N – Non-Compliance

Manufacturer: _____

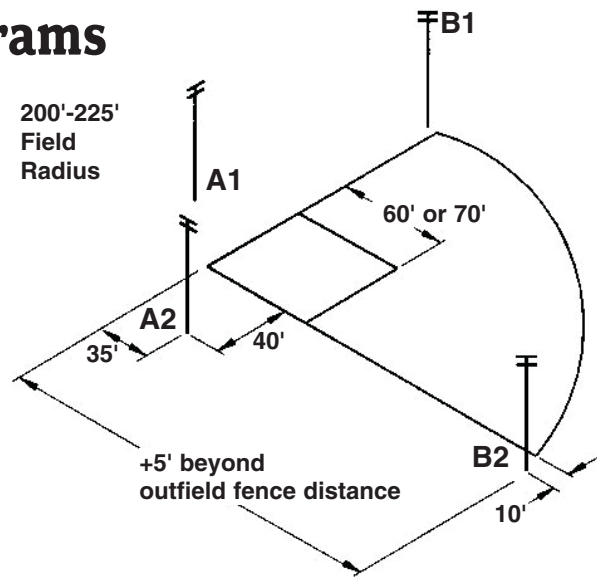
Signature: _____

Contact Name: _____

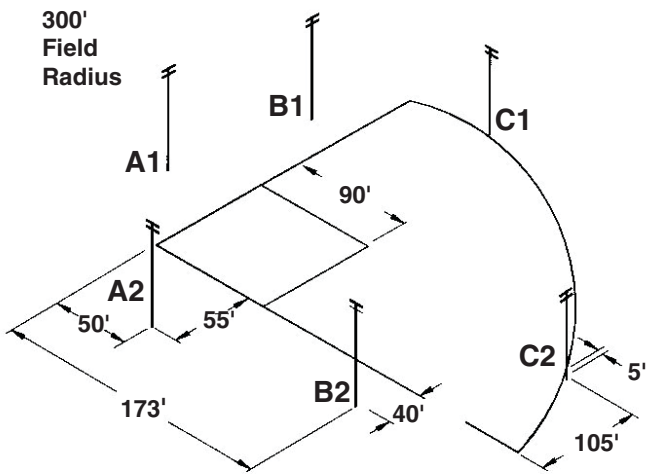
Date: ____/____/____

Recommended Lighting Diagrams

Pole Quantities, Heights			
Field Radius	Location	Minimum Quantity	Minimum Mtg. Ht. †
200'	A	2	60'
	B	2	60'
Total		4	
225'	A	2	70'
	B	2	70'
Total		4	
250' to 300'	A	2	70'
	B	2	70'
	C	2	60'
Total		6	



60- or 70-foot base lines;
outfield fence 200–225 feet from home plate.



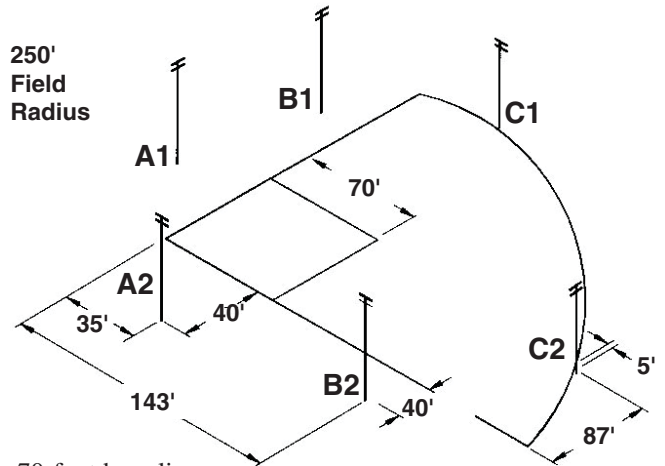
90-foot base lines;
outfield fence 300 feet from home plate.

NOTES:

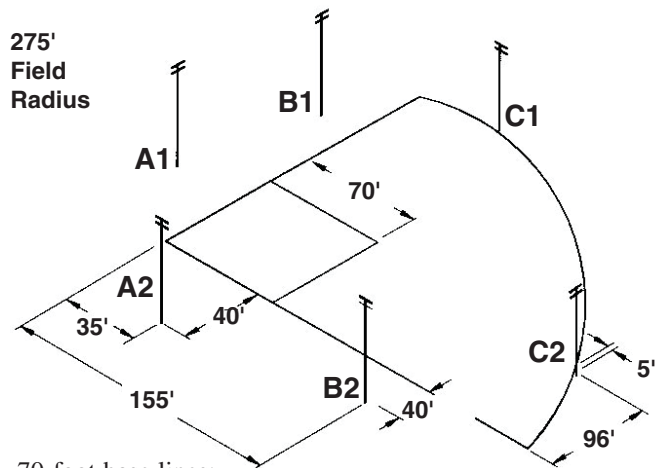
The number of fixtures necessary to meet minimum lighting requirements varies between manufacturers. Please be sure you are provided adequate documentation from the manufacturer showing Little League standards will be attained.

Increasing field sizes—such as extending the outfield fence—and/or increasing the base path distances—such as from a 60-foot base path to a 70-foot base path involves many potential variables that need to be examined on a per-field basis. A lighting audit of such a field change must be performed to show the lighting on the increased area will still meet Little League standards. If it does not, any proposed update to the existing lighting system for a field should be done such that the manufacturer shows the Little League lighting standards will be maintained with the new design.

† For glare control, higher fixture mounting heights may be required. Also, if obstructions or common poles for multiple fields require poles to be set back farther from the field, then taller poles may be required.



70-foot base lines;
outfield fence 250 feet from home plate.



70-foot base lines;
outfield fence 275 feet from home plate.

