

# WILKES-BARRE CITY LITTLE LEAGUE (WBCLL)



SAFETY  
AWARENESS  
PLAN (ASAP)  
2025

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IN CASE OF  
EMERGENCY  
**DIAL 911**

## **WILKES-BARRE CITY LITTLE LEAGUE Baseball Fields**

<b>South Wilkes-Barre (Richmont Ave)</b> .....	<b>#072</b>
<b>Parsons Field (Scott St)</b> .....	<b>#104</b>
<b>Hollenback Park</b> .....	<b>#038</b>
<b>Gibby Field (Gordon Ave)</b> .....	<b>#</b>

District 16, in conjunction with Wilkes University, has arranged for field identification in case of emergency. This is done by global positioning; Little Leagues participating in this project are assigned numbers for identification. All you must do when you call 911 is tell them the field number and they will have the exact coordinates on file. Please note when entering Little Leagues fields in District 16, please check the number of the field before entering. If they do not have the field number posted, ask opposing manager for their field number and write it in your scorebook for quick reference.

**WILKES-BARRE CITY LITTLE LEAGUE  
SAFETY AWARENESS PLAN (ASAP) – 2025**

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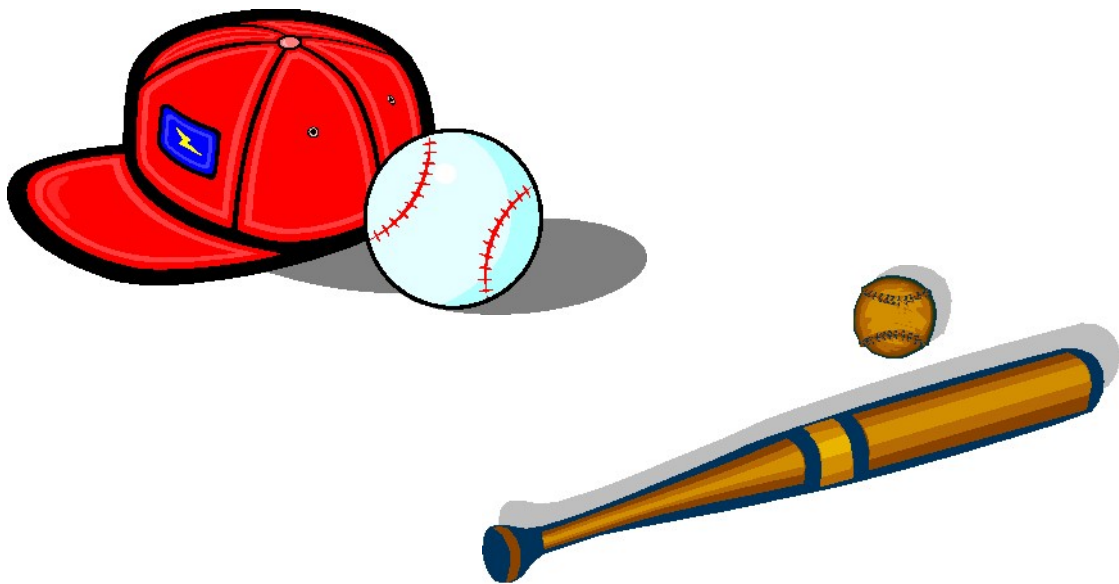
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# **WILKES-BARRE CITY LITTLE LEAGUE**

Is a Non-Profit Organization  
Run by Volunteers  
Whose Mission  
Is to Provide an Opportunity  
For Our Community's Children  
To Learn the Game of Baseball  
In a Safe and Friendly Environment



# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **REQUIREMENT 1 – SAFETY OFFICER**

League must have an active safety officer on file with Little League International ("Little League").

- [Safety Officer: Local League Role](https://www.littleleague.org/university/articles/safety-officer-local-league-role/)  
(<https://www.littleleague.org/university/articles/safety-officer-local-league-role/>)

### **WILKES-BARRE CITY LITTLE LEAGUE – 2025 Board of Directors**

President .....	Dave Reynolds .....	(570) 328-4828
Vice President .....	Darren Snyder .....	(570) 885-2085
Secretary .....	Jesse Lyons .....	(973) 977-0528
Treasurer .....	Tom Conti .....	(570) 574-4031
Player Agent .....	Robert Woolfolk .....	(570) 262-2998
Safety Officer .....	Robert Woolfolk .....	(570) 262-2998
Facility Maintenance .....	Jeff Shinal .....	(570) 332-1387
Concession Stand .....	Darren Snyder .....	(570) 885-2085
Sponsorship .....	Chris Brown .....	(570) 239-7369
Fundraising .....	Kyle Kocher .....	(570) 573-4203

### **Additional 2025 Board Members**

Lars Anderson	Dan Hughes
Marcos Ballard	Tony Monteleone
Cassandra Camp	Tom Reilly
Andy Harrison	

### **Safety Committee**

Safety Officer .....	Robert Woolfolk .....	(570) 262-2998
President .....	Dave Reynolds .....	(570) 328-4828

**ALL BOARD MEMBERS, MANAGERS, COACHES, DUGOUT PARENTS, FACILITY MAINTENANCE CREWS, UMPIRES, CONCESSIONS TAND WORKS, UMPIRES, AND ALL OTHER VOLUNTEERS ASSOCIATED WITH AND/OR PARTICPATING UNDER THE JURIDICITION OF THE WILKES-BARRE CITY LITTLE LEAGUE OR UTILIZING ONE OF THE LEAGUE'S FACILITIES ARE RESPONSIBLE FOR IMPLEMENTING AND FOLLOWING RULES SET FORTH IN THIS SAFETY AWARENESS PLAN.**



## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **REQUIREMENT 2 – SAFETY MANUAL DISTRIBUTION**

Wilkes-Barre City Little League will publish & distribute, either electronically or hardcopy, the league's safety manual to volunteers, including, but not limited to, board members, coaches, managers, concession workers, and facility crews.

- WBCLL will post the league safety manual to the league's website.
- WBCLL will email, or provide by other means, the link to the league safety manual to all applicable league personnel.
- WBCLL will print a minimum of one (1) hardcopy and leave it in the clubhouse or concession stand.
- WBCLL will provide a copy to District Administrator and/or District Safety Officer.

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **REQUIREMENT 3 – EMERGENCY PLAN**

WBCLL will post and distribute emergency and key officials' phone numbers.

- WBCLL's emergency action plan will be posted in the clubhouse and concession stand.
- All WBCLL coaches conducting a practice or participating in a game must have a working cell phone available to them, preferably on their person, to the extent possible.

### **Emergency Action Plan**

In the event of an emergency, please contact in the following order:

1. Emergency number (911)
2. Parent(s)/guardian(s) of the player(s) involved.
3. WBCLL Safety Officer (who will then contact the WBCLL President)

### **For an EMERGENCY, dial 911**

Police ..... **911**  
Fire & EMS/Ambulance ..... **911**

Wilkes-Barre City  
Police (Non-Emergency)..... (570) 208-4200  
Fire & EMS/Ambulance Non-Emergency ..... (570) 208-4260

Luzerne County Communications Center (Non-Emergency)  
Public Safety Answering Points (PSAP) ..... (570) 819-4916

WBCLL Safety Officer, Robert Woolfolk ..... (570) 262-2998  
WBCLL President, Dave Reynolds ..... (570) 328-4828

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **REQUIREMENT 4 – VOLUNTEER APPLICATION**

WBCLL requires volunteers to go through the Little League volunteer application process.

- [What You Need to Know About the Little League Volunteer Application Process](https://www.littleleague.org/university/articles/what-you-need-to-know-about-the-little-league-volunteer-application-process/)  
(<https://www.littleleague.org/university/articles/what-you-need-to-know-about-the-little-league-volunteer-application-process/>)
- WBCLL will require all managers, coaches, dugout parents, board members, and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to or contact with players or teams fill out an application form as well as provide a government-issued photo identification card for identity verification. The league will check name spellings and numbers for accuracy.
- WBCLL encourages all volunteers to register using the league website.
- Anyone refusing to fill out a Little League volunteer application is ineligible to be volunteer with WBCLL.
- WBCLL conducts a nationwide background check utilizing JDP.
- For more information on Little League’s Child Protection Program and conducting background checks through JDP, go to:
  - [JDP Background Screening](https://www.jdp.com/littleleague-backgroundcheck/)  
(<https://www.jdp.com/littleleague-backgroundcheck/>)
  - [Local League Background Check Information](https://www.littleleague.org/player-safety/child-protection-program/local-league-background-check-information/)  
(<https://www.littleleague.org/player-safety/child-protection-program/local-league-background-check-information/>)



# Little League® Volunteer Application – 2025



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. 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.

All RED fields are required.

Name First Middle Name or Initial Last Date

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.)? If yes, list: Yes No

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 Little League International.)

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: Yes No

(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: Yes No

(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 and/or listed on any youth organization ineligible list? Yes No

If yes, explain: \_\_\_\_\_

(If volunteer answered yes to Question 7, the local league must contact Little League International.)

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## LOCAL LEAGUE USE ONLY:

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_

Review the Little League Regulation 1(c)(9) for all background check requirements

☐ JDP Background Check Completed (Includes review of the US, Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended list)\*

\*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.

☐ Proof of completion of Little League Abuse Awareness Training for Adults provided to league.

Mandatory Training Course is available at [LittleLeague.org/AbuseAwareness](http://LittleLeague.org/AbuseAwareness)

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **REQUIREMENT 5 – FUNDAMENTALS TRAINING**

WBCLL will provide and require fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.).

- It is not necessary for fundamentals training(s) to be held before WBCLL's safety manual is submitted to Little League.
- WBCLL will post the scheduled dates, times, and locations for all trainings to the league's website.
- Training qualifies volunteer for 3 years; but WBCLL requires at least one team representative to participate in the training each year.
- High school, college, or experienced league coaches can be great resources to conduct training.
- [Incorporating Effective Local Training Can Prep Volunteers for a Safer, More Successful Season](https://www.littleleague.org/university/articles/incorporating-effective-local-training-can-prep-volunteers-for-a-safer-more-successful-season/)  
(<https://www.littleleague.org/university/articles/incorporating-effective-local-training-can-prep-volunteers-for-a-safer-more-successful-season/>)
- WBCLL will focus on developing the fundamentals of baseball throughout every level, building upon previously learned skills as a player progresses. Coaches will teach proper techniques, including:
  - Batting stance and approach to hitting.
  - Proper throwing techniques for fielders.
  - Catching ground balls, fly balls, and pop ups for all fielders.
  - Sliding into bases to prevent injury.
  - Catcher positioning and receiving of the ball from the pitcher.
  - Pitching motion to maintain control and balance.

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **REQUIREMENT 6 – FIRST-AID TRAINING**

WBCLL requires first aid training for managers and coaches, with at least one manager or coach from each team attending.

- [Incorporating Effective Local Training Can Prep Volunteers for a Safer, More Successful Season](https://www.littleleague.org/university/articles/incorporating-effective-local-training-can-prep-volunteers-for-a-safer-more-successful-season/)  
(<https://www.littleleague.org/university/articles/incorporating-effective-local-training-can-prep-volunteers-for-a-safer-more-successful-season/>)
- It is not necessary for WBCLL's first-aid training(s) to be held before safety manual is submitted.
- WBCLL will post the scheduled dates, times, and locations for all trainings to the league's website.
- It is not necessary for doctors, nurses, LPNs, and paramedics in WBCLL to attend first-aid training. However, it is recommended that leagues utilize these professionals from their league/community to present the training.
- WBCLL does not exempt individuals who attend various outside first-aid training and courses.
- WBCLL will make information regarding concussions in youth sports a part of first-aid training:
  - [Concussions in Youth Athletes](https://www.littleleague.org/player-safety/concussions-youth-athletes/)  
(<https://www.littleleague.org/player-safety/concussions-youth-athletes/>)
- Additional first-aid information can be found in the appendix

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **REQUIREMENT 7 – CHECK FIELD CONDITIONS**

WBCLL requires all umpires, managers, and coaches to walk the playing field for hazards before practices and games.

- For umpires: [Improve Aptitude, Confidence with 7 Pregame To-Dos](https://www.littleleague.org/university/articles/improve-aptitude-confidence-with-7-pregame-to-dos/)  
(<https://www.littleleague.org/university/articles/improve-aptitude-confidence-with-7-pregame-to-dos/>)
- Use common sense: look for glass, rocks, holes, etc.
- Track and document any facility issues needing to be repaired.
- WBCLL coaches are responsible for walking the field and checking for hazards prior to holding a practice.
- Umpires and both coaching staffs (home and visitor) are responsible for walking the field and checking for hazards prior starting a game.
- If an agreement on the fitness of the playing field cannot be reached prior to a game, the WBCLL President or a duly delegated representative will make the determination.
- Refer to the “Hey Coach, Have You” checklist on the following page.



