

# Penfield Little League Official Safety Plan

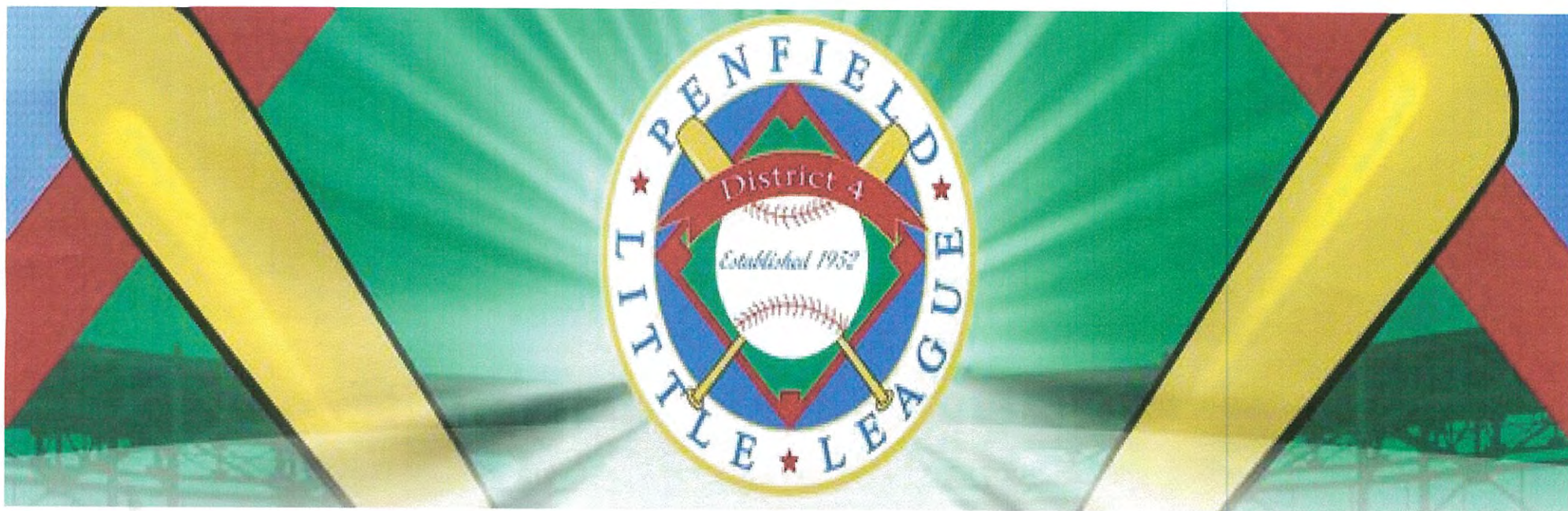
# Penfield Little League Mission Statement

Since 1952 when Penfield Little League was officially chartered by Little League International, the singular mission and drive behind the organization has been to provide a premier youth sports experience for the children of Penfield and surrounding areas. As Penfield Little League celebrates its 60th Anniversary in 2012, that mission remains the same. It is our privilege as Penfield Little League to provide the youth of our chartered area the opportunity to participate in organized baseball and softball competition. Additional activities such as clinics and summer camps provide a baseline from which players can develop their skills and enjoy a game that is still called the national pastime. Sports in general, baseball in particular provide life experiences that help to build the character and integrity in the youth of our baseball community. Penfield Little League is committed to providing a safe and fun experience within the confines of an ever expanding baseball/softball complex, with our partner the Town of Penfield.

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## Section I.

Penfield Little League

Safety Officer: Leo Fusilli

(585)820-4141 or [Prec2144@aol.com](mailto:Prec2144@aol.com)

# View Officer

## Name and Email

First Name \*

Leo

Last Name \*

Fusilli

Email Address \*

prec2144@aol.com

## Address Info

Address 1 \*

17 Golden Locust Cr

Address 2

City \*

Penfield

Country \*

United States

State/Province \*

New York

Zip/Postal \*

14526

## Contact Info

Day Phone \*

585-820-4141

Evening Phone

585-671-3233

Cell Phone

585-820-4141

Fax

## League Roles

League Safety Officer

## Data Center Permissions

Note: some permissions are automatically assigned based on an officer's role(s).  
These permissions cannot be unassigned.

Manage ASAP Plans

Manage Registration Data

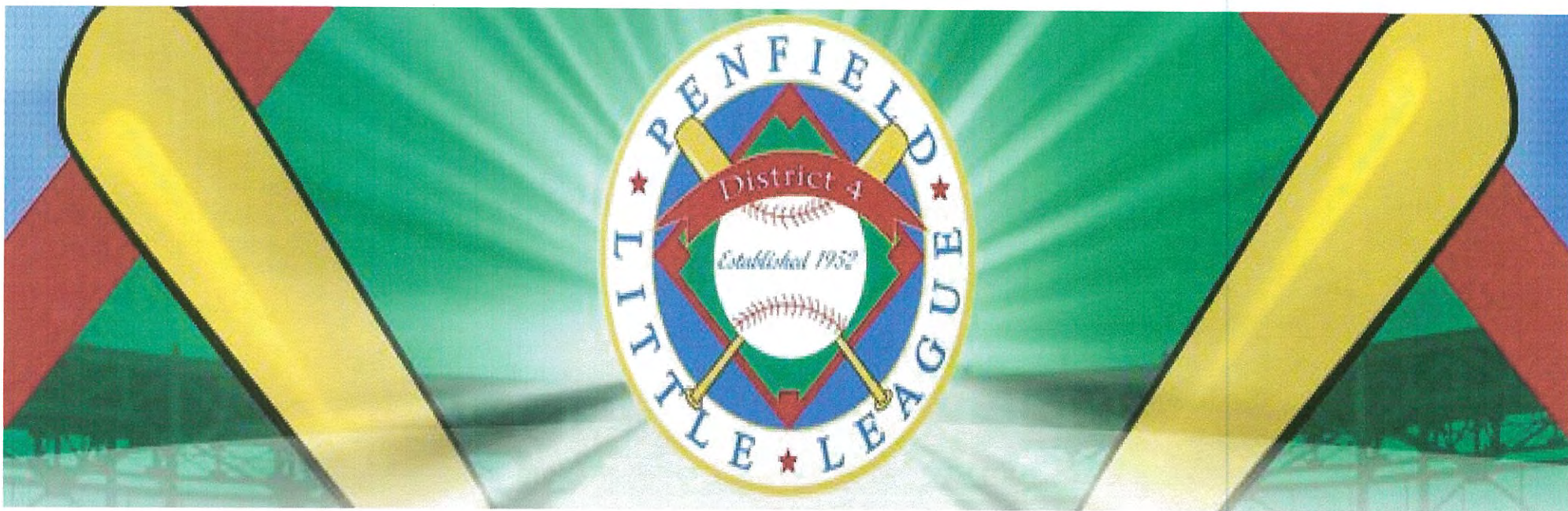
View Registration Data

JORDAN MILNER

ASST. SAFETY OFFICER

585-737-9432





## Section II.

# Penfield Little League Safety Manual for Managers, Coaches and Staff

II.

SAFETY MANUAL IS ON LINE @

PENFIELDBASEBALL.COM

CLICK SAFETY ON THE LEFT COLUMN

CLICK PLAY IT SAFE MANUAL



# 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.

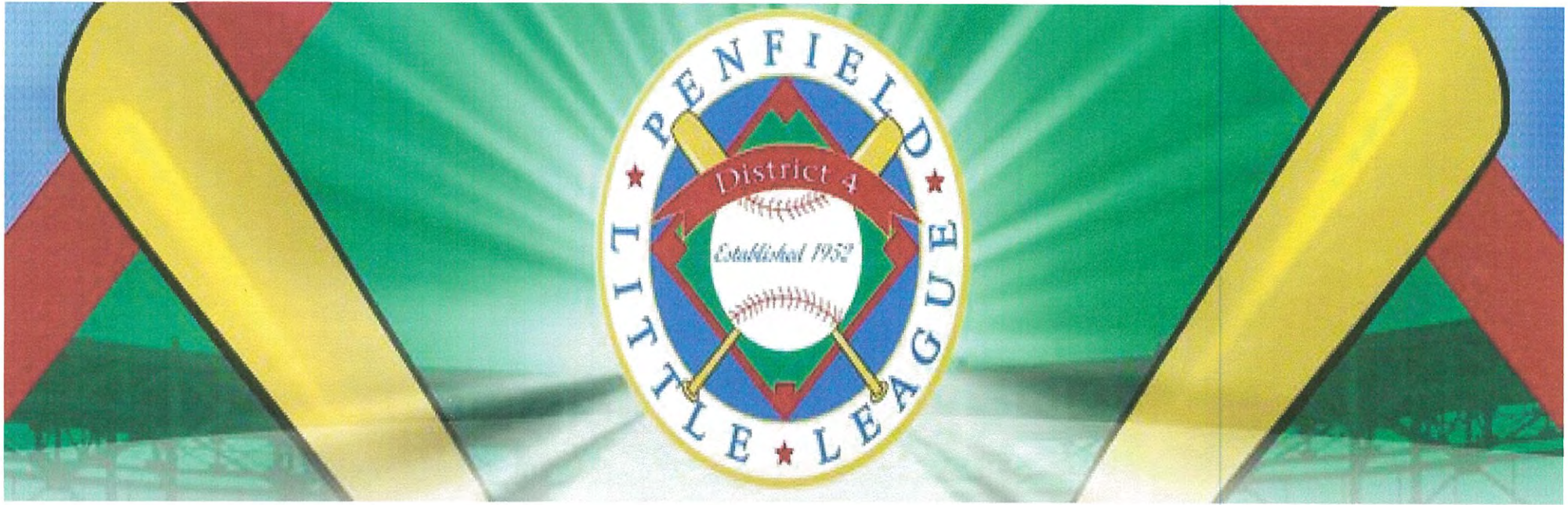
All gates to the field must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.

