

January 1, 2024

# Lake Forest Little League

25422 Trabuco Road, STE 105 #472

Lake Forest, CA 92630

League ID# 405-55-05

[www.lfll.org](http://www.lfll.org)



## SAFETY MANUAL

2024

*Play Hard, Play Safe*

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## **Section 1: Safety Mission Statement**

We will always make our children the top priority of the Lake Forest Little League. We will strive to create awareness through education and information regarding safety. We will stress the importance of providing a safe environment for all participants involved with Little League baseball. In accordance with the national ASAP safety program established by Little League International, we will uphold and administer a local safety program concentrating on injury prevention and protection of all participants.

## **Section 1: ASAP-What is it?**

In 1995, ASAP (A Safety Awareness Program) was introduced with the goal of re-emphasizing the position of Safety Officer to “create awareness through education and information of the opportunities to provide a safer environment for kids and all participants of Little League Baseball.” This manual is offered as a tool to place some important information at the fingertips of Lake Forest Little League’s managers and coaches. Contributing to an over 80% reduction in preventable injuries since its inception in 1995, ASAP is now annually participated in by over 94% of local leagues nationwide.

**\*\*\*NOTE\*\*\***

**1). A QUALIFIED SAFETY PLAN REGISTRATION FORM MUST BE SUBMITTED WITH THIS ASAP PLAN.**

**2). PLAYER REGISTRATION DATA OR ROSTER DATA AND COACH AND MANAGER DATA IS MANDATORY BEGINNING IN 2017 AND WILL BE SUBMITTED PRIOR TO DUE DATE.**

ASAP National Hotline: 800-811-7443 (24 hour toll free)

The ASAP hotline is available to all Little League members for questions, comments, suggestions.

## **Section 2: Safety Officer, Safety Manual, LFLL Safety Committee**

### **Safety Officer**

The position of Safety Officer (Permanent Board Member) was created by the LFLL Board of Directors to coordinate and oversee safety activities within the League, as well as conduct relevant training programs for League players, managers, coaches, umpires and other applicable volunteers and officials.

In addition, the League Safety Officer (LSO) is responsible for the annual Safety budget set aside by the League to cover safety related expenses including: first aid kits, ice packs, training, and volunteer background checks. Additional expenses related to Safety are brought before the Board of Directors for approval.

**Lake Forest Little League Safety Officer: Jenny Little**

**Contact Phone: (949)933-6264**

**Contact email: [safety@lfl.org](mailto:safety@lfl.org)**

**Safety Officer Jenny is on file with Little League International for the 2024 season.**

### **Safety Manual**

Published and distributed annually to all LFLL Managers, key League Officials and posted in the LFLL Snack Bar at Heroes Park. The LFLL Safety Manual serves as a key reference for volunteers providing information regarding first aid, volunteer requirements, survey data, injury tracking data, claims information, and player/parent safety instructions/guidelines. Each Manager is required to carry electronically or physically the Safety Manual to all team events including practices, cages, games, and team functions. Umpires are encouraged to check with each Manager prior to games for his/her Safety Manual.

## **Section 3: Emergency Contact Numbers/Key League Officials**

In case of emergency, always call 911. For all other non-life threatening incidents, the below emergency contact numbers are provided. League field addresses are provided in this Manual for notification to emergency personnel on page 8.

### **Non-emergency First Responders**

Contact Name	Contact Phone
Orange County Sheriff	949-770-6011
American Association of Poison Control Centers	800-222-1222
Orange County Fire	714-573-6000
Orange County Animal Care	714-935-6848

### **Utility-Emergency**

Contact Name	Contact Phone
SoCal Gas	800-427-2200
SCE (SoCal Edison)	800-611-1911
El Toro Water District	949-837-7050

### **Utility-Non-Emergency**

Contact Name	Contact Phone
SoCal Gas	800-427-2200
SCE (SoCal Edison)	800-655-4555
El Toro Water District	949-837-7050
CR&R	800-826-9677

### **Local Hospitals**

Contact Name	Contact Phone
Saddleback Memorial Medical Center	949-837-4500
CHOC Mission Viejo	949-364-1400
Kaiser Hospital – Irvine Medical Center	949-932-5000

#### **Saddleback Memorial Medical Center**

24451 Health Center Drive, Laguna Hills, CA 92653

#### **CHOC Mission Viejo (Children’s Hospital Orange County)**

27700 Medical Center Road, Mission Viejo, CA 92691

#### **Kaiser Hospital – Irvine Medical Center**

6640 Alton Pkwy, Irvine, CA 92618

### **Section 3: (continued) Key League Officials**

<b>Name</b>	<b>Position</b>	<b>Contact email</b>	<b>Contact Phone</b>
Kelly Gould	President	<a href="mailto:president@lfill.org">president@lfill.org</a>	949-370-0645
Joe Ryan	Vice President	<a href="mailto:vp@lfill.org">vp@lfill.org</a>	
Jenny Little	Safety Officer	<a href="mailto:Safety@lfill.org">Safety@lfill.org</a>	949-933-6264
Kevin Ragsdale	Umpire in Chief	<a href="mailto:Umpire@lfill.org">Umpire@lfill.org</a>	
Eric Bolle	Fields	<a href="mailto:Equipment@lfill.org">Equipment@lfill.org</a>	
Akshata Ferrasci	Secretary	<a href="mailto:secretary@lfill.org">secretary@lfill.org</a>	
Monica Nelis	Treasurer	<a href="mailto:treasurer@lfill.org">treasurer@lfill.org</a>	
Marissa Johnson	Player Agent	<a href="mailto:agent@lfill.org">agent@lfill.org</a>	
Drew Sebilian	Coaching Coordinator	<a href="mailto:coaching@lfill.org">coaching@lfill.org</a>	
Amie Merrill	Information Officer	<a href="mailto:info@lfill.org">info@lfill.org</a>	

#### **Lake Forest Little League (lfill.org)**

25422 Trabuco Road Suite 105-472, Lake Forest, CA 92630

#### **Little League Western Region Office**

6707 Little League Drive, San Bernardino, CA 92407 909-887-6444

#### **Little League District 55 Office (district55.org)**

January 1, 2024

#### **Section 4: LFLL Field Locations/Addresses:**

LFLL field allocations are determined by the City of Lake Forest prior to each season. Below are probable locations and addresses for LFLL fields.