## **HEY COACH, HAVE YOU:**

---

- ✓ **Walked field for debris/foreign objects**
- ✓ **Inspected helmets, bats, catchers' gear**
- ✓ **Made sure a First Aid kit is available**
- ✓ **Check conditions of fences, backstops, bases and warning track**
- ✓ **Made sure a cell phone is available in case of an emergency**
- ✓ **Held a warm-up drill**



## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **REQUIREMENT 8 – FACILITY SURVEY**

WBCLL will complete or update the Annual Facility Survey in the Little League Data Center.

- WBCLL officials will physically review field(s) for changes and needs.
- The WBCLL Buildings & Grounds Supervisor (Field Maintenance) will ensure that all fields and structures used by the league meets the safety requirements set forth in this manual and by Little League.
- The WBCLL Safety Officer will update the Little League Data Center annually.
- WBCLL does not allow bicycling (other than traveling to and from a game or practice), rollerblading, or skateboarding at or on any of the league's facilities.
- WBCLL will review the feasibility of maintaining bicycle rack at league facilities for those players that ride their bikes to the complex.
- Facility Survey must be completed or updated in the Little League Data Center and cannot be attached to safety manual uploaded by league.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **REQUIREMENT 9 – CONCESSION STAND SAFETY**

WBCLL will have written safety procedures for the league's concession stand(s) and will have a concession manager trained in safe food handling, preparation, and procedures.

- Include copy of posted concession safety procedures in safety manual.
- A league coach, concession stand volunteer, League Safety Officer, or League President shall review the Concession Stand Inspection Checklist prior to opening the stand to fans and visitors.
- Even if concession stands are not league operated, the league is responsible to make sure safety procedures are posted. WBCLL's concession stand(s) are league operated.
- Local restaurant operators are good resources for training assistance.
- Training should cover safe use, care and inspection of equipment.
- Cooking grease will be stored in closed containers away from open flames.
- WBCLL will have at least one functioning fire extinguisher available at all times. Fire extinguishers are to be inspected annually.
- WBCLL will have a first-aid kit available in the concession stand in case of emergency.
- WBCLL will have additional physical therapy quality chemical ice packs available in the concession stand.
- A copy of the WBCLL Safety Plan will be available in the concession stand.
- [Concession Stand Safety Tips: 12 Steps to Safe, Sanitary Food Service](https://www.littleleague.org/university/articles/concession-stand-safety-tips-12-steps-to-safe-sanitary-food-service/)  
(<https://www.littleleague.org/university/articles/concession-stand-safety-tips-12-steps-to-safe-sanitary-food-service/>)
- [Concession Stand Inspection Checklist](https://www.littleleague.org/university/articles/concession-stand-inspection-checklist/)  
(<https://www.littleleague.org/university/articles/concession-stand-inspection-checklist/>)

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **Concession Stand Safety Plan**

WBCLL will implement the following 12-point safety plan for all games the concession stand is open to fans and visitors.

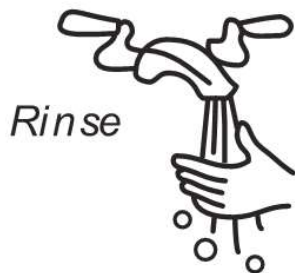
1. Simple Menu – WBCLL will keep the concession stand menu simple and keep potentially hazardous foods (meat, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum.
2. Food Thermometer – Concession stand workers will use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods.
3. Cooling and Cold Storage – Concession stand workers will cool foods that require refrigeration to 41°F as quickly as possible and held at that temperature until ready to serve.
4. Hand Washing – Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease.
5. Health and Hygiene – WBCLL will only allow healthy workers to prepare and serve food. Anyone who shows symptoms of disease or who has open sores or infected cuts on their hands will not be allowed in the food concession area. Concession stand workers will wear clean outer garments. The use of hair restraints is recommended to prevent hair ending up in food products.
6. Food Handling – Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Concession stand workers will use an acceptable dispensing utensil to serve food.
7. Dish Washing – WBCLL will use disposable utensils for food service. Concession stand workers will touch food contact surfaces only as needed and never reuse disposable dishware. Dishes will be washed in a four-step process:
  - a. Wash in hot, soapy water
  - b. Rinse in clean water
  - c. Chemical or heat sanitize
  - d. Air dry
8. Ice – WBCLL will not use ice for cooling cans/bottles in cup beverages. Ice will be stored separate and designated for a specific use.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

9. Wiping Cloths – WBCLL will rinse and store any reusable wiping cloths in a bucket of sanitizer.
10. Insect Control and Waste – WBCLL will:
  - a. Keep foods covered to protect them from insects.
  - b. Store pesticides away from foods.
  - c. Place waste in a refuse container with a tight-fitting lid.
  - d. Dispose of wastewater in an approved method.
  - e. Use water that is potable and from an approved source.
11. Food Storage and Cleanliness – WBCLL will store all foods at least six inches off the floor. Concession stand workers will clean the concession area and discard unusable food after each game.
12. Minimum Worker Age – WBCLL not allow anyone under the age of 16 to work in the concession stand without permission from the League Safety Officer or League President. No worker under 16 will be allowed to operate hot food appliances with no exceptions.

# Wash Hands

## HOW



## WHEN

*Wash your hands before you touch food or as often as needed.*

*Wash after you:*

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other food from animals
- ▶ interrupt your work with food (such as answering the phone, opening a door or drawer)
- ▶ smoke
- ▶ touch dirty plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough
- ▶ change diapers
- ▶ touch pets

*Use soap to scrub your hands.*

*Use a clean cloth or paper towel to dry your hands.*

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.



**CONCESSION STAND SAFETY INSPECTION CHECKLIST**

	Menu posted
	All workers properly trained
	Hands washed with warm water and soap
	Hands washed after touching money
	Counters sanitary and wiped down with cleaner
	Floors swept and spills cleaned up
	No sick workers
	Hair nets, hair ties, or other hair restraints
	No worker under 16 running hot food appliances
	Cold food stored at 41°F or below
	Frozen food stored at 0°F

**CONCESSION STAND SAFETY INSPECTION CHECKLIST**

	Hot food cooked to 140°F or higher, as required
	No smoking, tobacco products, or vaping in or around the concession stand
	Insect and pest control
	Cooking appliances and equipment functioning properly
	Electrical outlets functioning properly
	No exposed wires or damaged outlets
	No tripping hazards
	Dishes and utensils washed with hot, soapy water
	Garbage disposed of properly and emptied to dumpster after last game

# Remember the **P A S S** Word

**P**ull

**Pull** the pin (or other motion) to unlock the extinguisher.



**A**im

**Aim** at the base (bottom) of the fire and stand 6 - 10 feet away.



**S**queeze

**Squeeze** the lever to discharge the agent.



**S**weep

**Sweep** the spray from left to right until the flames are totally extinguished.





# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **REQUIREMENT 10 – EQUIPMENT CHECK**

WBCLL will require the regular inspection and replacement of equipment.

- [Playing Equipment Inspection: Baseball and Softball Bats](https://www.littleleague.org/university/articles/playing-equipment-inspection-baseball-softball-bats/)  
(<https://www.littleleague.org/university/articles/playing-equipment-inspection-baseball-softball-bats/>)
- [Playing Equipment Inspection: Batting Helmets and Catcher's Gear](https://www.littleleague.org/university/articles/playing-equipment-inspection-batting-helmets-and-catchers-gear/)  
(<https://www.littleleague.org/university/articles/playing-equipment-inspection-batting-helmets-and-catchers-gear/>)
- WBCLL Equipment Manager, Safety Officer, and/or League President will inspect all equipment prior to distribution for the season.
- Managers and coaches will inspect equipment before each practice.
- Umpires, managers, and coaches will inspect equipment before each game.
- Managers and coaches will contact the Equipment Manager or Safety Officer if any equipment needs to be replaced in-season.
- WBCLL Equipment Manager, Safety Officer, and/or League President will destroy broken equipment to prevent future use.
- WBCLL will implement a tracking form at a later date to record equipment needs.
- All equipment, first-aid kits, and safety information will be returned to WBCLL at the conclusion of the season.
- All non-wood or laminated baseball bats must be affixed with the USABat Standard marking or BBCOR certification, depending on the player's level.
- All batter's and catcher's helmets must be affixed with the NOCSAE specification stamp.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **EQUIPMENT CHECKLIST – KEEP YOUR PLAYERS SAFE**

- ☐ All male players must wear athletic supporters.
- ☐ Male catchers must wear the metal, fiber or plastic type cup.
- ☐ All catchers must wear chest protectors with neck collar, throat guard, shin guards and leg protectors, catcher's helmet, and catcher's mitt, all of which must meet Little League specifications and standards.
- ☐ All catchers must wear a chest protector. At the Major level and below, catchers must wear a long model chest protector.
- ☐ All catchers must wear a mask with a "dangling"-type throat protector and catcher's helmet during practices, pitcher warm-ups, and games. No skull caps are permitted.
- ☐ Each team, at all times in the dugout, and shall have seven (7) protective batting helmets, which must meet NOCSAE specifications and standards.
  - These helmets will be provided by WBCLL at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.
  - Facemasks and c-flaps can be added to NOSCSAE-certified helmets provided installing such attachments does not modify the helmet in any way, such by drilling holes or removing padding. Having these attachments is encouraged.
  - Chinstraps must be used with helmets manufactured with them.
  - Each helmet shall have an exterior warning label.  
**NOTE:** *The warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.*
- ☐ Make sure helmets fit.
- ☐ All non-wood or laminated baseball bats must be affixed with the USABat (USA Baseball) Standard marking for Major level and below.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

- ☐ All non-wood or laminated baseball bats must be affixed with the USABat (USA Baseball) Standard marking or BBCOR certification at the Junior level.
- ☐ All non-wood or laminated baseball bats must be affixed with BBCOR certification at the Senior level.
- ☐ If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- ☐ Bats with dents, or that are fractured in any way, must be discarded.
- ☐ Baseball glove appropriately sized to the player's hand. Any style is acceptable; however, only catchers may wear catcher's mitts and only first basemen may wear first baseman's mitts.
- ☐ Pitchers cannot wear multi-colored gloves.
- ☐ Only Official Little League balls will be used during practices and games.
- ☐ T-ball players use reduced impact balls. Coach pitch players use level 5 safety ball.
- ☐ Bases (first, second, and third) that disengage from their anchors.
- ☐ Home plate and pitching plate ("pitching rubber").
- ☐ Optional equipment:
  - Pelvic protector for female players
  - Heart guard/shield or female rib guard – recommended for new pitchers
  - Safety mask for infielders
  - Googles or shatterproof glasses, especially for infielders with vision limitations
  - Mouth guard
- ☐ Make sure that any equipment used by players that is not issued by WBCLL meets all Little League and WBCLL rules and regulations, including safety rules.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

- ☐ Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Manager.
- ☐ Replace questionable equipment immediately by notifying the Wilkes-Barre City Little League Equipment Manager.
- ☐ Make sure that players respect the equipment that is issued.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **EQUIPMENT RULES – BASEBALL BATS**

The following bat rules have been taken directly from Little League's Baseball Rulebook, [Rule 1.10](#).

**NOTE:** Approved tee ball bats may also be used in the Minor League - Coach Pitch division with the use of approved tee balls.

All non-wood or laminated baseball bats must be affixed with the USABat (USA Baseball) Standard marking or BBCOR certification as determined by the chart on the next page.

The minimum diameter for all non-wood or laminated bats  $15/16''$  ( $7/8''$  if the length is less than 30") for all divisions, except Tee Ball.

The maximum diameter for all non-wood or laminated bats  $2-5/8''$  for all divisions, except Tee Ball.

Tee Ball does not have any minimum or maximum restrictions for baseball bats used at that level; the bats only must meet USA Baseball standards.

**WILKES-BARRE CITY LITTLE LEAGUE  
SAFETY AWARENESS PLAN (ASAP) – 2025**

Division: <b>Tee Ball</b>		
Bat Material	Max. Length	Standard
Non-wood or laminated	26"	USA Baseball

Division: <b>Minors</b>		
Bat Material	Max. Length	Standard
Non-wood or laminated	33"	USA Baseball
Wood (one-piece)	33"	none required

Division: <b>Majors</b>		
Bat Material	Max. Length	Standard
Non-wood or laminated	33"	USA Baseball
Wood (one-piece)	33"	none required

Division: <b>Juniors</b>		
Bat Material	Max. Length	Standard
Non-wood or laminated	34"	USA Baseball or BBCOR
Wood (one-piece)	34"	none required

Division: <b>Seniors</b>		
Bat Material	Max. Length	Standard
Non-wood or laminated	36"	BBCOR
Wood (one-piece)	36"	none required

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **EQUIPMENT RULES – BASEBALL SPIKES**

The following shoe rules have been taken directly from Little League's Baseball Rulebook, Rule 1.10 (h).

Shoes with metal spikes or cleats are not permissible at the Tee Ball, Minor League, or Major League levels. Shoes with molded cleats are permissible.

Players at the Junior and Senior League levels may wear shoes with metal spikes or cleats or molded cleats.