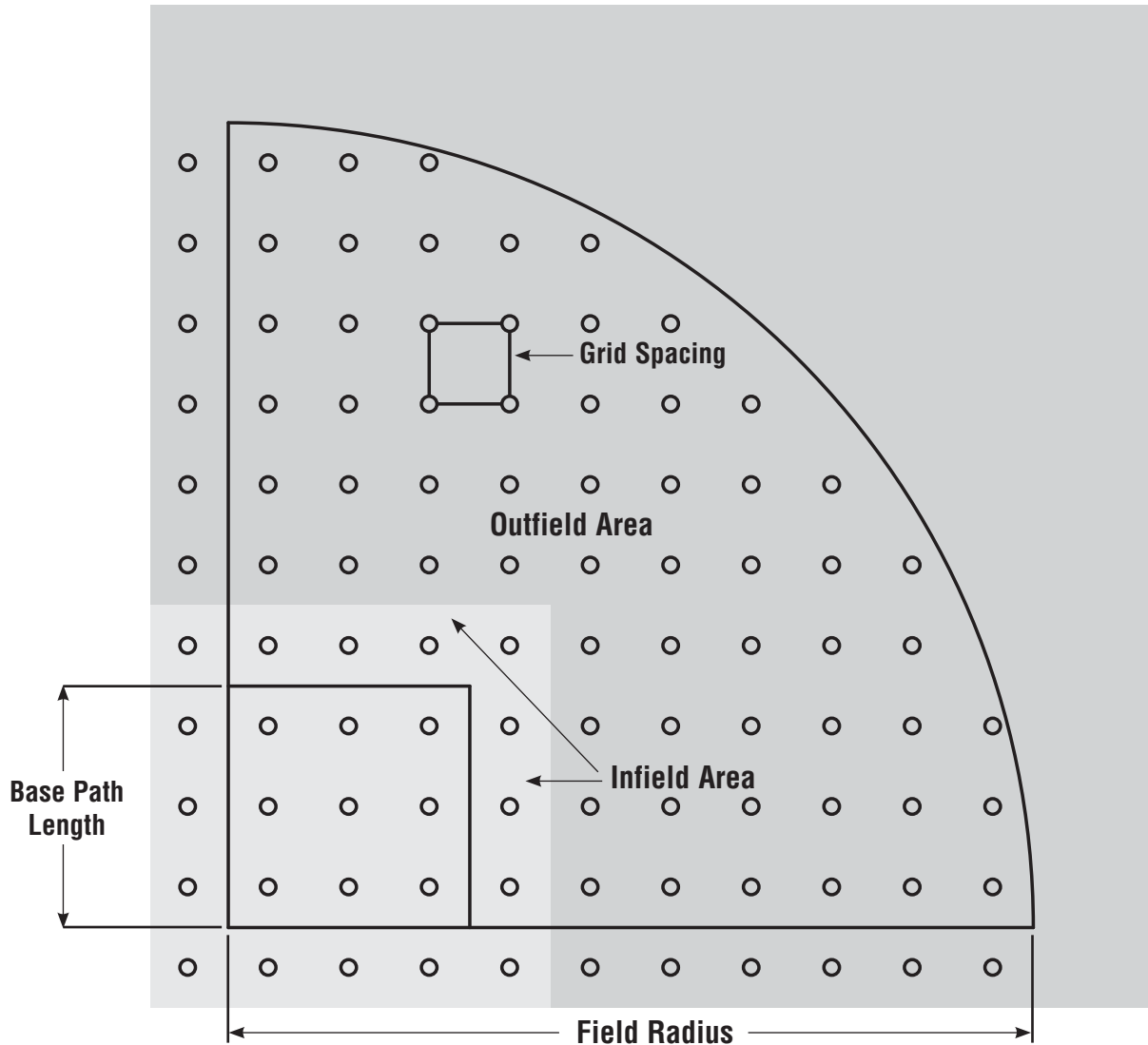


Fig. B4. Illuminance measuring points for baseball and softball. **Illuminating Engineering Society of North America Sports Lighting-RP-6-15**

Field Radius	Base Path Length	Grid Spacing	Total Number of Grid Points	
			Infield	Outfield
175 feet	60 feet	20 feet x 20 feet	25	54
200 feet	60 feet	20 feet x 20 feet	25	75
225 feet	60 feet	20 feet x 20 feet	25	96
225 feet	70 feet	25 feet x 25 feet	25	58
250 feet	70 feet	25 feet x 25 feet	25	75
275 feet	70 feet	25 feet x 25 feet	25	92
300 feet	90 feet	30 feet x 30 feet	25	73

Light meter should be held horizontally at 36 inches above the surface.

Little League®



Lighting Safety Audit

Little League requirements call for regular inspections of your lighting system. The following safety audit will:

1. Identify components that may need repair or replacement.
2. Help you determine whether the performance of the system meets Little League minimum standards as outlined in the Standards of Lighting section of the Little League Operating Manual.

A copy of this completed form must be sent to your District Administrator and the original should be retained in league records.

Important - Inspection, testing and repair must be done by qualified person prior to season play each year.

Plans for new lighting must be approved by local District Administrator as being within minimum standards.

For additional information contact your District Administrator or Little League Headquarters.

League Name _____
Charter No. _____ - _____ - _____
Town _____ State _____
Number teams in league _____
Name of field _____
Number leagues using field _____
We share the field with _____ League
Total # of fields _____ # lighted _____
Date of Inspection _____
Inspected by _____
Testing & Repairs by _____

Lighting Performance

This field has the following light levels and uniformity:

Infield _____ Average footcandles
 _____ :1 Uniformity

Outfield _____ Average footcandles
 _____ :1 Uniformity

Date lighting equipment installed or last upgraded

 month / year

Readings are taken in the middle of each square represented on the chart below.

To obtain average footcandle value:

1. Record light readings within each numbered square.
2. Infield = Total of infield readings ÷ 25
3. Outfield = Total of outfield readings ÷ number of readings.

To obtain uniformity ratio for infield or outfield:

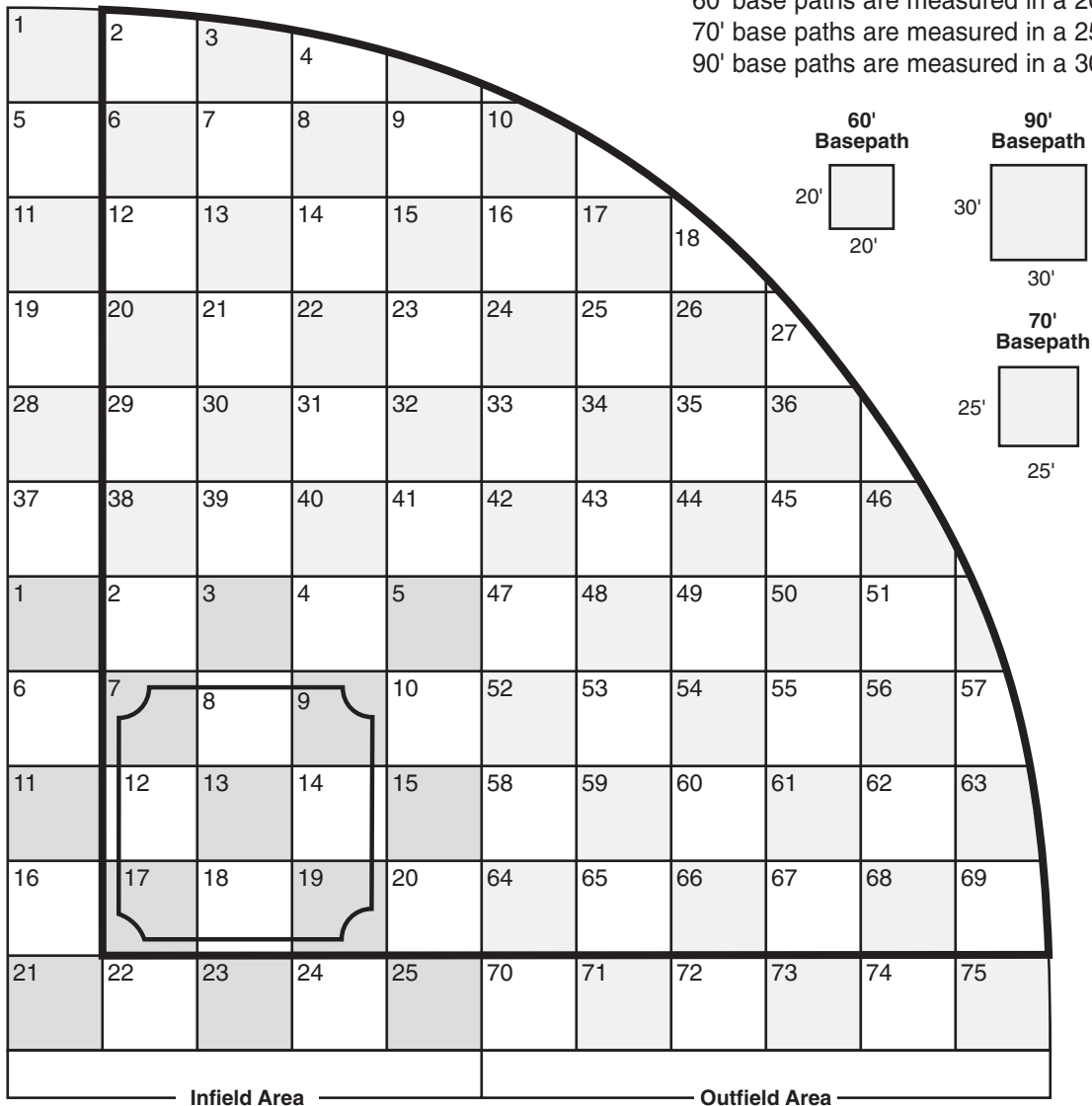
1. Divide highest (maximum) light level reading by the lowest (minimum) light level reading.