**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.







### Section III.

## Penfield Little League Safety Manual

### Emergency Phone Numbers

# Emergency Phone Numbers

## **Penfield Ambulance**

872-6060

## **Penfield Fire Department Station #2**

586-2512

## **Strong Memorial Hospital**

275-2100 General Number

275-4551 Emergency Department

## **Penfield Country Club Lightning Report**

377-7050

## Emergency Phone Numbers

**Mike Baxter:** 585-733-1660

**Tom Baxter:** 585-281-2154

**Brian Carnevale:** 585-721-1346

**Leo Fusilli:** 585-820-4141

**Bryan Ray:** 917-207-5797

**John Schoenhardt:** 585-739-1013

**Andy Struzik:** 585-329-7228

**George Touloupas:** 585-738-8808

**Dan Watson:** 607-229-5323

**Dan Whalen:** 585-478-0700

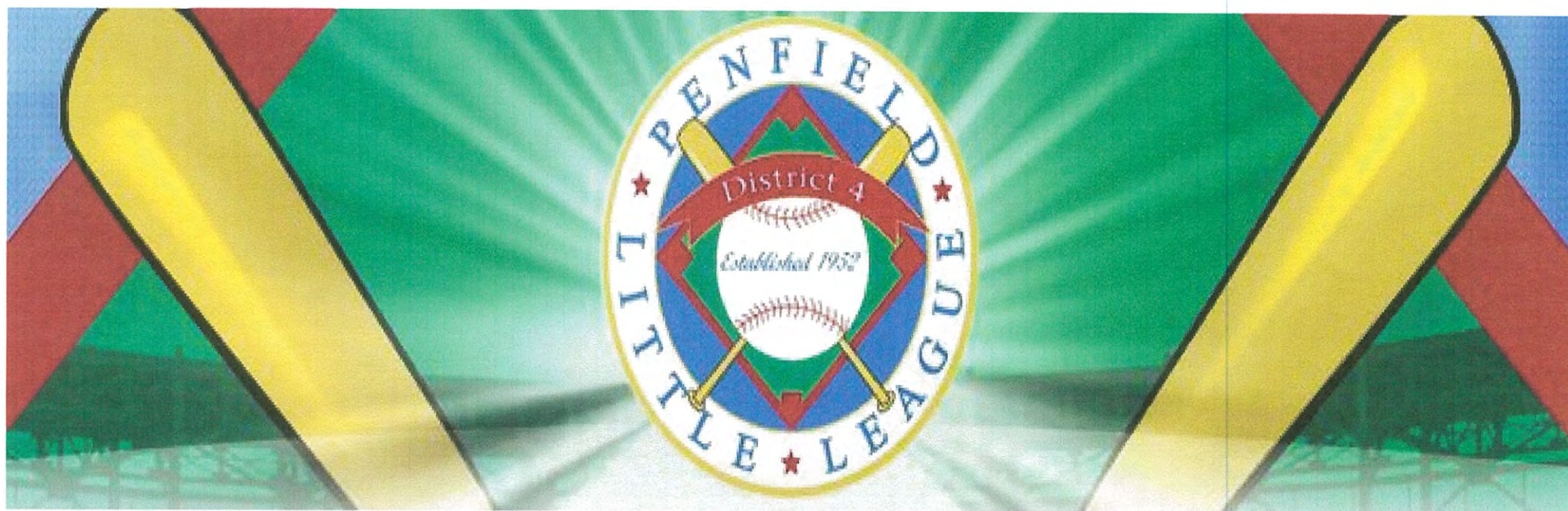
**Brian Wing:** 585-214-9073

**JORDAN MILNER** 585-737-9432



Name	IG	IP	2020 Board Assignment
Agostinelli, Dan	<a href="mailto:agostinellidan544@yahoo.com">agostinellidan544@yahoo.com</a>	585-267-6338	Opening Day Chairman, Pictures
Baxter, Mike	<a href="mailto:mbaxter@rochester.rr.com">mbaxter@rochester.rr.com</a>	585-733-1660	President, Head of Grounds, Pictures
Baxter, Tom	<a href="mailto:tbaxter@rochester.rr.com">tbaxter@rochester.rr.com</a>	585-281-2154	Treasurer, Majors Supervisor, Registration, Field Scheduler
Bell, Kevin	<a href="mailto:ksbell72@gmail.com">ksbell72@gmail.com</a>	585-880-4001	Senior Baseball Supervisor, Age 13 and Older Asst. Grounds
Blask, Eric	<a href="mailto:eric.blask@gmail.com">eric.blask@gmail.com</a>	585-313-2993	Awards Chairman, Social Media & Website Assistant
Carnevale, Brian	<a href="mailto:brian.carnevale@gmail.com">brian.carnevale@gmail.com</a>	585-721-1346	Business Manager, Team, Sign and State Tournament Sponsors
Falbo, Vinnie	<a href="mailto:vfalbo@rpa.net">vfalbo@rpa.net</a>	585-315-9729	Recycling & Field Maintenance, Fall Ball Supervisor
Fredley, Josh	<a href="mailto:josh.fredley@gmail.com">josh.fredley@gmail.com</a>	585-233-1065	Minors A Supervisor
Fusilli, Leo	<a href="mailto:prec2144@aol.com">prec2144@aol.com</a>	585-820-4141	Safety Director
Millner, Jordan	<a href="mailto:jmm@cobblestonescap.com">jmm@cobblestonescap.com</a>		Asst Safety Director
Pipa, Chris	<a href="mailto:cpipa26@yahoo.com">cpipa26@yahoo.com</a>	585-317-1321	AAA Supervisor
Ray, Bryan	<a href="mailto:coachray585@gmail.com">coachray585@gmail.com</a>	917-207-5797	Secretary, Uniforms
Rizzo, John	<a href="mailto:jizzo@rdgandpartners.com">jizzo@rdgandpartners.com</a>	585-734-5487	Sponsorships Team, Sign and State Tournament
Schoenhardt, John	<a href="mailto:jschoenhardt4@yahoo.com">jschoenhardt4@yahoo.com</a>	585-739-1013	Equipment & Awards Procurement
Scozzaro, Mike	<a href="mailto:Mike.Scozzaro@wegmans.com">Mike.Scozzaro@wegmans.com</a>	585-414-1670	Intertown Supervisor
Staversky, Dan	<a href="mailto:dstavers0261@gmail.com">dstavers0261@gmail.com</a>	585-269-8036	Website & Social Media, Volunteer Coordinator
Struzik, Andy	<a href="mailto:astruzik@waynecad.org">astruzik@waynecad.org</a>	585-329-7228	Player Agent & Player/Coach Development
Torchia, Ken	<a href="mailto:kentorchia@hotmail.com">kentorchia@hotmail.com</a>	585-737-9597	Sponsorships Chairman, Team, Signs and State Tournament
Touloupas, George	<a href="mailto:pinok@rochester.rr.com">pinok@rochester.rr.com</a>	585-738-8808	Intertown Supervisor
Watson, Dan	<a href="mailto:daniel.watson@rochesterregional.org">daniel.watson@rochesterregional.org</a>	607.229.5323	VP Softball Ops, Youth Umpire Training & Softball Player Agent
Whalen, Dan	<a href="mailto:whalen14526@gmail.com">whalen14526@gmail.com</a>	585-478-0700	VP Baseball Operations
Whitehead, Dan	<a href="mailto:phooz33@yahoo.com">phooz33@yahoo.com</a>	585-737-3269	Softball Supervisor
Wing, Brian	<a href="mailto:brianwing@hotmail.com">brianwing@hotmail.com</a>	585-214-9073	VP Finance, Ambassador Coordinator
Wright, Dan	<a href="mailto:danielwr31@gmail.com">danielwr31@gmail.com</a>	585-520-9308	Rookies Supervisor
Yerdon, Wendell	<a href="mailto:yerdonbaseball@gmail.com">yerdonbaseball@gmail.com</a>	585-313-5659	AA Supervisor
Kameron Baxter			Umpire Coordinator - Athlete program
			Umpire Coordinator - Professional program

Responsible for Grand Marshall, Parade route,  
 Liason between PLL and LL International and D4, Liason between town grounds and PLL, grounds fields, field prep  
 Head of all financial operations, Head of Majors level baseball, Gives permission for all field use outside of scheduled games



## Section IV.

### Penfield Little League Safety Manual

### Volunteer Applications



# Safety

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## Safety Information

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- Play It Safe
- Common sense about Safety
- Hey Coach - pre-game tasks
- Lightning and Thunder safety
- Don't Swing
- Hydration
- Concussions





# 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](http://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?

If yes, describe each in full: \_\_\_\_\_ Yes ☐ No ☐

(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](http://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.



# 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](http://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? Yes ☐ No ☐

If yes, describe each in full: \_\_\_\_\_

(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.)

☐ League Official ☐ Field Maintenance ☐ Concession Stand

☐ Coach ☐ Manager ☐ Other

☐ Umpire ☐ 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](http://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.

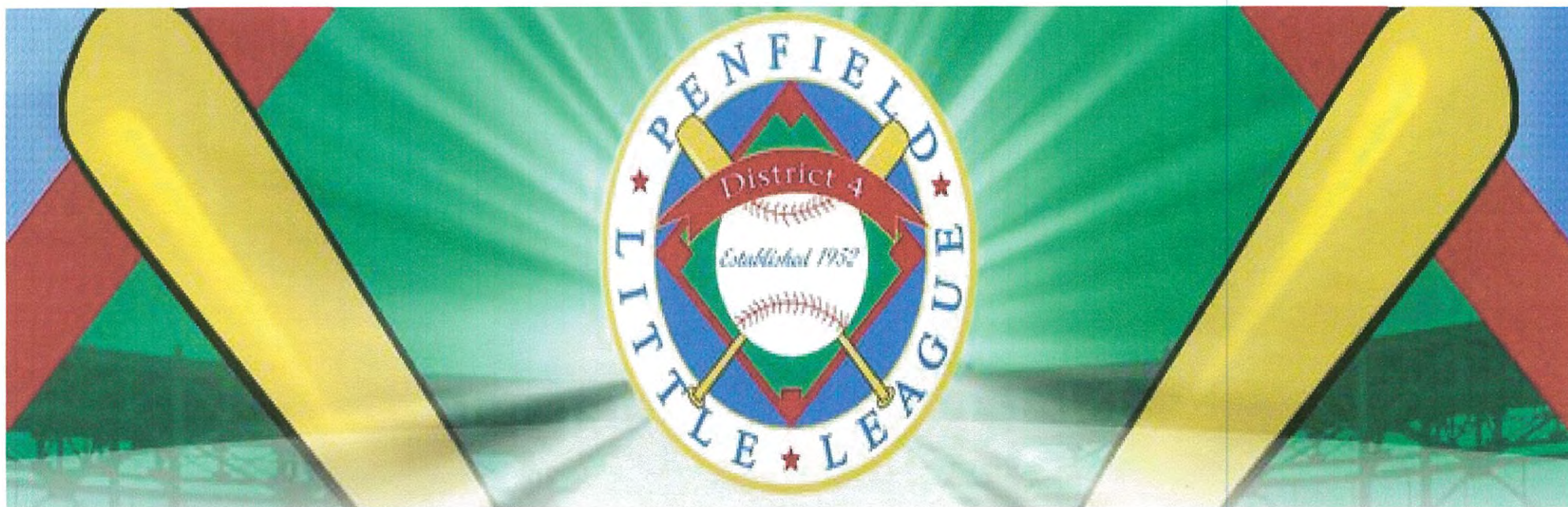
Applicant Name (please print or type) \_\_\_\_\_

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.