### **EQUIPMENT RULES – HELMETS**

The following helmet rules have been taken directly from Little League's Baseball Rulebook, Rules 1.16 and 1.17.

Use of a batting helmet by the batter, all base runners, and any player serving as a base coach is mandatory. Catchers must wear a catcher's helmet with a mask and dangling-style throat protector during infield/outfield practice, pitcher warm-ups, and during games.

All batter's and catcher's helmets must meet NOCSAE (National Operating Committee on Standards for Athletic Equipment) specifications, bear an NOSCAE stamp, and have an exterior warning label.

Facemasks and c-flaps can be added to NOSCSAE-certified helmets provided installing such attachments does not modify the helmet in any way, such by drilling holes or removing padding. See Little League's webpage, [Modifying Helmets with Additional Attachments: What You Need to Know](#) for more information.

Little League recommends that no alterations be made to any type of helmet, unless the attachment is pre-installed by the manufacturer or is specifically designed for the manufacturer's helmet; in either case, the helmet must maintain its NOSCAE certification.

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **REQUIREMENT 11 – ACCIDENT REPORTING**

WBCLL will implement a prompt accident reporting and tracking procedure.

- WBCLL requires an accident notification form be completed and submitted to the Safety Officer within 24 hours of any accidents or injuries.
- WBCLL Safety Officer will track “near-misses” as a proactive tool to evaluate practices and avoid future injuries
- WBCLL will share information on accidents and “near-misses” with district staff as required.
- [How to Handle an Injured Player, Returning to Play After Injury](https://www.littleleague.org/university/articles/how-to-handle-an-injured-player-returning-to-play-after-injury/)  
(<https://www.littleleague.org/university/articles/how-to-handle-an-injured-player-returning-to-play-after-injury/>)
- Any incident that causes a player, manager, coach, umpires, or volunteers to receive medical treatment and/or first aid must be reported to the Wilkes-Barre City Little League Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.
- As most reports are initiated verbally, either face-to-face or by telephone, the following information, at minimum, will be provided by the reporter to the WBCLL Safety Officer.
  - The name and phone number of the individual involved.
  - The date, time, and location of the incident.
  - As detailed a description of the incident as possible.
  - The preliminary estimation of the extent of any injuries.
  - The name and phone number of the person reporting the incident.
- WBCLL will require any volunteer who knowingly disregards safety to come before the Board of Directors to explain their conduct.



## Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



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

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

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

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

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

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

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

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

## **TREATMENT OF DENTAL INJURIES**

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

## **CHECKLIST FOR PREPARING CLAIM FORM**

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

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

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

## **PART II - LEAGUE STATEMENT**

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

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



# LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

**Send Completed Form To:**  
Little League® International  
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 \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

**Type of incident and location:**

A.) On Primary Playing Field

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

B.) Adjacent to Playing Field

☐ Seating Area☐ Parking Area

C.) Concession Area

☐ Volunteer Worker☐ Customer/Bystander

D.) Off Ball Field

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

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

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

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

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

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

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **REQUIREMENT 12 – FIRST-AID KITS**

WBCLL requires a first-aid kit at all practices and games.

- WBCLL will supply each team with a first-aid kit.
- WBCLL will store additional first-aid supplies and ice packs in the concession stand (near the door).
- Managers and coaches are responsible for ensuring their first-aid kits remain well-stocked. If additional supplies are required, the team manager will contact the Safety Officer to request replacement items.





# First Aid Kits: What Goes in Them?

## ASAP Requirement #12



Bringing a first aid kit to all games and practices is an important part of implementing your league's ASAP Safety Plan. Your league's Safety Officer should ensure first aid kits are fully stocked throughout the season. Keep a list of supplies in your first aid kit, so it can be replenished as needed. If managers or coaches use any first aid supplies, they should work to replace them through your league's appropriate purchasing process before the team meets again.

### Each league can decide what to put in their first aid kits. Suggested items include:

- Adhesive Bandages
- Gauze
- Athletic tape
- Antiseptic cleanser
- Gloves
- Bag to dispose of soiled items
- Scissors
- Tweezers
- CPR face mask
- First aid manual
- Instant chemical cold packs

The concession stand should have a stocked first aid kit, as well as access to ice for treating bruises and sprains; and plenty of drinking water. In addition to having first aid kits at game and practice locations, it is critical that a representative from each team attends a first aid training every year. Your league should also have an emergency plan as part of your ASAP safety plan. This should be accessible and include your field address and emergency phone numbers. There must be a working cell phone on site, or, if your location isn't in cell service, a working landline.

**When fundraising and budgeting for your league, factor in the cost of first aid kits. Make sure you have enough supplies for each team to last throughout the season. At the end of the season, throw out any expired items and determine what you'll need to restock each kit.**

**Leagues are encouraged to review the ASAP requirements when building an ASAP plan for the current season.**



**If you run out of any first aid items, please notify the League Safety Officer as soon as possible.**

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **REQUIREMENT 13 – ENFORCE LITTLE LEAGUE RULES**

WBCLL will enforce Little League rules per the Little League Baseball rulebook.

- [Use the Preseason to Review Little League Rules](https://www.littleleague.org/university/articles/use-the-preseason-to-review-little-league-rules/)  
(<https://www.littleleague.org/university/articles/use-the-preseason-to-review-little-league-rules/>)
- WBCLL will encourage all managers and coaches to download the Little League Rulebooks app to their mobile device.
- Most Little League rules have a basis in safety – follow them.
- All WBCLL board members, coaches, and volunteers will review the league's various codes of conduct prior to the beginning of the season.
- WBCLL managers and coaches will ensure players always have required equipment, including catchers warming up on the field.
- WBCLL managers and coaches will enforce Little League and WBCLL rules at practices and games.
- WBCLL will verify all fields have bases that disengage from their anchors as required by Little League rules.



# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **WBCLL Volunteer Code of Conduct**

We, the Wilkes-Barre City Little League, have implemented the following Volunteer Code of Conduct for the important message it holds about the proper role of volunteers in supporting children in sports. Volunteers should read, understand, and electronically sign this form during the registration prior to participating in our league.

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

### **Preamble**

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

- Trustworthiness
- Respect
- Responsibility
- Fairness
- Caring
- Good Citizenship

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

### **I therefore agree:**

- I will place the emotional and physical well-being of players ahead of any personal desire to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I will do my best to provide a safe playing environment for all players.
- I will promote fun, fairness, and sportsmanship over winning.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

- I will do my best to organize practices that are fun and challenging for all players.
- I will lead by example in demonstrating fair play and sportsmanship to all players.
- I will teach the rules of the game to all players, officials, and parents.
- I will remember that I and other adults involved are youth sports volunteers and that the game is for children, not adults.
- I will not abuse other coaches, umpires, volunteers, parents, or players, either physically or verbally. I will not speak disrespectfully to any umpire, coach, or league official.
- I will not physically confront an umpire for any reason. Nor will I demonstrate dissent or disagreement with an umpire's decision by throwing any equipment or take any other forceful unsportsmanlike actions.
- I will not challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.
- I will not publicly discuss, in a derogatory or abusive manner, any play, decision or a personal opinion on any players during the game with spectators.
- I will not mingle or fraternize with spectators during the game.
- I will not engage in the use of profanity or other offensive language.
- I will encourage all team members to treat all players, teammates, coaches, officials, and parents with respect.
- I will emphasize and foster a team atmosphere and not individual achievements.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

- I will be responsible for league policies.
- I will follow all safety protocols of the league.
- I will not appear on WBCLL grounds in an intoxicated state. Intoxicated will be defined as an odor or behavior issue.
- I will not smoke on WBCLL grounds. I will only smoke in designated areas, which shall be at least 20 feet from league grounds. I will properly dispose of any cigarette butts or similar.
- I will not gamble upon any play or outcome of any game with anyone at any time.
- I will not tamper with or manipulate of any league rosters, schedules, draft positions or selections, official score books, rankings, or financial records or procedures.
- I will return all equipment and player evaluations per league policies.

**WILKES-BARRE CITY LITTLE LEAGUE  
SAFETY AWARENESS PLAN (ASAP) – 2025**

**WBCLL Volunteer Code of Conduct**  
**Acknowledgement**

The Board of Directors will review all infractions of the Wilkes-Barre City Little League Volunteer Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

I have read the Wilkes-Barre City Little League Volunteer Code of Conduct and promise to adhere to its rules and regulations.

---

*Team name*

---

*Division*

---

*Print Name of Manager*

---

*Signature of Manager*

---

*Date*

---

*Coach #1*

---

*Coach #2*

(Alternatively, WBCLL may utilize an electronic method for collecting signatures of the acknowledgement form.)

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **WBCLL Player Code of Conduct**

We, the Wilkes-Barre City Little League, have implemented the following Player Code of Conduct for the important message it holds about the expectations we have of our young athletes in supporting their growth as people and baseball players. Parents should read and understand this form with their child then electronically sign it on their child's behalf during registration prior to their children participating in our league.

Any player guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension or the season forfeiture of the privilege of participating in the league.

### **Preamble**

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

- Trustworthiness
- Respect
- Responsibility
- Fairness
- Caring
- Good Citizenship

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

### **I therefore agree:**

- I will play for fun!
- I will be a good sport to players, coaches, officials, opponents, and parents at every game and practice, no matter if my team wins or loses.
- I will respect the umpires and their authority during games and will never question, discuss, or confront them during or after a game. My coaches will be responsible for discussing any differences of opinion with the umpires.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

- I will not boo or taunt opposing players or coaches, refuse to shake hands after the game, or use profane language or make inappropriate gestures.
- I will learn the value of commitment by participating in as many practices and games as I can.
- I will encourage my teammates and praise good efforts.
- I will be honest, fair, and respectful to others at all times.
- I will not purposefully take any action that will endanger the health and well-being of another player.
- I will aim to learn all I can from sports.
- I will arrive at practice on time and be ready to dedicate my attention to my coaches.

**WILKES-BARRE CITY LITTLE LEAGUE  
SAFETY AWARENESS PLAN (ASAP) – 2025**

**WBCLL Player Code of Conduct**  
**Acknowledgement**

The Board of Directors will review all infractions of the Wilkes-Barre City Little League Player Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

I have read the Wilkes-Barre City Little League Players Code of Conduct to the players on my team and they promise to adhere to its rules and regulations.

---

*Team name*

---

*Division*

---

*Print Name of Manager*

---

*Signature of Manager*

---

*Date*

(Alternatively, WBCLL may utilize an electronic method for collecting signatures of the acknowledgement form.)

**REMEMBER**

THESE ARE KIDS.

THIS IS A GAME.

LITTLE LEAGUES ARE STAFFED BY  
VOLUNTEERS JUST LIKE YOU.

THE UMPIRES ARE HUMAN.

OUR PLAYERS ARE  
NOT BEING SCOUTED BY THE  
PHILLIES, YANKEES, OR ANY OTHER  
MLB TEAM TODAY.



# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **WBCLL Safety Code**

We, the Wilkes-Barre City Little League, have mandated the following Safety Code. All managers and coaches will read this safety code and then read it to the players on their team. Signatures are required in the spaces provided below acknowledging that the manager and coaches understand and agree to comply with the Safety Code and have read the code to their players, who also agree to comply with the code.

- Responsibility for safety procedures belongs to every adult member of the Wilkes-Barre City Little League.
- \*\*\*Each player, manager, designated coach, and umpire shall use proper reasoning and care to prevent injury to themselves and to others.
- Only league-approved managers and/or coaches are allowed to practice teams.
- Arrangement should be made in advance of all games and practices for emergency medical services.
- Managers, designated coaches, and umpires will have training in First Aid.
  - A first-aid kit and AED are to be located at the concession stand.
- First-aid kits are to be issued to each team manager during the preseason and additional kits will be located at the concession stand.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play area will be inspected before games and practices for holes, damage, stones, glass, and other foreign objects.
- \*\*\*Team equipment should be stored within the team dugout or behind fence, and not within the area defined by the umpires as "in play".
- Foul balls batted out of playing area will be returned to the foul ball returns and not thrown over the fence during a game.
- \*\*\*Only players, managers, coaches, assigned dugout parents, umpires, and members of the Board of Directors are permitted on the playing field or in the dugout during games and practice sessions.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

- \*\*\*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 designated 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 pregame warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering, spectators (i.e., playing catch, 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 that bear the NOCSAE seal during batting practice and games. (Use of face guards recommended.)
- \*\*\*Except when a runner is returning to a base, headfirst slides are not permitted.
- \*\*\*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" for their children.
- \*\*\*On-deck batters are not permitted.
- \*\*\*Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible.
- Managers will only use the official Little League balls supplied by the Wilkes-Barre City Little League.
- \*\*\*All male players will wear athletic supporters or cups during games. Catchers must wear a cup. Managers should encourage cups being worn at practices, too.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

- \*\*\*All catchers must wear chest protectors with neck collar, throat guard, shin guards and leg protectors, catcher's helmet, and catcher's mitt, all of which must meet Little League specifications and standards.
- \*\*\*All catchers must wear a chest protector. At the Major level and below, catchers must wear a long model chest protector.
- \*\*\*All catchers must wear a mask with a "dangling"-type throat protector and catcher's helmet during practices, pitcher warm-ups, and games. No skull caps are permitted.
- \*\*\*Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. **EXCEPTION:** Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.
- \*\*\*Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size, or weight consistent with protecting the hand.
- \*\*\*Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher's gear and an athletic cup as described above.
- Managers will never leave an unattended child at a practice or game.
- \*\*\*Never hesitate to report any present or potential safety hazard to the Wilkes-Barre City Little League Safety Officer immediately.
- Make arrangements to have a mobile phone available for all games and practices.
- No alcohol or drugs allowed on the premises at any time.
- No medication will be taken at the facility unless administered directly by the child's parent or parent's designees. This includes acetaminophen (Tylenol), aspirin, and ibuprofen (Advil).
- \*\*\*No playing in the parking lots at any time.
- \*\*\*No playing on and around lawn equipment or machinery at any time.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

- \*\*\*No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
- \*\*\*No throwing rocks.
- \*\*\*No climbing fences.
- \*\*\*No swinging on dugout roofs.
- No pets are permitted on the premises at any time. This includes dogs, cats, snakes, etc.
- Observe all posted signs.
- \*\*\*Players and spectators should be alert at all times for foul balls and errant throws.
- All gates to the fields must always remain closed. After players have entered or left the playing field, gates should be closed and secured.
- \*\*\*No swinging on gates.
- \*\*\*No eating in the dugouts.
- Bicycle helmets should be worn when riding bicycles to and from the premises.
- \*\*\*No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.
- \*\*\*There is no running allowed in the bleachers.
- \*\*\*All players are encouraged to use mouth guards and face guards.
- Only breakaway bases are to be used on our fields.