For example:

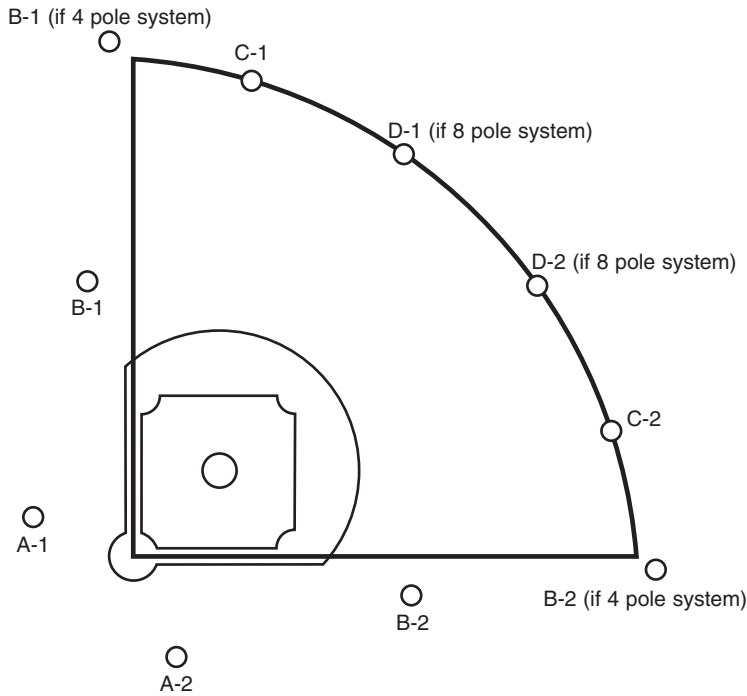
$$\frac{61 \text{ footcandles (infield maximum)}}{31 \text{ footcandles (infield minimum)}} = 2:1$$

NOTE:

- 60' base paths are measured in a 20' x 20' grid;
- 70' base paths are measured in a 25' x 25' grid;
- 90' base paths are measured in a 30' x 30' grid.



Equipment Listing



Fill in the number of fixtures on each pole and mounting heights:

	Pole	Number of Fixtures
4 Pole System	A-1	_____
	A-2	_____
	B-1	_____
	B-2	_____
6 Pole System	C-1	_____
	C-2	_____
8 Pole System	D-1	_____
	D-2	_____
Total		_____

Type of poles: steel concrete

Fixture height above field: _____

Base path length: 60' 70' 90'

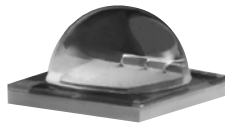
Distance from home plate to foul pole:

- 175' 200' 225' 275'
 300' other _____

Lamp Type:



Metal Halide



LED

OTHER _____

Lightning Grounding System Test

THREE POINT FALL OF POTENTIAL TEST* - This test measures the resistance of the ground rod to earth. This method also measures the effect of a variety of conditions such as soil composition, drought conditions, etc. A ground resistance tester is used for the following testing procedure:

- Two additional temporary grounds, consisting of short rods 2–3 feet long, must be driven in the ground at an appropriate distance from the ground being tested.
- The instrument is connected to all three grounds by means of insulated leads. A magneto or a battery in the instrument furnishes the necessary power for the test.
- The instrument reads the ground resistance directly in ohms.
- The process is repeated for a series of points and a resistance curve is plotted.

NOTE: The National Electrical Safety Code (NEC) implies that the ground resistance should be measured at the time of installing the ground and that the ground resistance must not exceed 25 ohms for a single, 8-foot long buried or driven electrode.

* See IEEE #81 — Recommended Guide for Measuring Ground Resistance and Potential Gradients in the Earth

- It is recommended that testing procedures for grounding be in accordance with local, state, or national code.
- Because connections can deteriorate over time, increasing resistance, it is recommended that the ground resistance tester be connected to the down conductor — not the electrode itself. This will provide a more accurate ground resistance reading.

System Operation

OK Needs Repair Notes

WARNING!! Turn off electricity at power source and at safety disconnect on the pole.

Service Entrance & Pole Distribution Boxes		OK	Needs Repair	Notes
Check service panel for proper markings.				
<ul style="list-style-type: none"> Emergency information should be visible. 				
<ul style="list-style-type: none"> Warning stickers, wiring diagrams, circuit labels, and other servicing information signs should be posted and clearly legible 				
Test reset action on all service breakers.				
<ul style="list-style-type: none"> Snap all breakers on and off to ensure firm contact. 				
Check the wiring.*				
<ul style="list-style-type: none"> Insulation around wiring should show no signs of deterioration. 				
<ul style="list-style-type: none"> Wiring should show no heat discoloration. 				
Check all taped connections.*				
<ul style="list-style-type: none"> Signs of wear should be replaced. 				
Make sure no live parts are exposed.				
<ul style="list-style-type: none"> Bare wires and exposed connections should be wrapped with insulated covering.* 				
Padlocks for service entrance & distribution boxes should be in place and operational.				
Poles				
Check that poles aren't leaning.				
Check wood poles for decay or twisting. Twisted pole may require re-aiming of fixtures.				
<ul style="list-style-type: none"> Effective Sept. 1, 1994, wood poles are no longer approved on new installations. 				
Check base-plate of steel poles for signs of deterioration.				
<ul style="list-style-type: none"> Check anchor bolt for signs of corrosion. 				
<ul style="list-style-type: none"> Check grouting under pole to make sure proper drainage exists. 				
Check bolts and fittings for tightness.				
<ul style="list-style-type: none"> Check all metal parts for signs of corrosion. 				
Check to see that wiring covers are in place.				
Check all cables and conduits.				
<ul style="list-style-type: none"> Pull on conduit to check for looseness. 				
<ul style="list-style-type: none"> Check for loose fittings and damaged conduit. 				
<ul style="list-style-type: none"> All cables should be straight and properly strapped.* 				
<ul style="list-style-type: none"> If cables are exposed to the elements, make sure the insulation has the proper rating.* 				
Check overhead wiring.				
<ul style="list-style-type: none"> Wiring should be properly secured* 				
<ul style="list-style-type: none"> Check that new growth on tree branches and limbs won't obstruct or interfere with overhead wiring. 				
Check pole climbing equipment (if provided)				
<ul style="list-style-type: none"> Check inspection cards on climbing harness and pole equipment. Are inspections up to date? 				
<ul style="list-style-type: none"> Check for proper cable tension. Cable should not be loose. 				
Luminaires				
Check fixture housings.				
<ul style="list-style-type: none"> Housings should show no sign of cracking, large dents, and/or water leakage. 				
Check lenses.				
<ul style="list-style-type: none"> Clean lenses. 				
<ul style="list-style-type: none"> Replace broken lenses. 				
Replace burned-out lamps.				
Check luminaire fuses.				
<ul style="list-style-type: none"> Fuses should be the correct size. 				
<ul style="list-style-type: none"> All fuses should be operational. 				
Insulation covering on wiring should show no signs of wear or cracking.				
Ground wire connections must be secure.				
Check around ballasts for signs of blackening. (metal halide)				
Check that capacitors aren't bulging. (metal halide)				
Check aiming alignment of all fixtures.				
<ul style="list-style-type: none"> On wooden poles, see if crossarms are still aligned with the field and horizontal. 				
Ground				
Check grounding connections.*				
Check nearby metal objects.				
<ul style="list-style-type: none"> Make sure metal bleachers and other metal objects are located at least 6' from the electrical components. 				
<ul style="list-style-type: none"> Metal objects, such as bleachers, must have their own individual grounding system. 				

