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# **2019 SAFETY PROGRAM** JOHNSTOWN LITTLE LEAGUE BASEBALL AND SOFTBALL



# A SAFTEY AWARENESS PROGRAM

### " TO INCREASE AWARENESS, THROUGH EDUCATION AND INFORMATION, OF THE OPPORTUNITIES TO PROVIDE A SAFER ENVIRONMENT FOR THE KIDS AND ALL PARTICIPANTS OF LITTLE LEAGUE"

#### **15 REQUIREMENTS OF ASAP**

- 1. Have an active Safety Officer
- 2. Publish and distribute Safety Manual
- 3. Post and distribute emergency numbers
- 4. Use the Little League official Volunteer Application Form and check for sexual abuse
- 5. Provide and require fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.)
- 6. Require first-aid training for coaches and managers, with at least one coach or manager from each team attending
- 7. Require coaches/umpires to walk fields for hazards before use
- 8. Complete the annual Little League Facility Survey
- 9. Have written safety procedures for concession stand
- 10. Require regular inspection and replacement of equipment
- 11. Implement prompt accident reporting and tracking procedures
- 12. Require a first-aid kit at each game and practice
- 13. Enforce Little League rules including proper equipment
- 14. League Player Registration Data or Player Roster Data, Coach and Manager Data
- 15. Share our league's efforts to operate a safe, healthy Little League program
- 16. Qualified Safety Plan Registration Form



# **SAFETY STATEMENT**

Johnstown Little League is a non-profit organization run by volunteers who's whole mission is to provide an opportunity for our community's children to learn the game of baseball and softball in a safe and friendly environment.

PLAY STRONG.....Strengthen your mind, body, and spirit PLAY HARD.....Strive to play to the best of you ability PLAY SMART.....Put what you learn into action PLAY SAFE.....Remember this one above all HAVE FUN.....THIS IS THE MOST IMPORTANT GOAL

### SAFETY MANUAL

This Safety Manual is prepared and edited each year to promote general safety awareness, and to insure compliance with Little League International's ASAP Program, which is explained on the next page. ASAP requires that the Safety manual be published, distributed, and that it be in the possession of the Manager for each team at all practices and games. The Safety Manual is also available in the concession stand as well. Distribution of the Safety Manual will take place each year following the review by District 12's Safety Director.



The Johnstown Little League Safety officer will publish and distribute a copy of the Safety Manual to all managers and members of the Johnstown Little League Board of Directors.

The Safety Manual will be distributed at the Safety Presentation for the board meeting on April 15, 2019 at the Johnstown Little League clubhouse.

It is the responsibility of the Manager of each team to have his or her Safety Manual with them always during practices and games.

A current copy of this manual will also be kept in the concession stand as well.

# **JOHNSTOWN LITTLE LEAGUE**

### <u>2019</u>

# **BOARD OF DIRECTORS**

NAME	POSITION	PHONE	EMAIL ADDRESS
Jeff Klingbeil	President	(518)705-5288	dmx324_2000@yahoo.com
Eric Cheney	Vice President	(518)774-8064	echeney31@gmail.com
Artie Schrum	Treasurer	(518)774-6034	rtschrum@yahoo.com
Brooke Klingbeil	Secretary	(518)774-6917	brookemacd@yahoo.com
David Downing	Player Agent	(518)332-6735	dpd12095@@gmail.com
Cathyann Walbourn	Concession Man.	(518)844-3739	cathyann196@gmail.com
Shawn Cotter	VP Majors	(518)852-1752	mrscotter2013@gmail.com
TJ Wager	VP Minors	(518)775-7515	thomaswager7515@gmail.com
Greg Saterlee	VP Bantam	(518)461-3659	gjs604@aol.com
Elise Rush	VP Tee Ball	(518)844-3795	fu3lis3@gmail.com
Michelle Eplite	VP Softball	(518)774-6551	mbaez4384@yahoo.com
Sarah Snell	Tournament Dir.	(518)866-2453	sarah_snell2003@yahoo.com
Doug Hulbert	Safety Officer	(518)848-0677	vffdoug@nycap.rr.com
Mike Muzzi	Bld. & Grounds Sup.	(518)332-7180	mmuzzi@ymail.com
Dominic Eplite	Equipment Man.	(518)818-7172	Niche1112@aol.com

# **SECTION 2**



# FIRST AID, CPR, AND EMERGENCY CONTACT INFORMATION

# FIRST AID TRAINING

Johnstown Little League requires at least one Manager or Coach from each team attend an annual first aid and CPR training. Training qualifies the volunteer for three years, but one team representative still needs to attend each year.

Basic first aid training will be cover in the Johnstown Little League annual coaches meeting prior to the beginning of the season. This season's meeting will take place on Monday March 18, 2019 and will take place at the Johnstown Area Community Center at 6 PM.

The training will be conducted by certified instructors from our local area who have volunteered their time for this training. Training will also include instruction on how to use our AED unit that is now located at our facility.

# **EMERGENCY PROCEDURES**

### **GENERAL RULES**

- All managers and coaches are required to read and enforce Little League's "Official Regulations and Playing Rules" If an injury occurs during practice or games the following should be used as a basic guide only.
- 2. An on-site evaluation will dictate the course of action. Accordingly, the team manager, coach, and/or parent, will determine how to proceed. Each Manager is provided with a First Aid Kit and Safety Manual. Each playing field has a large First Aid kit, Safety Manual, and Ice Packs located in the concession stand or maintenance building.
- 3. Manager, coach, or parent will assess the condition of the player. If the injury is minor and the player can proceed without aggravating the injury, he/she should be allowed to continue.
- 4. Then manager, coach, or parent will determine the appropriate action based on the severity of the injury. If necessary and safe to do so, remove the injured player to an open and safe area and proceed with the appropriate first aid treatment. If the injury is serious to the players back or neck, try not to move the player until medical help arrives.
- 5. If professional medical experience is available from staff, parents, or spectator do not hesitated to seek advice or involvement from them.
- 6. Have a designated "Team Safety Monitor" with a cell phone and emergency phone numbers in their possession at all games and practices. This should eliminate the confusion regarding who is responsible for making the call to 911 if necessary.
- 7. Ensure and maintain the safety and comfort of the injured person until released to the parents or medical professionals.