All items marked with \*\*\* are intended to be read to the players. Since the information will be transmitted verbally, minor alterations that do not defeat the purpose of the code may be made based on the age group of a team.

**WILKES-BARRE CITY LITTLE LEAGUE  
SAFETY AWARENESS PLAN (ASAP) – 2025**

**WBCLL Safety Code  
Acknowledgement**

The Board of Directors will review all infractions of the Wilkes-Barre City Little League Safety Code. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

I have read the Wilkes-Barre City Little League Safety Code and read it to the players on the team that I manage/coach and promise to adhere to its rules and regulations.

---

*Team name*

---

*Division*

---

*Print Name of Manager*

---

*Signature of Manager*

---

*Date*

---

*Coach #1*

---

*Coach #2*

(Alternatively, WBCLL may utilize an electronic method for collecting signatures of the acknowledgement form.)

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **REQUIREMENT 14 – PLAYER AND COACH DATA**

WBCLL will submit league player data registration data or player roster data and manager and coach data as required.

- WBCLL utilizes Sports Connect per Little League requirements. Player registration data sent from Sports Connect to the Little League Data Center will fulfill ASAP requirement 14.
- WBCLL's safety plan will not be approved until the registration data has been fully submitted.
- [Player Registration; Volunteer Info – What to Know](https://www.littleleague.org/university/articles/player-registration-manager-and-coach-info-what-to-know/)  
(<https://www.littleleague.org/university/articles/player-registration-manager-and-coach-info-what-to-know/>)

### **REQUIREMENT 15 – ANSWER NEW SURVEY QUESTIONS**

A WBCLL official will answer the survey questions in the Little League Data Center as required to fulfill ASAP requirement 15.

**WILKES-BARRE CITY LITTLE LEAGUE  
SAFETY AWARENESS PLAN (ASAP) – 2025**

**WBCLL Safety Plan and First-Aid Kits  
Acknowledgement**

Each team will be issued the WBCLL Safety Plan, either by hard copy or electronically, at the beginning of the season. Two physical therapy quality chemical ice packs will be issued to each team at the beginning of the season. Additional ice packs are available at all times in the concession stand.

This safety plan includes phone numbers for all Board Directors, the Wilkes-Barre City Little League codes of conduct, and "Do's and Don'ts" of treating injured players. This information will also be posted in the concession stand.

The manager of each team will acknowledge the receipt of both by signing in the space provided below when taking possession of these articles.

My signature below indicates that I have received the WBCLL Safety Plan, or a link to the plan, and will have it, or access to it, present at all practices, batting cage practices, games (season games and postseason games), and any other event where team members could become injured or hurt.

\_\_\_\_\_  
*Team name*

\_\_\_\_\_  
*Division*

\_\_\_\_\_  
*Print Name of Manager*

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

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

**SAFETY REMINDERS FOR ALL VOLUNTEERS**

**\*\* SAFETY FIRST! \*\***

**\*\* BE ALERT! \*\***

**\*\* CHECK PLAYING FIELD FOR HAZARDS \*\***

**\*\* PLAYERS MUST WEAR PROPER EQUIPMENT \*\***

**\*\* ENSURE EQUIPMENT IS IN GOOD SHAPE \*\***

**\*\* MAINTAIN CONTROL OF THE SITUATION \*\***

**\*\* MAINTAIN DISCIPLINE \*\***

**\*\* BE ORGANIZED \*\***

**\*\* KNOW PLAYERS' LIMITS AND**

**DON'T EXCEED THEM \*\***

**\*\* MAKE IT FUN! \*\***



**APPENDIX A –**  
**GENERAL SAFETY**

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **CHILD ABUSE**

### **Volunteers**

- Volunteers are the greatest resource Little League has in aiding children's development into leaders of tomorrow. But some potential volunteers may be attracted to Little League to be near children for abusive reasons.
- Anyone can be an abuser and it could happen anywhere. By educating parents, volunteers, and children, you can help reduce the risk it will happen at Wilkes-Barre City Little League.
- Like all safety issues, prevention is the key.

### **WBCLL has a plan for selecting caring, competent, and safe volunteers.**

- All WBCLL Board Members and volunteers who have repeated contact with children must take and complete abuse awareness training approved by Little League. Once complete, the volunteer will provide the certificate of completion to the League.
- All WBCLL Board Members and volunteers who have repeated contact with children must fill out a Little League Volunteer Form.
- All WBCLL Board Members and volunteers with children will have a criminal/child abuse background check performed and paid for by Wilkes-Barre City Little League.
- Anyone that does not pass the background checks or refuses to allow the Wilkes-Barre City Little League to obtain this information will not be allowed to have contact with children on the complex property. Every effort will be made to not allow this person to have contact with the children, even if this means to have the police remove them from our facilities.

### **Child Abuse Reports**

In the unfortunate case that child abuse of any type is suspected, immediately contact the WBCLL President, or a WBCLL Board Member if the President is not available, to report the abuse. Wilkes-Barre City Little League along with district administrators will contact the proper law enforcement agencies.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **Child Abuse Report Investigations**

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

### **Child Abuse Reports Leading to Suspension/Termination**

When an allegation of abuse is made against a Little League volunteer, it is our duty to protect the children from any possible further abuse by keeping the alleged abuser away from children in the program. If the allegations are substantiated, the next step is clear – assuring that the individual will not have any further contact with the children in the League. Every effort will be made to not allow this person to have contact with the children, even if this means involving law enforcement.

### **Immunity from Liability**

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

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **Preventing Child Abuse**

### **Our Position**

Little League and Wilkes-Barre City Little League will not tolerate child abuse, in any form.

### **Access**

Wilkes-Barre City Little League makes every effort to control access to areas where children are present — such as the dugout or restrooms — to protect them from harm by outsiders.

### **Buddy System**

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

### **Lighting**

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

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **COMMON SENSE**

Playing safe boils down to using common sense. For instance, if you witness a strange person walking around the WBCLL complex who looked like they do not belong there, you would report the incident to a board member. If a board member is not present at the complex, please see the telephone number list on the "Requirement 1 – Safety Officer" page of this manual or check the list in the concession stand.

The WBCLL Board Member, after hearing your concerns, will investigate the matter and have the person in question removed before anything can happen if, indeed, that person did not belong there.

Another example of common sense — witnessing children throwing rocks or batting rocks on the WBCLL complex. They are having fun but are unknowingly endangering others. Do not just walk on by figuring that someone else will deal with the situation. Stop and explain to the kids what they are doing wrong and ask them to stop.

Mirriam-Webster's Dictionary defines of common sense as "sound and prudent judgment based on a simple perception of the situation or facts".

*In other words, to use common sense is to realize the obvious.*

**If you witness something that is not safe,  
do something about it!**

**Encourage all volunteers and parents to do the same.**

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **EVACUATION PLAN**

Severe storms, lightning, and fire are all possible.

For this reason, WBCLL must have an evacuation plan.

If it has been determined that the complex must be evacuated for any reason the following steps will be taken:

1. At that time, all players will return to the dugout and wait for their parents to come and get them.
2. If a player's parent is not attending the game, the manager will take responsibility for evacuating that child.
3. Once parents have obtained their children, they will proceed to their cars in a calm and orderly manner.
4. Drivers will then proceed slowly and cautiously out of the parking area.

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **FACILITY INFORMATION**

### **General Facility**

- All bleachers will have safety rails on the top.
- All dugouts will have bat racks.
- The backstops will always be padded for the safety of the catcher.
- The dugouts will be clean and free of debris at all times.
- Home plate, batter's boxes, bases, and the area around the pitcher's mound will be checked periodically for tripping and stumbling hazards.
- Materials used to mark the field will consist of a non-irritating white pigment (no lime).
- Chain-link fences will be checked regularly for holes, sharp edges, and loose edges and will be repaired or replaced accordingly.
- Protective fencing/netting is used to shield fans from foul balls in the infield seating area.
- All fields will have a proactive fence top to protect the fielders.
- All fields will have a warning track in the outfield to protect the outfielders.

### **Lawn Equipment**

Tractors, mowers and any other machinery will

- Be operated by appointed staff only.
- Never be operated under the influence of alcohol or drugs (including medication).
- Not be operated by any person under the age of 16.
- Never be operated in a reckless or careless manner.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

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

### **Storage Shed & Concession Stand/Clubhouse**

- WBCLL's President, on an as needed basis, will issue keys to the sheds.
- If you need something from these storage areas and you do not have a key, one is available in the concession stand. Remember, it has a home and must be returned as soon as you are done with it.
- All individuals with keys to the equipment sheds are aware of their responsibility for the orderly and safe storage of fertilizers, tools, etc.
- Any witnessed "loose" chemicals or organic materials within these storage areas should be cleaned up and disposed of immediately to prevent accidental poisoning.
- All chemicals or organic materials stored in storage sheds shall be properly marked and labeled and stored in their original container if available.
- Use poison symbols to identify dangerous substances.



# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **WEATHER**

Weather is very unpredictable. You must take the variable temperature and storm predictions into consideration when scheduling practices or determining if a game should be played, please take the following items into consideration:

### **Hot Weather**

Precautions must be taken in order to make sure the players on your team do not dehydrate or hyperventilate.

- Suggest players take drinks of water when coming on and going off the field between innings.
- If a player looks distressed while standing in the hot sun, substitute that player and get them into the shade of the dugout ASAP.
- If a player should collapse because of heat exhaustion, call 9-1-1 immediately. Get the player to drink water (if they are conscious) and use the instant ice bags supplied in your First-Aid Kit to cool them down until the emergency medical team arrives.

### **Rain**

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

### **Lightning**

- The average lightning strike is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

- The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour.
- Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.
- On average, the thunder from a lightning strike can only be heard over a distance of 3-4 miles, depending on the terrain, humidity, and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles!
- The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind; the storm can be less than 3 miles away!

### **If you can HEAR, SEE or FEEL a THUNDERSTORM**

- Suspend all games and practices immediately.
- Stay away from metal, including fencing and bleachers.
- Do not hold metal bats.
- Get players to walk, not run to their parent or designated driver's cars and wait for your decision on whether or not to continue the game or practice.
- If no one is available for the child to go to a car with, please send them into the concession stand. Remember that the concession stand has limited space for children to sit so use this resource as your last resort.

### **Ultraviolet Ray Exposure**

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

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sunscreen with a SPF (sun protection factor) of at least 30 as a means of protection from damaging ultra-violet light.

**APPENDIX B –**  
**PLAYER SAFETY**

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **CONDITIONING AND STRETCHING**

Conditioning is an intricate part of accident prevention. Extensive studies on the effect of conditioning have demonstrated that:

- The stretching and contracting of muscles just before an athletic activity improves general control of movements, coordination and alertness.
- Such drills also help develop the strength and stamina needed by the average youngster to compete with minimum accident exposure.

The purpose of stretching is to increase flexibility within the various muscle groups and prevent tearing from overexertion. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility.