* These tests and/or repairs require the services of a qualified electrician.

For additional information contact:
LITTLE LEAGUE® INTERNATIONAL
PO Box 3485
Williamsport, PA 17701
570/326-1921
Fax: 570/326-1074

Concession Stand Tips

SAFETY FIRST

Requirement 9

12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.

1. Menu.

Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

2. Cooking.

Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.

3. Reheating.

Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices.

Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

4. Cooling and Cold Storage.

Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

5. Hand Washing.

Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

6. Health and Hygiene.

Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

7. Food Handling.

Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil

to serve food. Touching food with bare hands can transfer germs to food.

8. Dishwashing.

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

1. Washing in hot soapy water;
2. Rinsing in clean water;
3. Chemical or heat sanitizing; and
4. Air drying.

9. Ice.

Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

10. Wiping Cloths.

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

11. Insect Control and Waste.

Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

12. Food Storage and Cleanliness.

Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

13. Set a Minimum Worker Age.

Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

Safety plans must be postmarked no later than May 1st.

Volunteers Must Wash Hands

HOW



WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils.
Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand
when you can't remove your jewelry

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education. United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.



**UMASS
EXTENSION**

Equipment Checklist

Keep Your Players Safer

Do you know what equipment is required for player safety on the field? Do you know which optional items can help keep players safer? Check out the following list for ideas and reminders.

REQUIRED PLAYER EQUIPMENT

Defense

- Athletic supporter** – all male players
- Metal, fiber, or plastic type cup** – all male catchers
- Catcher's helmet and mask**, with “dangling” throat guard; NO skull caps – all catchers; must be worn during pitcher warm-up, infield practice, while batter is in box
- Catcher's mitt** – all baseball catchers
- Chest protector and leg protectors** – all catchers; must be worn while batter is in box; long model chest protector required for Little League (Majors) and younger catchers

Offense

- Helmet meeting NOCSAE standards** – all batters, base runners, and players in coaches boxes
- Helmet chinstrap** – all helmets made to have chinstrap (with snap buttons, etc.)
- Regulation-sized ball** for the game and division being played; marked RS for regular season or RS-T for regular season and tournament in baseball
- Regulation-sized bat** – all batters; Little League (Majors) and younger baseball divisions must have bat marked with BPF 1.15 beginning in 2009
- Non-wood bats must have a grip of cork, tape, or composite material**, and must extend a minimum of 10 inches from the small end. Slippery tape is prohibited.

REQUIRED FIELD EQUIPMENT

- 1st, 2nd and 3rd bases that disengage from their anchors
- Pitcher's plate and home plate
- Players' benches behind protective fences
- Protective backstop and sideline fences

OPTIONAL PLAYER EQUIPMENT

Defense

- Metal, fiber, or plastic type cup – any player, esp. infielders
- Pelvic protector – any female, esp. catchers
- Heart Guard/XO Heart Shield/Female Rib Guard – any defensive player, esp. pitchers, infielders
- Game-Face Safety Mask – any player, esp. infielders
- Goggles/shatterproof glasses – any player, esp. infielders or those with vision limitations

Offense

- Helmet** – adults in coaches boxes
- Helmet with Face Guards or C-Flap** meeting NOCSAE standards – all batters, esp. in younger divisions
- Mouth guard** – batters, defensive players
- Goggles/Shatterproof glasses** – any player, esp. those with vision limitations
- Batters vest/Heart Guard/Heart Shield/Female Rib Guard** – any batter
- Regulation-sized reduced impact ball**

OPTIONAL FIELD EQUIPMENT

- Double 1st base that disengages from its anchor
- Baseball mound for pitcher's plate
- Portable pitchers baseball mound with pitcher's plate
- Protective/padded cover for fence tops
- Foul ball return in backstop fencing

IMPORTANT:

BPF RULE GOES INTO EFFECT FOR BASEBALL DIVISIONS

Buying bats for your league's baseball divisions? If it is composite metal, make sure it has the BPF 1.15 label. Bats in use in Little League Baseball (Majors Division and younger) must have the new bat performance factor listed on the bat.

Unless this marking is present, the bat will be removed from games.

Little League officials are aware some bats do not have the required markings but are Little League approved. And some of the bats on the approved bat list may not carry the required BPF 1.15 marking, depending on when they were manufactured and licensed.

Little League is building a list of bats that are approved but do not have the BPF marking due to special circumstances. For these bats, the eligibility for play will be extended until December 31, 2009. As Little League is made aware of bats that meet the BPF rule for this extension, the bats will be added to the list.

ONLY bats with a BPF 1.15 marking or that are listed below will be allowed for use in the Little League (Majors) Baseball and younger divisions in 2009.

Non-BPF-marked bats approved until Dec. 31, 2009:

Adidas – Vanquish (blue design) A newer model of this bat, also named Vanquish with copper and black markings, has the proper labeling, so is therefore not subject to the one-year rule.

DeMarini – Black Coyote, Rogue, Distance, Rumble, Tengu, Mach 10, Patriot

Easton – LZ-810, LZ-800, Stealth Optiflex LST 1,

Louisville Slugger – YB31

NIKE – Areo

Good Procedures to Implement

Checklist for Managers, Coaches, and Umpires

Here are some good procedures for your league to implement and follow on several required areas of the safety plan. Requirements 7, 10, 12 and 13 are all included in the checklists below. These come from several leagues whose volunteers are providing safety leadership through their efforts to increase awareness and help volunteers do the right thing at the right time.

A. Safe Playing Areas

Regular safety inspections of all fields, (practice and game), structures, and dugouts, is the best way to eliminate conditions that cause accidents. Managers, coaches, and umpires should routinely check playing area for:

1. Holes, damage, rough or uneven spots, slippery areas, and long grass
2. Glass, rocks, foreign objects
3. Damage to screens or fences, including holes, sharp edges, or loose edges
4. Unsafe conditions around backstop, pitcher's mound, or warning track
5. Proper attire by the catcher at all times, including in the bull pens and in between innings

B. Safe Equipment

All equipment shall be inspected before each use. Regular safety inspection of equipment is essential. Managers, coaches, and umpires should:

1. Be sure all equipment is LL approved
2. Inspect all bats, helmets, and other equipment on a regular basis. Dispose of unsafe equipment properly.

3. Keep loose equipment stored properly
4. Have all players remove all personal jewelry
5. Parents should be encouraged to provide safety glasses for players who wear glasses
6. Repair or replace defective equipment

C. Safe Procedures

Managers and coaches must:

1. Have all players' medical release forms with you at every practice and game
2. Have a first aid kit with you all practices and games
3. Have access to a telephone in case of emergencies
4. Know where the closest emergency shelter is in case of severe weather
5. Ensure warm-up procedures have been completed by all players
6. Stress the importance of paying attention, no "horse playing allowed"
7. Instruct the players on proper fundamentals of the game to ensure safe participation
8. Each practice should have at least 2 coaches in case of an emergency

D. Weather Conditions

Before the Storm

1. Check the weather forecast before leaving for a game or practice
2. Watch for signs of an approaching storm
3. Postpone outdoor activities if storms are imminent

Approaching Thunderstorm

1. Take caution when you hear thunder. If you hear thunder, you are close enough to get struck by lightning. During a game, the umpire will clear the field in the event of an approaching storm.