### WHEN CALLING 911:

### **GIVE INFORMATION**

### **TYPE OF EMERGENCY**

### **TYPE OF HELP NEEDED**

### ADDRESS INCLUDING CROSS STREETS

### YOUR CELL PHONE NUMBER

HAVE SOMEONE WAITINGIN THE PARKING LOT TO MEET EMERGENCY PERSONNEL

### FILL OUT AN INJURY REPORT FORM FOR ALL INJURIES

### A FIRST AID KIT IS PROVIDED IN EVERY EQUIPMENT BAG AND ALSO INSIDE THE CONCESSION STAND



### **EMERGENCY PHONE NUMBERS**

MEDICAL EMERGENCY	911
NATHAN LITTAUER HOSPITAL	(518)725-8621
FULTON COUNTY SHERIFFS OFFICE	(518)736-2100
JOHNSTOWN FIRE DEPARTMENT	(518)736-4076
JOHNSTOWN POLICE DEPARTMENT	(518)736-4021

# first aid basics In an emergency call triple zero (000) for an ambulance



#### **DRSABCD** Action Plan

This Action Plan is a vital aid to the first aider in assessing whether the casualty has any lifethreatening conditions and if any immediate first aid is necessary. It is always important to call triple zero (000) for an ambulance as soon as possible

D DANGER

Ensure the area is safe for yourself, others and the patient 1

R

S

A







SEND for help Call triple zero (000) for an ambulance or ask another person to make the call 1





V

C

Check for breathing-look, listen, feel Not normal Normal breathing breathing Place in recovery position Monitor breathing Start CPP



CPR Start CPR-30 chest compressions : 2 breaths Continue CPR until help arrives or pat recovers 1

D DEFIBRILLATION Apply defibrillator if m ilable and follow se prompts

#### Compressions

- Adult/child (over 1 year) · Place heel of hand on lower half of breastbone in centre of chest with other hand on top of first.
- Press down 1/3 depth of chest,
- give 30 compressions and 2 breaths.
- Infant (under 1 year)
- · Place two fingers (index and middle) over lower half of breastbone.
- · Press down 1/3 depth of chest, give 30 compressions and 2 breaths
- You should achieve 5 sets of CPR (30.2) in 2 minutes.
- **Recovery position**
- · Kneel beside the patient
- Place nearer arm across chest.
- Place far ther arm at right angle to body.
- · Lift nearer leg at knee so it is fully bent upwards.
- · Roll patient away from you onto side · Keep leg at right angle, with knee touching ground
- to prevent patient rolling onto face.



#### Choking

- Adult/Child (over 1 year) · Encourage patient to relax, breathe deeply and
- cough to remove object. If coughing does not remove blockage, or if an
- infant-call triple zero (000) for an ambulance · Bend patient well forward and give 5 back blows between the shoulder blades-checking if blockage removed after each
- back blow. · If unsuccessful, give 5 chest thrusts--in the CPR compress position, slower but sharper than compressions-checking if blockage removed after each chest thrust.
- If blockage not removed, altern 5 back blows with 5 chest thrusts until medical aid arrives
- If patient becomes unconscious
- Call triple zero (000) for an ambulance
- 3. Commence CFR.

#### Poisoning

- Follow DRSABCD Action Plan
- Ring the Poisons Information Centre on 13 11 26.
- · Monitor breathing and response WAPMING-Do not attempt to induce vorreting unless advised to do so by the Poison Information Centre.

#### Burns

- 1. Remove patient from danger. If clothing on fre
- · STOP, DROP AND ROLL
- Wrap patient in blanket.
- Roll patient along ground until fames extinguish.
- 2. Cool the burnt area.
- + Hold burnt area under cold running water for 20 minutes.
- Remove clothing and jewellery from burnt area unless sticking to burn.
- · Place sterile non-adherent
- dressing over burn + Seek medical aid.

#### Bleeding

- Remove or out patient's clothing to expose wound.
- 2. Apply direct pressure over round using sterile or clean dressing and pad.
- 2. Lie patient down and then raise injured part above heart 4. Bandage dressing and pad
- firmly in place.
- If bleeding continues, apply another pad and bandage over first dressing.
- · If bleeding persists seek medical aid.

#### Sprains and strains

Follow RICE management plan-

REST - the injured part in comfortable position. ICE - apply icepacks (sold compresit) wrapped in a wet cloth, for 15 minutes every 2 hours for 24 hours. COMPRESSION - apply compression bandage firmly, wrapping well beyond the injury ELEVATE - the injured part unless you suspect a facture.

#### Minor injuries

- Nosebleeds
- · Sit up with head slightly forward.
- · Pinch soft part of nose for 10 minutes.
- Breathe through the mouth, do not blow nose. · Loosen tight clothing around neck.
- · Apply cold pack to neck and forehead.
- If bleeding persists, seek medical aid.

#### Scrapes and grazes

- · Wash with running water to remove dirt.
- · Cover with non-stick dressing. · Bandage or tape in place.
- Seek medical aid if anything is embedded in wound, or becomes red, painful, warm or swollen

#### Tooth knocked out

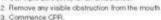
- Clean with milk or patient's own saliva and replace in socket—unless patient is a child under 7 years (baby tooth).
- Ask patient to hold the tooth in place
- If unable to put tooth back, wrap tooth in plastic or store in milk or sterile saline and take patient and tooth to a dentist. · If tooth has been in contact with dirt or soil, advise
- patient to have tetanus injection

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Learn First Aid 1300 360 455 www.stjohn.org.au









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### Heartsaver® Child CPR AED







Tap and shout

Yell for help. Send someone to phone 911 and get an AED





Look for no breathing or only gasping

Push hard and fast. Give 30 compressions



Open the airway and give 2 breaths

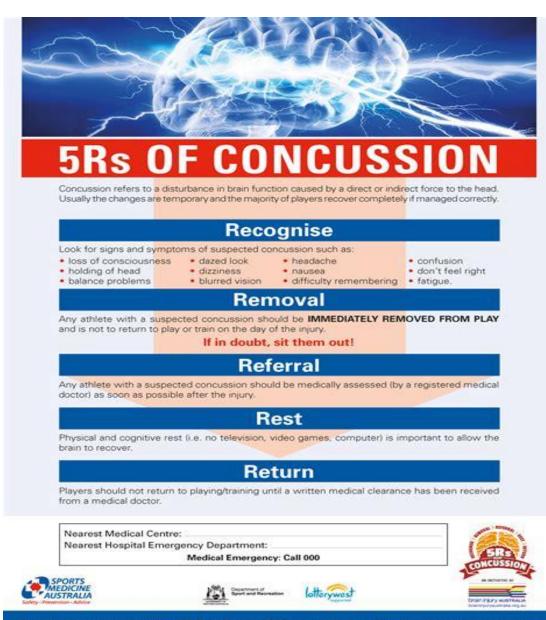
Repeat sets of 30 compressions and 2 breaths





If you are alone after 5 sets of 30 compressions and 2 breaths, phone 911, and then resume sets of 30:2

When the AED arrives, turn it ON and follow the prompts



For more information contact SMA (WA Branch) on 9285 8033, wa.sma.org.au or visit concussioninsportproject.com.au

# Asthma Attacks In Schools

#### 1. Symptoms of Asthma Attacks

Symptoms of asthma can range from mild to more serious. Not everyone will get all of the symptoms. When your asthma flares up, the usual symptoms are:

when your assimal names up, the usual symptoms are: - Nheeting - Coughing - Shortness of breath - Tightness in the chest

The symptoms of asthma can range from mild to more serious. Not everyone will get all of the symptoms. Some people experience these symptoms from time to time, but athenaise like 'normal' likes doing everything they want to do with very few symptoms. Unfortunately, aloud from percent of people with the condition have what is known as severe as shiring, and they require specialist care and support to manage symptoms. Others have asthma symptoms all the time because they're not taking their medicines, or not taking them or netty.