##### **Heroes Park**

25420 Jeronimo Road, Lake Forest, CA 92630

##### **Lake Forest Sports Park**

28000 Rancho Parkway, Lake Forest, CA 92630

##### **Foothill Ranch Community Park**

19422 Rue de Valore, Foothill Ranch, CA 92610

##### **Baker Ranch Community Park**

26380 Rancho Parkway South, Lake Forest, CA 92630

##### **Tamarisk Park**

22001 Tamarisk, Lake Forest, CA 92630



## **Section 5: Safety Code for Little League and LFLL Local Safety Rules**

- Responsibility for safety procedures should be that of an adult member of the local league.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, coaches, and umpires should have some training in first aid. First aid kit should be available at the field.
- No games or practice should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Play areas should be inspected frequently for holes, damage, glass, and other foreign objects.
- Dugouts and bat rack should be positioned behind screens.
- Only players, managers, coaches, and umpires are permitted on the playing field during play and practice sessions.
- Responsibility for keeping hats and loose equipment off the field of play should be that of a regular player assigned for this purpose.
- Procedure should be established for retrieving foul balls batted out of the playing area.
- During practice 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.
- Equipment should be inspected regularly. Make sure it fits properly.
- Pitching machines, if used, must be in good working order (including extension cords, outlets, etc.) and must be operated only by adult managers and coaches.
- Batters must wear approved protective NOCSAE helmets during practice and during games.
- Catchers must wear catcher's helmet (with face mask and throat guard), long model chest protector, shin guards. Male catchers must always wear a protective supporter and cup.
- Except when runner is returning to a base, headfirst slides are not permitted. This applies only to Little League (Majors), Minor League and Tee Ball.
- During sliding practice bases should not be strapped down.
- At no time should "horse play" be permitted on the playing field.
- Parent of players who wear glasses should be encouraged to provide "Safety Glasses."
- Players must not wear watches, rings, pins, jewelry, hard cosmetic, or hard decorative or other metallic items (Exception: Jewelry that alerts medical personnel to a specific condition is permissible).
- Catchers must wear catcher's helmet, face mask, and throat guard in warming up pitchers. This applies between innings and in bullpen practice. Skull caps are not permitted.
- Batting/catcher's helmets should not be painted unless approved by the manufacturer.
- Regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat. This applies only to Little League (Majors), Minor League, and Tee Ball.
- Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.

## **Section 5 (Continued): LFLL Local Safety Rules**

### **USA Baseball Pure Baseball Initiative**

Little League International and all local little league programs must adhere to the following requirements from the SafeSport Act:

- Reporting of Abuse involving a minor to the proper authorities
- All volunteers of a local league are now mandated reporters and could face criminal charges if the league chooses to ignore, or not report to the proper authorities, any witnessed act of child abuse, including sexual abuse, within 24 hours.
- Local leagues must be aware of the proper procedures to report any type of abuse in their state. Please reference [www.LittleLeague.org/ChildAbuse](http://www.LittleLeague.org/ChildAbuse)
- Leagues must adopt a policy that prohibits retaliation for “good faith” reports of child abuse.
- Leagues must adopt a policy that limits one-one-one contact with minors.
- Leagues are highly encouraged to complete the Abuse Awareness training provided by USA Baseball and/or SafeSport.

### **LFLL Local Safety Rules**

The Board of Directors of Lake Forest Little League has mandated the following LFLL Local Safety Rules. These safety rules DO NOT supersede any established Little League rules relating to safety.

All managers and coaches will read the Safety Code for Little League and the LFLL Local Safety Rules and THEN read it to the players on the team.

- **Managers, coaches, volunteers, and all other League officials must comply with the current League Safety Plan and the contents therein.**
- **During the League’s declared Safety Awareness Week, each manager will dedicate at least 30 minutes during one (1) of the practices during this week to discuss safety awareness and accident prevention with all attending players and coaches. The purpose of this session is to get the players thinking about safety and how they can personally participate in safety awareness and accident prevention during the season.**
- **All male players MUST wear a Hard Cup with athletic supporter. For female players, no requirement for Tee Ball and Coach Pitch. These protections are to be worn during ANY BASEBALL ACTIVITIES, including but not limited to all field practices and games, all cage/hitting sessions.**
- **Managers or coaches must submit the required Injury Report to the League Safety Officer (LSO) within 24 hours of any injury related incident (major or minor issue).**
- **A manager or coach from each team must attend an annual League sponsored first aid clinic or other prior approved/endorsed first aid class.**

*\* Headfirst sliding is permitted in Intermediate and above; not limited to returning to base.*

*\* AAA and above divisions, catchers may wear short model chest protector.*

## **Section 6: Volunteers, Background Checks, and Live Scans**

In accordance with Little League International rules and regulations, LFLL's Board of Directors has approved the use of JDP to conduct annual background checks of volunteers.

Managers, Coaches, Umpires, Board Members, Team parents, and any other volunteers (or hired workers) who provide regular services to LFLL and/or have repetitive access to or contact with players or teams **MUST** fill out a Volunteer Application (See Appendices) as well as provide a copy of a government issued photo identification card or identification verification.

- Individuals refusing to complete the Volunteer Application and/or provide information necessary to complete the background check will be denied the opportunity to participate in any volunteer capacity with LFLL.
- Complete confidentiality is maintained with regard to ALL Volunteer Applications and information therein, as well as the results of all background checks. Only members of LFLL's Safety Committee have access to this information.
- The LFLL Safety Officer runs all background checks.

All Managers and Team Parents will be provided with a complete list of background-cleared volunteers assigned to their teams. It is the Manager's and the Team Parent's responsibility to ensure that **ONLY** volunteers identified on these lists participate in any repetitive or routine functions where access to or contact with players is possible. Managers and Team Parents will report any individuals refusing to comply with this to the Safety Officer or Safety Committee immediately.

Any member of LFLL has the right to address concerns with their team's Manager or the LFLL Safety Committee. Managers should contact the Safety Officer immediately with any concern brought to them by any member of LFLL or their team.

**All teams in all divisions are expected to be 100% compliant prior to beginning practices. This means that every Manager, Coach, Team Parent, Umpire, Snack Bar, Fields Crew, Scorekeeper, and Pitch Counter must be cleared or the team will not be permitted to practice.**

LFLL Board of Directors Members have been cleared by the LSO and Safety Committee as of 10/01/2024.

*The safety of our players and families is the responsibility of our entire membership. Little League baseball relies on volunteers to provide a safe and fun environment for everyone. Be a part of the positive, get involved, stay vigilant, and keep safe.*

### **Live Scan (in person fingerprinting)**

The of State of California passed CA AB-506 – Youth service organizations: Child abuse and neglect prevention effective January 1, 2022. This law requires a fingerprint-based background check and child abuse and neglect reporting training for individuals who volunteer more than 16 hours a month or 32 hours a year. For Lake Forest Little League, this includes coaches, managers, board members, and umpires. The bill requires organizations to have policies to ensure that regular volunteers are reporting suspected incidents of child abuse. It also requires the presence of at least two mandated reporters when interacting with children.

## **Section 7: Manager's Safety Kit**

Each Manager in LFLL is provided with access via the League website (lfl.org) to safety material and information that is included in this Safety Manual. The information includes, but is not limited to, the following.

- LFLL Safety Code
- Emergency Contact Information
- First Aid Guides
- Safety/Injury Reporting and Tracking Procedures
- Injury Report Form
- First Aid Kit
- Insurance Information
- Background Check Information
- Medical Release Forms

Printed or emailed Safety Manuals will be distributed to all Managers at the annual Safety and First Aid Training Meeting in January 2024. It is required that the information in the Safety Manual be shared with each team's coaches, team parent, and players. Team volunteers (scorekeepers, pitch counters, snack bar, fields, umpires) should also be aware of the Manual's contents.

**Managers, coaches and team parent signatures are REQUIRED acknowledging that they understand and agree to comply with the contents of the Safety Manual. See page 32 for sign-off.**

Please tear out, sign, and return signature page to the LFLL Safety Officer by email at [safety@lfl.org](mailto:safety@lfl.org)

Signature page must be received during your team's binder check off.