2. Move to a safe environment immediately. Do not go under a tree or stay in the dugout.
3. If lightning is occurring and there is not sturdy shelter near, get inside a hard top automobile and keep the window up.
4. Stay away from water, metal pipes, and telephone lines.
5. Unplug appliances not necessary for obtaining weather information. Avoid the telephone except for emergency use only.
6. Turn off air conditioners.

If caught outdoors & no shelter exists

1. Find a low spot away from trees, fences, light poles, and flagpoles. Make sure the site you pick is not prone to flooding.
2. If in the woods, take cover under shorter trees.
3. If you feel your skin begin to tingle or your hair feels like it's standing on end, squat low to the ground, balancing on the balls of your feet. Make yourself the smallest possible target, tuck your head between your legs, and minimize your contact with the ground.

What to do if someone is struck by lightning

1. The person who has been struck will carry no electrical charge; therefore, they are safe to touch.
2. Call 9-1-1 as soon as possible for help.
3. Check for burns to the body.
4. Give first aid as needed.
5. If breathing and/or heartbeat have stopped, perform CPR until EMS arrives.
6. Contact the league Safety Officer or President ASAP.

LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS



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

Accident & Health (U.S.)

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

League Name			League I.D.		
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)		Age
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)		Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different			

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

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

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

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

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

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

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<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
------	---------------------------

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.

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: Male Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

- A.) Baseball Softball Challenger TAD
- B.) Challenger T-Ball Minor Major Intermediate (50/70)
- Junior Senior Big League
- C.) Tryout Practice Game Tournament Special Event
- Travel to Travel from Other (Describe): _____

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

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

Type of injury: _____

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

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

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

Type of incident and location:

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

Prepared By/Position: _____ Phone Number: (____) _____

Signature: _____ Date: _____

First Aid Kits: What goes in them?

Requirement 12

“Hello, I need a list of what to put in a team first aid kit as well as the big first aid kits kept at the fields. I have a sponsor willing to fill this need. I just need to give them a list of what we need and how many.”

Thanks,
Marc Paladino
(via email)

A team's first aid kit should contain ice in bags; these will be used almost anytime you have an injury to help reduce the pain and potential swelling. If using chemical cold packs, be cautious using around the face in case of leaks. Also, bandages, both large and small, gauze, some kind of dressing material like an Ace wrap or elastic wrap to hold gauze in place, or athletic tape. You should also provide water or a cleanser (antiseptic wipes, etc.) to clean abrasions or cuts. Check local expectations for first aid kits, as some states do not allow these cleansers other than at home or by health care professionals.

Also, don't forget latex or rubber gloves and some kind of small bag to properly dispose of blood and blood-soiled items like wipes or towelettes; blood-borne pathogens should be an important part of your safety training, so people do not put their health and future safety at risk dealing with unknown risks.

Finally, each team should have some kind of emergency telephone (mobile or land-line) to call an ambulance as well as a map or written directions to the area medical facilities anyone evacuated by medical professionals would be taken to. In an emergency, people need all the help they can get. Check the November/December 2003 ASAP News for some examples of that kind of information.

NOTE: Individual leagues decide what they need in a first aid kit. These give a good idea of fully-stocked kits. Items any kit should contain: A good supply of ice, drinking water, and personal items

or medications; emergency phone numbers; coins for pay phones; and directions and/or a map to/from emergency medical facilities.

ALSO: Keep a list of original supplies in your first aid kit, so it can be stocked and replenished! If managers or coaches use any first aid supplies, replace them before the next time the team meets.

Here are three good examples of a well-stocked first aid kit:

LLB's Emergency Management and Training Program

Little League's EMTP manual recommends your first aid kit include:

- Ice bags
 - Plastic bags of crushed ice
- Elastic bandages
 - 3, 4 and 6 inch widths
- Sterile dressings
 - 3 by 3 inch individual gauze
 - 2 to 3, 5 by 9 inch pads
 - Telfa or non-stick dressings
 - Eye patches
- Adhesive bandages
 - 3/4, 1 and 2 inch widths
- Bandages
 - Triangular shape and in rolls
- Adhesive tape
 - 1/2, 1 and 1 1/2 inch widths
- Eye shields
- Small flashlight
- Scissors
- Antiseptic soap
- Splints
 - Inflatable, cardboard or wooden, for arm and leg (large enough for your largest player)
- Petroleum jelly
- Safety pins
- First aid manual
- Towels
- Blanket
- Small pocket notebooks and pencils
- Water for drinking and plenty of paper cups. (Water and paper cups can also do double duty in some first aid applications.)

Fyrst USA Sport Medical Kits

A new first aid kit, available both in a team size and a league size, is offered by Fyrst USA. It was developed specifically for sports injuries. A unique feature: resupplies can be ordered by phone and to you in 5-7 days. Call 800/782-1355 or go to www.fyrstusa.com to order.

- 1 Reusable ice bag: 9 inches
 - 4 Instant cold packs: 6 by 10 inches
 - 1 Blister Kit
 - 20 Bandages: 1- by 3-inches
 - 6 Large bandages: 2 by 4 1/2 inches
 - 1 Elastic wrap
 - 1 Scissors
 - 20 Antimicrobial skin wipes
 - 10 Blood-off cloth towelettes
 - 20 Latex gloves
 - 1 Antiseptic hand cleaner: 4 ounces
 - 2 Rolls of athletic tape
 - 1 Roll of pre-wrap
 - 3 Sport wound care kits
- FIRST USA now carries the SAVE-A-TOOTH Preservation System (with ADA Seal of Acceptance)

Little League First Aid Kit

The first aid kit produced by Johnson & Johnson, is available through the equipment and supplies catalog.

- Bandages — sheer and flexible
- Non-stick pads — assorted sizes
- Soft-Gauze bandages
- Oval eye pads
- Triangular bandage
- Hypo-allergenic first aid tape in dispenser
- 2-inch elastic bandage
- Antiseptic wipes
- First aid cream
- Instant cold pack
- Tylenol® extra-strength caplets
- Scissors
- Tweezers
- First aid guide
- Contents card
- Disposable gloves



HOME



WORK



TRAVEL



FIRST+AID

100 PCS

**Treats cuts, scrapes, bruises,
minor aches and pains.**

Neomycin Sulfate
➤ First Aid Antibiotic

Isopropyl Alcohol
➤ Antiseptic Cleanser

Benzalkonium Chloride
➤ First Aid Antiseptic



Coaches Code of Conduct

CODE OF CONDUCT – Coaches are Role Models

“Our Little League is in the process of putting together a newsletter for the coaches stating Coaches Code of Conduct. I thought in the past in one of the ASAP newsletters I saw one but I cannot find it. Our local league is putting a newsletter together on this and it would help if Little League already had some information on this and additional ideas for a list to be handed out and signed by the Managers and Coaches as to their conduct during games and practices to help guide them.”

George Colby

Easton, Conn., Little League, District 2

Editor’s Note: Here is a Code of Conduct that is used in many safety plans. On the next page (pg 8) is a Volunteer Code of Conduct that serves as a reminder of the important role coaches and managers have in the development of youth people. It stresses that sports should be about fun, physical exercise and character development, and not winning.

Speed Limit 5 mph in roadways and parking lots while attending any _____ Little League function. Watch for small children around parked cars.