## Section V.

Penfield Little League Coaching and Safety Clinic

March 23, 2020 at Penfield Town Hall - 6:30pm





## Managers / Coaches

### Manager & Coaches Information

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- Volunteer Application Form
- Manager Code of Conduct
- Players Medical Form
- Accident Claim Form
- Accident Claim Form Instructions
- Role of Manager/Coach
- Batting Cage Etiquette
- Drills & Practice Information
- Certification Program
- Manager Guideline & Checklist



## Camps and Training



Pitching from the stretch



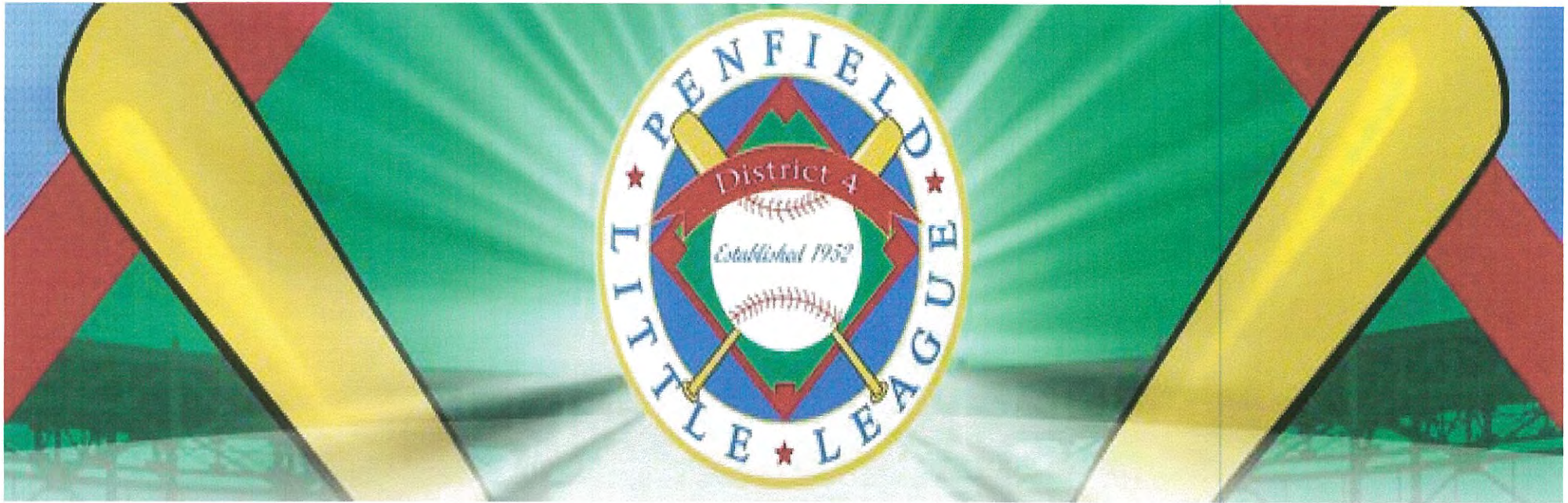
Pitching - Saving energy



Hitting When To Be Ready

Tip 13 More  
Ways to  
Use the Tee

WEBSITE  LEAGUE info forms



## Section VI.

Penfield Little League Umpire & Coaching Clinic, Field Clean Up

Saturday April 25th: 10am-2pm



## Pinch the **2020** First Aid

### **First Aid Training**

- First Aid Training will be held at ~~PENFIELD TOWN~~ Parks and Recreation building on 3/17/20.
- One manager or coach from each team must be present and attendance will be recorded.
- LOCATION is .....
- Due to their training and education, it is not necessary for licensed medical doctors, licensed registered nurses, licensed practical nurses and paramedics to attend first aid training in order to meet the requirement; however, it is recommended that leagues utilize these professionals from their league/community to present the training.
- Other individuals who attend various outside first aid training and courses are **not** exempt.
- Training qualifies a volunteer for 3 years, but one team representative is still needed each year.

### **General First Aid**

#### ***Bleeding***

Heavy bleeding is a medical emergency

#### Treatment of Bleeding

1. Have someone call 911
2. Keep the victim lying down
3. Apply direct pressure to the wound with a clean cloth/gauze pad
4. Hold the pad with a strong bandage with cloth strips, etc.
5. If possible elevate bleeding leg or arm higher than the victim's heart
6. Once bleeding has been controlled:
  - a. Keep the victim warm by covering them with a blanket or coat
  - b. If you suspect the victim to have a neck or spinal cord injury, do not move them.
7. If possible, keep the wound covered and accessible

#### ***Burns***

- Burns can occur from heat [thermal burns] or chemicals
- The main objective of burns is to prevent shock
- Burn Shock: cold, clammy skin with beads of perspiration on the forehead and palms; pale skin color; a cold feeling or shaking chills; nausea; vomiting; or shallow, rapid breathing.
- All major burns should be seen by a doctor
- Do not apply ointments, sprays, antiseptics, or home remedies such as butter or margarine

#### Treatment of Burns

1. Cool the burned area quickly with cold water

2. Place a clean cloth over all burns to protect these areas
3. Keep the victim lying down
4. Give NO fluids by mouth
5. Elevate the victim's legs if possible
6. Call 911

### ***Cuts & Abrasions***

The most important part of caring for minor wounds is preventing infection.

#### Treatment of Cuts & Abrasions

1. Immediately clean the wound with antiseptic cleansing wipe [sting free]. This can be left on the wound.
2. Do not touch the wound with your bare hands or dirty cloths [prevent infections].
3. Hold a sterile pad firmly over the wound until bleeding stops. If bleeding doesn't stop then apply another sterile pad over it. DO NOT remove the first pad.
4. Bandage the wound with tightly wound triangular or rolled bandage.
5. If bleeding does not stop call 911 or take to the nearest emergency room.
6. For deep or gaping wounds get help immediately.

### ***Fractures***

- The main objective is to prevent further injury
- Two types of fractures are
  - Closed: Bone is broken but skin has not been punctured
  - Open: Bone is broken and skin has been punctured

#### Treatment of Fractures

1. If fracture is severe call 911 immediately
2. Do not move the victim if not in danger until fracture has been splinted
3. Leave the fracture as you find it. The splints should be placed on that position.
4. Splints should be long enough to extend beyond and above the joints and below the fracture
5. Any firm material can be used for splints [thick magazines, boards, folded newspaper, etc.]
6. Use clothing or other soft materials to help pad and prevent skin injury

### **2019 MTLB First Aid continued**

7. Fasten the splint with bandages or cloth at a minimum of three sites:
  - a. Below the joint, below the break
  - b. Above the joint, above the break
  - c. Mid break
8. Broken bones in the hand or foot can be immobilized with a pillow or blanket

9. Keep the victim lying down

### ***Shoulder Dislocation***

#### **Treatment of Shoulder Dislocation**

1. Immobilize the affected arm against the person's chest with a triangular bandage or sling
2. Have the victim use the other hand to help support the immobilized arm
3. Get medical help as soon as possible

### ***Sprains & Strains***

- RICE [Rest, Ice, Compression, Elevation]
- Treat the sprain and strain as a fracture if there is any doubt that it is more than a simple sprain or strain.

#### **Treatment of Sprains & Strains**

1. Rest the injured area
2. Ice 12 to 20 minutes every few hours for the first few days
3. Wear an elastic wrap for compression to reduce swelling. Do not cut off circulation by wrapping too tightly.
4. Keep elevated above heart to reduce swelling
5. DO NOT APPLY HEAT for the first 24 hours [heat increases swelling]

### ***Nosebleeds***

#### **Treatment of Nosebleeds**

1. Have the victim sit and lean forward
2. Soft portion of the nose [below the nasal bone] for ten minutes
3. If bleeding does not stop place a rolled gauze or nose plug in one or both nostrils
4. Apply a cold compress or cold pack to the bridge of the nose
5. If bleeding continues call for medical help or go to your nearest emergency room

## **2019 MTLB First Aid continued**

### ***Shock***

- Cold, clammy skin with beads of perspiration on the forehead and palms; pale skin color; a cold feeling or shaking chills; nausea; vomiting; or shallow rapid breathing
- Accompanies severe injury, illness

#### **Treatment of Shock**

1. Call 911
2. Correct the cause of the shock [control bleeding, splint fracture]



3. Keep the victim's airway open
4. If victim vomits: turn head to the side to prevent choking. If you suspect a neck/spinal injury, keep the body alignment straight.
5. Elevate victim's legs if confident that there is not a leg fracture or spinal cord injury
6. Keep the head lower than the trunk of the body if possible
7. Keep warm and comfortable
8. Only give fluids if conscious
9. Reassure the victim

### ***Asthma***

- SEEK EMERGENCY CARE, particularly if:
- Child's wheezing or coughing does not improve after taking prescribed medication. [15-20 minutes for most asthma medications]
- Child's chest or neck is pulling in while struggling to breathe
- Child is having trouble walking or talking
- Child stops playing and cannot start again
- Child's fingernails and/or lips turn blue or gray
- Skin between child's ribs sucks in when breathing

### **Treatment of Asthma**

1. Use doctor prescribed medication for victim
2. Asthma is different for every person
3. **If you are unsure: Call 911 & parents or guardian**

### ***Allergic Reactions***

- The look and feel of an allergic reaction depends on the body part involved and the severity of the reaction. Some reactions affect many areas, while others affect just one area. Reactions to the same allergen vary by individual.
- Anaphylaxis is the term for any combination of allergic symptoms that are rapid, or sudden, and potentially life-threatening. Call an ambulance immediately if you suspect anaphylaxis.

## 2019 First Aid continued

- One sign of anaphylaxis is shock. Shock has a very specific meaning in medicine: The organs of the body are not getting enough blood because of dangerously low blood pressure. Shock may lead rapidly to death. The person in shock may be pale or red, sweaty or dry, confused, anxious, or unconscious.
- Breathing may be difficult or noisy, or the person may be unable to breathe.
- Skin: redness, itching, swelling, blistering, weeping, crusting, rash, eruptions, or hives (itchy bumps or welts)
- Lungs: wheezing, tightness, cough, or shortness of breath
- Head: swelling of the face, eyelids, lips, tongue, or throat; headache
- Nose: stuffy nose, runny nose (clear, thin discharge), sneezing
- Eyes: red (bloodshot), itchy, swollen, or watery
- Stomach: pain, nausea, vomiting, diarrhea, or bloody diarrhea

### Treatment of Allergic Reactions

1. Use doctor prescribed medication for victim
2. Allergic reactions are different for every person
3. Refer to Player Registration sheet for allergies and Instructions
4. **If you are unsure: Call 911 & parents or guardian**

## Concussion Training/Awareness

- All managers/coaches are required to take the new online HEADS UP to Youth Sports: Online Training for Coaches.
- All players are required to review & sign the online HEADS UP to Youth Sports: Online player/parent information forms.
- The website is: <http://www.cdc.gov/HeadsUp/youthsports/training/index.html>
- Both coaches & players need to upload their signed forms to the MTLB website.