#### What causes asthma symptoms?

People with asthma have sensitive airways that are inflamed and are ready to react to triggers that 'set off' symptoms. Although asthma is complicated, there are two main ways that symptoms can be set off.

 If you have allergic asthma, your symptoms are caused by an allergic reaction when you come into contact with an allergen (a substance that briggers an allergic reaction). Common allergens include pollen, pets and house dust mittes.

2. If you have non-allergic asthma, your symptoms are caused by an initiant you breather in or another factor, but are not caused by an allergic reaction. Common initiants include cigarette smoke and can exhaust fitnes. Common factors that can trigger asthma symptoms include exercise, cold weather, colds and flu.

It is possible that your asthma symptoms can be caused by allergic and non allergic triggers, which means you can have both allergic and non-allergic asthma.

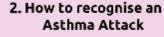


### Remember:

Always inform paramedics of: • The childs name • The number of puffs taken by the pupil • The total length of time of the aschma attack

 Use of an emergency inhaler should always be recorded and include details of:

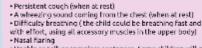
Where the attack took place
 When the attack took place
 How much medication was given and by whom



SHORTNESS SF RREATH

CHEST PAIR

The signs of an asthma attack are:



 Unable to talk or complete sentences. Some children will go vory quiet

• May try to bell you that their chest 'feels tight' (younger children may express this as bummy ache)

#### 3. When to Call an Ambulance

You should call an ambulance immediately and commence the asthma attack procedure without delay if the child:

Appears exhausted
 Has a blue/white tinge around the lips.

V.

NORMAL

AIRWAY

- As a bideywhite unge around the ups
   Appears to be going blue in other extremities such as fingertips
   Has collapsed

 If for any reason you feel unable to cope with the situation or treat the child call an ambulance.

# ASTHMA

### What to do in the Event of an Asthma Attack

Keep calm and reassure the child

- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler if not available, use the emergency inhaler
- · Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two puffs of Salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

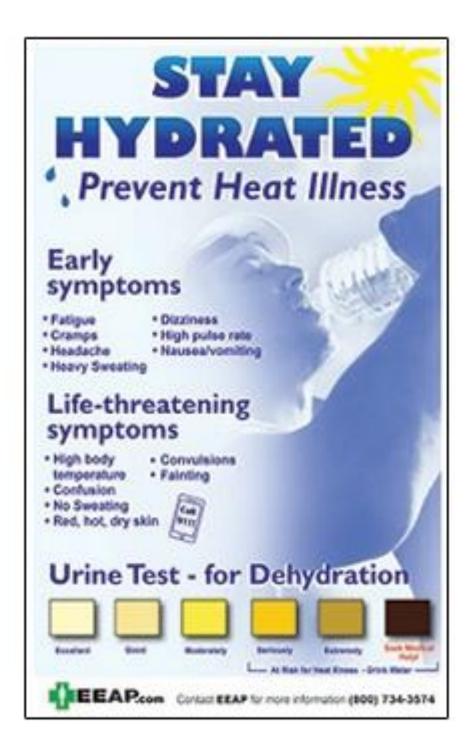
 In the event of an ambulance being called, the pupils parents or carers should always be contacted.

 If a pupil is taken to hospital by ambulance, they should always be accompanied by a member of staff until a parent or carer is present.

Tel: 01482 317960 Fax: 01482 317963

ASTHMA

www.sellesmedical.co.uk sales@sellesmedical.co.uk



# Bee Sting First Aid

#### Get away

Bees that feel threatened release a chemical signal to other bees. Get away to avoid more stings!



#### **Remove the stinger**

Scrape the stinger away with a fingernail or credit card. Do not pinch the stinger with your fingers or tweezers! You may force more venom into the sting.





#### 3 Wash and treat

- Clean with soap and water.
- Use ice to reduce swelling.
- Use antihistamine creams and pills (such as Benadryl) to minimize the reaction.
- Treat pain with overthe-counter pain-killers.

#### Call 9II if

 the person stung has a bee sting allergy. Patients with known allergies may carry an Epipen.

Kaster

- allergy symptoms, such as extreme swelling, difficulty breathing, hives, or nausea appear.
- more than 10 stings have occured.
- a sting has occured within the mouth, nose, or throat.

# **SECTION 3**



# ACCIDENT REPORTING AND INSURANCE CLAIM INFORMATION

### Little League<sub>®</sub>Baseball & Softball CLAIM FORM INSTRUCTIONS



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

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

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

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

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

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

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

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

#### TREATMENT OF DENTAL INJURIES

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

#### **CHECKLIST FOR PREPARING CLAIM FORM**

1. Print or type all information.

2. Complete all portions of the claim form before mailing to our office.

3. Be sure to include league name and league ID number.

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

1. The adult claimant or parent(s)/guardians(s) must sign this section, if the claimant is a minor.

2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.

3. Fill out all sections, including check marks in the appropriate boxes for all categories. Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.

4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.

5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.

6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

#### PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the league official.

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

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

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Parent (s)/Guardian Name:		Relationship:		
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# **SECTION 4**



### **GENERAL PARK SAFETY RULES**

# WHEN THUNDER ROARS, GO INDOORS!

# **DID YOU KNOW?**

A significant lightning threat extends outward from the base of a thunderstorm cloud 6 to 10 miles. Just because a thunderstorm has moved out of your area does not mean the lightning threat is over.

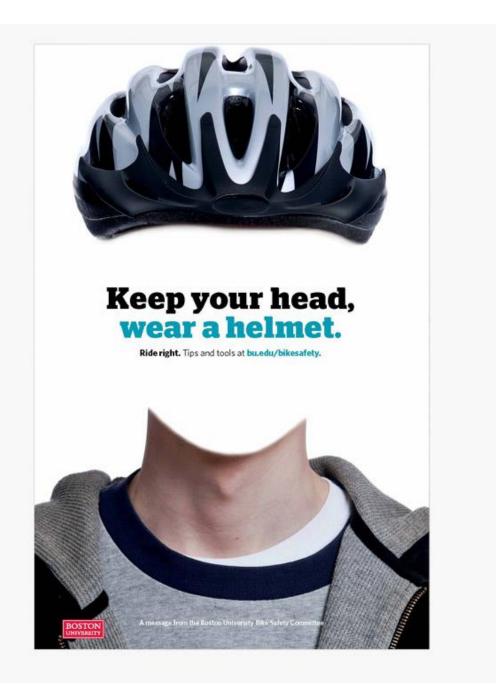


Stop ALL outdoor activities and wait thirty minutes after the last clap of thunder before resuming activities.