No Alcohol allowed in any parking lot, field, or common areas within the _____ Little League complex.

No SMOKING or Tobacco products of any kind (including spit tobacco) allowed in any common areas within the _____ Little League complex.

No Playing in parking lots at any time.

No Playing on and around lawn/maintenance equipment.

No Profanity allowed in any parking lot, field, or common areas within the _____ Little League complex.

No Swinging Bats or throwing baseballs at any time within the walkways and common areas of the Little League complex.

No throwing balls against dugouts or against backstop.

No throwing rocks and no climbing fences.

Only a player on the field and at bat, may swing a bat (Ages 5 - 12).

Observe all posted signs. Players and spectators should be alert at all times for Foul Balls and Errant Throws.

During game, players must remain in the dugout area in an orderly fashion at all times.

After each game, each team must clean up trash in dugout and around stands.

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

No children under age of 16 are to be permitted in the Snack Bars.

Failure to comply with the above may result in expulsion from the _____ Little League field or complex.



Sport Parent Code of Conduct

We, the _____ Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these “six pillars of character.”

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one’s best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Parent/Guardian Signature

By providing **Player Registration and Volunteer Information** earlier in the year, you will help Little League® International become more familiar with your league officials and connect with your volunteers and Little League families. Having this information allows Little League to distribute timely information and announcements to your Board members, volunteers, and parents prior and during the current season.

Local leagues must submit regular-season player registration/roster information and volunteer data through the [Little League Data Center](#). In order for your district to receive its ASAP incentive, your district must have your league's ASAP plans submitted to, and approved by, Little League International. For leagues using [Sports Connect](#), that information will be automatically sent to Little League International, helping to fulfill Regulation IV(g) and ASAP Requirement 14.

Here is a quick-read explanation of these requirements and a list of frequently asked questions (FAQ) that can help you understand the process.

FAQ's

Why is Little League requiring player, manager and coach, and volunteer data so much earlier in the year?

By receiving the information earlier in the year, Little League has the ability to better connect with volunteers and Little League families. It will also allow us to distribute timely

information and announcements to all local league officials and parents during the current season of play. Volunteers will receive valuable tips and tools via specific newsletters and other resources provided by Little League International. Parents will also have the ability to receive a The Parent Connection newsletter designed just for them. It is our hope that this information will help families enhance their Little League experience.

What is the difference between player, manager, and coach data vs. team rosters?

Player, manager, and coach data is actually much easier for a local league to provide. This information does not require a league to hold a draft and assign players to teams before they can submit information to Little League. Local leagues simply have to provide a general list of data to Little League to meet the ASAP requirement.

Why is player, manager, and coach data part of the ASAP Program?

The primary purpose of the ASAP Program is to improve safety within local leagues. Adding this requirement to the ASAP Program allows Little League the ability to provide managers, coaches, and league officials with important safety information and initiatives prior to, and during, the current playing season.

How do I upload my player and volunteer data to Little League?

Once logged in the Little League Data Center, look for “**League and District Resources.**” After locating, click on “**Upload Registration Data**” and follow the instructions. For leagues using [Sports Connect](#) for their technological needs, that information will be automatically sent to Little League International, helping to fulfill Regulation IV(g) and ASAP Requirement 14.

How does Little League International use personal information collected and received?

As a youth organization, Little League is very concerned about privacy. Therefore, we have taken measures to tailor our content and offerings to help protect an individual’s privacy. [This Privacy Policy](#) applies to information collected on Little League International authored websites such as: [LittleLeague.org](#); [LittleLeaguestore.net](#); [LittleLeagueU.org](#), and our official social media pages on Facebook, Twitter, and Instagram, as well as information received from other sources, such as charter enrollment and player records reporting.

The ASAP Requirement:

League Player Registration Data or Player Roster Data, which also includes Coach and Manager Data, **must** be submitted separately through the Little League Baseball Data Center on or before April 1 to meet Requirement 14 of ASAP. This ASAP requirement is an effort to provide coaches with important Little League information and initiatives prior to and during the current playing season.

The Regulation: IV(g):

Player, manager, and coach data must be supplied to Little League International annually. Leagues may submit information from registration. It is highly recommended that data be supplied electronically in approved formats to Little League International via the Little League Data Center.

ASAP: Creating a Safety Manual



The ASAP Mission

- To increase awareness of the opportunities to provide a safer environment for children, volunteers and all Little League participants.



ASAP: A Safety Awareness Program

- Having a league safety program is instrumental to the well-being of players, volunteers and all participants.
- The Little League ASAP program encourages leagues to create a safety manual that includes 15 basic requirements.
- The following tutorial was created to educate leagues on how to create a basic safety manual which include the 15 requirements.



ASAP 15 Requirement Overview

1. Have a safety officer on file at Little League International
2. Make safety plan accessible to coaches, managers, board members and any other volunteer in the league
3. Post and distribute emergency and league officer phone numbers
4. Require volunteers to complete and submit the Official Little League Volunteer Application
5. Provide fundamentals training



ASAP 15 Requirement Overview – Continued

6. Provide first-aid training
7. Require field inspections before games and practices
8. Complete the annual Facility Survey
9. Post and utilize concession stand procedures
10. Regularly inspect and replace equipment as needed



ASAP 15 Requirement Overview – Continued

11. Have a procedure for reporting accidents/injuries
12. Require First Aid Kits at all league events
13. Enforce Little League Rules & Regulations
14. Submit League Registration Data for players, coaches and managers
15. Complete survey question in LL Data Center



Requirement 1

- Have an active safety officer on file with Little League International



Complete in LL Data Center under League Resources

Little League® Data Center Hometown LL (#2380106) -

Hometown LL (#2380106) Eastern Region | Pennsylvania | District 99
District Administrator: James Ferguson | Email: jferguson@littleleague.org | Phone: [570-326-1921](tel:570-326-1921)

Charter Status

Approved

Tournament Status

Enrollment Opens May 1, 2019.

Background Check Compliance

Not Confirmed

Outstanding Balance

\$0.00

League Resources

- Download Official Logos
- Manage/View Officers**
- Manage Registration Data Last Uploaded 11/8/2018
- Review League Information
- Submit/View 2019 Season ASAP Safety Plan In Progress, Click to Continue
- View District/Region Contact Information
- View League Boundary Map
- View Reports

Teams Chartered

Program	TB	CP	MI	LL	50/70	JR	SR	CH	SC
Baseball	0	0	0	0	0	0	0	0	0
Girls Softball	0	0	0	0	-	0	0	-	-
Boys Softball	0	0	0	0	-	0	0	-	-

Accident Insurance: LLB
Liability Insurance: LLB
Crime Insurance: LLB

Note: For insurance coverage, LLB means that the league has requested insurance coverage but the insurance may not be in effect unless the league's premiums are paid in full.



Requirement 2

- Publish and Distribute Safety Manual to Volunteers



Complete #2 in LL Data Center

Little League® Data Center Hometown LL (K0380106) ▾

2019 Season A Safety Awareness Program (ASAP) Safety Plan

Home | 2019 Season ASAP Safety Plan | Safety Plan Requirements - Distribute Safety Manual

Safety Plan Submission Progress

- I. Overview
- II. Safety Plan Upload
- III. Safety Plan Requirements
 - 1. Verify Officers
 - 2. Distribute Safety Manual**
 - 3. Distribute Emergency Numbers
 - 4. Volunteer Application Form
 - 5. Fundamentals Training
 - 6. First Aid Training
 - 7. Field Inspections
 - 8. Complete Facility Survey
 - 9. Concession Stand Safety
 - 10. Equipment Inspections
 - 11. Accident Reporting
 - 12. First Aid Kits
 - 13. Enforce Little League Rules
 - 14. Provide Registration Data
 - 15. Answer Survey Question
- IV. Sign and Submit

Distribute Safety Manual

PUBLISH and distribute a paper copy of the applicable safety manual to all appropriate and applicable volunteers. Print and distribute the safety plan to all staff: concession manual to concession workers, equipment policies to facilities crew, first aid to managers and coaches, etc. Keep copies in common areas for all volunteers.