See a need to add to the Safety Code or Manual? Please email the LSO at [safety@lfl.org](mailto:safety@lfl.org).

## **Section 8: Safety Awareness, Some Dos and Don'ts**

Safety is NOT only the Manager's responsibility: every member of LFLL takes part in ensuring a safe environment for all participants-players, families, fans. Whether on the fields, in the cages, in the parking lots, or on sidewalks or greenbelts, we ALL must be aware of some simple Dos and Don'ts with regard to safety:

### **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.
- **Carry your first-aid kit to all games and practices.**
- Assist those who require medical attention-and when administering aid, remember to...
- **LOOK** for signs of injury.
- **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.
- Have your players' Medical Release forms with you at all games, practices, and cage sessions.
- Make arrangements to have a cell phone available when your game, practice or cage session is at a facility that does not have any public phones.

### **Don't...**

- Administer any medications.
- Provide any food or beverages (other than water)
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedures.
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice, game, or cage session.
- Hesitate to report any present or potential safety hazard to the LSO or Safety Committee immediately.

**Be aware of all situations including traffic, weather, crowds, and daylight. Parking lots can be very dangerous areas when not well lit. Observe all posted speed limits when traveling to and within parks. Assume that children are present.**

## **OUR GOAL: PREVENTION**

## **Section 8 (continued): Safety Awareness**

The League aggressively promotes a safe environment for all concerned through a variety of methods. Safety is a key segment at the annual Managers/Coaches Clinic held at the beginning of the season and is continually monitored by the LSO, Safety Committee and other applicable League officials throughout the season and post-season. Prior to the season, the League provides a first aid training class, conducted by a certified instructor, to all managers, coaches, umpires, and others that focuses on common game and player injuries. LFLL goes to great lengths to provide as much training as possible to its managers, coaches, and all other applicable volunteers. Attend as many of the clinics as possible. Most are mandatory.

- LFLL Coaches Clinic: January 27, 2024
- LFLL Safety and First Aid Clinic: January 27, 2024
- LFLL Mandatory Rules Clinic: January 27, 2024
- LFLL CPR & First Aid Certified Training: February 6, 2024
- LFLL Safety Awareness Week: February 2-9, 2024

During Safety Awareness Week, managers are required to spend a minimum of 30 minutes of practice time reviewing safety awareness and accident prevention with all attending players and coaches. The purpose of this session is to get all players thinking about safety and how they can personally participate in safety awareness and accident prevention throughout the season. Check the LFLL website ([www.lfll.org](http://www.lfll.org)) frequently. Information and a complete League calendar can be found there and can be a very valuable resource.

### **A PERSON KNOWLEDGEABLE AND TRAINED IN CPR SHOULD ONLY PERFORM AND/OR ADMINISTER CPR**

**Remember, safety is EVERYONE'S JOB. Prevention is the key to reducing accidents. Report all hazardous conditions to the LSO or another Board Member immediately. Don't play on a field that is not safe or with unsafe playing equipment. Be sure your players are fully always equipped, especially catchers and batters. Check your team's equipment regularly.**

## **Section 9: Fundamentals and First Aid Training**

### **Fundamentals**

Fundamentals training will be offered for all Managers and Coaches prior to the 2024 Spring season. Training will be held at Lake Forest Sports Park on 01/27/2024. Fundamentals training will be coordinated by the LFLC Coaching Coordinator. All records for attendance will be maintained by the LFLC Coaching Coordinator.

A MINIMUM of one representative from each team must attend. Training qualifies attendee for 3 years.

### **First Aid Training**

First Aid training will be offered for all Managers, Coaches and Umpires prior to the 2024 Spring season. First Aid training will be coordinated by the LFLC Safety Officer. All records for attendance will be maintained by the LFLC Safety Officer.

A MINIMUM of one representative from each team must attend. Training qualifies attendee for 3 years.

Basic first aid training will be covered as well as contents of the Safety Manual. This training is NOT intended to certify any volunteer in either CPR or AED.

## **Section 10: First Aid Supplies**

All League volunteers are encouraged to review the basic first aid information contained in each first aid kit and the procedures outlined in this manual.

### **First-Aid Kits and Resources**

Each LFLL team will be supplied with a FIRST AID KIT which will contain the following for the 2024 seasons:

- 1 Go Mini Poly Bag
- 1 Ice Pack - Instant 5" x 6"
- 2 BZK Antiseptic Wipes
- 1 Flex-Fit Large Patch Bandages - 2" x 3"
- 1 Medical Tape 1/2" x 5 Yard
- 1 Roller Gauze
- 12 Flex-Fit Bandages 3/4" x 3"
- 2 Bandages - Specialty Fingertip/Knuckle
- 1 Nitrile Gloves-Medical
- 2 Triple Antibiotic Ointment 0.5g
- 1 Hand Sanitizer Packet - 0.9g
- 1 First Aid Basics Guide

The First Aid Kit will be part of the team's equipment package and must be taken to all practices, batting cage practices, games (regular and post-season) and any other LFLL event where a child's safety may be at risk.

**NOTE:** To replenish materials in the Team First Aid Kit, the manager or designated coach must contact Jenny Little (LFLL Safety Officer at (949)933-6264 or [safety@lfill.org](mailto:safety@lfill.org))



## **Section 10 (continued): First Aid Supplies at LFLL Fields**

### **LFLLs AED**

The AEDs will be located in the equipment bin at Heroes Field 2 & 3, Baker Ranch, Foothill Ranch, and Tamarisk Parks' equipment bin. Below are some commonly asked questions regarding AEDs:

#### **WHY DO WE NEED AEDs?**

There is a very good chance emergency medical services (EMS) cannot respond fast enough to save someone in cardiac arrest, particularly in congested urban areas, high-rise buildings, in remote rural areas, or large facilities. In fact, the national average response time is 10-12 minutes, so even the best EMS responders could have difficulty arriving in time. Besides traffic, consider the time needed to make it through building security or in a crowded shopping mall with multiple escalators and all the way to a victim, for example.

Without early defibrillation, only 5 out of 100 SCA victims will survive. AEDs offer a practical way to save more lives because they are designed for use by nearly anyone. Widespread deployment of AEDs in public places gives SCA victims the best chance of survival.

#### **WHO CAN OPERATE AN AED?**

Unlike manual defibrillators used in hospitals and by paramedics, automated external defibrillators (AEDs) are easy to operate. The new generation of AEDs analyzes the victim's condition and, if warranted, delivers an electric shock to the heart to reverse SCA. Nearly anyone with proper training can use these devices.

#### **ARE AEDs EASY TO USE?**

Extremely. AEDs are designed for use by virtually anyone with minimal training.

#### **WHAT ADDITIONAL TRAINING IS REQUIRED?**

In many cases, a simple course including CPR and AED training is all that is required. For example, The American Heart Association offers the Heartsaver AED course, which can be completed in less than four hours. Training requirements vary from state to state. Contact [AED.com](http://AED.com) for more information on your state's unique training requirements.