- Enforce the rule that no bats and balls are permitted on the field until all players have done their proper dynamic warmup stretching.
- Prior to starting a dynamic stretching warmup routine, players should engage in a light aerobic activity, such as jogging or jumping jacks.
- Dynamic stretching should be part of every player's warmup routine.
  - The main purpose of dynamic stretching is to improve blood flow, elevate heart rate, and prepare muscles for the demands of baseball practice or a workout.
- Examples of dynamic stretches
  - Arms circles
  - Torso twists
  - Shoulder shrugs
  - Arm swings
  - Leg swings
  - Walking lunges
  - Butt kickers
  - Hip circles
  - Lateral lunges
  - Lateral shuffles
  - Calf raises
  - Skipping
  - Karaoke
  - Jumping jacks
  - Neck rolls
- When engaging in dynamic stretching, perform 10-15 repetitions.

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- Keep the players moving at an easy but constant pace during dynamic stretching to keep their body systems engaged in preparation for playing baseball.
- Once players have properly warmed up, they can begin their throwing warmups, following the order below.
  - 1) Light tosses short distance.
  - 2) Light tosses medium distance.
  - 3) Light tosses large distance.
  - 4) Medium tosses medium distance.
  - 5) Regular tosses medium distance.
  - 6) Field ground balls.
  - 7) Field pop flies
- Static stretching should be part of every player's cooldown routine.
  - The main purpose of static stretching is to aid in muscle recovery and prevent injuries after a workout routine.
  - As with dynamic stretching, static stretching should be utilized for all muscle groups.
- Do not ask players to stretch more than they are capable.
- When engaging in static stretching, hold the stretch for at least 15 seconds.
- Do not bounce while static stretching. This tears down the muscle rather than stretching it effectively, potentially leading to injury.
- Once your team has a warmup and cooldown routine, have one of the players lead the stretching exercises.
- Pitchers and catchers should ice their shoulders and elbows.
- Catchers should ice their knees.

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### **HYDRATION**

Good nutrition is important for children. Sometimes, the most important nutrient children need is water -- especially when they are physically active. When children are physically active, their muscles generate heat, thereby increasing their body temperature. As their body temperature rises, their cooling mechanism - sweat - kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids are not replaced, children can become overheated.

We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. It does not matter if it is January or July; thirst is not an indicator of fluid needs. Therefore, children must be encouraged to drink fluids even when they do not feel thirsty. Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days and should encourage players to drink between every inning.

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

# BEAT THE HEAT

Summer's high temperatures put student athletes at increased risk of heat illness. There are several types of heat illness. They range in severity, from heat cramps and heat exhaustion, which are common but not severe, to heat stroke, which can be deadly. Although exertional heat stroke can be fatal, death is preventable if it's quickly recognized and properly treated.

## DEHYDRATION AND HEAT ILLNESSES



It takes only **30 MINUTES** for cell damage to occur with a core body temperature of 105 degrees or higher.

Fluid replacement should be based on **SWEAT LOSS**.



As of August 2022, 14 states mandate all best practice heat acclimatization standards at the high school level.



Exertional heat stroke is one of the top three killers of athletes and soldiers in training.

- From 2015-19, 17 athletic heat stroke fatalities were reported.
- It takes seven to 14 days for a body to adapt to exercising in the heat.
- Dehydration at levels of 3% to 4% body mass loss can reduce muscle strength by an estimated 2%.

### SAFETY TIPS

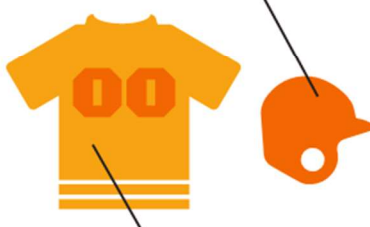


Have sports drinks on hand for workout sessions lasting longer than an hour.

Keep beverages cold – cold beverages are consumed 50% more than warm beverages.

Hydrate before, during and after activity.

Remove unnecessary equipment, such as helmets and padding, when environmental conditions become extreme.



Clothing worn by athletes should be light colored, lightweight and protect against the sun.

## SIGNS OF EXTERNAL HEAT ILLNESS



Headache, lightheadedness, dizziness, confusion and disorientation

Excessive sweating and/or flushing

Fatigue

Nausea and/or vomiting

Chills and/or goose bumps

Cramps, muscular tightening and spasms



Core body temperature of more than 105 degrees



Signs of nervous system dysfunction, such as confusion, aggression and loss of consciousness



Increased heart rate

Rapid breathing



Low blood pressure

Seizures

Excessive sweating

- During the first week, practices shouldn't exceed 120 minutes and should be limited to one practice per day.
- Also, during the first week, slowly integrate equipment into practice using the following schedule:
  - Days 1-2: Helmet/headgear only
  - Days 3-5: Helmet and shoulder pads
  - Day 6: Begin full equipment
- Follow a work-to-rest ratio based on environmental conditions.
- Get a location-specific measurement of heat stress using a wet-bulb globe temperature, which accounts for ambient temperature, relative humidity, wind and radiation from the sun.
- If someone is suffering from exertional heat stroke, remember to cool first and transport second.
- Have shade and cooling stations available and large cold tubs ready before all practices and games in case cold water immersion is needed to treat exertional heat stroke.
- According to best practice, the optimal way to determine core temperature, and whether someone is experiencing exertional heat stroke, is through the use of a rectal thermometer, which should be done by a trained medical professional, such as an athletic trainer.



# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **MANAGERS & COACHES**

All managers and coaches must place player safety above all else. All volunteers have a responsibility to help the children who play Little League Baseball develop as people and as athletes. Therefore, all volunteers acting in a coaching capacity must remember the following points while dealing with youth athletes.

- Not expect more from their players than what the players are capable of.
- Teach the fundamentals of the game to players.
  - Throwing
  - Fielding – ground balls, fly balls, pop ups, line drives
  - Hitting
  - Baserunning
  - Sliding
  - Team defense
  - Pitching and catching
- Enforce that prevention is the key to reducing accidents to a minimum.
- Have players wear sliding pads if they have cuts or scrapes on their legs.
- Always have First-Aid Kit and Safety Manual accessible.
- Encourage everyone to think Safety First.
- Use common sense.

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **Information not covered elsewhere in this manual**

### **Pregame and Practice**

- Make sure that players are healthy, rested, and alert.
- Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they cannot play.
- Make sure that the equipment is in good working order and is safe.

### **During the Game or Practice**

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Keep players alert. Always maintain discipline.
- Be organized.
- Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- Always observe the "no on-deck" rule for batters and keep players behind the fence. No player should handle a bat in the dugouts at any time.
- Keep players off fences.
- Do not play children that are ill or injured.
- Attend to children that become injured in a game.
- Do not lose focus by engaging in conversation with parents and passersby.

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### **After the Game or Practice**

- Do not leave the field until every player has been picked up by a known family member or designated driver.
- Notify parents if their child has been injured no matter how small or insignificant the injury is. There are no exceptions to this rule. This protects you, Little League, and WBCLL.
- Notify the League Safety Officer of any safety problems that occurred before, during, or after the game.
- Return the field to its pregame condition, per WBCLL policy.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **PITCHING and PITCH COUNTS**

- Pitch count does matter.
- Many sports doctors who lecture focus most of their material on warning future managers and coaches about pitching injuries and how to prevent them. Remember, in the major leagues, a pitcher is removed after approximately 100 pitches. **A CHILD CANNOT BE EXPECTED TO PERFORM LIKE AN ADULT!**
- Little League managers and coaches are usually quick to teach their pitchers how to get movement on the ball. Unfortunately, the techniques that older players use is not appropriate for children thirteen (13) years and younger. The snapping of the arm used to develop this technique will most probably lead to serious injuries to the child as they mature. Arm stress during the acceleration phase of throwing affects both the inside and the outside of the growing elbow. On the inside, the structures are subjected to distraction forces, causing them to pull apart. On the outside, the forces are compressive in nature with different and potentially more serious consequences. The key structures on the inside (or medial) aspect of the elbow include the tendons of the muscles that allow the wrist to flex and the growth plate of the medial epicondyle ("knobby" bone on the inside of the elbow). The forces generated during throwing can cause this growth plate to pull away (avulse) from the main bone. If the distance between the growth plate and main bone is great enough, surgery is the only option to fix it. This growth plate does not fully adhere to the main bone until age 15!
- Similarly, on the outside (or lateral) aspect of the elbow, the two bony surfaces can be damaged by compressive forces during throwing. This scenario can lead to a condition called Avascular Necrosis or Bone Cell Death as a result of a compromise of the local blood flow to that area. This disorder is permanent and often leads to fragments of the bone breaking away (loose bodies), which float in the joint and can cause early arthritis. This loss of elbow motion and function often precludes further participation.
- Studies have demonstrated that curveballs cause most problems at the inside of the elbow due to the sudden contractive forces of the wrist musculature. Fastballs, on the other hand, place more force at the outside of the elbow. Sidearm delivery, in one study, led to elbow injuries in 74% of pitchers compared with 27% in pitchers with a vertical delivery style. USA Baseball is in the process of finalizing the results of a study funding Dr. Glenn Fleisig at the American Sports Medicine Institute to evaluate pitch

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

counts in skeletally immature athletes as they relate to both elbow and shoulder injuries. The study included 500 athletes, ages 9-14, from the Birmingham, Alabama area. Each child who pitched in a game was called after the game and interviewed over the phone. The investigators were able to conduct over 3000 interviews. Approximately 200 of the 500 pitchers had videotape of their mechanics.

- Based on this research, Wilkes-Barre City Little League recommends against the teaching or throwing of curveballs under the age of 13. If a curveball is taught, the coach should instruct the child to throw the curveball like a football without snapping the arm or the wrist. If the coach is unsure how to do this, they should not teach this pitch.
- All managers and coaches shall follow the pitch count rule found in the official Little League Rule Book. Managers and Coaches should look to their players' future and try to protect their elbows against the tragedy of Avascular Necrosis. The official Little League Rule Book outlines the following ranges for pitch counts based on league age:

<b>13 – 16</b> .....	<b>95 pitches per day</b>
<b>11 – 12</b> .....	<b>85 pitches per day</b>
<b>9 – 10</b> .....	<b>75 pitches per day</b>
<b>6 – 8</b> .....	<b>50 pitches per day</b>

- All managers and coaches shall also follow the required number of days of rest between games for players who pitch more than 20 pitches in a day (30 pitches for 15- and 16-year-olds) as outlined in the official Little League Rule Book.

### Pitchers league age 6 - 14

<b>66 or more pitches in a day</b> .....	<b>4 calendar days rest</b>
<b>51 – 65 pitches in a day</b> .....	<b>3 calendar days rest</b>
<b>36 – 50 pitches in a day</b> .....	<b>2 calendar days rest</b>
<b>21 – 35 pitches in a day</b> .....	<b>1 calendar days rest</b>
<b>0 – 20 pitches in a day</b> .....	<b>0 calendar days rest</b>

### Pitchers league age 15 - 16

<b>76 or more pitches in a day</b> .....	<b>4 calendar days rest</b>
<b>61 – 75 pitches in a day</b> .....	<b>3 calendar days rest</b>
<b>46 – 60 pitches in a day</b> .....	<b>2 calendar days rest</b>
<b>31 – 45 pitches in a day</b> .....	<b>1 calendar days rest</b>
<b>0 – 30 pitches in a day</b> .....	<b>0 calendar days rest</b>

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- All managers and coaches shall keep official records of the number of pitches a player has thrown and the number of days rest required before that player is eligible to pitch again using the Pitcher Eligibility Tracking Form found in the Appendix.
- Once these pitch counts are reached, we recommend replacing the pitcher. Should that player be inserted back into the lineup, we recommend against the position of catcher as the number of throws required mirrors that of the pitcher.
- A player who played the position of catcher for three (3) innings or less, moves to the pitcher position, and delivers 21 pitches or more (**15- and 16-year-olds:** 31 pitches or more) in the same day, may not return to the catcher position on that calendar day.
- See the official Little League Rule Book (Regulation VI) and WBCLL's website for additional information regarding the rules involving pitch counts.
- Ice is a universal first-aid treatment for minor sports injuries. Ice controls the pain and swelling. Pitchers should be taught how to ice their arms at the end of a game. If the manager or coach is unsure how to do this, they can consult teaching materials in the concession stand in the box marked Safety Officers material. Children should not be encouraged to ***play through pain***. Pain is a warning sign of injury. Ignoring it can lead to greater injury.

## Pitch Count Sheet

<b>Level:</b>
<b>League:</b>
<b>Team:</b>

Pitcher Name		Uniform Number	League Age																															
X- Cross out the number as the pitch is thrown																																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
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71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61									

Age	Pitches per Day
7 - 8	50
9 - 10	75
11 - 12	85
13 - 16	95
17 - 18	105

Pitches Thrown	Rest Required	Age Group	Division
66 or more	4 calendar days	14 and Under	Juniors and Below
51 to 65	3 calendar days		
36 to 50	2 calendar days		
21 to 35	1 calendar days		
1 to 20	No Rest		
76 or more	4 calendar days	14 and Above	Seniors and Above
61 to 75	3 calendar days		
46 to 60	2 calendar days		
31 to 45	1 calendar days		
1 to 30	No Rest		

**Note:** A pitcher that delivers 41 or more pitches cannot catch that day

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **UMPIRES**

The Umpire is the person appointed by either the WBCLL President, the point of contact for leagues participating in interleague play, or a District 16/31 official to be responsible for the conduct of a game in accordance with Little League's official rules and for maintaining discipline and order on the playing field during the game.