While safety plans may be posted on the internet, individuals must be provided with printed copies to carry with them to the areas where their duties are performed. Samples can be found in the example safety manuals on the Safety Program Page. Include all relevant material for coaches, including these minimum standards.

Keep a complete copy for your league. Send a copy to your District Administrator or District Safety Officer. Little League International does not keep copies for leagues' future use.

Which volunteers have received copies of the safety manual?
(Check all that apply)

- Coaches and Managers
- Board Members
- Misc. Volunteers

What methods were used to distribute the safety manual?
(Check all that apply)

- Paper Handouts
- Email
- Posted on League Website

✔ Continue
Skip Step



Requirement 3

- Post and distribute emergency and key league officials' phone numbers



Example for safety manual

ASAP Plan - Page 2

3. Emergency Phone Number: **911**

Local Police Emergency		
Local Fire Emergency		
Board Position	Name	Phone
League President:		
League VP:		
League Player Agent:		
League Secretary :		
League Treasurer:		
League Safety Officer:		

✓ **This list will be posted in the dugout area.**



Requirement 4

- Use of current, official Little League Volunteer Application Form or JDP QuickApp electronically



Include a copy in your safety manual

Little League® "Basic" Volunteer Application - 2019

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

This volunteer application can be used as a reference for leagues utilizing the JOP Quick App or for leagues that are using an outside background check provider that meet the standards of Little League Regulation 1(2).

All fields are required.

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ E-mail Address: _____
 Driver's License#: _____

1. Have you ever been convicted of or pled no contest or guilty to any crime(s) involving or against a minor? Yes No
 If yes, describe each in full: _____

2. Have you ever been convicted of or pled no contest or guilty to any crime(s)? Yes No
 If yes, describe each in full: _____

3. Do you have any criminal charges pending against you regarding any crime(s)? Yes No
 If yes, describe each in full: _____

4. Have you ever been refused participation in any other youth programs? Yes No
 If yes, explain: _____

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

League Official Field Maintenance Concession Stand
 Coach Manager Other
 Umpire Scorekeeper

LOCAL LEAGUE USE ONLY:

Background check completed by league official _____ on _____

System(s) used for background check (minimum of one must be checked):
 Regulation 1(2)(B) Mandates all checks include criminal records and sex offender registry records
 JOP Sex Offender Registry Data and National Criminal Records check, as mandated in the current season's official regulations

*Check to ensure that if you use JOP and there is a new record in the past year, check any other catch records that are performed you should truly consent that they will review a letter or email directly that JOP is complete with the new criminal record and complete information regarding the criminal records collected with the name, which may not necessarily be the league volunteer.

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

LL-2019-000001 10/2019

Little League® Volunteer Application - 2019

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

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

Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Social Security # (optional): _____
 Cell Phone: _____ Business Phone: _____
 Home Phone: _____ E-mail Address: _____
 Date of Birth: _____
 Occupation: _____
 Employer: _____
 Address: _____
 Special professional training, skills, hobbies: _____
 Community activities (clubs, service organizations, etc.): _____
 Previous volunteer experience (including baseball/softball and year): _____

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

2. Special Certification (CPR, Medical, etc.)? Yes No

3. Do you have a valid driver's license? Yes No
 Driver's License#: _____ State: _____

4. Have you ever been convicted of or pled no contest or guilty to any crime(s) involving or against a minor? Yes No
 If yes, describe each in full: _____

5. Have you ever been convicted of or pled no contest or guilty to any crime(s)? Yes No
 If yes, describe each in full: _____

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No
 If yes, describe each in full: _____

7. Have you ever been refused participation in any other youth programs? Yes No
 If yes, explain: _____

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

League Official Umpire Manager Concession Stand
 Coach Field Maintenance Scorekeeper Other

LL-2019-000001 10/2019



Requirements 5 and 6

- Requirement 5 - Provide and require Fundamentals Training, with at least one coach or manager from each team attending (Fundamentals includes: hitting, sliding, fielding, pitching, etc.)
- Requirement 6 - Provide and require First-Aid Training, with at least one coach or manager from each team attending



Examples for safety manual

ASAP Plan - Page 3

5. **Fundamentals Training:** (Date) At least one manager/coach from each team must attend the training. Every Manager/Coach will attend this training at least once every 3 years. Training will be at the (Location).

ASAP Plan – Page 4

6. **First Aid Training:** (Date)- (League Name) will require at least one manager/coach from each team to attend. Every manager/ coach must attend this training once every 3 years. Training leader – and location – (Location) ***Highly recommended** – research the concussion laws in your state and educate all coaches/managers & league members.



Requirement 7

- Require coaches/umpires to walk fields for hazards before use



Example for safety manual

ASAP Plan – Page 5

7. **Coaches will be required to walk/ inspect the fields** prior to practices and Games. Umpires will also be required to walk the fields for hazards before each game.



Requirement 8

- Complete the annual Little League Facility Survey in the Little League Data Center



Complete Facility Survey in LL Data Center

Little League® Data Center Hometown LL (#2380106) ▾

2019 Season A Safety Awareness Program (ASAP) Safety Plan

Home | 2019 Season ASAP Safety Plan | Safety Plan Requirements - Complete Facility Survey - Field Names

Safety Plan Submission Progress

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 - 6. First Aid Training
 - 7. Field Inspections
 - 6. Complete Facility Survey**
 - a. Planning Tool
 - b. Field Names**
 - c. Field Details
 - 9. Concession Stand Safety
 - 10. Equipment Inspections
 - 11. Accident Reporting
 - 12. First Aid Kits
 - 13. Enforce Little League Rules
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 - 15. Answer Survey Question
- IV. Sign and Submit

Facility Survey - Fields

Please list each of the fields your league will use this season.

Field Name	
<input type="text"/>	+ Add Field

[✓ Continue](#)

[Skip Step](#)



Requirement 9

- Written safety procedures for concession stand: concession manager trained in safe food handling/ prep and procedures



Example for safety manual

Volunteers Must Wash Hands

HOW



WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils.
Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand
when you can't remove your jewelry

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

Developed by the Extension Nutrition Education Program with support from USDA Food & Drug Administration in cooperation with the National Food Safety Education Center from the Department of Agricultural Experimentation, University of Massachusetts Extension, in partnership with the program staff.



ASAP Plan – Page 5

9. Concession Stand Safety: Concession stand operations standards shall meet or exceed the local board of health regulations. Concession safety procedures will be posted at all times the menu shall be posted & approved by the league safety officer and league president



Indicate in the LL Data Center

If your League does not operate concessions:

Little League® Data Center Hometown LL (#2300105) -

2019 Season A Safety Awareness Program (ASAP) Safety Plan

[Home](#) [2019 Season ASAP Safety Plan](#) [Safety Plan Requirements - Concession Stand Safety](#)

Safety Plan Submission Progress

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 - 9. **Concession Stand Safety**
 - 10. Equipment Inspections
 - 11. Accident Reporting
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Concession Safety

Have written safety procedures posted in concession stand; concession manager trained in safe food handling/prep and procedures.