## Management of Concussion in Sports

### Grades of Concussions

Grade 1	Grade 2	Grade 3
<ol style="list-style-type: none"><li>1. Transient Confusion [Inattention, inability to maintain coherent stream of thought and carry out goal-directed movements]</li><li>2. No Loss of Consciousness</li><li>3. Concussion Symptoms or mental status abnormalities on examination resolve in <b>less</b> than 15 minutes</li></ol>	<ol style="list-style-type: none"><li>1. Transient Confusion</li><li>2. No Loss of Consciousness</li><li>3. Concussion symptoms or mental status abnormalities [including amnesia] on examination last <b>more</b> than 15 minutes</li></ol>	<ol style="list-style-type: none"><li>1. Any Loss of Consciousness</li></ol>

### Management Recommendations

Grade 1	Grade 2	Grade 3
<ol style="list-style-type: none"><li>1. Remove from contest</li><li>2. Examine immediately and at 5 minute intervals for the development of mental status abnormalities or post-concussive symptoms at rest and with exertion</li><li>3. May return to contest if mental status abnormalities or post-concussive symptoms clear within 15 minutes</li></ol>	<ol style="list-style-type: none"><li>1. Remove from contest and disallow return that day</li><li>2. Examine on-site frequently for signs of evolving intracranial pathology</li><li>3. A trained person should re-examine the athlete the following day</li><li>4. A physician should perform a neurological examinations to clear the athlete for return to play after 1 full asymptomatic week at rest and with exertion</li></ol>	<ol style="list-style-type: none"><li>1. Transport the athlete from the field to the nearest ER by ambulance if still unconscious or if worrisome signs are detected</li><li>2. A thorough neurological exam should be performed</li><li>3. Hospital admission may be required if signs and symptoms are still present</li></ol>

Concussion Review continued

### When to Return to Play

Grade of Concussion	Return to play only after being asymptomatic with normal neurological assessment at rest and with exercise
Grade 1	15 Minutes or Less
Multiple Grade 1	1 week



<b>Grade 2</b>	1 week
<b>Multiple Grade 2</b>	2 weeks
<b>Grade 3 – Brief loss</b>	1 week
<b>Grade 3 – Prolonged</b>	2 weeks
<b>Multiple Grade 3</b>	1 month or longer based on decision of evaluating physician

#### Features of Concussion Frequently Observed

1. Vacant stare
2. Delayed verbal and motor responses [slow to answer questions or follow instructions]
3. Confusion and inability to focus attention
4. Disorientation [walking in the wrong direction, unaware of time, date, place]
5. Slurred or incoherent speech [making disjointed or incomprehensible statements]
6. Gross observable problems with coordination [stumbling, cannot walk a straight line]
7. Emotions out of proportion to circumstances [distraught, crying for no apparent reason]
8. Memory deficits [inability to memorize, recall 3 of 3 words or objects in 5 minutes]
9. Any period of loss of consciousness

#### *Sideline Evaluation*

<b>Mental Status Testing</b>	
<b>Orientation:</b>	Time, place, person and situation [circumstances of injury]
<b>Concentration:</b>	Digits backwards (3-1-7, 4-6-8-2), months of the year in reverse order.
<b>Memory:</b>	Names of team in prior contest. Recall 3 word or objects at 0 and 5 minutes.

<b>External Provocative Tests</b>	<b>Neurological Tests</b>
40 yard sprint	Strength
5 Push ups	Coordination and Agility

*Any appearance of symptoms: headache, dizziness, nausea, and blurred or double vision after testing should not return to play.*

# **SAFETY PLAN FOR PENFIELD LITTLE LEAGUE**

1. Be organized: ice kits/first aid kit/ clean towels
2. Never Leave early
3. Have at least two adults at every event
4. Be suspicious of everyone
5. Have cell phone with emergency numbers
6. It is your responsibility to protect the children
7. Be aware of the weather/ never a second thought
8. Put player in safe position
9. If equipment is bad, throw it away
10. Make sure all equipment is up to date and fits well
11. Slide away and never head first
12. No jewelry only medical alert
13. Dress according to the weather, layer if cold and light if warm
14. Keep up good hydration and be aware of it
15. Communicate
16. Keep an emergency medical list of children
17. Check the field for glass, rocks, etc.
18. AED in Rose's Cafe and the 2nd is on the golf cart
19. If injured, stabilize the injured area and get help
20. If one is not breathing, get help, rescue breathing, CPR
21. Report all incidents to supervisor and fill out a claim
22. Do not panic

Pitch count, Pay attention to the USA rules  
If the arm is sore, the arm is done

## Lightning Safety

### Lightning Facts

- Each year about 400 children and adults in the United States are struck by lightning while working outside, at sporting events, and other outdoor activities
- On average 10% of strike victims die and 70% of survivors suffer serious long-term effects
- Lightning strikes can be as far as 10 miles away from rainfall
- If you hear thunder, lightning is not far behind
- Look for dark clouds and increasing winds.

### Safety Rules

- Postpone activity promptly. Don't wait for rain! Take shelter in a grounded building with water and electricity, or in a car.
- Be at the lowest point. Lightning hits the tallest object.
- Keep an eye on the sky. Look for darkening skies, flashes of lightning, or increasing wind, which all can be signs of an approaching thunderstorm.
- Listen for the sound of thunder. If you hear thunder, go to the closest safe shelter.
- Avoid metal and stay away from trees.
- Listen to local weather reports.

### What to do if someone is struck by lightning

1. Call 911
2. Give first aid. If the person has stopped breathing, have a trained professional administer CPR.
3. People who are struck carry no electrical charge that can shock another person. You can examine an individual without risk.

### Principle Lightning Safety Guide

- The MHSAA says that when thunder is heard or lightning is seen athletes are not to return to the playing field until the thunder and lightning are absent for 30 minutes
- Use the 30-30 rule. When you see lightning, count the time until you hear thunder. If that time is 30 seconds or less, the thunderstorm is within 6 miles of you. Seek shelter immediately!

DUGOUTS ARE NOT APPROVED



## **2020 LLB Emergency Contacts & Safety Plans continued**

### **League Lightning Policy Application**

#### T-Ball and Coach Pitch Divisions

1. At the first observation of lightning by any manager, coach, player or spectator, the home team manager will indicate suspension of play. All play on all area diamonds will be immediately suspended. The home team manager will be responsible for timing the 15-minute suspension period. Managers, coaches and players are to leave the diamond and wait at their cars. Managers, coaches and players are not to leave the field unless released by the home team manager.
2. If lightning is observed again in less than 15 minutes, the home team manager will restart the timing for a new 15 minute period
3. If the suspension period exceeds 20 minutes the Home Team manager will indicate game is cancelled. Umpires, managers, coaches and players are released.
4. If no lightning is observed after the 15-minute suspension period, the home team manager will indicating play will resume.

#### Big League, Senior, Intermediate, Major, & Minor Divisions

1. At the first observation of lightning by any manager, coach, player or spectator, the umpire will indicate suspension of play. All play on all area diamonds will be immediately suspended. The umpire will be responsible for timing the 15-minute suspension period. Managers/coaches and players are to leave the diamond and wait at their cars. Managers/coaches and players are not to leave the field unless released by the umpire.
2. If lightning is observed again in less than 15 minutes, the umpire will restart the timing for a new 15 minute period.
3. If the suspension period exceeds 20 minutes, the umpire will indicate that the game is cancelled. Umpires, managers/coaches and players are released.
4. If no lightening is observed after the 15-minute suspension period, the umpire indicates play will resume.



## HEAT INDEX PROCEDURES

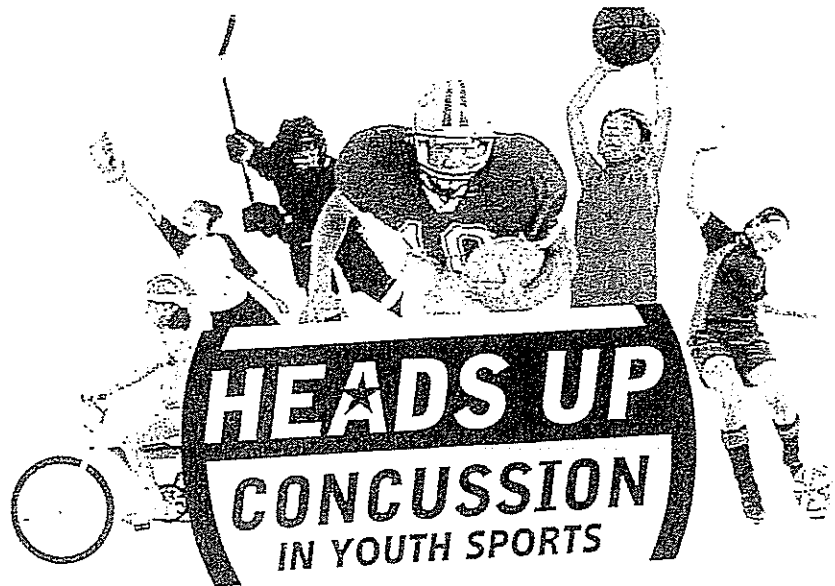
### Administration of Heat Index Procedures:

- Heat index will be checked 1 hour before the contest/practice by a certified athletic trainer, athletic director, or school designee when the air temperature is 80 degrees (Fahrenheit) or higher.
- The athletic trainer, athletic director, or school designee will use the [accuweather.com](http://accuweather.com) website to determine the heat index for the area of the contest/practice. The [accuweather.com](http://accuweather.com) website can be reached through the NYSPHSAA website. Once a person is on the [accuweather.com](http://accuweather.com) website, they will put in the zip code for the location of the contest/practice and the website will give them the air temperature as well as the RealFeel temperature (heat index).
- If the RealFeel temperature (heat index) is 90 degrees or above, the athletic trainer, athletic director, or school designee must re-check the RealFeel (heat index) at halftime or midway point of the contest. If the RealFeel (heat index) temperature is 96 degrees (Fahrenheit) or more, the contest will be suspended.

Please refer to the following chart to take the appropriate actions:

	RealFeel (Heat Index) under 79 degrees	Full activity. No restrictions
<b>R E C O M M E N D E D</b>	Heat Index Caution: RealFeel (Heat Index) 80 degrees to 85 degrees	Provide ample water and multiple water breaks. Monitor athletes for heat illness. Consider reducing the amount of time for the practice session.
	Heat Index Watch: RealFeel (Heat Index) 86 degrees to 90 degrees	Provide ample water and multiple water breaks. Monitor athletes for heat illness. Consider postponing practice to a time when RealFeel temp is lower. Consider reducing the amount of time for the practice session. 1 hour of recovery time for every hour of practice (ex. 2hr practice = 2hr recovery time).
	Heat Index Warning: RealFeel (Heat Index) 91 degrees to 95 degrees	Provide ample water and water breaks every 15 minutes. Monitor athletes for heat illness. Consider postponing practice to a time when RealFeel temp is much lower. Consider reducing the amount of time for the practice session. 1 hour of recovery time for every hour of practice (ex. 2hr practice = 2hr recovery time). Light weight and loose fitting clothes should be worn. For Practices only Football Helmets should be worn. No other protective equipment should be worn.
<b>REQUIRED</b>	Heat Index Alert: RealFeel (Heat Index) 96 degrees or greater	No outside activity, practice or contest, should be held. Inside activity should only be held if air conditioned.