## **Section 10 (continued): First Aid Supplies at LFLL Fields**

### **LFLLs AED (continued)**

#### **WHAT LIABILITY DO WE INCUR BY DEPLOYING AEDS IN OUR COMMUNITY?**

The laws surrounding AED usage vary from state to state. All but one state in the U.S. have passed Good Samaritan laws with language about AEDs. Additionally, the Cardiac Arrest Survival Act which was passed by Congress and signed by President Clinton in 2000, provides AED users and acquirers with protection from liability. This and similar legislation underway is helping to make AEDs the standard of care for SCA, and as such, organizations are increasingly at greater liability for **failing** to have these life-saving devices on site.

#### **Lake Forest Little League's AED's are stored in a black pelican case in the equipment bins at field 2 & 3 at Heroes Park, Baker Ranch, Foothill Ranch and Tamarisk Park**

It will be monitored by the Safety Officer to make sure the battery is in running order and that it has not been tampered with. If you notice it is making any kind of noise or appears to have been tampered with, please contact the Safety Officer.

**The Equipment Bin is to remain OPEN for ALL GAMES and PRACTICES and MUST be closed and locked by the last manager on the field.**

Let's all work to protect this device and keep it safe!

ANYONE interested in CPR/AED training, please contact the Safety Officer for details.

## **Section 11: Requirements for Managers, Coaches, Umpires**

All LFLL Managers, Coaches and Umpires are to be background cleared by the Safety Officer or Safety Committee prior to any practices beginning for the Spring season. All Managers, Coaches and Umpires are responsible for participating in and adhering to the LFLL Safety Program. Below are specific requirements for each volunteer position:

### **Managers-**

Responsible for overall safety of his/her team including players, coaches, volunteers. The Manager will be the key point of contact for the Safety Officer throughout the season.

- Must always carry updated Medical Release forms for all rostered players.
- Must walk and inspect fields and bullpens prior to each practice and game.
- Must report any unsafe condition or environment to the LSO or Safety Committee immediately.
- Must report all injuries to the LSO within 24 hours.
- Must provide medical clearance in writing to LSO prior to any injured player resuming play.
- Must carry a first aid kit to all practices, games, and cage sessions. Must inform LSO if replacement is necessary.
- Must inspect gear regularly and replace damaged/defective equipment immediately.
- Must ensure that proper protective equipment is used by all players for every practice, game, and cage session (both male and female players).
- Must ensure that only volunteers on his/her approved, background cleared list are participating in practices, games or cage sessions as well as working in concession stand or performing field prep. Must also ensure all umpires on team are included on this list.
- Must ensure that a representative from his/her team attends the Fundamentals training AND the Safety/First Aid training annually.
- Must ensure that no player is ever left alone at a field after practice, game, or cage session.
- Must notify family members immediately of any injury to player.
- Must maintain control and discipline of players at every game, practice, and cage session.
- Must sign-off on the Signature Page of this manual and return to LSO during the team's binder check.
- Must ensure cages, bullpens, and bins are locked securely at the completion of all practices, games, and cage sessions.

**ONLY LFLL BACKGROUND CLEARED ADULTS ARE TO BE ALLOWED IN THE DUGOUT WHEN A MANAGER OR COACH IS NOT PRESENT IN THE DUGOUT. AN LFLL BACKGROUND CLEARED ADULT MUST ALWAYS BE PRESENT IN THE DUGOUT WHEN PLAYERS ARE PRESENT.**

## **Section 11 (continued):**

### **Coaches-**

Rostered coaches may be called upon throughout the season to assist when a Manager is not present. In such cases, all safety responsibilities of the Manager now become the coach's responsibilities. Additionally, coaches must adhere to the below:

- Must walk the field (home team) prior to each game to inspect for hazards and either correct or report immediately prior to any player (home or visitor) taking the fields. Bullpens must also be inspected.
- May be required as a representative for team to attend annual Fundamentals AND Safety/First Aid training.
- Must assist Manager in ensuring each player is properly equipped with approved and functional equipment prior to all practices, games, and cage sessions.
- Must assist Manager in inspecting equipment regularly and removing any damaged equipment prior to use.
- Must ensure that all equipment is made available to umpires for inspection prior to all games.

### **Umpires-**

The plate umpire has the overall responsibility of safety for his/her field for his/her assigned game. It is at the plate umpire's discretion whether or not immediate safety concerns warrant cancellation of a game. It is also at the plate umpire's discretion whether or not equipment will be permitted to be used in his/her game. Below are requirements and recommendations for umpires:

- Perform a safety walk-through of the playing field, bullpens, and immediate field areas prior to game.
- Inspect all equipment to be used in the game, to include: bats, helmets, catcher's gear, baseballs
- Encouraged to inspect manager's first aid kit.
- Submit volunteer application and photo ID for background check/clearance.
- Monitor weather conditions during games and, when necessary, cancel play and evacuate fields.
- Report all immediate safety concerns to Safety Officer.
- Report all immediate field concerns to Fields Coordinator.
- Maintain control of crowds, spectators, and persons immediately near fields.
- Ensure managers, coaches and scorekeepers/pitch counters do not fraternize with spectators during games.
- Report any issues with umpire gear to League Equipment Coordinator.

## **Section 11 (continued)**

### **LFLL Code of Conduct**

The Board of Directors of Lake Forest Little League has MANDATED the following Code of Conduct. Adherence to the Code of Conduct is mandatory for all League volunteers, spectators, and fans.

#### **No Board Member, Manager, Coach, Player, Volunteer or Spectator shall at any time:**

- Lay a hand upon, push, shove, strike or threaten to strike an official.
- Be guilty of personal, verbal, or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, bats, balls, or any other forceful unsportsmanlike action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any Board Member, Official, Manager, Coach, Player, or Spectator for any reason.
- Be guilty of the use of profane, obscene, or vulgar language in any manner at any time.
- Appear on the field of play, stands or anywhere on the LFLL complex(s) while in an intoxicated state. Intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- Smoke while in the stands or on the playing field or in the dugout. Smoking will only be permitted in designated areas, which will be 20 feet from any spectator stands or dugouts.
- Be guilty of publicly discussing with spectators in a derogatory or abusive manner any play, decision, or personal opinion on any players during the game.
- As a Manager or Coach, be guilty of mingling with or fraternizing with spectators during the course of a game.
- Speak disrespectfully to any Manager, Coach, Official, or League Representative.
- Be guilty of tampering or manipulating any League rosters, schedules, draft positions or selections, official score books, ranking, financial records or procedures.
- 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 expulsion from the game.

*The LFLL Board of Directors will review all infractions of the LFLL Code of Conduct. Depending on the seriousness of frequency, the Board may impose additional disciplinary action up to and including expulsion from the League.*

## **Section 11 (continued):**

### **Basic Fields Safety Walk-through**

Below is a sample of “good practice” items to cover in your pre-game or pre-practice safety walk-through. Every plate umpire and home team coach or manager is required to perform a safety walk-through of the playing field prior to every game. Inspect the playing field, dugouts, bullpens and spectator areas for the following:

- Holes, damage, rough or uneven spots
- Slippery areas, long grass
- Glass, rocks, and other foreign debris & foreign objects
- Damage to screens, fence edges or sharp fencing
- Unsafe conditions around backstop, pitcher’s mound
- Warning track condition
- Dugouts condition before and after games
- Make sure telephone service is available.
- Areas around bleachers free of debris
- General garbage clean-up
- Ensure field access gates close completely.
- Scorekeeper booth is free of debris or hazards.
- For night games, ensure adequate lighting is provided.