If you see lightning or hear thunder, seek shelter inside immediately. Seeking shelter beneath sheds or under baseball dugouts IS NOT safe. Also, DO NOT stand underneath tall objects, like trees. No place outside is safe from a thunderstorm. Strong sturdy buildings with plumbing and wiring offer the most protection. Office buildings, schools, and homes are also great safe places. Remember to stay away from windows and doors, and do not use anything that conducts electricity, including corded phones and water faucets. A hard-topped vehicle is an option if a building is not available, as long as you avoid making contact with the metal inside the vehicle.









# DON'T SWING IT

### .....UNTIL YOU'RE UP TO THE PLATE!



### DON'T LET THIS HAPPEN TO YOU

Remember: Don't pick up a bat until you leave the dugout, to approach the plate.





# **SECTION 5**



k12404724 www.fotosearch.com

# **CHILD PROTECTION PROGRAM**



### HISTORY OF LITTLE LEAGUE CHILD PROTECTION PROGRAM

- Program has been in place since 1997
- In 2001, Little league provided information on background checks as well as links to searchable sex offender databases.
- Goal of educating children and volunteers in ways to prevent child abusers from becoming involved in the program.
- In the 2002 ASAP program, volunteer applications became mandatory
- In 2003, background checks using state SOR became mandatory by Little League regulations.
- In 2007, background checks using national SOR became mandatory by Little League regulations.

Little League Volunte	er Application -2015 per to complete if additional space is required.
A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION. Neme	Please list three inferences, at least one of which has knowledge of your participation a a subartiser in a youth program: Narve/Phone
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Cell Phone Business Phone Home Phone E-mail Address Debt of Birth Decupation Employer Address Special professioner training, skills, hobbies	AS A CONDITION OF VOLUMITERNOL, Igine permission for the Utilie langues organization to conduct background check(s) on me now and as long as I continue to be active with the expandization, which may include a nuclear of one offender registries long of which cardies mans on each survive and the may much in a report bolog generated that may or may not be may, child abase and criminal history recents. I andersized this, if against, may provide the conditional space the backgrownering no inargerophate information on my background. I hereby release and agree to hold handware from Backty be load DBIs to append; Utile sugges Bandball, incorporated, the offers,
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aminort: Yes 🛛 No 🗍	LOCAL LEAGUE USE ONLY:
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Have you ever been refused participation in any other youth programs? Yes No	Sex Offender Registry Constnel History Records + Virst Adventage
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In which of the following would you like to participate" (Check one or more.) Largue Official Coach I Umpire Field Maintenance I	reachers a letter directly from Laufolekol in compliance with the Fast Dealth Reporting Act containing Information regarding of the criterian' records associated with the name, which may not necessarili the the langue rectimeter.
Manager 🔲 Scorekeeper 🗋 Concession Stand 🗌 Other 🗋	City attach to this application captes of background check reports that reveal came/citions of this application.

			dra paper to complete if additional space is required.
A COPY OF VALID GOVERNMENT COMPLETE THIS APPLICATION.	ISSUED PHOTO IDENTIFICAT	ION MUST BE ATTACHED TO	Please list three references, at least one of which has knowledge of your participa volunteer in a youth program:
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City	State	Zip	
Social Security # (mandatory)	Business Phone		IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A CO
Home Phone	E-mail Address:		BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.or
Date of Birth	E-mail Address:		AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct backg now and as long as I continue to be active with the organization, which may include a review of sex offend
Occupation			which contain name only searches which may result in a report being generated that may or may not be criminal history records. I understand that, if appointed, my position is conditional upon the league received the second se
Employer			information on my background. I hereby release and agree to hold harmless from liability the local Little
Address			Baseball, incorporated, the officers, employees and volunteers thereof, or any other person or organizat such information. I also understand that, regardless of previous appointments, Little League is not obli
Special professional training, skills,			to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject President and removal by the Board of Directors for violation of Little Learue policies or principles.
special professional training, skills,	ioppies.		Applicant Signature
Community affiliations (Clubs, Service Organi	sations, etc.):		
Previous volunteer experience (including base	shall/softhall and year):		If Minor/Parent Signature Date
Frender foreiter erperkinte (including bas	baryzondala and year).		Applicant Name(please print or type)
1. Do you have children in the prog		Yes 🗖 No	NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate ag
If yes, list full name and what	level?		the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disat
2. Special Certification (CPR, Medic	al, etc.)? (list) Yes 🗖 No 🗖		
3. Do you have a valid driver's licen	se?	Yes 🗖 No 🗖	
Driver's License#:		State	
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7. Have you ever been refused parti	cipation in any other youth pro	grams? Yes 🗌 No 🗖	official regul
If yes, explain:			*Please be advised that if you use JDP and there is a name match in the few states where only o searches can be performed you should notify volunteers that they will receive a letter or email of
			JDP in compliance with the Fair Credit Reporting Act containing information regarding all the crim associated with the name, which may not necessarily be the league volunteer.
-	Ild you like to participate? (chec	_ `	Only attach to this application copies of background check reports that reveal convictions of this a
League Official Umpire	Manager	Concession Stand	

# **SECTION 6**



# **COACHES CONDUCT AND SAFETY**

### **INFORMATION FOR COACHES**

### JOHNSTOWN LITTLE LEAGUE COACHES CODE OF CONDUCT

- I will place the emotional and physical well-being of my players ahead of a personal desire to win.
- I will treat each player as an individual, remembering the enormous range of emotional and physical development for the same age group.
  - I will do my best to provide a safe playing situation for my players.
- I promise to review, and practice basic first aid principles needed to treat injuries of my players.
  - I will do my best to organize practices that are fun and challenging for all my players.
  - I will lead by example in demonstrating fair play and sportsmanship to all my players.
- I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
  - I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
  - I will use those coaching techniques appropriate for all the skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for children

and not adults.

# **KEEP IT CLEAN!**



### **REMEMBER:**

### USE GOOD SPORTSMANSHIP ON AND OFF THE FIELD

### **Regulation XIV – Field Decorum**

- a) The action of player, managers, coaches, umpires, and league officials must be above reproach.
- b) The use of tobacco and alcoholic beverages in any form is prohibited on the playing field, benches, and dugouts.

# **HEY COACH**



## HAVE YOU:

- Walked the field for debris/foreign objects
- Inspected helmet, bats, catcher's gear
- Made sure a First Aid kit is available
- Checked conditions of fences, backstops, bases, and warning track
- Made sure a working telephone or cell phone is available
- Held a warm up drill

# Protect Players, Volunteers

Death of batter, head injuries to catchers, umpires underscore need to ensure safety of helmets for those closest around the plate. Are you adequately protecting your batters, catchers and umpires?

Head injuries are an area of critical importance for any league due to their severity of risk. One of the positions most at risk for head injuries is the batter, because of the proximity to both pitched, hit and foul balls. But the catcher and umpire are both similarly close and have the same risks and needs. The death of actress Natasha Richardson from a skiing fall has raised awareness around the world of head injuries.

Does your safety plan address head safety, from equipment to prevent injuries to education on what steps to take if an injury occurs?