Approved May 1, 2010



## SIGNS AND SYMPTOMS

These signs and symptoms may indicate that a concussion has occurred.

### SIGNS OBSERVED BY COACHING STAFF

Appears dazed  
or stunned

Is confused about  
assignment or position

Forgets sports plays

Is unsure of game,  
score, or opponent

Moves clumsily

Answers questions slowly

Loses consciousness  
(even briefly)

Shows behavior or  
personality changes

Can't recall events  
prior to hit or fall

Can't recall events  
after hit or fall

### SYMPTOMS REPORTED BY ATHLETE

Headache or  
"pressure" in head

Nausea or  
vomiting

Balance problems  
or dizziness

Double or blurry vision

Sensitivity to light

Sensitivity to noise

Feeling sluggish, hazy,  
foggy, or groggy

Concentration  
or memory problems

Confusion

Does not "feel right"

## ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

## IMPORTANT PHONE NUMBERS

FILL IN THE NAME AND NUMBER OF YOUR LOCAL HOSPITAL(S) BELOW:

Hospital Name: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

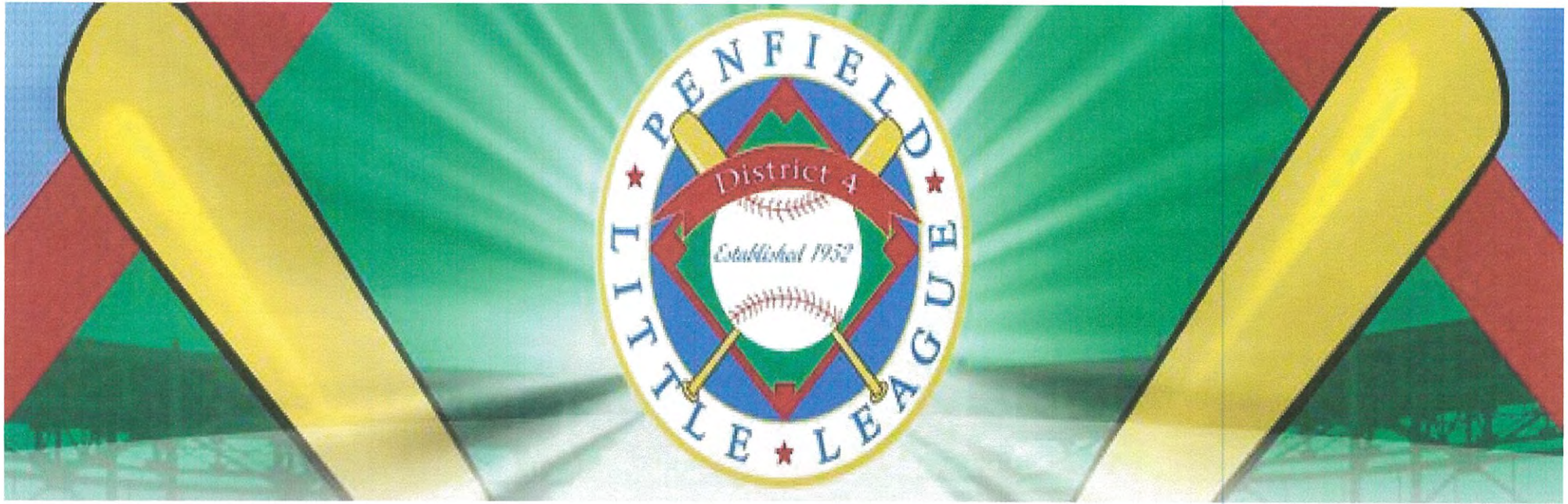
Hospital Phone: \_\_\_\_\_

For immediate attention, CALL 911

**If you think your athlete has sustained a concussion, take him/her out of play, and seek the advice of a health care professional experienced in evaluating for concussion.**

For more information and to order additional materials free-of-charge, visit:  
[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)











## Section VII.

### Penfield Little League Field Hazard Report



## **HAVE YOU:**

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-  **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**



## Facility and Field Inspection Checklist

Facility Name \_\_\_\_\_

Inspector \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

- ☐ Holes, damage, rough or uneven spots
- ☐ Slippery Areas, long grass
- ☐ Glass, rocks and other debris & foreign objects
- ☐ Damage to screens, fences edges or sharp fencing
- ☐ Unsafe conditions around backstop, pitchers mound
- ☐ Warning Track condition
- ☐ Dugouts condition before and after games
- ☐ Make sure telephones are available
- ☐ Area's around Bleachers free of debris
- ☐ General Garbage clean-up
- ☐ Who's in charge of emptying garbage cans
- ☐ Conditions of restrooms and restroom supplies
- ☐ Concession Stand inspection

NOTES/ HAZARDS

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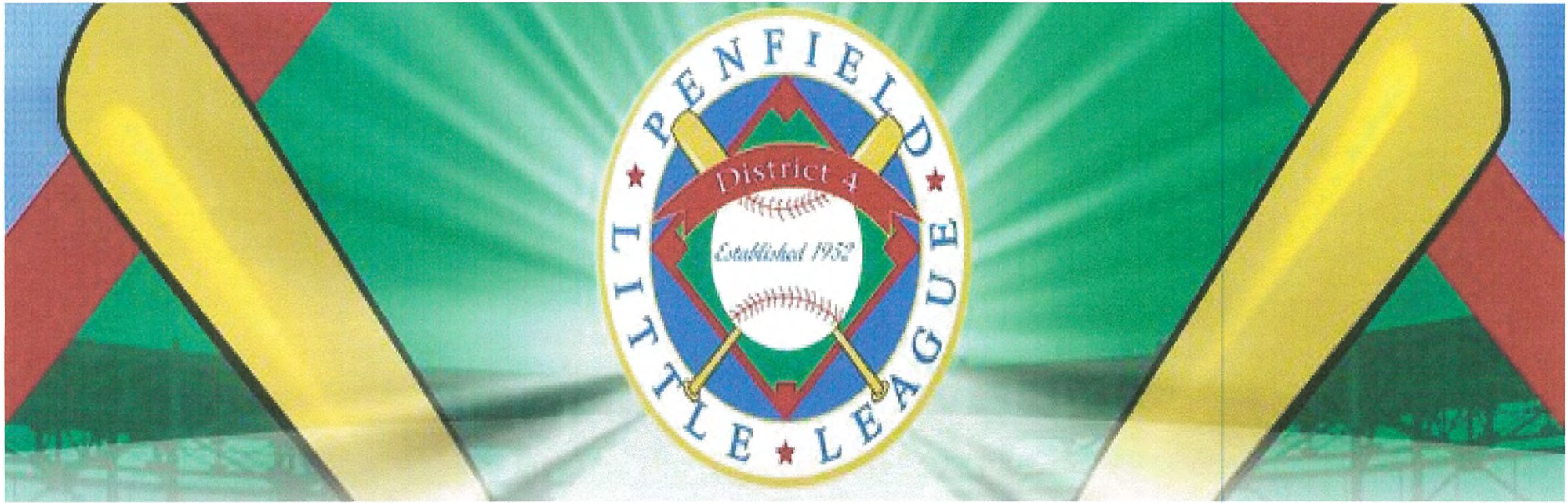
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Signature \_\_\_\_\_

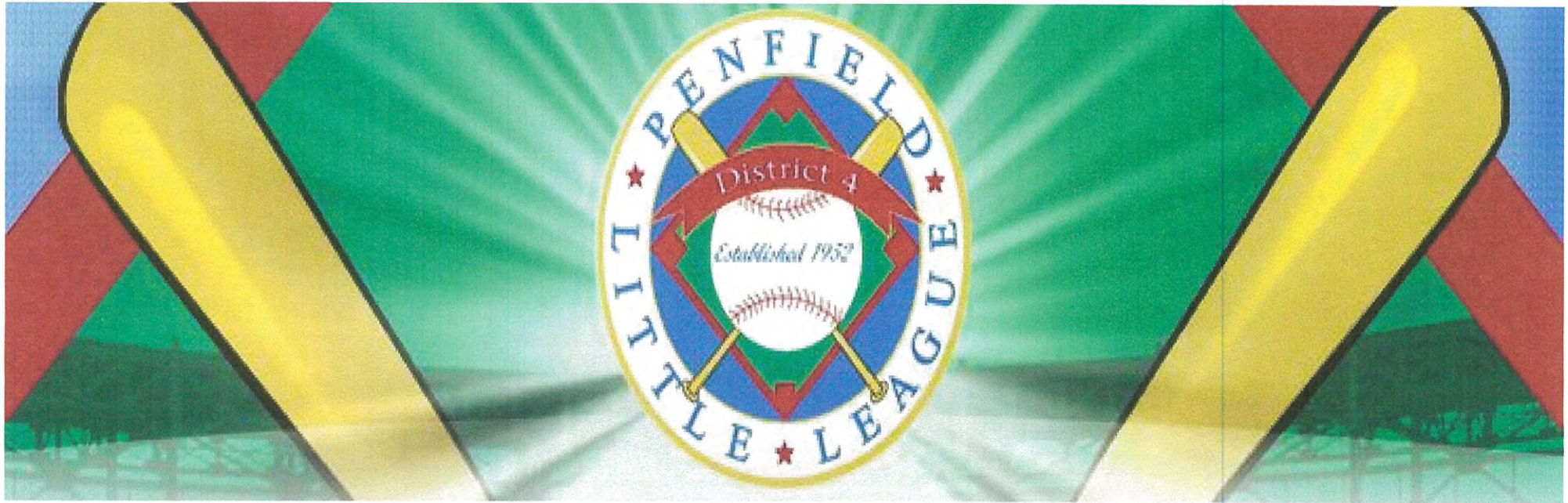




## Section VIII.

Penfield Little League Facility Survey

Available Online at [ASAPlittleleague.com](http://ASAPlittleleague.com)



## Section IX.

### Penfield Little League Concession Stand Safety



# 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.



# The Heimlich Maneuver

*The Heimlich Maneuver is an emergency method of removing food or foreign objects from the airway to prevent suffocation.*

*When approaching a choking person, one who is still conscious, ask: "Can you cough? Can you speak?"*

*If the person can speak or cough, do not perform the Heimlich Maneuver or pat them on the back. Encourage them to cough.*

## **To perform the Heimlich:**

- Grasp the choking person from behind;
- Place a fist, thumb side in, just below the person's breastbone (sternum), but above the naval;
- Wrap second hand firmly over this fist;
- Pull the fist firmly and abruptly into the top of the stomach.