### **Information not covered elsewhere in this manual**

#### **Pregame**

Before a game starts, the umpire will take the following actions.

- Make sure catchers are wearing proper equipment when warming up pitchers. (Please refer to Requirement 10 – Equipment Check of this manual for what is required.)
- Make sure that bats have grips.
- Make sure there are foam inserts in helmets and that helmets meet Little League NOCSAE specifications and bear Little League's seal of approval.
- Inspect helmets for cracks.
- Check players to see if they are wearing metal cleats.
- Check players to see if they are wearing jewelry that poses harm.
- Make sure that all playing lines are marked with non-caustic lime, chalk, or other white material easily distinguishable from the ground or grass.
- Secure official Little League balls for play from both teams.
- Review the information in Requirement 7 – Check Field Conditions and Requirement 10 – Equipment Check of this manual to verify that all of the above was carried out.



## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **During the Game**

- Govern the game as mandated by Little League rules and regulations.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field, as to whether and when play shall be resumed after such suspension, and as to whether and when a game shall be terminated after such suspension.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.
- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment.
- Continue to monitor the field for safety and playability.
- Make the calls loud and clear while signaling each call properly.

### **Postgame**

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

**APPENDIX C –**  
**MISCELLANEOUS**

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **INSURANCE POLICIES**

Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated. Wilkes-Barre City Little League participants shall not participate as part of a Little League team from another league program or organization in games or in tournaments except those authorized by Little League and approved by the WBCLL President.

### **Explanation of Coverage**

The CNA Little League insurance policy is designed to afford protection to all participants at the most economical cost to WBCLL. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, CNA Little League insurance - which is purchased by the Wilkes-Barre City Little League, not the parent - takes over and provides benefits, after a \$50 deductible per claim, for all covered injury treatment costs up to the maximum stated benefits. This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is in force at all times during the season.

WBCLL's insurance policy is designed to supplement a parent's existing family policy.

Protective equipment cannot prevent all injuries a player might receive while participating in baseball or sports in general.

### **How the insurance works**

- 1) First, have the child's parents file a claim under their insurance policy — Blue Cross, Blue Shield, or any other insurance protection available.
- 2) Should the family's insurance plan not fully cover the injury treatment, the Little League CNA Policy will help pay the difference, after a \$50 deductible per claim, up to the maximum stated benefits.
- 3) If the child is not covered by any family insurance, the Little League CNA Policy becomes the primary insurance and will provide benefits for all covered injury treatment costs, after a \$50 deductible per claim, up to the maximum benefits of the policy.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

- 4) Treatment of dental injuries can extend beyond the normal fifty-two-week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at the time treatment is given, even though it may be some years later. Maximum dollar benefit is \$500 for eligible dental treatment after the normal fifty-two-week period, subject to the \$50 deductible per claim.

### **Filing a Claim**

When filing a claim, all medical costs should be fully itemized. 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 must accompany a claim form. On dental claims, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant or the parent or guardian, if claimant is a minor. Accident damage to whole, sound, normal teeth as a direct result of an accident must be stated on the form and bills. Forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, League ID, and year of the injury on the form. Claims must be filed with the WBCLL Safety Officer. They will forward the documents to Little League International, 539 US Route 15 Hwy, PO Box 3485, Williamsport, PA 17701-0485. Claim officers can be contacted at (570) 327-1674. Contact the WBCLL Safety Officer for more information.



# 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)/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent(s)/Legal 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/Legal 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.

**APPENDIX D –**  
**HEALTH AND MEDICAL –**  
**GIVING FIRST AID**

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **What is First-Aid?**

First-Aid means exactly what the term implies - it is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrives (9-1-1 paramedics). At no time should anyone administering first aid go beyond his or her capabilities. Know your limits!

The average response time on 9-1-1 calls is 5-7 minutes. Enroute paramedics are in constant communication with the local hospital preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever first aid you can and wait for the paramedics to arrive.

## **Good Samaritan Laws**

There are laws to protect you when you help someone in an emergency situation. Good Samaritan laws give legal protection to people who provide emergency care to ill or injured persons. When an individual responds to an emergency and acts as a reasonable and prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim's injury. For example, a reasonable and prudent person would:

- Move a victim only if the victim's life was endangered.
- Ask a conscious victim for permission before giving care.
- Check the victim for life-threatening emergencies before providing further care.
- Summon professional help to the scene by calling 9-1-1.
- Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the Good Samaritan use common sense and a reasonable level of skill, not to exceed the scope of the individual's training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury. People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws

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SAFETY AWARENESS PLAN (ASAP) – 2025**

does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer's response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.



# **IMPORTANT DO'S AND DON'TS OF GIVING FIRST AID**

## **DO ...**

- Reassure and aid children who are injured, frightened, or lost.
- Provide, or assist in obtaining, medical attention for those who require it.
- Know your limitations.
- Call 9-1-1 immediately if person is unconscious or seriously injured.
- Have your first-aid kit to all games and practices.
- Assist those who require medical attention-and when administering aid.
- Look for signs of injury (blood, black and blue deformity of joint, etc.).
- Listen to the injured describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- Feel gently and carefully the injured area for signs of swelling, or grating of broken bone.
- Make arrangements to have a mobile phone available for all games and practices.
- Talk to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

## **DON'T ...**

- Administer any medications.
- Provide any food or beverages other than water.
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you are not sure of the proper procedure, i.e., CPR, etc.
- Transport injured individual except in extreme emergencies.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **Permission to Give Care**

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

### **9-1-1 Emergency Number**

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

- First dial 9-1-1.
- Give the dispatcher the necessary information. Answer any questions that they might ask. Most dispatchers will ask:
  - The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc. Use the appropriate field number at the beginning of this plan to assist the dispatcher.
  - The telephone number from which the call is being made.
  - The caller's name.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

- What happened? – e.g., a baseball-related injury, bicycle accident, fire, fall, etc.
- How many people are involved?
- The condition of the injured person – e.g., unconsciousness, chest pains, or severe bleeding.
- What help (first aid) is being given.
- Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
- Continue to care for the victim until professional help arrives.
- Appoint somebody to go to the street and look for the ambulance and fire engine to flag them down if necessary. This saves valuable time.

**\*\*\* REMEMBER, EVERY MINUTE COUNTS! \*\*\***

### **When to Call 9-1-1:**

- If the injured person is unconscious, call 9-1-1 immediately.
- Sometimes a conscious victim will tell you not to call an ambulance and you may not be sure what to do. Call 9-1-1 anyway and request paramedics if the victim:
  - Is or becomes unconscious.
  - Has trouble breathing or is breathing in a strange way.
  - Has chest pain or pressure.
  - Is bleeding severely.
  - Has pressure or pain in the abdomen that does not go away.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

- Is vomiting or passing blood.
- Has a seizure, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has an injury to the head, neck or back.
- Has a possible broken bone.
- If you have any doubt at all, call 9-1-1 and requests paramedics.
- Also call 9-1-1 for any of these situations:
  - Fire or explosion.
  - Downed electrical wires.
  - Swiftly moving or rapidly rising water.
  - Presence of poisonous gas.
  - Vehicle/bicycle collisions.
  - Victims who cannot be moved easily.

### **Checking the Victim**

#### **Conscious Victims**

- If the victim is conscious, ask what happened.
- Look for other life-threatening conditions and conditions that need care or might become life threatening.
- The victim may be able to tell you what happened and how they feel.
- This information helps determine what care may be needed.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

- Talk to the victim and to any people standing by who saw the accident take place.
- Check the victim from head to toe, so you do not overlook any problems.
- Do not ask the victim to move and do not move the victim yourself.
- 7Examine the scalp, face, ears, nose, and mouth.
- Look for cuts, bruises, bumps, or depressions.
- Watch for changes in consciousness.
- Notice if the victim is drowsy, not alert, or confused.
- Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
- Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- Ask the victim again about the areas that hurt.
- Ask the victim to move each part of the body that does not hurt.
- Check the shoulders by asking the victim to shrug them.
- Check the chest and abdomen by asking the victim to take a deep breath.
- Ask the victim if they can move the fingers, hands, and arms.
- Check the hips and legs in the same way.
- Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans, or cries.
- Look for odd bumps or depressions.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

- Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
- Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim, care to give for that problem, and who to call for help.
- When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
- When the victim feels ready, help them stand up.

### **Unconscious Victims**

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

### **Checking an Unconscious Victim**

- Tap and shout to see if the person responds.
- If there is no response, look, listen, and feel for breathing for about 5 seconds.
- If there is no response, position victim on their back, while supporting head and neck.
- Tilt their head back, lift their chin, and pinch their nose shut. (See breathing section to follow)
- Look, listen, and feel for breathing for about 5 seconds.
- If the victim is not breathing, give 2 slow breaths into the victim's mouth.
- Check pulse for 5 to 10 seconds.
- Check for severe bleeding.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **ASTHMA AND ALLERGIES**

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

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **ATTENTION DEFICIT DISORDER**

#### **What is Attention Deficit Disorder (ADD)?**

ADD is now officially called Attention-Deficit/Hyperactivity Disorder, or ADHD, although most lay people, and even some professionals, still call it ADD (the name given in 1980). ADHD is a neurobiological-based developmental disability estimated to affect between 3-5 percent of the school age population. This disorder is found present more often in boys than girls (3:1). No one knows exactly what causes ADHD. Scientific evidence suggests that the disorder is genetically transmitted in many cases and results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior.

#### **Why should I be concerned with ADHD when it comes to baseball?**

Unfortunately, more and more children are being diagnosed with ADHD every year. There is a high probability that one or more of the children on your team will have ADHD. It is important to recognize the child's situation for safety reasons because not paying attention during a game or practice could lead to serious accidents involving the child and/or his teammates. It is equally as important to not call attention to the child's disability or to label the child in any way. Hopefully, the parent of an ADHD child will alert you to their condition. Treatment of ADHD usually involves medication. Do not, at any time, administer the medication – even if the child asks you to. Make sure the parent is aware of how dangerous the game of baseball can be and suggest that the child take the medication (if they are taking medication) before they come to the practice/game. A child on your team may in fact have ADHD but has not been diagnosed as such. You should be aware of the symptoms of ADHD to provide the safest environment for that child and the other children around them.



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### **Symptoms of ADHD**

- **Inattention** - This is where the child:
  - Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
  - Often has difficulty sustaining attention in tasks or play activities.
  - Often does not seem to listen when spoken to directly.
  - Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
  - Often has difficulty organizing tasks and activities.
  - Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort, such as schoolwork or homework.
  - Often loses things necessary for tasks or activities, e.g., toys, school assignments, pencils, books, or tools.
  - Often easily distracted by extraneous stimuli.
  - Often forgetful in daily activities.
- **Hyperactivity** - This is where the child:
  - Often fidgets with hands or feet or squirms in seat.
  - Often leaves seat in classroom or in other situations in which remaining seated is expected.
  - Often runs about or climbs excessively in situation in which it is inappropriate. In adolescents or adults, may be expressed by subjective feelings or restlessness.
  - Often has difficulty playing or engaging in leisure activities quietly.
  - Often “on the go” or often act as if “driven by a motor”

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

- Often talks excessively.
- **Impulsivity** – This is where the child:
  - Often blurts out answers before questions have been completed.
  - Often has difficulty awaiting turn.
  - Often interrupts or intrudes on others, e.g., butts into conversations or games.
- **Emotional Instability** - This is where the child:
  - Often has angry outbursts.
  - Is a social loner.
  - Blames others for problems.
  - Fights with others quickly.
  - Is very sensitive to criticism.

Most children with ADHD experience significant problems socializing with peers and cooperating with authority figures. This is because when children have difficulty maintaining attention during an interaction with an adult, they may miss important parts of the conversation. This can result in the child not being able to follow directions and so-called **memory problems** due to not listening in the first place. When giving directions to ADHD children it is important to have them repeat the directions to make sure they have correctly received them. For younger ADHD children, the directions should consist of only one or two-step instructions. For older children more complicated directions should be stated in writing. Children with ADHD often miss important aspects of social interaction with their peers. When this happens, they have a difficult time fitting in. They need to focus in on how other children are playing with each other and then attempt to behave similarly. ADHD children often enter a group play situation like the proverbial “bull in the China closet” and upset the play session.

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## **BLEEDING**

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

### **Victim is Bleeding**

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

### **Nosebleed**

- To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops.

### **Bleeding on The Inside and Outside of the Mouth**

- To control bleeding inside the cheek, place folded dressings inside the mouth against the wound.
- To control bleeding on the outside of the mouth, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **BURNS**

The care for burns involves the following 3 basic steps.

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

### **Chemical Burns**

- 1) Remove contaminated clothing.
- 2) Flush burned area with cool water for at least 5 minutes.
- 3) Treat as you would any major burn (see above).