Local restaurant operators are good resources for training assistance.

Training should also cover safe use, care and inspection of equipment.

Safety procedures are required in safety plan even if league does not operate concession stand and outsources to an outside vendor.

Does your league have a concession stand?

Yes, our league has one or more concession stands.

No, our league does not have any concession stands.



Requirement 10

- Require regular inspection and replacement of playing equipment



Example for safety manual

ASAP Plan – Page 6

10. **The League Safety Officer will inspect all equipment in the pre-season.**
 - Managers/ Coaches will inspect equipment prior to each game.
 - Umpires will be required to inspect equipment prior to each game.



Requirement 11

- Implement prompt accident reporting and tracking procedure



Example for safety manual

LITTLE LEAGUE® BASEBALL AND SOFTBALL
ACCIDENT NOTIFICATION FORM
INSTRUCTIONS

AIG

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

- This form must be completed by parents (if claimant is under 18 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.
- 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.
- 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.
- Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- 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.
- 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 _____
 Male Female 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 Yes No School Plan Yes No
 Individual Plan Yes No Dental Plan Yes No

Date of Accident _____ Time of Accident _____ Type of Injury _____
 AM PM

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

Check all applicable responses in each column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	<input type="checkbox"/> TRAVEL TO (Submit a copy of your approval from Little League incorporated)
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> INTERMEDIATE (9/10) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> OTHER (Describe)	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER		

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 _____

ASAP Plan – Page 6

11. Implement Prompt Accident Reporting.

The League will use the provided incident tracking form from the LL website and will provide completed Accident forms to Safety Officer within 24-48 hours of incident. Please see copy of Accident Reporting Form (attached).



Requirement 12

- Require a first-aid kit at each game and practice



Example for safety manual

ASAP Plan – Page 7

12. Each team will be issued an updated **First Aid Kit** and is a requirement to have it at every practice and game.



Requirement 13

- Enforce Little League rules including proper equipment



Example for safety manual

Appendix B Safety Code for Little League

- Responsibility for safety procedures should be that of an adult member of the local league.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, coaches, and umpires should have some training in first-aid. First-Aid Kit should be available at the field.
- No games or practice should be held when weather or field conditions are not good, particularly when lightning is inadequate. (See Lightning Safety Guidelines.)
- Play area should be inspected frequently for holes, damage, glass, and other foreign objects.
- Dugouts and bat racks should be positioned behind screens.
- Only players, managers, coaches, and umpires are permitted on the playing field during play and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose.
- Procedure should be established for retrieving foul balls batted out of the playing area.
- During practice sessions and games, all players should be alert and watching the batter on each pitch.
- During warm up drills, players should be spaced so that no one is endangered by errant balls.
- Equipment should be inspected regularly. Make sure it fits properly.
- Pitching machines, if used, must be in good working order (including extension cords, outlets, etc.) and must be operated only by adult managers and coaches.
- Batters must wear protective NOCSAE helmets during practice, as well as during games.
- Catchers must wear catcher's helmet (with face mask and throat guard), chest protector, and shin guards. Male catchers must wear a protective supporter and cup at all times.
- Except when runner is returning to a base, head first slides are not permitted. This applies only to Little League (Majors) and below.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "Safety Glasses."
- Players must not wear watches, rings, pins, jewelry, hard cosmetic, or hard decorative items.
- Catchers must wear catcher's helmet, face mask, and throat guard in warming up pitchers. This applies between innings and in bullpen practice. Skull caps are not permitted.
- Bating/catcher's helmets should not be painted unless approved by the manufacturer.
- Regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat. This applies only to Little League (Majors) and below.
- Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.

ASAP Plan – Page 7

13. (League Name) will require **ALL TEAMS** to enforce ALL Little League Rules Including:
- a. Proper Equipment for catchers.
 - b. No On-deck batters
 - c. Coaches will not warm up pitchers
 - d. Bases will disengage on all fields

In addition, (League Name) will require all batter's helmets to include a facemask for safety.



Requirement 14

- Submit League Player Registration data to the Data Center



Complete in LL Data Center under League Resources

Little League® Data Center Hometown LL (#2380106) -

Hometown LL (#2380106) Eastern Region | Pennsylvania | District 99
District Administrator: James Ferguson | Email: jferguson@littleleague.org | Phone: [570-326-1921](tel:570-326-1921)

Charter Status

Approved

Tournament Status

Enrollment Opens May 1, 2019.

Background Check Compliance

Not Confirmed

Outstanding Balance

\$0.00

League Resources

- Download Official Logos
- Manage/View Officers
- Manage Registration Data** Last Uploaded 11/8/2018
- Review League Information
- Submit/View 2019 Season ASAP Safety Plan In Progress, Click to Continue
- View District/Region Contact Information
- View League Boundary Map
- View Reports

Teams Chartered

Program	TB	CP	MI	LL	50/70	JR	SR	CH	SC
Baseball	0	0	0	0	0	0	0	0	0
Girls Softball	0	0	0	0	-	0	0	-	-
Boys Softball	0	0	0	0	-	0	0	-	-

Accident Insurance: LLB
Liability Insurance: LLB
Crime Insurance: LLB

Note: For insurance coverage, LLB means that the league has requested insurance coverage but the insurance may not be in effect unless the league's premiums are paid in full.



Requirement 15

- Answer survey question



Complete #15 in LL Data Center

Little League® Data Center Hometown LL: (#2380106) ▾

2019 Season A Safety Awareness Program (ASAP) Safety Plan

[Home](#) [2019 Season ASAP Safety Plan](#) [Safety Plan Requirements - Answer Survey Question](#)

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 - 2. Distribute Safety Manual 🟢
 - 3. Distribute Emergency Numbers 🟢
 - 4. Volunteer Application Form 🟢
 - 5. Fundamentals Training 🟢
 - 6. First Aid Training 🟢
 - 7. Field Inspections 🟢
 - 8. Complete Facility Survey ○
 - 9. Concession Stand Safety 🟢
 - 10. Equipment Inspections 🟢
 - 11. Accident Reporting 🟢
 - 12. First Aid Kits 🟢
 - 13. Enforce Little League Rules 🟢
 - 14. Provide Registration Data 🟢
 - 15. **Answer Survey Question** ▾
- IV. Sign and Submit ○

Answer Survey Question

How many background checks does your league typically perform?

Which background check provider(s) does your league typically utilize?

JDP

First Advantage

Verified Volunteers

Other

✔ Continue

Skip Step



How do Leagues submit their safety manual?

Little League® Data Center

Loyalsock Township LL (#2381210)

Charter Status	Tournament Status ⓘ
✔ Approved	Enrollment Opens in Mid-April.

League Resources

- Download Official Logos
- Manage Insurance
- Manage/View Officers
- Manage Registration Data
- Review League Information
- Submit/View 2018 Season ASAP Safety Plan** (Available until 9/1/2018)
- Submit Background Checks ☑
- View District/Region Contact Information
- View Reports

Submit an ASAP safety manual online in 3 easy steps:

- Upload completed Safety Plan document to the LL Data Center.
- Complete the submission process and confirm that safety manual meets the 15 ASAP requirements.
- Sign and submit safety manual submission.



Go beyond the 15 Requirements

- Leagues should enhance their safety programs based on their individual needs.
- Go to the Little League website for ideas on how to [Enhance your league's safety manual](#)



Questions? Please contact...

Christina Taddeo, Paralegal
Little League Baseball, Incorporated

ctaddeo@littleleague.org

570/326-1921 ext. 2255