*It is important to keep the fist below the chest bones and above the naval (belly button).*

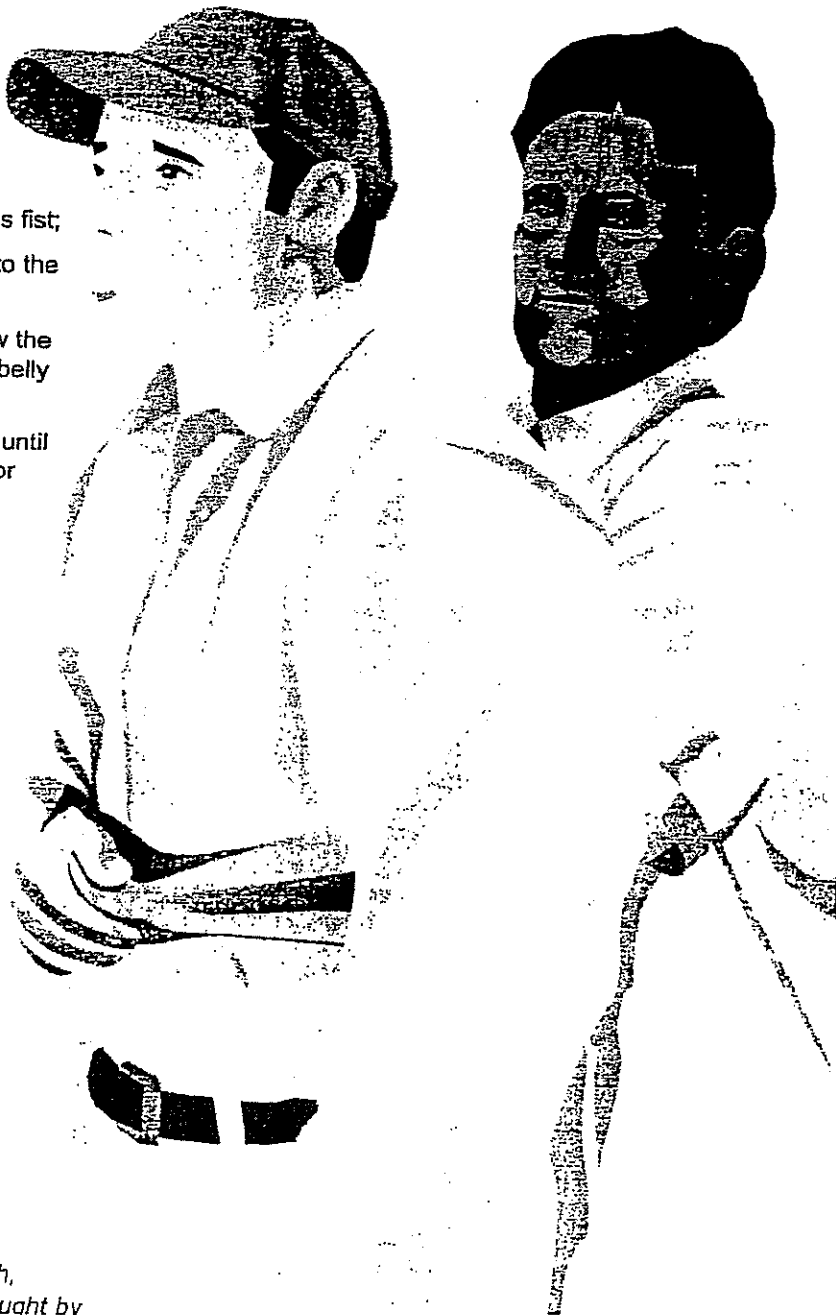
*The procedure should be repeated until the airway is free from obstruction or until the person who is choking loses consciousness (goes limp). These will be violent thrusts, as many times as it takes.*

## **For a child:**

- Place your hands at the top of the pelvis;
- Put the thumb of you hand at the pelvis line;
- Put the other hand on top of the first hand;
- Pull forcefully back as many times as needed to get object out or the child becomes limp.

*Most individuals are fine after the object is removed from the airway. However, occasionally the object will go into one of the lungs. If there is a possibility that the foreign object was not expelled, medical care should be sought.*

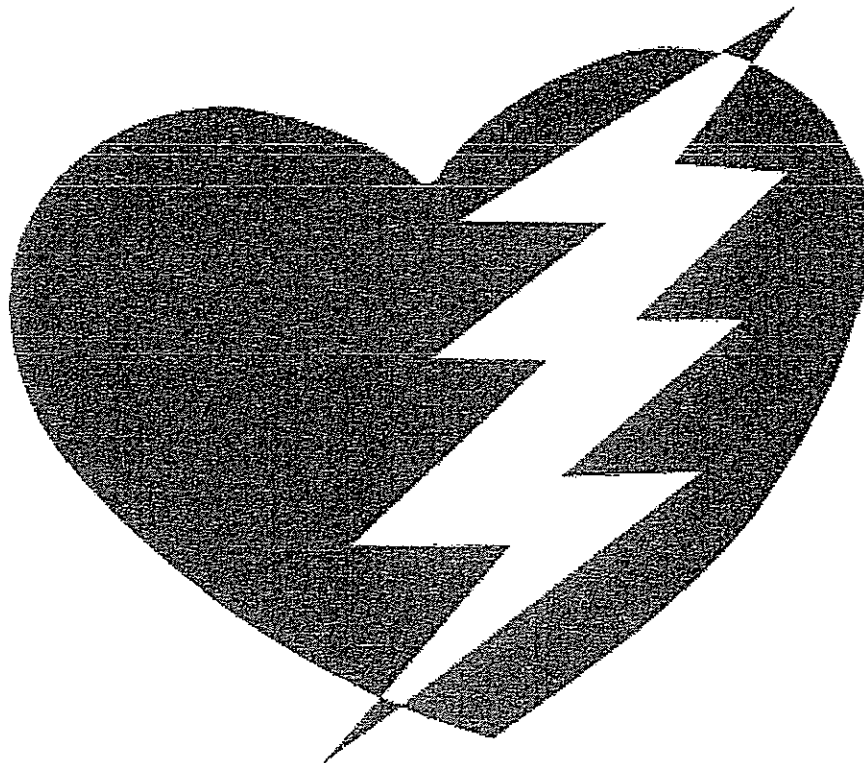
*If the object cannot be removed completely by performing the Heimlich, immediate medical care should be sought by calling 911 or going to the local emergency room.*



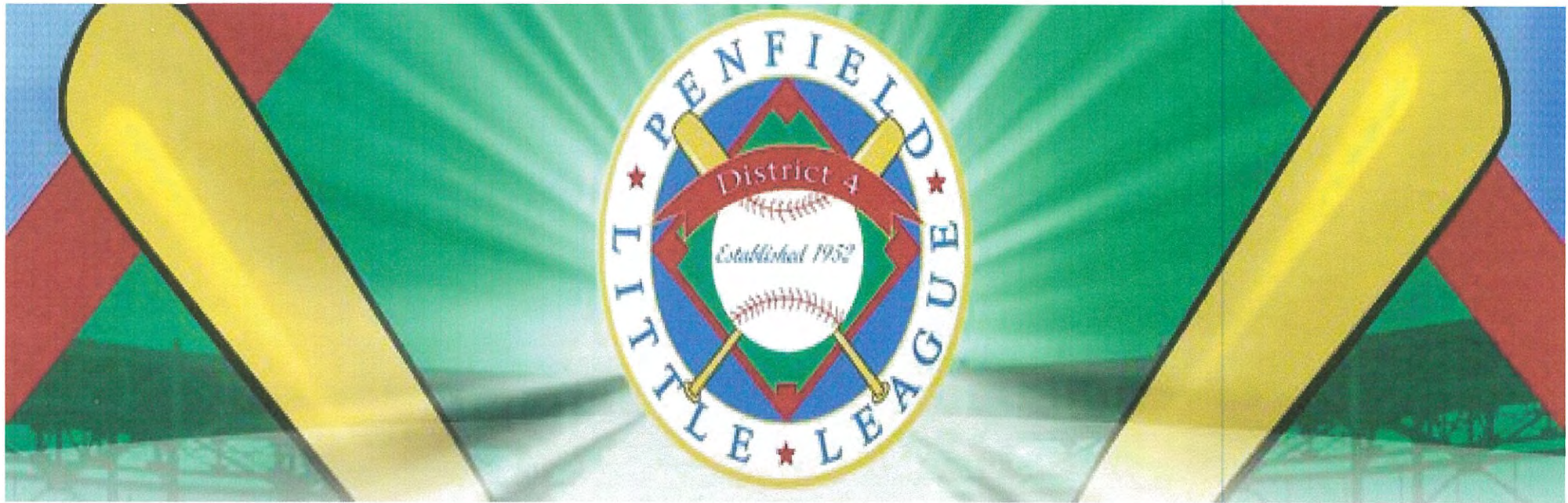
**AUTOMATED  
EXTERNAL  
DEFIBRILLATOR**

**AED**

**LOCATED @  
CONCESSION STAND**







## Section X.

### Penfield Little League Inspection Of Equipment



# 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

- ☐ 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> 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 1<sup>st</sup> 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**



**PLEASE NOTE THAT ALL  
EQUIPMENT IS TO BE INSPECTED  
PRIOR TO ALL PRACTICES AND  
GAMES.**

**HELMETS SHOULD FIT PROPERLY  
AND HAVE NO CRACKS.**

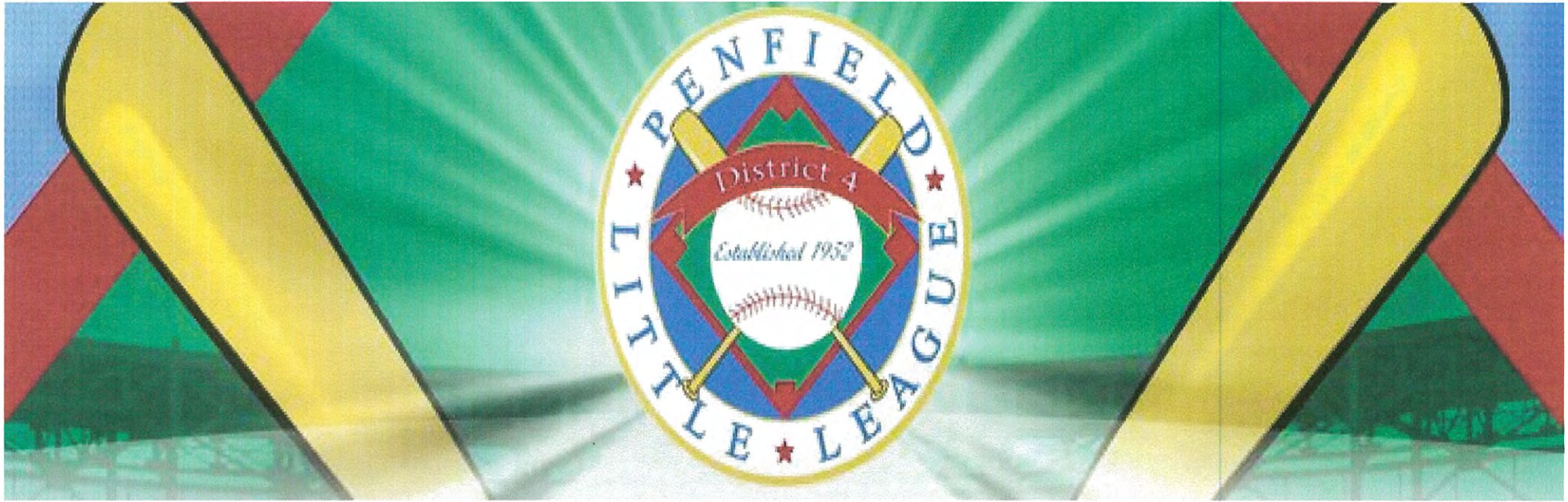
**BAT HANDLES(GRIPS) ARE TO BE  
SECURE.**