#### Baseball Death Underscores Need

The death of high school batter Patrick Clegg, a Waynesville, Mo., High School baseball player, who was hit by a pitch while batting also serves as a cautionary tale. Clegg, 16, was batting in a game on April 21. The pitch was reportedly high and inside, causing Clegg to turn his back to it and duck his head. However, the pitch didn't hit his helmet, but his neck, just at the base of his skull under his helmet.

The story, reported in the Springfield, Mo., News-Leader, indicated he was struck in the brain stem and immediately collapsed on the field. Two days later, he was declared brain dead and taken off life support.

#### **Batting Helmets Must Fit**

Part of your plan should be efforts of prevention, making sure batters, catchers and umpires have proper protection. Since many players and volunteers use community equipment designed as one-size-

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# with Proper Equipment

fits-all, make sure it does fit everyone, or that different models are available.

Injuries happen when helmets fall off while the player is running the bases, too. Make sure chin straps are on all helmets that have the snaps or latches to hold the strap in place. Smaller players are at risk of poorly fitting helmets falling off, leaving their heads unprotected. Little League requires each team to have six NOCSAE-approved helmets available for each team's batters. Make sure a variety of sizes are available, to meet the need of varying sized players' heads.

Are your league's helmets inspected and maintained properly? Another concern for helmets is the need for replacement after a hard hit. Manufacturers state that once a baseball batting helmet has been hit hard once, it should be discarded. Don't wait for a crack to show that the shell is compromised, as a break could happen before an obvious crack appears.

Helmets cost between \$15 and \$40, depending on style and manufacturer. Don't put players at risk over whether a helmet has served its use.

#### **Umpires Need Quality** Masks, Helmets, Too

In separate instances within a week of each other, two MLB umpires were sidelined with head injures after being hit by a broken bat and a foul ball while behind the plate.

On April 19, home plate umpire Ed Hickox was tagged in the center of his facemask with a foul tip. Hickox worked the rest of the game but spent the night in the hospital under observation. He was expected to be out of action for a week with the resulting concussion.

In a more severe injury, MLB umpire Kerwin Danley was removed from the field on a stretcher after the

top of a broken bat hit him in the helmet during a game April 24. Danley also suffered a concussion, but because he wore a full hockeystyle mask and helmet, it was speculated that equipment saved him from a worse injury.

Does your league provide umpires with quality masks and helmets? Make sure these volunteers are well protected, too.

#### Don't Modify Helmets with Paint, Stickers

Finally, check all your helmets for unapproved paint or stickers. Helmet manufacturers have warned Little League for several years that any modification, either of stickers or paint, not approved by the helmet manufacturer will void the warranty. That should tell your league the manufacturer, who knows its product best, is concerned that these helmets will fail with no warning if they've been modified, and the manufacturer won't be held responsible. Applying paint or stickers to the shell can cause a chemical reaction that destroys the helmet's hard, protective ability. Helmets may not be repainted or stickers applied unless approved in writing by the manufacturer. See rule 1.16 and 1.17 for specifics on this.

Don't allow league helmets, including personal player helmets, to be used if they have been painted or stickers have been put on them, for the players' safety.

### Make Sure Plavers lmets When Requi

One concern for any league should be that its players and volunteers follow proper procedures for wearing helmets.

#### Here are some reminders on helmet use, for both practices and games:

#### Catcher's helmet and "dangling" throat guard

- · Warming up a pitcher
- · Catching during infield/outfield warm-ups
- · Playing position of catcher during games or practices (with chest protector, shin guards, and cup for males)
- NOTE: Skull caps not permitted

#### Batting helmet (facemask optional)

- · Batting practice (anywhere on field or in batting cage)
- · Batting in games
- · Running bases
- · Pitching practice (standing in batter's box while pitchers throw to catcher)
- · Players coaching first or third bases in coaches' boxes
- · Optional: Adults coaching first or third bases in coaches' boxes

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# 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>nd</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

MPORTANT

- 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

### 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 i 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

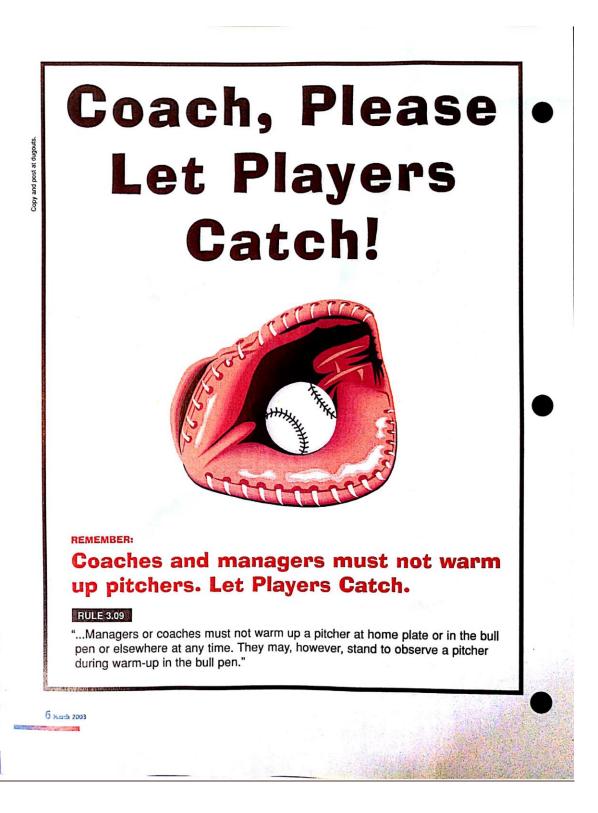
Easton - LZ-810, LZ-800, Stealth Optiflex LST 1,

Louisville Slugger - YB31

NIKE - Areo

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# Avoid Collisions on the Field

Whether between teammates or opposing players, baseball and softball are not contact sports. Make sure everyone understands who should make the play, and who should make way, to avoid collisions between players.

#### Call the Ball

Defensive players should be trained early to "call the ball" when going for a catch. Don't have two players collide because neither knew the other was trying to make the play. Fielders should be taught which player has priority for fly balls on the various areas of the field, unless called off by another player (i.e., on the third base side of the diamond, the shortstop has priority for fly balls, while on the first base side, the second baseman has priority, and outfielders generally should give ground to the center fielder).

#### Don't Obstruct Base Paths for Runners or Interfere with Fielders

Base runners and fielders: Only a player with the ball, or making a play on a batted ball should be in the base paths. Avoid injuries on the base paths by making it clear to offensive players that runners must slide or avoid a fielder with the ball and avoid a fielder making a play on a batted ball. For defensive players, tell them that fielders without the ball must vacate the base paths for runners.

**Rule 7.08:** "Any runner is out when -(a)(3) the runner does not slide or attempt to get around a fielder who has the ball and is waiting to make the tag; ... (b) intentionally interferes with a thrown ball; or hinders a fielder attempting to make a play on a batted ball (NOTE: A runner who is adjudged to have hindered a fielder who is attempting to make a play on a ball is out whether it was intentional or not)." **Rule 7.09:** "It is interference by a batter or runner when -(f) the runner fails to avoid a fielder who is attempting to field a batted ball, or intentionally interferes with a thrown ball ..."