### **Burns to the Eyes**

- 1) Immediately flood face, inside of eyelid, and eye with cool running water for at least 15 minutes. Turn head so water does not drain into uninjured eye. Lift eyelid away from eye so the inside of the lid can also be washed.
- 2) If eye has been burned by a dry chemical, lift any loose particles off the eye with the corner of a sterile pad or clean cloth.
- 3) Cover both eyes with dry sterile pads, clean cloths, or eye pads; bandage in place.

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **CHOKING**

### **Signs and Symptom**

- A person who is choking typically has a panicked, confused or surprised facial expression.
- A person who is choking may place one or both hands on their throat.
- A person who is choking may cough (either forcefully or weakly) or he or she may not be able to cough at all.
- A person who is choking may emit high-pitched squeaking noises as they try to breathe; they may also make no sounds.
- If the airway is totally blocked, a person who is choking will not be able to speak, cry or cough.
- The skin of a person who is choking may initially appear flushed (red), but will become pale or bluish in color as the body is deprived of oxygen.

### **Care for a Person Who is Choking**

- Check the scene safety, form an initial impression, obtain consent and put on PPE, as appropriate.
- Check for signs and symptoms. All the signs and symptoms listed below require immediate emergency medical treatment.
  - Weak or no cough\*
  - High-pitched squeaking noises or no sound\*
  - Pale or blue skin color\*
  - Unable to cough, speak or cry\*
  - Panicked, confused or surprised appearance\*
  - Holding throat with hand(s)\*

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

- Call 9-1-1 and get equipment if the person requires immediate emergency medical treatment.
- Give care.

### **General Care for a Choking Adult or Child**

- Position self to the side and slightly behind the choking person.
  - For a small child, you may need to kneel behind them rather than stand.
- Give 5 back blows.
  - Use the heel of the hand to strike between the shoulder blades.
- If no improvement, have the person stand up straight.
- Move behind the person; bend your knees slightly for balance and support.
- Give 5 abdominal thrusts.
  - Pull inward and upward each time.
- Continue giving 5 back blows and 5 abdominal thrusts.
  - Continue until the person can cough, cry or speak or becomes unresponsive.
- If the person becomes unresponsive, lower them to a firm, flat surface and begin CPR (starting with compressions) according to your level of training.
  - Trained responders: After each set of compressions and before attempting breaths.
  - Open the person's mouth.
  - Look for an object.
  - If seen, remove it using your finger. **NEVER** do a finger sweep unless you actually see an object.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **General Care for a Choking Infant**

- Position infant face-down along your forearm using your thigh for support.
  - Keep the infant's head lower than their body.
- Give 5 firm back blows.
  - Use the heel of the hand to strike between the shoulder blades.
- Turn infant face-up with their head lower than their body.
- Give 5 quick chest thrusts.
  - Chests thrusts should be about 1 ½ inches deep.
- Continue giving 5 back blows and 5 chest thrusts.
  - Continue until the infant can cough or cry or becomes unresponsive.
- If the infant becomes unresponsive, lower them to a firm, flat surface and begin CPR (starting with compressions) according to your level of training.
  - Trained responders: After each set of compressions and before attempting breaths.
  - Open the infant's mouth.
  - Look for an object.
  - If seen, remove it using your pinky. NEVER do a pinky sweep unless you actually see the object.

# LEARN CPR

## You Can Do It!

### First Aid for a Choking Conscious Adult

#### Step 1.

Determine if the person can speak or cough.  
If not, proceed to the next step.



#### Step 2.

Perform an abdominal thrust (Heimlich Maneuver) repeatedly  
until the foreign body is expelled.



#### Step 3.

A chest thrust may be used for markedly obese persons or in  
late stages of pregnancy.



If the adult or child becomes unresponsive **perform CPR.**  
if you see an object in the throat or mouth, remove it.



# LEARN CPR

## You Can Do It!

### First Aid for a Choking Conscious Child - (1-8 years old)

The procedure for clearing an obstructed airway is the same for children and adults.

#### Step 1.

Determine if the person can speak or cough.  
If not, proceed to the next step.



#### Step 2.

Perform an abdominal thrust (Heimlich Maneuver) repeatedly  
until the foreign body is expelled.



#### Step 3.

A chest thrust may be used for markedly obese children.



If the adult or child becomes unresponsive **perform CPR.**  
if you see an object in the throat or mouth, remove it.

# LEARN CPR

## You Can Do It!

### First Aid for a Choking Conscious Infant (<1 years old)

#### Step 1

Determine if the infant can cry or cough. If not, proceed to next step.

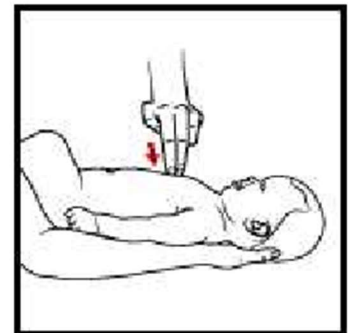
#### Step 2

Give 5 back blows.



#### Step 3

Give 5 chest thrusts.



#### Step 4

Repeat steps 2 & 3 above until effective or the infant becomes unconscious. If the infant becomes unresponsive, perform CPR- if you see an object in the throat or mouth, remove it.

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **COLDS AND FLU**

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

## **COMMUNICABLE DISEASE PROCEDURES**

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

- A bleeding player should be removed from competition as soon as possible.
- Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game.
- Routinely using gloves to prevent mucous membrane exposure when contact with blood or other body fluid is anticipated (latex gloves are provided in First-Aid Kits).
- Immediately wash hands and other skin surfaces with antibacterial soap if contaminated with blood.
- Clean all blood-contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach (supplied in the concession stands and club house). A 1:1 solution can be made by using a cap full of Clorox (2.5 cc) and 8 ounces of water (250 cc).
- Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.
- Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **HEART ATTACK**

Heart attack pain is most often felt in the center of the chest, behind the breastbone. It may spread to the shoulder, arm, or jaw.

### **Signs of a Heart Attack**

- Persistent chest pain or discomfort
  - Persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication.
  - Pain may range from discomfort to an unbearable crushing sensation.
- Breathing difficulty
  - Breathing is noisy.
  - Feeling short of breath.
  - Breathing faster than normal.
- Changes in pulse rate
  - Pulse may be faster or slower than normal.
  - Pulse may be irregular.
- Skin appearance
  - Skin may become pale or bluish in color.
  - Face may be moist.
  - May perspire profusely.
- Absence of pulse
  - The absence of a pulse is the main signal of a cardiac arrest.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

- The number one indicator that someone is having a heart attack is that they will be in denial. A heart attack means certain death to most people. People do not wish to acknowledge death therefore they will deny that they are having a heart attack.

### **Care for A Heart Attack**

- Recognize the signals of a heart attack.
- Convince the victim to stop activity and rest.
- Help the victim to rest comfortably.
- Try to obtain information about the victim's condition.
- Comfort the victim.
- Call 9-1-1 and report the emergency.
- Assist with medication, if prescribed.
- Monitor the victim's condition.
- Be prepared to give CPR if the victim's heart stops beating.

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **CARDIOPULMONARY RESUSCITATION (CPR)**

### **CPR for an Adult**

- Check the scene for safety, form an initial impression and use personal protective equipment (PPE).
- If the person appears unresponsive, check for responsiveness, breathing, life-threatening bleeding or other life-threatening conditions using shout-tap-shout.
- If the person does not respond and is not breathing or only gasping, CALL 9-1-1 and get equipment, or tell someone to do so.
- Kneel beside the person. Place the person on their back on a firm, flat surface
- The American Red Cross CPR guidelines recommend 100 to 120 chest compressions per minute, 30 at a time. Remember these five points:
  - Hand position: Two hands centered on the chest.
  - Body position: Shoulders directly over hands; elbows locked.
  - Compression depth: At least 2 inches.
  - Rate of compressions: 100 to 120 per minute.
  - Allow chest to return to normal position after each compression.
- Give 2 breaths
  - Open the airway to a past-neutral position using the head-tilt/chin-lift technique.
  - Pinch the nose shut, take a normal breath, and make complete seal over the person's mouth with your mouth.
  - Ensure each breath lasts about 1 second and makes the chest rise; allow air to exit before giving the next breath.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

Note: If the 1st breath does not cause the chest to rise, retilt the head and ensure a proper seal before giving the 2nd breath. If the 2nd breath does not make the chest rise, an object may be blocking the airway.

- Continue giving sets of 30 chest compressions and 2 breaths. Use an AED as soon as one is available! Minimize interruptions to chest compressions to less than 10 seconds.

### **CPR on a Child or Infant**

- Check the scene for safety, form an initial impression, obtain consent from the parent or guardian, and use personal protective equipment (PPE).
- If the child or baby appears unresponsive, check the child or baby for responsiveness using shout-tap-shout.
  - **For a child**, shout to get the child's attention, using the child's name if you know it. If the child does not respond, tap the child's shoulder and shout again while checking for breathing, life-threatening bleeding, or another obvious life-threatening condition.
  - **For a baby**, shout to get the baby's attention, using the baby's name if you know it. If the baby does not respond, tap the bottom of the baby's foot and shout again while checking for breathing, life-threatening bleeding, or another obvious life-threatening condition.
  - Check for no more than 10 seconds.
- If the child or baby does not respond and is not breathing or only gasping, CALL 9-1-1 and get equipment, or tell someone to do so.
- Place the child or baby on their back on a firm, flat surface.
  - **For a child**, kneel beside the child.
  - **For a baby**, stand or kneel to the side of the baby, with your hips at a slight angle.
- Give 30 compressions.
  - **For a child**, place the heel of one hand in the center of the child's chest, with your other hand on top and your fingers interlaced and off the child's chest.

## WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025

- Position your shoulders directly over your hands and lock your elbows.
- Keep your arms straight.
- Push down hard and fast about 2 inches at a rate of 100 to 120 per minute.
- Allow the chest to return to normal position after each compression.
- ***For a small child***, use a one-handed CPR technique.
  - Place the heel of one hand in the center of the child's chest.
  - Push down hard and fast about 2 inches at a rate of 100 to 120 per minute.
- ***For a baby***, place both thumbs (side-by-side) on the center of the baby's chest, just below the nipple line.
  - Use the other fingers to encircle the baby's chest toward the back, providing support.
  - Using both thumbs at the same time, push hard down and fast about 1-1/2 inches at a rate of 100 to 120 per minute.
  - Allow the chest to return to its normal position after each compression.
- ***Alternatively, for a baby***, use the two-finger technique.
  - Use two fingers placed parallel to the chest in the center of the chest.
- ***For a baby***, if you can't reach the depth of 1-1/2 inches, consider using the one-hand technique
- Give 2 breaths
  - ***For a child***, open the airway to a slightly past-neutral position using the head-tilt/chin-lift technique.



## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

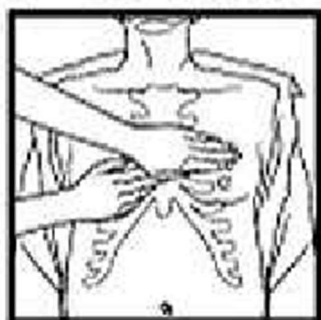
- ***For a baby***, open the airway to a neutral position using the head-tilt/chin-lift technique.
- Blow into the child or baby's mouth for about 1 second.
  - Ensure each breath makes the chest rise.
  - Allow the air to exit before giving the next breath.
- If the first breath does not cause the chest to rise, retilt the head and ensure a proper seal before giving the second breath. If the second breath does not make the chest rise, an object may be blocking the airway.
- Continue giving sets of 30 chest compressions and 2 breaths until:
  - You notice an obvious sign of life.
  - An AED is ready to use.
  - Another trained responder is available to take over compressions.
  - EMS personnel arrive and begin their care.
  - You are alone and too tired to continue.
  - The scene becomes unsafe.
  - You have performed approximately 2 minutes of CPR (5 sets of 30:2), you are alone and caring for baby, and you need to call 9-1-1.

# CALL

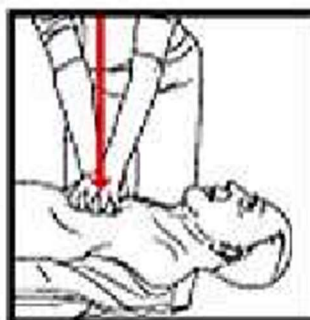


**CALL 911**

# PUMP

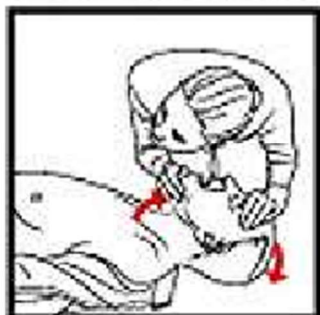


**POSITION HANDS  
IN THE CENTER OF  
THE CHEST**



**PUSH DOWN IN  
THE CENTER OF THE  
CHEST HARD AND  
FAST TWO INCHES  
30 TIMES. PUMP  
AT 100/MIN**

# BLOW



**TILT HEAD,  
LIFT CHIN,  
CHECK  
BREATHING**



**GIVE TWO  
BREATHS**

**CONTINUE WITH 30 PUMPS AND TWO BREATHS  
UNTIL HELP ARRIVES**

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **HEAT EMERGENCIES - Heat Exhaustion**

### **Symptoms**

- Cold, clammy skin
- Faintness
- Fatigue
- Headache
- Irritability
- Profuse perspiration
- Rapid pulse
- Shallow breathing
- Profuse perspiration
- Weak

### **Treatment**

- Instruct victim to lie down in a cool, shaded area or an air-conditioned room. Elevate their feet.
- Massage legs toward heart.
- If the victim is conscious, give cool water or electrolyte solution every 15 minutes.
- Use caution when letting the victim first sit up, even after feeling recovered.