**CATCHERS EQUIPMENT HAS TO  
FIT PROPERLY.**

**MALE AND FEMALE PROTECTORS  
MUST BE USED.**

**DISCARD ANY/ALL DAMAGED  
EQUIPMENT AND OBTAIN  
REPLACEMENTS FROM PLL**





## Section XI.

### Penfield Little League Accident Reports and Tracking Records

**In the event of an injury, that require may require medical attention, where a possible claim may be sent to Little League, then follow this protocol:**

- 1) Incident/Injury Tracking Form (for league use only) MUST BE FILLED OUT BY MANAGER OR SUPERVISOR 24-48HRS OF INCIDENT and submitted to the League Safety Officer or League President
- 2) Accident Claim Form Instructions (information for the parents)
- 3) Accident Claim Form Part 1 is filled out by the parent, Part 2 is filled out by Safety Officer (20 day period) Parents should fill out this form with the Safety Officer or President
- 4) The Accident Form **MUST** be faxed to Little League by the Safety Officer
- 5) There is a 50.00 deductible per claim to the parent, not the League....

SAFETY OFFICER:

LEO FUSILLI  
PREC2144@AOL.COM  
FAX: 585-424-6141  
CELL: 585-820-4141

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 NUFIL 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's/guardian's or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIL 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, Pa. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions.

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.



### **WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE**

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league.

The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer.

If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a \$50.00 deductible per claim, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

**If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:**

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. 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 a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial 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 after the 52-week time limit when:

(a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.

(b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of:

1. A maximum of \$1,500 or
  2. Reasonable Expenses 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 occurs. No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.

Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy. We hope this brief summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program.

**In the event of an injury that may require medical attention, where a possible claim may be sent to Little League International, please adhere to the following protocol:**

1. Incident/Injury Tracking Form (for league use only) MUST BE FILLED OUT BY MANAGER OR SUPERVISOR 24-48 HRS. OF INCIDENT and submitted to the League Safety Officer or League President
2. Accident Claim Form Instructions (information for the parents)
3. Accident Claim Form Part 1 is filled out by the parent. Part 2 is filled out by Safety Officer.

**Parents should fill out this form with the Safety Officer or President.\***

4. The Accident Form MUST be faxed to Little League International by the Safety Officer.
5. There is a 50.00 deductible per claim to the parent, not the League....

## PENFIELD LITTLE LEAGUE

PENFIELDBASEBALL.COM

AMERICAN ID# 232-04-15

CONTACT LEAGUE SAFETY OFFICER IN 24-48 hrs.

### WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a **\$50.00 deductible per claim**, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events. If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. 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 a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial 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 after the 52-week time limit when:
  - a. Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
  - b. If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of:
    1. A maximum of \$1,500 or
    2. Reasonable Expenses 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 occurs.

No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.

Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program.





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

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

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

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

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

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

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

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

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

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

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

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

**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

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

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

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

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

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

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

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

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

# Incident/Injury Tracking Report

## A Safety Awareness Program – Activities/Reporting

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

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

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

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

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

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

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

### Incident occurred while participating in:

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

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

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

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

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

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

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

### Type of incident and location:

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

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

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

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

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

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





# Little League Baseball and Softball MEDICAL RELEASE



NOTE: To be carried by any Regular Season or Tournament  
Team Manager together with team roster or International Tournament affidavit.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN AUTHORIZATION: \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified  
Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ League/Group ID#: \_\_\_\_\_

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player
------	-------	------------------------

Name	Phone	Relationship to Player
------	-------	------------------------

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

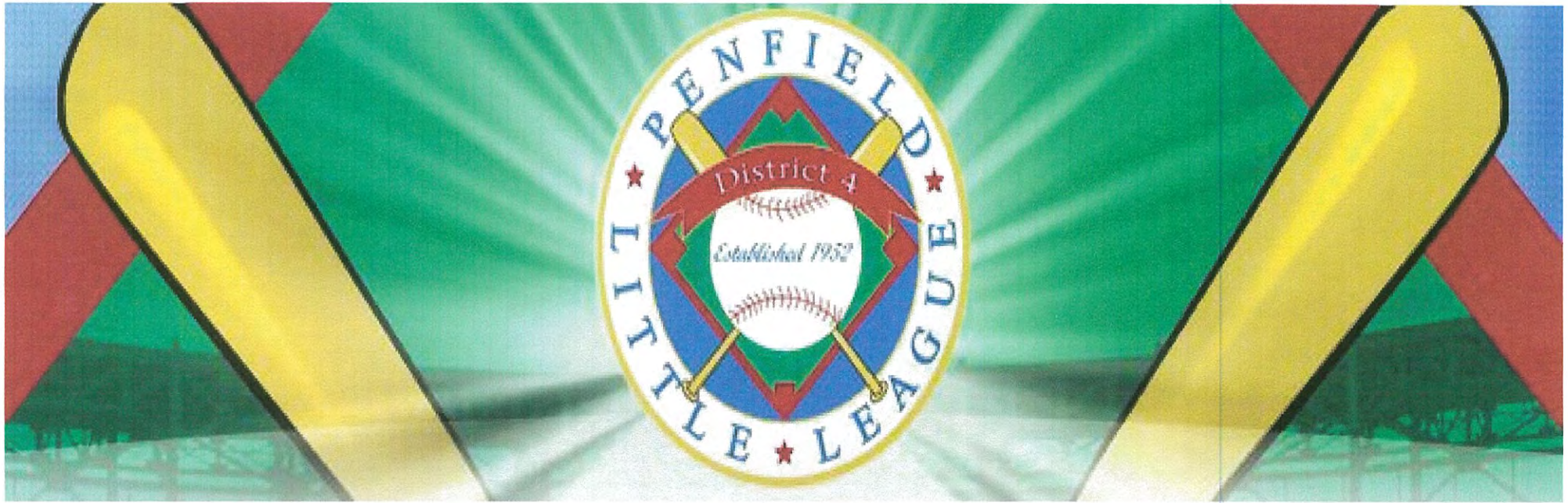
Mr./Mrs./Ms. \_\_\_\_\_  
Authorized Parent/Guardian Signature Date: \_\_\_\_\_

## FOR LEAGUE USE ONLY:

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.  
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.



## Section XII.

### Penfield Little League First Aid and Ice Packs

**#12**

**FIRST AID KIT**

**A FIRST AID  
IS PROVIDED TO EACH AND VERY  
TEAM**

**THE KIT CAN HANDLE UP TO A  
NINE PERSON CAPACITY**

**ICE PACKS ARE ALSO ISSUED/  
THREE PER TEAM**

**A FIRST AID KIT IS ALWAYS  
AVAILABLE @ THE CONCESSION  
STAND**



# 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 First Aid Kits

New this year! 4 First Aid Kit options geared to sport injuries. The Sport First Aid Kit (contents below), Mini Sport First Aid Kit, Personal Sport First Aid Kit and the Grab & Go Wound Care Pack. A Unique feature: In 5-7 Days in stock kits, refill packs and cold packs can be ordered by phone 1-760 720 2842 or online - [www.fyrstusa.com](http://www.fyrstusa.com).

- 26 Antimicrobial Skin wipes (Kill MRSA)
- 2 Athletic Tape 1.5" x 15yd. rolls
- 20 Bandages 1" x 3"
- 6 Bandages, Large 2" x 4.5"
- 1 Blister Pad Kit
- 1 Blot Blood-Off-Cloth 4.oz bottle w/blot cloth
- 1 Cold Pack Holder w/ hook and loop 6" x 30"
- 4 Cold Packs-Instant 6" x 8.75"
- 1 Elastic Wrap 3" x 5yd. roll
- 1 Eye/ Wound Wash 4.oz bottle
- 10 Gloves- Latex Free
- 1 Ice Bag Re-useable 9"
- 1 Pre-Wrap 2.75" x 30yd roll
- 1 Scissors - Lister Bandage/Blunt tip 4.5"
- 3 Grab & Go Wound Care Packs

### Little League First Aid Kit

**Recommended First Aid kit supplies are as follows:**

- 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



# First Aid Clinics

## Requirement 6

"Thanks for getting back to me in a timely fashion. The outline would be great!!! I think I will have had the clinic by the time the next newsletter comes out. As far as format and instructors, I am all set. One of the local firefighters is also an EMT. He did the clinic last year. It was a HUGE success. Stoughton Little League has been around for nearly 50 years and we have never had a safety plan. It is amazing how we survived without it! Kudos to Williamsport and Musco Lighting for ASAP's success. I should be able to formulate a clinic with whatever outline you send."

Thank You,  
Paul McKeen  
Stoughton, MA  
District 8

First, you should know Little League is phasing out the Emergency Management Training Program. However, even without the Emergency Management Training Program, you can put together a quality first aid training class to meet the requirements of first aid training for your coaches and managers. You don't have to follow the specifics of any set program, just get the PRICES – Protection, Rest, Ice, Compression, Elevation, and Support (or RICE or PRICE, whatever you use) – idea into participants' heads and talk about the specifics of first aid and injury prevention for specific baseball/softball injuries.

Start with basic terminology (contusion, laceration, etc.), and give the most up-to-date techniques for preventing sports injuries. Help attendees understand and differentiate between mild, moderate and severe injuries and the appropriate actions to take in each category. Teach appropriate first aid techniques for the injuries they will encounter.

**Basic issues with baseball/softball would be:**

- Contusions
- Muscle pulls and strains

- Over-use injuries
- Sprains
- Fractures
- Injuries to small joints
- Facial injuries
- Injuries to teeth
- Eye injuries
- Insect bites and stings
- Heat illness
- Triage and Emergency Management

Help design an emergency plan for your league when severe injuries occur, and tell the managers/coaches what their role is in that plan:

- Make sure managers/coaches stop all play to protect the player from further injury, as well as those not being closely monitored due to the focus on the injured player.
- Check player's breathing, pulse and alertness to immediately judge the seriousness of the injury:
  - If necessary, send someone to call 9-1-1 or get an ambulance or EMS.
  - Call the player's parents
  - Send someone to nearest intersection to direct emergency services to your location
  - Review the Medical Release form for any important information/warnings about medical conditions the player may have
- Evaluate the injury:
  - Can player be moved off field?
  - If not, clear area around player and begin examination;
  - If so, move player to sideline for closer examination;
  - Determine if player can return to play or needs first aid.
- Give the appropriate first aid for the injury.
- Turn over care to professionals when they arrive and help as directed.
- If parents are not available, go with player to treatment center with ambulance; turn over team

to authorized coach.