2.00 - Definition of Terms OBSTRUCTION is the act of a fielder who, while not in possession of the ball, impedes the progress of any runner. A fake tag is considered obstruction. (NOTE: Obstruction shall be called on a defensive player who blocks off a base, base line or home plate from a base runner while not in possession of the ball.)

A fielder without the ball should make way for the advancing base runner; a runner seeing a fielder with the ball must slide or avoid. Don't allow collisions on the base paths from overly-aggressive play.

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# Curveballs, Catchers and Fatigue

Research needs to continue on links between overuse injuries and two hottest topics.

New research suggests that curveballs aren't as dangerous as some in the medical field have suggested, with stresses similar between the curveball and fastball. But let's not be so quick to accept curveballs for youngsters, warns Dr. James Andrews, orthopaedic surgeon and baseball injuries researcher. Add to that

concern that catchers are joining the growing trend of patients seeing orthopaedic surgeons needing to repair their injured arms.

> Dr. Andrews stated that while the most recent studies "can't show in the lab that the curveball causes more damage" than the fastball or other pitches, he does not advocate teaching or throwing

curveballs

player's arm

until a

is close to

developed,

13 to 15.

at age

fully

Fatigue Still the Key Risk "We still believe the two major pitches to throw... are the fastball and the change-up," Dr. Andrews said. "My personal opinion is fatigue is ... the highest risk factor in youth baseball related to injuries. If you can prevent fatigue, then you will have done 95% of what you can do to keep these kids healthy."

"So how does the curveball interact with fatigue? If you are playing competitively... they want to win, and the curveball is a major factor" in winning games, Dr. Andrews said. "Fatigue comes from the inability of a young player to throw the curveball properly with good mechanics. That's the whole key."

Dr. Andrews stated he does not call curveballs "safe" for younger players. "However, if you throw the curveball with good mechanics, there are no greater forces on the shoulder or elbow than throwing the fastball, apparently, from what we can measure in the lab."

He also explained that throwing a curveball requires a great deal of control, and "is not an easy pitch to throw, and certainly not everyone can throw it properly."

#### Teach Proper Curveball Mechanics

And teaching good curveball mechanics is important, no matter what age, he said. "Do we have knowledgeable coaches teaching these kids the curveball?" Dr. Andrews asked. "We've got to be really careful. When you put a kid in a competitive situation, a championship series, and call for 70% curveballs, what's that going to do to the fatigue factor? Remember, it's a highly neurologically controlled pitch: if the mechanics get off because you're fatigued, and throwing 70% curves, then we're in trouble. So be careful throwing curveballs." Dr. Andrews repeated the caution

from the position statement, that "throwing curveballs too early may be counterproductive, leading to arm fatigue as well as limiting the youth's ability to master fastball mechanics," he said. "In theory, don't throw curves till you can shave."

#### **Catchers at Increasing Risk**

When the most talented and athletic players are catchers, a coach's natural desire is to make that player a pitcher, too. But Dr. Andrews warned that catchers, good catchers who are mirroring every throw from the pitcher as well as being asked to throw long, fast, accurate throws to first, second and third bases are at increased risk of arm fatigue and subsequent injury.

"We're seeing a lot of injuries with catchers. I had a catcher come in from Atlanta, and I did surgery on him. I asked him how he got hurt. He's 15 years of age, and he's not supposed to have an injury [at that age]; but believe me, they're out there all over the place in that age group," Dr. Andrews stated.

He said the player was at a showcase and was asked to throw 100 throws in 200 seconds. Throwing a ball from home to second in 2 seconds is a good throw; and the organizers were timing the catchers on the total they could throw down in 200 seconds. "So he would throw as hard as he could throw, and then reach and they'd put a ball in his hand and do it again, to see how he fell off, what kind of stamina he had," Dr. Andrews related. "And about the 50<sup>a</sup> throw, he tore his ligament.

"Now that particular situation was almost criminal, and unfortunately what might happen down the road is it might become a criminal offense," he added. "So the timing is right to get this under control, before the federal courts and the state courts and the lawyers get it under control."

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# Fundamentally Sound Ball

Make sure to teach your coaches the fundamentals of good play, for everyone's safety.

One of the cornerstones of any safety plan is the training your league provides to its volunteers. Every year, the potential is present for new volunteers with minimal experience to step into an important role.

Coaching is a prime example, and this training should be a focus of your league each spring.

If you don't have a standard fundamentals training clinic for your coaches, start one now. Whether you plan one for next year or implement yet this spring, a fundamentals clinic is key to your league providing an environment that is as safe as possible for everyone.

#### Don't Be Lulled by History

Some leagues make the mistake of thinking because they have not had injuries, they are a "safe" league, and don't need training. Any league's injury rate can be low, either through good luck or because coaches already have a good foundation of skills. But without a set fundamentals clinic to ensure coaches, and so their players, are receiving quality and appropriate skills development, that league's good fortune can quickly evaporate.

Create an outline for the safety and fundamentals topics to be discussed, and make sure your trainer, whether an outside trainer – like a high school / college coach or professional trainer – or an experienced league coach, goes over all of them. The league safety representative can discuss issues not addressed by the trainer, as necessary.

#### **Ideas for Safer Practices**

If you can, break up your training to specific divisions of play. This allows the more skill-specific training that is appropriate by division (Tee Ball, Minors, Little League, Juniors, Seniors, Big League). Then train your coaches to those appropriate skills for the level of play for the children. An otherwise excellent coach can put players at risk by teaching



Are these players far enough apart that a missed ball won't injure a player involved in a different activity? Proper spacing is an important factor in safe warm-ups for both teams and all players. Don't allow players involved in one drill to be placed too close behind or beside another group, where a hit or throw ball could hit someone not watching that drill.

advanced skills to children who cannot yet correctly perform the skills.

The reverse is also true. If a coach does not teach the proper skills, such as sliding or proper catching, players are at risk when they are in game situations and can't perform as they need to, both to play the position/skill and protect themselves. As just one example, facial injuries to defensive players can be reduced by proper hand positions. If a player doesn't have their non-glove hand between the glove and their face, a "bad hop" can do serious damage.

#### **Use Just One Ball**

Coaches often get caught up in trying to maximize practice or pre-game infield time to the extent safety is the first casualty. Make sure you emphasize the need to keep safety as a priority, even to the drills the coaches run.

Teach players to focus on the ball, and keep drills at one ball. If a coach introduces two or more balls during a drill, players are put in a situation they never face in a game: having to focus on two balls. If the player watches the wrong ball, it is easy to see after the fact how the player was injured, and unnecessarily so. Make sure coaches understand the danger of multiple balls with any player drill.