## **HEAT EMERGENCIES - Heatstroke (Sunstroke)**

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

### **Treatment**

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

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **INFECTION**

To prevent infection when treating open wounds, you must:

- **CLEANSE** the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.
- **TREAT** the wound to protect against contamination with ointment supplied in your First-Aid Kit.
- **COVER** the wound to absorb fluids and protect the wound from further contamination with Band-Aids (sterile bandages), gauze, or sterile pads supplied in your First-Aid Kit. Handle only the edges of sterile pads or dressings.
- **TAPE** the wound to secure with medical tape included in your First-Aid Kit to help keep out dirt and germs.

### **Deep Cuts**

- If the cut is deep, stop the bleeding, bandage the wound, and encourage the victim to get to a hospital so they can be stitched up. Stitches prevent scars.

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **INJURIES**

### **Contusion to Sternum**

- Contusions to the sternum are usually the result of a line drive that hits a player in the chest.
- These injuries can be very dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed, and the victim dies. Do not downplay the seriousness of this injury.
  - If a player is hit in the chest and appears to be all right, urge the parents to take their child to the hospital for further examination.
  - If a player complains of pain in his chest after being struck, immediately call 9-1-1 and treat the player until professional medical help arrives.

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **Dental Injuries**

**Avulsion** – entire tooth knocked out

- If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down.
- Dentists can successfully re-plant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.
- Avoid additional trauma to tooth while handling.
  - Do not handle tooth by the root.
  - Do not brush or scrub the tooth.
  - Do not sterilize the tooth.
- If there is debris on the tooth, gently rinse with water.
- If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. Do only if the athlete is alert and conscious.
- If unable to re-implant the tooth, utilize the best option listed below.
  - 1) Best option – Place the tooth in Hank's Balanced Saline Solution, i.e. Save a-tooth.
  - 2) 2nd best option – Place the tooth in milk. Cold whole milk is best; cold 2% milk is the next best option.
  - 3) 3rd best option – Wrap the tooth in saline-soaked gauze.
  - 4) 4th best option – Place the tooth under the victim's tongue. Take this option only if the athlete is conscious and alert.
  - 5) 5th best option – Place the tooth in cup of water.

**Time is very important. Re-implantation within 30 minutes  
has the highest degree of success rate.  
TRANSPORT IMMEDIATELY TO DENTIST**

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

**Luxation** – tooth is in the socket, but in the wrong position

### **Three Main Directions of Tooth Displacement**

**Extruded Tooth** – upper tooth hangs down and/or lower tooth raised up

- Reposition the tooth in socket using firm finger pressure.
- Stabilize the tooth by gently biting on towel or handkerchief.
- TRANSPORT IMMEDIATELY TO DENTIST.

**Lateral Displacement** – tooth pushed back or pulled forward

- Try to reposition the tooth using finger pressure.
- Victim may require local anesthetic to reposition tooth; if so, stabilize the tooth by gently biting on towel or handkerchief.
- TRANSPORT IMMEDIATELY TO DENTIST.

**Intruded Tooth** – tooth pushed into gum (looks short)

- Do nothing - avoid any repositioning of tooth.
- TRANSPORT IMMEDIATELY TO DENTIST.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **Fractured Tooth** – broken tooth

- If the tooth is completely broken in half, save the broken portion and bring it to the dental office as described under Avulsion.
- Stabilize the portion of the tooth left in the mouth by gently biting on a towel or handkerchief to control bleeding.
- Should extreme pain occur, limit contact with other teeth, air, or tongue. The pulp nerve may be exposed, which is extremely painful to the athlete.
- Save all fragments of the fractured tooth as described under Avulsion.
- IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO A DENTIST. Use the plastic baggie supplied in your First-Aid kit for the tooth fragments.



# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **Head and Spine Injuries**

### **When to Suspect Head and Spine Injuries**

- A fall from a height greater than the victim's height.
- Any bicycle, skateboarding, or rollerblade mishap.
- A person found unconscious for unknown reasons.
- Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.
- A motor vehicle crash involving a driver or passengers not wearing safety belts.
- Any person thrown from a motor vehicle.
- Any person struck by a motor vehicle.
- Any injury in which a victim's helmet is broken, including a motorcycle, batting helmet, industrial helmet.
- Any incident involving a lightning strike.

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

- Changes in consciousness.
- Severe pain or pressure in the head, neck, or back.
- Tingling or loss of sensation in the hands, fingers, feet, and toes.
- Partial or complete loss of movement of any body part.
- Unusual bumps or depressions on the head or over the spine.
- Blood or other fluids in the ears or nose.
- Heavy external bleeding of the head, neck, or back.
- Seizures.

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

- Impaired breathing or vision as a result of injury.
- Nausea or vomiting.
- Persistent headache.
- Loss of balance.
- Bruising of the head, especially around the eyes and behind the ears.

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

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

**\*\*\* DO NOT MOVE the victim. Call 9-1-1 immediately. \*\*\***

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **Concussion**

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

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

**\*\*\* DO NOT MOVE the victim. Call 9-1-1 immediately. \*\*\***

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **Muscle, Bone, and Joint Injuries**

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

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

- Significant deformity
- Bruising and swelling
- Inability to use the affected part normally
- Bone fragments sticking out of a wound
- Victim feels bones grating; victim felt or heard a snap or pop at the time of injury
- The injured area is cold and numb
- Cause of the injury suggests that the injury may be severe.

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

### **Treatment for Muscle or Joint Injuries**

- If ankle or knee is affected, do not allow victim to walk.
- Protect skin with thin towel or cloth. Apply cold, wet compresses or cold packs to affected area after protecting the area. Never pack a joint in ice or immerse in icy water.
- If a twisted ankle, do not remove the shoe -- this will limit swelling
- Consult professional medical assistance for further treatment if necessary.

### **Treatment for Fractures**

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

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **Treatment for Broken Bones**

- Once you have established that the victim has a broken bone and 9-1-1 has been called, comfort the victim, keep them warm, keep them still, and treat them for shock if necessary (see “*Caring for Shock*” section).

### **Osgood Schlatter’s Disease:**

- Osgood Schlatter’s Disease is often mistaken for growing pains; however, it is actually a repetitive use condition affecting children and adolescents where the patellar tendon attaches to the shin bone. It is very painful for children that have the condition and sufferers also experience inflammation, swelling, and tenderness. Simply put, the patellar tendon pulls on the growing bone. Pain is felt in the area of the bony bump at the top of the shinbone. A child must outgrow this disease. There are a variety of treatments available to help ease the child’s pain and discomfort.
  - Icing the painful areas.
  - Making sure the child rests when needed or there is an activity modification.
  - Stretching and strengthening exercises.
  - Using Ace bandages or knee supports.
  - Over-the-counter pain relievers (only to be administered by the child’s parent or legal guardian, never by WBCLL personnel who are not the affected child’s parent or legal guardian).

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **INSECT STINGS**

- In highly sensitive persons, **DO NOT WAIT** for allergic symptoms to appear. Get professional medical help immediately. **Call 9-1-1.**
- If breathing difficulties occur, start rescue breathing techniques
- If a pulse is absent, begin CPR.

### **Symptoms of an Allergic Reaction**

- bluish face, lips and fingernails
- breathing difficulties
- nausea
- severe swelling
- shock or unconsciousness

### **Treatment**

- For mild or moderate symptoms, wash with soap and cold water.
- Remove the stinger or venom sac by gently scraping with a fingernail or business card. Do not remove a stinger with tweezers as more toxins from stinger could be released into the victim's body.
- For multiple stings, soak the affected area in cool water. Add one tablespoon of baking soda per quart of water.
- If the victim has gone into shock, treat accordingly (see Shock" section).

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **PENETRATING OBJECTS**

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

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

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **POISONING**

- **Call 9-1-1 immediately before administering First Aid.**
- Do not give any First Aid if victim is unconscious or is having convulsions. Begin rescue breathing techniques or CPR if necessary. If the victim is convulsing, protect from further injury; loosen tight clothing if possible.
- If professional medical help does not arrive immediately:
  - **DO NOT** induce vomiting if the poison is unknown, a corrosive substance (i.e., acid, cleaning fluid, lye, drain cleaner), or a petroleum product (i.e., gasoline, turpentine, paint thinner, lighter fluid).
  - Induce vomiting if the poison is known and is not a corrosive substance or petroleum product. To induce vomiting:
    - Give adult one ounce of syrup of ipecac followed by four or five glasses of water.
    - Give a child 1/2 ounce of syrup of ipecac followed by four or five glasses of water.
    - If the victim has vomited, follow with one ounce of powdered, activated charcoal in water, if available.
- Take the victim and the poison container or the victim's vomit if the poison is unknown to the hospital.



# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **SHOCK**

Shock is likely to develop when a person experiences any serious injury or illness.

### **Signals of Shock**

- Restlessness or irritability
- Altered consciousness
- Pale, cool, moist skin
- Rapid breathing
- Rapid pulse

### **Caring for Shock**

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

## **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

### **SPLINTERS**

Splinters are defined as slender pieces of wood, bone, glass or metal objects that lodge in or under the skin. If splinter is in eye, **DO NOT** remove it.

#### **Symptoms**

- Pain
- Redness
- Swelling

#### **Treatment**

- First wash your hands thoroughly, then gently wash the affected area with mild soap and water.
- Sterilize a needle or tweezers by boiling them for 10 minutes or by heating the tips in a flame. Wipe off carbon (black discoloration) with a sterile pad before use.
- Loosen the skin around the splinter with needle.
- Use tweezers to remove the splinter. If splinter breaks or is deeply lodged, consult professional medical help.
- Cover the wound with an adhesive bandage or sterile pad, if necessary.

# **WILKES-BARRE CITY LITTLE LEAGUE SAFETY AWARENESS PLAN (ASAP) – 2025**

## **SUDDEN ILLNESS**

When a victim becomes suddenly ill, they often look and feel sick.

### **Symptoms of Sudden Illness**

- Feeling light-headed, dizzy, confused, or weak
- Changes in skin color (pale or flushed skin)
- Sweating
- Nausea or vomiting
- Diarrhea
- Changes in consciousness
- Seizures
- Paralysis or inability to move
- Slurred speech
- Impaired vision
- Severe headache
- Breathing difficulty
- Persistent pressure or pain

### **Care for Sudden Illness:**

- Call 9-1-1.
- Help the victim rest comfortably.
- Keep the victim from getting chilled or overheated.
- Reassure the victim.

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- Watch for changes in consciousness and breathing.
- Do not give anything to eat or drink unless the victim is fully conscious.

### **If the Ill Person:**

- **Vomits** —Place the ill person on their side.
- **Faints** — Position the ill person on their back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.
- **Has a diabetic emergency** —Give the ill person some form of sugar.
- **Has a seizure** — Do not hold or restrain the ill person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion their head using folded clothing or a small pillow.

**APPENDIX E –  
WBCLL Facility Locations**

## **MAPS OF WILKES-BARRE CITY LITTLE LEAGUE FIELDS**

South Wilkes-Barre Little League Field  
(Wilkes-Barre City Little League home field)

72 Richmond Ave  
Wilkes-Barre, PA 18702

Located in Miner Park  
behind Kistler Elementary School



<https://maps.app.goo.gl/xvQ6sYdDu14DbZ2T6>



## **MAPS OF WILKES-BARRE CITY LITTLE LEAGUE FIELDS**

### Parsons Little League Field

1091 Scott St  
Wilkes-Barre, PA 18705

Located in Parsons Park  
behind the former Wilkes-Barre Firehouse No. 9



<https://maps.app.goo.gl/RdjszH2fQeSdCLCp8>



## **MAPS OF WILKES-BARRE CITY LITTLE LEAGUE FIELDS**

Gibby Field at Barney Farms  
(Wilkes-Barre City Little League Juniors home field)

188 Reliance Dr  
Wilkes-Barre, PA 18702

Located in Barney Farms Park  
at the end of Gordon Ave and entrance to Barney Farms



<https://maps.app.goo.gl/1zBMAxA5aYvq8vYY9>



# **MAPS OF WILKES-BARRE CITY LITTLE LEAGUE FIELDS**

FOR FUTURE USE