Ensure that ALL safety hazards are noted AND communicated to the LFLL Safety Officer. Ensure that any urgent field issues are communicated to the LFLL Fields Coordinator. If unsafe conditions cannot be immediately remedied, it is at the discretion of the plate umpire to allow play. Unsafe conditions arising during the game will be monitored and addressed by the plate umpire immediately. Weather conditions warranting game cancellation and/or evacuation of fields will be determined by the plate umpire.

## **Section 12: Player Safety**

LFL's primary safety goal for players is injury PREVENTION. In pursuit of this goal, LFL will provide clinics for Manager/Coaches on January 27, 2024, as identified below. The purpose of these clinics is to teach proper fundamental skills of fielding, throwing, defensive positioning, and situational awareness. Organized by LFL's Coaching Coordinator, these clinics will track attendance and qualify attending Managers and Coaches for a period of 3 years.

**Group 1 Clinic: Divisions TB, Rookie, Single A on January 27, 2024, at 10am**

**Group 2 Clinic: Divisions AA, AAA, Intermediate, Juniors on January 27, 2024, at 10am**

LFL adheres to Little League International's guidelines for day's rest for pitchers and maximum innings for catchers. Violations of these guidelines may result in disciplinary action from the Board of Directors.

### **Communicable Disease Procedures**

1. Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the athlete may continue.
2. Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluids is anticipated. (Provided in the first aid kit)
3. Immediately wash hands and other skin surfaces if contaminated with blood.
4. Clean all blood contaminated surfaces and equipment.
5. Managers, coaches, and volunteers with open wounds should refrain from all direct contact until the condition is resolved.
6. Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

### **Hydration**

#### **Tips to Prevent Heat Illness:**

- Know that once you are thirsty you are already dehydrated.
- Drink before you become thirsty.
- Drink plenty of liquids like water, or sports drinks every 15 minutes.
- Water seems to be the preferred beverage. Water has many critical functions in the body that are important for performance. They include carrying oxygen and nutrients to exercising muscles.
- Do not drink beverages with caffeine before practice or games. Caffeine can increase the rate of dehydration.
- Do not exercise vigorously during the hottest time of the day.
- Practice in the morning and during the latter part of the evening.
- Wear light color loose cloths.
- Use sunscreen to prevent sunburn.
- If you begin to feel faint or dizzy stop your activity and cool off by sitting in the shade, air-conditioned car or using a wet rag to cool you off.

#### **How is it treated?**

Emergency medical treatment is necessary. If you think someone has heatstroke, call 911 or a doctor immediately. In the meantime, give first aid as follows:

- Move the person to a shady area.
- Cover the person with a wet sheet and keep the sheet wet for cooling from evaporation.
- Fan the person with paper or an electric fan (preferably not cold air).
- Sponge down the body, especially the head, with cool water.
- Continue giving first aid until the body feels cool to the touch.
- If the person is conscious, let them sip water, fruit juice, or a soft drink.

## **Section 13: Challengers Division Safety**

The Challenger Division of Lake Forest Little League is a program for developmentally and physically challenged youth, helping them to enjoy the full benefits of Little League Baseball participation in an athletic environment structured to their abilities. The Challenger Division gives every child the opportunity to participate in baseball regardless of ability or limitations.

The value of the Challenger Division is found in the proven therapeutic and socialization benefits of participating in sports; the strengthening of participants' self-esteem; and the disciplines of teamwork, sportsmanship, and fair play. Challenger Division participants have the opportunity to play with the same equipment on the same fields as other Divisions, experience the joys of pulling together as a team, being cheered, and earning awards for their achievements.

Lake Forest Little League has 2 Challenger teams: a Junior team of younger, less skilled players and a Senior team with older or more skilled players.

The Challenger Division encourages the use of "buddies" for the Junior Challenger players. The buddies assist the Challenger players on the field, but whenever possible, encourage the players to bat and make plays individually. Managers, Coaches, Parents and Players are strongly encouraged to become involved in this uniquely rewarding Division of Little League. Why Challenger Players need buddies: **SAFETY!** Some Challenger players cannot move quickly enough or see well enough to catch or even get out of the way of a hard-hit ball. The buddies help protect the Challenger players from possible injury by knocking the ball down. Challenger participants also enjoy the social interaction and can develop friendships with other participants in the League.

Why do buddies need the Challengers? It is important for buddies to be patient, show good sportsmanship, and not be interested in showcasing their own athletic abilities. This may be their first social interaction with a child that has special needs. Instead of a negative experience based on fear of the unknown, they can see it as a valuable experience, develop a friendship and kindness toward others that will carry into their life outside of the playing field. Watching the faces of these kids as they take the field, knowing that for them it's not about winning or losing, but the opportunity to play the game of baseball, is just amazing! The players of the Challenger Division and their buddies show the true meaning of Little League through teamwork and sportsmanship.

### **Responsibilities of a Buddy-Fielding**

- Help your player find his/her position on the field and get positioned so they can field a ball
- Protect your player-stand diagonally to the side and in front of your player so that you can protect them from hard hit balls if necessary
- Allow players to field the ball when possible
- If necessary, assist in fielding the ball, but always allow the players to make the throw



### **Responsibilities of a Buddy-Batting**

- Help your player choose a bat and get into position
- Help your player select a helmet
- Help get your player into position, if necessary
- Help your player swing the bat, if necessary

### **Responsibilities of a Buddy-Base Running**

- In most cases, runners advance one base at a time
- Run with your player, stay close enough to protect them from a thrown or batted ball, but allow the player to lead
- Point your player in the right direction, if necessary. This may be necessary after they bat

### **Responsibilities of a Buddy-After the Game**

- Assist coaches with lining players up to shake hands
- Remind players to shake hands gently
- Stay with your player until a family member picks them up. Never leave a player alone

**Adult volunteers in the Challenger Division will be subject to the same background check requirements as volunteers in other Divisions of LFLL. A 2024 Volunteer Application and valid photo ID will be required of these volunteers.**

## **Section 14: Spectator and Crowd Safety**

Little League baseball offers many opportunities to experience pure baseball at its best. However, similar to the players on the fields, spectators and crowds potentially are exposed to hazards and dangers while in bleachers, around fences, or while traveling to or from fields and games. It is important for all spectators to remain ALERT and AWARE at all times while around fields, especially while games are in progress. Below are some of the potential hazards spectators may face:

- Traffic hazards: cars pulling in and out of parking spaces
- Bicycle hazards: especially on bike paths or near parking lots
- Foul balls
- Over-thrown balls
- Bats swung outside of designated areas
- Dogs
- Bees
- Snakes
- Weather-related hazards: lightning, rain, wind, hail

While all hazards cannot be eliminated, through education and awareness, potential injuries due to hazards can be avoided. Below are some simple recommendations to help keep spectators and crowds safe:

1. ALWAYS pay attention to games in progress. Batted balls travel quickly and often erratically.
2. ALWAYS use designated foul ball returns for balls hit out of the field of play. In absence of these designated foul ball returns, please return balls to the scorekeeper in the scorekeeper's booth.
3. ALWAYS observe traffic conditions and lighting factors prior to entering parking lots or using crosswalks.
4. ALWAYS look both ways prior to crossing auto traffic lanes or designated bike paths.
5. NEVER lean over fences, especially while games are being played.
6. NEVER allow children to climb on or play around field equipment bins.
7. NEVER approach swarms of insects. Inform the team's Manager to contact the LFLL Fields Coordinator or Safety Officer immediately-especially for bees.
8. NEVER allow animals off leashes at parks, especially near crowded bleacher areas.
9. DO NOT allow children to play in dense bushes surrounding fields.
10. DO NOT allow children to access fields through gates or unfenced outfield areas.
11. ALWAYS be aware of weather conditions. Lightning can be especially dangerous. Remember: "If you hear it, clear it; if you see it, flee it." Seek shelter away from trees, buildings, metal light standards, foul poles or metal fencing.
12. ALWAYS adhere to the decisions of umpires and/or League officials when cancelling games and evacuating fields due to weather or safety conditions.
13. STAY vigilant of yourself, your guests and others when excessive heat is present.
14. ALWAYS report unsafe conditions to the manager and umpire.