#### Use Common Sense

Make sure the drills are age specific and appropriate for the players. Have several coaches watch the players during practice for form, but also safety. If not, when the coach is focused on a specific player, other players are then at risk of unintended actions from unsupervised players (swinging bats, thrown balls, horse-play).

With some planning, your league can provide a high-quality training program that will increase the playing ability of and reduce the injury risk to your players, while providing a safer environment for your players, volunteers, and spectators.

Qualified safety plans must require coaches to attend training once every three years, and for every team to have a representative at each annual fundamentals training. This approach will spread the information out to the coaches, and not just team managers, so all activities are being planned and operated with safety in mind. By spending the time to make your fundamentals training worthwhile for all coaches, and you won't have any difficulty in getting your volunteers to attend.

April 2009 5

## SECTION 7



### **CONCESSION STAND AND FOOD SAFETY**

# **Five** Keys to Food Safety



### **Keep clean**

- Wash hands properly before handling food and often during food preparation.
- ✓ Wash hands properly after going to the toilet.
- Cover the wounds or cuts on hands or arms properly with waterproof plasters.
- Wash and clean all surfaces, utensils and equipment used for food preparation.
- Protect kitchen areas and food from insects and pests.



### Separate raw food and ready-to-eat food

- Store ready-to-eat foods at upper compartments to prevent it from being contaminated by the drippings of raw food.
- Use separate knives and cutting boards for raw foods (like raw meat) and ready-to-eat foods (like sashimi).
- Cover or wrap food properly to prevent cross contamination.

### **Cook food thoroughly**

- Cook food thoroughly, especially meat, poultry, eggs and seafood.
- Reheat leftover food to 75°C or above before consumption and discard all leftovers if there is still food remained.
- Consume cooked food within two hours.

### **Keep food at safe temperatures**

- Do not leave cooked food at room temperature for more than two hours.
- Keep cold dishes and perishable foods such as meat, milk and egg products in refrigerator at below 4°C.
- ✓ Keep hot food in heating containers (above 60°C) prior to serving.
- Thaw frozen food under refrigeration.

### Use safe water and raw materials

- Buy raw materials from reputable shops or licensed premises.
- ✓ Select fresh and wholesome foods.
- Use potable water to clean raw materials.
- Wash fruits and vegetables thoroughly, especially if eaten raw.
- Do not use food beyond its expiry date.

The "Five Keys to Food Safety" is adopted from the World Health Organization (WHO).



Particulars in the Food and Partie Nasili Internal, Food and Foremental Physics (Separation)



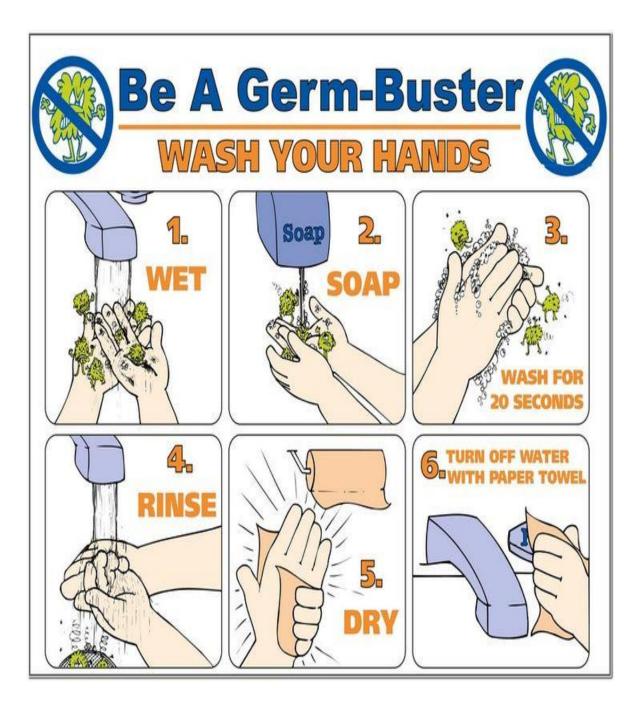
# Centerplate – Food Safety Hazards

### Procedure for Taking Proper Temperature

- Insert stem of thermometer into the center of food item for 10 seconds.
- Log temperature on the Concession or appropriate Temperature Log.
- If item is in the Temperature Danger Zone, take corrective action (Re-heat, rapid chill, check again or discard) and enter action in log.
- 4. Sanitize thermometer stem.
- 5. Temperatures should be taken and logged every hour.

Remember, the #1 cause of food borne illness is time and temperature abuse.





### Safe Minimum Cooking Temperatures

Use this chart and a food thermometer to ensure that meat, poultry, seafood, and other cooked foods reach a safe minimum internal temperature.Remember, you can't tell whether meat is safely cooked by looking at it. Any cooked, uncured red meats – including pork – can be pink, even when the meat has reached a safe internal temperature.

### Why the Rest Time is Important

After you remove meat from a grill, oven, or other heat source, allow it to rest for the specified amount of time. During the rest time, its temperature remains constant or continues to rise, which destroys harmful germs.

Category	Food	Temperature (°F)	<b>Rest Time</b>
Ground Meat & Meat Mixtures	Beef, Pork, Veal, Lamb	160	None
	Turkey, Chicken	165	None
Fresh Beef, Veal, Lamb	Steaks, roasts, chops	145	3 minutes
Poultry	Chicken & Turkey, whole	165	None
	Poultry breasts, roasts	165	None
	Poultry thighs, legs, wings	165	None
	Duck & Goose	165	None
	Stuffing (cooked alone or in bird)	165	None
Pork and Ham	Fresh pork	145	3 minutes
	Fresh ham (raw)	145	3 minutes
	Precooked ham (to reheat)	140	None
Eggs & Egg	Eggs	Cook until yolk and white are firm	None
Dishes	Egg dishes	160	None
Leftovers &	Leftovers	165	None
Casseroles	Casseroles	165	None
Seafood	Fin Fish	145 or cook until flesh is opaque and separates easily with a fork.	None
	Shrimp, lobster, and crabs	Cook until flesh is pearly and opaque.	None
	Clams, oysters, and mussels	Cook until shells open during cooking.	
	Scallops	Cook until flesh is milky white or opaque and firm.	None

Facility surveys may	also be entered	online		
LITTLE LEAGUE BAS			FTBALI	
NATIONAL FA	CILITY	<b>SURV</b>	ΈΥ	
	2019	1	1	
THE LEAC	League Name:	Johnstown Litt	le League	
	District #:	2321204		
	ID #:			
(if needed)	ID #:			
ASEBAL®		own Stat		
President: _Jeff Klingbeil	Safety Officer:	Doug Hulbert_		
Address: 6 Breckenridge Drive	Address:			
		lahaatawa		
City:Johnstown	City:		710 1	
State:NYZIP:1209				
Phone (work):				
Phone (home):	Phone (home):			
Email: dmx324_2000@yahoo.com	Email:	vffdoug@nycap.	rr.com	
PLANNING TOOL FOR FUTURE L	EAGUE NEEI	DS		
What are league's plans for improvements?	Indicate nur	mber of fields in t	oxes below.	
	Next 12 mons.	1-2 yrs.	2+ yrs.	
Phone (cell): (518)705-5288	Phone (cell):	(5705-92	0	
b. Basepath/infield				
c. Bases				
d. Scoreboards				
e. Pressbox				
f. Concession stand				
g. Restrooms				
h. Field lighting			1	
i. Warning track		1		
j. Bleachers	1	1	4	
k. Fencing	2			
l. Bull pens				
m. Dugouts				
n. Other (specify):	Į			