- If emergency medical treatment isn't required, urge player and parents to see a doctor for a proper diagnosis and treatment plan.
- Record the injury on an injury report.
- Follow up with the player until injury is healed and player can return to play.
- Get medical release prior to allowing player to return, if formal treatment was required.

You should have medical professionals available either on-site or at most a phone call away — as well as a method to reach them, by cell phone or phone at the field — for severe or life-threatening injuries.

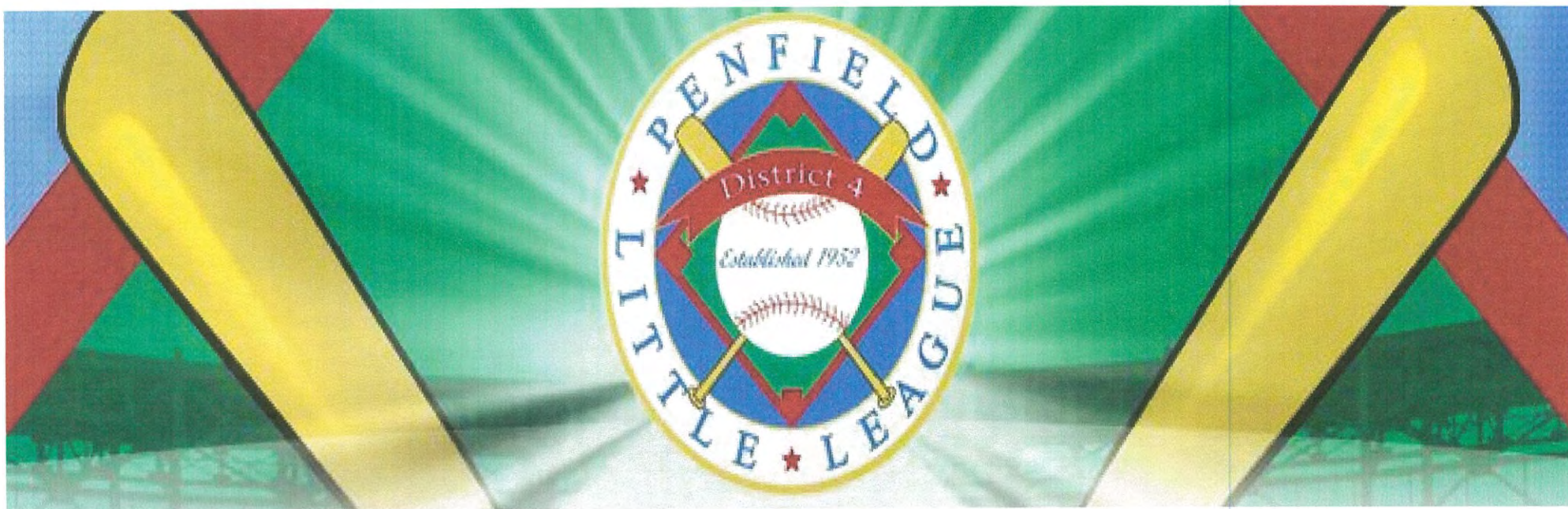
And finally, help the coaches/managers to understand specific techniques to determine whether an injured player is ready to practice and play again; in some cases this may require a doctor's release. The evaluation process involves determining whether injuries are mild, moderate or severe, and should address what to do in each case. The evaluation includes classifying injuries using symptoms and signs, with appropriate looking, listening and careful feeling and, if appropriate, moving of the injured part.

**In evaluating fresh injuries, remember the three types of motion:**

- Active motion – Player is able to move the part themselves,
- Active assistive motion – Player is able to move with a little help from you; watch for warning signs like the player telling you it hurts to move), and
- Passive motion – the player's injured part is moved by someone else; be especially cautious with passive motion that you do not make the injury worse.

Look for disability (the player can't use injured part); this is the most serious injury. If a player sprains his ankle, but can still limp around, it may be mild or moderate; if he can't get up, it is probably severe. Look for swelling, the





### Section XIII.

Penfield Little League Enforce and Follow Rules

AT ALL TIMES



# Keeping Them Safe

## ***SAFETY CODE – Dedicated to Injury Prevention***

*Responsibility for Safety procedures should be that of an adult member of the \_\_\_\_\_ Little League.*

Arrangements should be made in advance of all games and practices for emergency medical services.

Managers, coaches and umpires should have training in first-aid. First-aid kits are issued to each team manager.

No games or practices should be held when weather or field conditions are bad, particularly with lightning.

Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.

All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as "in play".

Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.

Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and coaches.

During practice 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 wild throws or missed catches.

All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (i.e., playing catch, pepper, swinging bats, etc.)

Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.

Batters must wear Little League approved protective helmets during batting practice and games.

Catcher must wear catcher's helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter at all times (males) for all practices and games. **NO EXCEPTIONS.** Managers should encourage all male players to wear protective cups and supporters for practices and games.

Except when runner is returning to a base, head-first slides are not permitted.

During sliding practice, bases should not be strapped down or anchored.

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."

Player must not wear watches, rings, pins or metallic items during games and practices.

The Catcher must wear catcher's helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bullpen during a game and also during practices.

Managers and Coaches may NOT warm up pitchers before or during a game.

On-deck batters are not permitted (except in Junior/Senior/Big League Divisions).

All managers are required to attend \_\_\_\_\_ Little League-sponsored managers clinic and all coaches are invited as well.

Our \_\_\_\_\_ Little League runs background checks on all of the managers, coaches and other applicable volunteer applicants.

# 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 lightening 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.

**#13**

**LITTLE LEAGUE RULES**

**PLEASE FOLLOW ALL RULES.  
ALL PLAYERS MUST USE THE  
PROPER EQUIPMENT**

**USE THE "PLAY IT SAFE" MANUAL.**

**USE RULES IN PRACTICE AS YOU  
WOULD IN A GAME.**

**MANAGERS AND COACHES ARE  
NOT ALLOWED TO CATCH  
PITCHERS.**

**A PROPERLY PROTECTED TEAM  
MEMBER CAN CATCH FOR  
PITCHERS  
REFER TO RULE 3.09**



### Pitch Count Record

### Team

Reds

Braves

### Pitches Thrown

### Pitches Thrown

Hawn

12

12

Johnson

9

9

10

22

2

9

181

25

47

2

0

2

Musina

4

g.

Q

5:

Q

1

0

1

\_\_\_\_\_

Maximum Pitches per Game

ges '11 & 12

85

je 10

75

```

pre

```

Required Rest based on total number of pitches thrown

61 or more in game (3) days rest. 41 to 60 (2) days rest.

21 to 40 (1) days rest. 1 to 20 (0) days rest.

Final Score

Record will be given to League Supervisor after each game.

**From:** Leo Fusilli <prec2144@aol.com>

**To:** Leo Fusilli <prec2144@aol.com>

**Subject:** Fwd: Brain Shield

**Date:** Fri, Jan 5, 2018 12:45 pm

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Sent from my iPad

Begin forwarded message:

**From:** "Tom" <tbaxter@rochester.rr.com>  
**Date:** December 29, 2017 at 1:28:23 PM EST  
**To:** "Leo Fusilli" <prec2144@aol.com>  
**Subject:** RE: Brain Shield

Leo: Add in that we will be implementing a maximum pitch count in one inning, starting with the 2018 season. Use the following:

Penfield Little League						
Pitch Count 2018						
	Pitch	Pitch				
Pitch Count by League Age	Max Game	Max Inning				
League Age 8	50	20	New in 2018			
League Age 9	75	25	This new rule is for PLL pitchers only, when playing a team from another LL program, their pitchers are			
League Age 10	75	25				
League Age 11	85	30	not governed by this rule			
League Age 12	85	35				
League Age 13	95	35				
League Age 14	95	35				
League Age 15	95	40				
League Age 16	95	40				

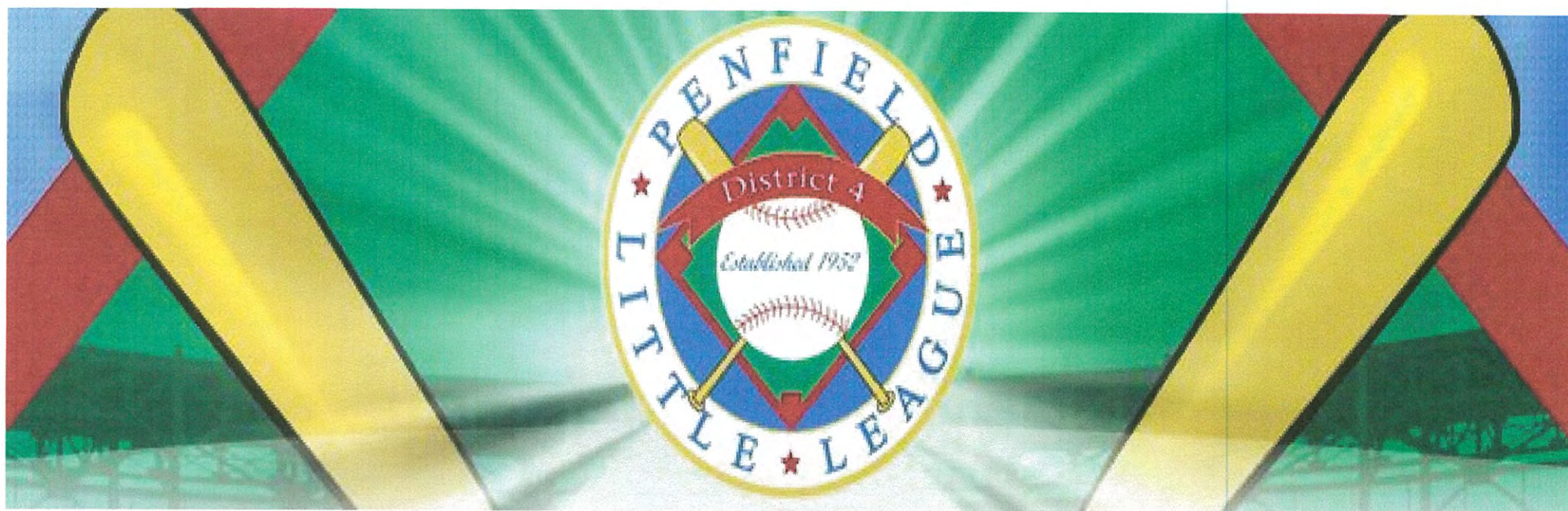
Thanks

Tom

**From:** Leo Fusilli [mailto:prec2144@aol.com]  
**Sent:** Wednesday, December 27, 2017 5:18 PM  
**To:** Tom <tbaxter@rochester.rr.com>  
**Subject:** Re: Brain Shield

We are always there but the rest of D4 is not

Sent from my iPhone



## Section XIV.

### Penfield Little League Registration

Submitted By: Tom Baxter March 1st, 2020