## **Section 15: Concession Stand Safety**

Safe and sanitary food service events can be ensured through the below 12 steps. LFL maintains a snack bar at Heroes Park which includes the operation of a mobile snack cart. The Lake Forest Sports Park houses a snack bar, but operation of this snack bar is monitored and maintained by the City of Lake Forest.

### **Safe and Sanitary Food Service Events**

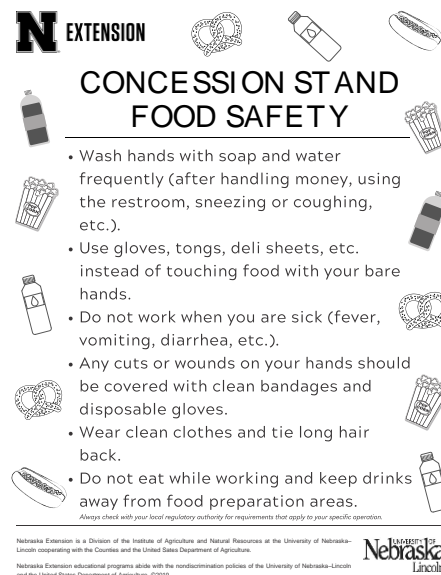
1. Menu: safe, controlled foods are the safest to utilize. Potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables) should be kept to a minimum. Use only foods from approved sources, avoiding foods that have been prepared at home. Exercise control over every food item, from source to service, in the concession stand.
2. Cooking: use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155°F, poultry parts should be cooked to 165°F. ALWAYS ensure proper temperature controls.
3. Reheating: rapidly reheat potentially hazardous foods to 165°F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices.
4. Cooling and Cold Storage: foods that require refrigeration must be cooled to 41°F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.
5. Hand washing: frequent and thorough hand washing remains the first line of defense on the preventing of foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing.
6. Health and hygiene: only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession stand. The use of hair restraints is recommended to prevent hair ending up in food products.
7. Food handling: avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.
8. Dishwashing: use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:
  - Washing in hot soapy water
  - Rinsing in clean water

- Chemical or heat sanitizing
  - Air drying
9. Ice: ice used to cool cans/bottle should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.
  10. Wiping cloths: rinse and store your wiping cloths in a bucket of sanitizer. Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.
  11. Insect control and waste: keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tightfitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.
  12. Food storage and cleanliness: keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

Concession stand workers must be at least 16 years old. Underage children will not be permitted in the concession stand.

Barbecues used for concession stand activities will maintain locks on all propane tanks. Propane tanks will not be stored inside the LFSP and/or Heroes snack bar. Barbecues will be cleaned according to manufacturer specifications after each use and prior to storage.

Mobile snack cart will be subject to the above steps for cleanliness and food storage. Individuals under the age of 21 WILL NOT operate the mobile snack cart.



## **Section 16: Facilities and Equipment**

LFLLE has surveyed 13 fields for the 2024 Spring season. These fields include:

- Heroes Park (4 fields)
- Lake Forest Sports Park (5 fields)
- Foothill Ranch Community Park (2 fields)
- Baker Ranch Community Park (1 field)
- Tamarisk Park (1 field)

The below fields have permanent outfield fencing with approved safety covers, warning tracks and foul ball netting:

- Heroes field 2 and 3
- LFSP fields 1, 2, 3, 4 and 5

The below fields may utilize temporary chain link outfield fencing:

- Heroes field 1 and 4
- FHRCP field 1 and 2
- Baker Ranch Community Park field 1
- Tamarisk Park field 1

Fields at Heroes Park, Foothill Ranch, Baker Ranch, and Tamarisk parks have on-site equipment bins that may include the following items:

- Hose reels
- Chalk stripers
- Chain or brush infield drags
- Chalk
- Break away bases and anchors
- Rakes, brooms, shovels
- Umpiring equipment
- First aid kits
- Ice packs
- AED

Other materials and equipment are not to be stored in LFLLE maintained bins. If unknown items are found, contact the LFLLE Fields Coordinator and/or Safety Officer.

Heroes Park also maintains an additional bin which houses a portable pitching machine. LFLLE may or may not store additional portable pitching machines at other fields.

## **Section 17: Weather and Environmental Hazards**

Hazards beyond the control of LFLL exist at all fields. These hazards may include: bees, wasps, hornets, spiders, snakes, loose animals, rain, lightning, darkness. It is imperative that all members of LFLL be aware of potential hazards and remain alert. Immediate hazards should be brought to the attention of the team's Manager and forwarded to the Safety Officer. If immediate hazards cannot be corrected, then play should not be allowed.

### **Bees, Wasps, Hornets**

Various insects tend to swarm near standing water. Standing water can accumulate near playing areas, bleachers, green belts and pedestrian walk/seating areas. **DO NOT** attempt to remove or disturb insect swarms. Contact the Scheduler and Safety Officer immediately.

### **Spiders, Snakes, Loose Animals**

Spiders and snakes may seek shelter near fields, dugouts, bleachers, bushes, bins, or seating areas. If encountered, report immediately to the LFLL Fields Coordinator or Safety Officer. Loose animals are not permitted on or near LFLL fields. If loose animals are observed on or near playing fields or groups of players or spectators, inform the Safety Officer immediately and call **Orange County Animal Care** at (714)935-6848.

### **Rain, Lightning, Darkness**

Various weather conditions pose threats to the safety of LFLL members-not just players on the fields. Persistent rain should mandate field closures by the City of Lake Forest with overall responsibility of the affected fields. Every attempt at early notification of LFLL members is made through the LFLL Fields Coordinator. Lightning may occur with unstable weather patterns. Remember to observe this basic safety principle regarding lightning: "if you see it, flee it; if you hear it, clear it." Seek shelter away from buildings, trees, or tall objects. Do not seek shelter in bins or near metal bleachers. Areas of darkness are present around all LFLL fields. Do not allow children to play in unlit areas. Do not allow children to walk through darkened areas alone. **NEVER** leave a child alone in a darkened field or lot. Children should be discouraged from playing in areas of heavy shrubbery where visibility is reduced. Do not allow children to enter areas where wildlife may be present.