SPECIFIC BALLFIELD QUESTIONS												
Please list all fields by name.												
Field Identification (List your ballfields 1-20) Use additional forms	if more than 20 fields.	1	2	3	4	5	6	7	8	9	10	11
ASAP - A Safety Awareness Program Limited Edition 10-year Pin Collection		Na Majors	Na Minors	Na Bantam	Na Tee Ball	Na Softball/50/70	2Na S	2Na Na	Na	Na	Na Na	Na
Please answer the following questions for each new:	Field #	1	2	3	4	5	6	7	8	9	10	11
GENERAL INVENTORY	(For the following que	estions	s, if th	ne an	swer	is "N	o" ple	ease	leave	e the	spac	e bla
1. How many cars can park in designated parking areas?	None	_										_
	1-50	х	х	х	х	х						_
	51-100	_										<u> </u>
	101 or more											┝
2. How many people can your bleachers seat?	None/NA											<u> </u>
	1-100	х	х	x	х	x						L
	101-300											
	301-500											
	501 or more											
3. What material is used for bleachers?	Wood				х							
	Metal	х	х	х		х						
	Other											
4. Metal bleachers: Ground wire attached to ground rod?	Yes	х	х	x		x						
5. Wood bleachers: Are inspected annually for safety?	Yes				х							
6. Is a safety railing at the top/back of bleachers?	Yes	х										
7. Is a handrail up the sides of bleachers?	Yes	х										
8. Is telephone service available?	Permanent	х	x	x	x	x						
	Cellular	х	х	x	x	x						
9. Is a public address system available?	Permanent	х	х	x	x	x						
	Portable											
10. Is there a pressbox?	Yes	х				х						
11. Is there a scoreboard?	Yes	х				х						
12. Adequate bathroom facilities available?	Yes	х	х	х	х	х						
13. Permanent concession stands?	Yes	х										
14. Mobile concession stands?	Yes		Ì									

		Field #	1	2	3	4	5	6	7	8	9	10	11
FIE	LD		· · · · ·	· · · · ·									
15.	Is field completely fenced?	Yes	х	х	х	х	х						
16.	What type of fencing material is used?	Chainlink	х	х	х	х	х						
		Wood											
		Wire											
17.	What base path material is used?	Sand, clay, soil mix	х	х	х	х	х						
		Ground burnt brick											
		Other:											
18.	What is used to mark baseline?	Non-caustic lime	х	х	х	х	х						
		Spray paint	х	х	х	х	х						
10	Is your the infield surface grass?	Commerc'l marking Yes				v							
	Does field have conventional dirt pitching mound?	Yes	x	x	x	х		-					
-	Does field have a temporary pitching mound?	Yes	^	^	^		х						
-	Are there foul poles?	Yes	x	x			x						
	Backstop behind home plate?	Yes	x	x	х	х	x						
	RFORMANCE AND PLAYER SAFETY												
24.	Is there an outfield warning track?	Yes	x										
24.a	a. If yes, what width is warning track? Please specify:	(Width in feet)	4										
25.	Batter's eye (screen/covering) at center field?	Yes	х	x		х							
26.	Pitcher's eye (screen/covering) behind home plate?	Yes	х	х	х		х						
27.	Are there protective fences in front of the dugouts?	Yes	х	х	х	х	х						
	Is there a protected, on-deck batter's area? (On-deck areas have n eliminated for ages 12 and below.)	Yes											
29.	Do you have fenced, limited access bull pens?	Yes											
30.	Is a first aid kit provided per field?	Yes	x	x	x	x	х						
31.	Do bleachers have spectator foul ball protection?	Overhead screens											
		Fencing behind											
32.	Do your bases disengage from their anchors? (Mandatory since 200	Yes	х	х	х	х	х						
33.	Is the field lighted?	Yes											
34.	Are light levels at/above Little League standards?	Yes											
	(50 footcandles infield/30 footcandles outfield)	Don't know											
35.	What type of poles are used?	Wood*											
	(Wood poles have not been allowed by Little League	Steel											
	for new construction of lighting since 1994)	Concrete											
36.	Is electrical wiring to each pole underground?	Yes											
37.	Ground wires connected to ground rods on each pole?	Yes											
38.	Which fields were tested/inspected in the last two years?	Electrical System											
	Please indicate month/year testing was done (example: 3/10	Light Levels											
39.	Fields tested/inspected by qualified technician?	Electrical System											
		Light Levels											

		Field #	1	2	3	4	5	6	7	8	9	10	11
FACILI	ITY MANAGEMENT												
40. Wh	nich fields have the following limitations:			1	1					1		1	
	a. Amount of time for practice?	Yes	x	x	x	x	x						
	b. Number of teams or games?	Yes											
	c. Scheduling and/or timing?	Yes											
41. Wh	no owns the field?	Municipal											
		School											
		League	х	х	х	х	х						
42. Wh	no is responsible for operational energy costs?	Municipal											
		School											
		League	х	х	х	х	х						
43. Wh	no is responsible for operational maintenance?	Municipal											
		School											
		League	х	х	х	х	х						
44. Wł	no is responsible for puchasing improvements	Municipal											
fo	r the field - ie bleachers, fences, lights?	School											
		League	х	х	х	х	х						
		Other											
45. Wh	nat divisions of <b>baseball</b> play on each field?	T-Ball & Minor	х	х	х	х	х						
		Major	х				х						
		Jr., Sr. & Big											
		Challenger											
		50 - 70					х						
46. Wh	nat divisions of <b>softball</b> play on each field?	T-Ball & Minor					х						
		Major					х						
		Jr., Sr. & Big											
		Challenger											
47. Do	you plan to host tournaments on this field?	Yes	х	х			Х						

ease	complete	e for ea	ch field.	Use ad	ditional	space if	necess	sary.			
	Height	Dista	nce from	home pla	te to:		Foul	territory	distance	from:	
	of		utfield fen			Left field		fence at:			fence at:
Field	outfield				Back	Lett Hell		Outfield	ragine ne		Outfield
No.	fence	Left	Center	Right	stop	Home	3rd	foul pole	Home	1st	foul pole
1				-							
2	5	200	200	200	12	22	16		23	15	
	4	120		120	12	16	16		12	12	
3	4	122	135	122	13	12	12	12	12	12	12
4	4	97	131	90	10	18	12	4	12	12	9
5	4	297	300	305	20	30	30	30	28	28	28
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
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						Route					
				Sout		msport	., PA I .	//02			