### **Other hazards**

Most LFLL fields are accessible to the public. This presents potential dangers. Any member of LFLL noticing suspicious activities should inform the Safety Officer immediately. All members of LFLL are encouraged to contact the police should circumstances dictate involving suspicious persons or activities. The **Lake Forest Sheriff's Non-Emergency** number is (949)770-6011 or call 911.

## **Section 18: Accident Reporting and Tracking**

All accidents and near misses must be reported. Below is information on reporting accidents:

**What to report** - An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the LFLI Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

**When to report** - All such incidents described above must be reported to the LFLI Safety Officer **WITHIN 24 HOURS OF THE INCIDENT. THIS IS MANDATORY!**

**How to report** - reporting incidents can come in a variety of forms. Most typically, they are telephone conversations or emails. At a minimum, the following information must be provided:

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

**Safety Officer Responsibilities** - Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and (1) verify the information received; (2) obtain any other information deemed necessary; (3) check on the status of the injured party; and (4) in the event that the injured party required other medical treatment (ER visit, doctor's visit) will advise the parent or guardian LFLI's insurance coverage and the provisions for submitting any claims.

If the extent of the injuries are more than minor in nature, the Safety Officer shall periodically call the injured party to (1) check on the status of any injuries, and (2) to check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time as the incident is considered "closed."

### **Related and Relevant Little League Documents**

ASAP Incident/Injury Tracking Report	Appendix III	Page 37-38
Little League Baseball Accident Notification Form	Appendix IV	Page 39-41
Little League Baseball Claim Form Instructions	Appendix V	Page 42-44
Concussions in Youth Sports	Appendix VI	Page 45-47
Sudden Cardiac Arrest in Youth Sports	Appendix VII	Pages 48-50
Opioid Fact Sheet	Appendix VIII	Pages 51-53

*Further detailed information can be found on Little League International's website.*

January 1, 2024

## **Section 19: Safety Manual Sign-off Page**

### **Acknowledgement of receipt of Manual, Code of Conduct, Safety Code and Safety Meeting:**

I understand that it is my responsibility to read, understand, and follow the policies and practices explained in the Safety Manual and I agree to comply with them. I further understand that this Safety Manual is designed solely to provide me with a guide to the present policies and practices of Lake Forest Little League.

\_\_\_\_\_

Team Name	Division
-----------	----------

**Manager:** \_\_\_\_\_

Print Name	Signature	Date
------------	-----------	------

**Coach 1:** \_\_\_\_\_

Print Name	Signature	Date
------------	-----------	------

**Coach 2:** \_\_\_\_\_

Print Name	Signature	Date
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**Team Parent:** \_\_\_\_\_

Print Name	Signature	Date
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**Team Parent:** \_\_\_\_\_

Print Name	Signature	Date
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This form must be completed and returned to the Safety Officer prior to Opening Day 2024. Please return via email at [safety@lfl.org](mailto:safety@lfl.org).



**APPENDIX I**  
**LFLB Batting Cage Rules**

## **LFLB Batting Cage Rules**

1. A **SCHEDULE** of assigned times for each team to use the batting cages has been distributed to all AA, AAA, and Upper Division managers. All other teams are not permitted to use the cages and equipment. Teams with scheduled cage times always take precedent.
2. **SAFETY** is critical! This resource will not last if we are unsafe with it.
  - 
  - Helmets must be worn by all batters.
  - Only one child in the cage at any time that pitches are being thrown.
  - No kids may feed machines (Adults only)
  - No swinging bats outside the cages
  - No horseplay outside the cages
  - Coaches who wish to coach pitch instead of using the machines must properly use the safety screens provided in each cage. Only adults 21 and over are allowed to coach pitch.
3. **SECURITY** of our equipment is critical! The cages and the machines were very expensive and the league does not have funds to replace lost or vandalized equipment.
  - Only one key will be issued per team to the manager.
  - Do not transfer keys to others. The person issued the key is responsible for the security of the cage and equipment during use.
  - Lock the bin while using the cage.
  - Put all machines back in the bin when finished. Don't assume another team is coming if they are not already there. If they are there, seek out the manager of the next team and be certain that he has assumed responsibility for the cages and equipment.
4. **LIGHTS** are provided at each cage. While they are set on a timer, each manager is responsible to turn off the lights at the end of their use unless another team is coming in immediately to take their place.
5. **FAILURE** to comply with these rules can result in a loss of the use of the cages. Teams caught violating these safety rules will be warned once and then have cage privileges revoked for 2 weeks. A third violation will result in suspension for the season.
6. **CONTACT** the Safety Officer for any questions or problems.

**APPENDIX II**  
**2024 Volunteer Application**

## Little League® Volunteer Application – 2024

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

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

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

**All RED fields are required.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
First Middle Name or Initial Last

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Social Security # (mandatory)** \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Special professional training, skills, hobbies: \_\_\_\_\_  
 Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_  
 Previous volunteer experience (including baseball/softball and year): \_\_\_\_\_

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

2. Special Certification (CPR, Medical, etc.)? 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?  Yes  No  
 If yes, describe each in full: \_\_\_\_\_  
[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: \_\_\_\_\_  
[Answering yes to Question 5, does not automatically disqualify you as a volunteer.]

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

7. Have you ever been refused participation in any other youth programs 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** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: [littleleague.org/bgstatelaws](http://littleleague.org/bgstatelaws)**

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant Name (please print or type) \_\_\_\_\_

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

**LOCAL LEAGUE USE ONLY:**

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_  
 System(s) used for background check (minimum of one must be checked):  
**Review the Little League Regulation 1(c)(9) for all background check requirements**

JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List) \*  
**OR**

National Criminal Database check  U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List  
 National Sex Offender Registry

\*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 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 Abuse Awareness Training for Adults provided to league

Last Updated: 10/25/23

**APPENDIX III**  
**ASAP Incident/Injury Tracking Report**

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

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

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

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

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

Was professional medical treatment required?  Yes  No If yes, what: \_\_\_\_\_  
(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

**Type of incident and location:**

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

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

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

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

## **APPENDIX IV**

### **Little League Baseball Accident Notification Form**



## 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 Fax: 570-326-9280

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) (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> CHALLENGER       | <input type="checkbox"/> MINOR (6-12)                 | <input type="checkbox"/> VOLUNTEER UMPIRE     | <input type="checkbox"/> SCHEDULED GAME   |   |
| <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) |   |
|   | <input type="checkbox"/> BIG (14-18)                  |   |   |   |

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



January 1, 2024

**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
------	---------------------------

## **APPENDIX V**

### **Little League Baseball Claim Form Instructions**

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.

**APPENDIX VI**  
**Concussions in Youth Sports**

# CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - › Work with their coach to teach ways to lower the chances of getting a concussion.
  - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - › Ensure that they follow their coach's rules for safety and the rules of the sport.
  - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



**Plan ahead.** What do you want your child or teen to know about concussion?

## How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to or after* a hit or fall.

### Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)



Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control

**Concussions affect each child and teen differently.** While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



### What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

### What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

**Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.**

*Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.*

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.  
 Athlete Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Athlete Signature: \_\_\_\_\_

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.  
 Parent or Legal Guardian Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent or Legal Guardian Signature: \_\_\_\_\_

**APPENDIX VII**  
**Sudden Cardiac Arrest in Youth Sports**



# Keep Their Heart in the Game **Sudden Cardiac Arrest Information for Athletes & Parents/Guardians**

**What is sudden cardiac arrest?** Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

## How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth each year, as it is the #1 killer of student athletes and the leading cause of death on school campuses.

## Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

## What should you do if your student-athlete is experiencing symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a physician, surgeon, nurse practitioner or physician assistant. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

**FAINTING  
is the  
#1 SYMPTOM  
OF A HEART CONDITION**

## Recognize the Signs & Risk Factors

**Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete**

### Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

### Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

## Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delayed in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

### Recognition of Sudden Cardiac Arrest



Victim is collapsed, unresponsive and not breathing, even if gasping, gurgling, exhibiting breathing noises or seizure-like activity.

### Call 9-1-1



Follow emergency dispatcher's instructions. Call any on-site Emergency Responders.

### Hands-Only CPR



Begin CPR immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

### Defibrillation



Immediately retrieve and use an automated external defibrillator to restore the heart to its normal rhythm. Follow step-by-step audio instructions from the AED.

### Advanced Care



Designate a bystander to direct EMS to the victim for quick transfer to the hospital.

*Cardiac Chain of Survival Courtesy of Parent Heart Watch*

# Keep Their Heart in the Game Sudden Cardiac Arrest Information for Athletes & Parents/Guardians

## What is an AED?



An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.

## What are we doing to help protect student athletes?

The State of California passed the Eric Paredes Sudden Cardiac Arrest Prevention Act in 2016 to protect K-12 students participating in school-sponsored athletic activities. New policy adds sudden cardiac arrest (SCA) training to coach certification, and new protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition, and potentially for other conditions if they are believed to be cardiac related. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians, caregivers and adults involved in athletic activities are urged to dialogue with student-athletes about potential warning signs and risk factors and be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new protocol to incorporate SCA prevention strategies into my/my student's sports program or activity.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

## For more information about Sudden Cardiac Arrest visit

California Department  
of Education  
[cde.ca.gov](http://cde.ca.gov)

Eric Paredes Save  
A Life Foundation  
[epsavealife.org](http://epsavealife.org)

California Interscholastic  
Federation (CIF)  
[cifstate.org](http://cifstate.org)

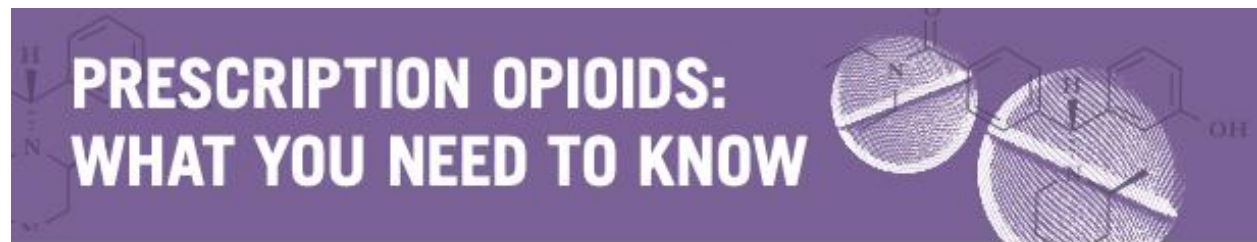
National Federation of High Schools Free  
20-Min. Training Video For Coaches, Parents or  
Anyone Involved in Student Sports Activities  
[nfhslearn.com/courses/61032](http://nfhslearn.com/courses/61032)



January 1, 2024

**APPENDIX VIII**  
**Opioid Fact Sheet**

# PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

## WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

**Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use.** An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating



As many as  
**1 in 4**  
PEOPLE\*  
receiving prescription opioids long term in a primary care setting struggles with addiction.

\* Findings from one study

## RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids

## KNOW YOUR OPTIONS

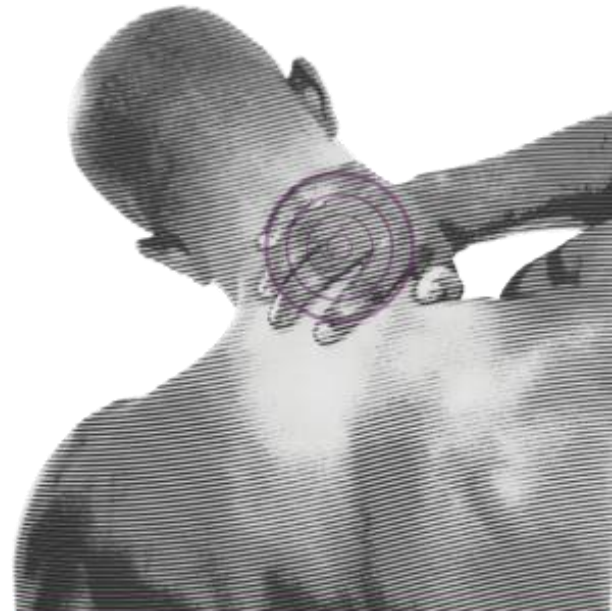
Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- ❑ Pain relievers such as acetaminophen, ibuprofen, and naproxen
- ❑ Some medications that are also used for depression or seizures
- ❑ Physical therapy and exercise
- ❑ Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



### Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.



## IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- ❑ Never take opioids in greater amounts or more often than prescribed.
- ❑ Follow up with your primary health care provider within \_\_\_ days.
  - Work together to create a plan on how to manage your pain.
  - Talk about ways to help manage your pain that don't involve prescription opioids.
  - Talk about any and all concerns and side effects.
- ❑ Help prevent misuse and abuse.
  - Never sell or share prescription opioids.
  - Never use another person's prescription opioids.
- ❑ Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- ❑ Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration ([www.fda.gov/Drugs/ResourcesForYou](http://www.fda.gov/Drugs/ResourcesForYou)).
- ❑ Visit [www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose) to learn about the risks of opioid abuse and overdose.
- ❑ If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

LEARN MORE | [www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html)

## **APPENDIX IX**

### **Active Shooter Awareness Training and Response Guidelines**

## Lake Forest Little League

### Active Shooter Awareness Training and Response Guidelines

“Active Shooter:” a suspect whose activity is immediately causing death or serious bodily injury, whose activity is not contained, whose activity is causing immediate risk of death or serious injury to potential victims.

Challenges presented by Active Shooter situations:

- Incidents are spontaneous with little or no warning
- Suspects’ behavior is unpredictable
- Occur in “target rich” or crowded environments
- Law enforcement and/or public is outgunned and/or has no training to respond
- Immediate chaos and confusion

Challenges presented by outdoor venues:

- Multiple options for suspect to attack
- Difficulty for law enforcement to secure
- Limited options for shelter
- Conducive to both hand-held weapons and pre-planted explosive devices
- Heavy traffic congestion in parking areas
- Multiple shooters “drive the herd” to more coordinated and deadly outcome

Prevention is the best defense:

- Identifying potential “triggers” in individuals
  - Violent behavior or potential is **rarely new** for perpetrators.
  - Usually **patterns** of negative thinking, feeling, and/or behavior are **part of the history**.
  - Triggers intensify the negative elements.
  - **Planning** for violent reaction usually takes place over some time.
  - During this time, **signals, flags**, and sometimes **threats** exist but are rarely seen as serious or are not reported.
  - Remember: “See something, say something.”

How to respond when an Active Shooter is in your vicinity:

1. **Run**-have an escape route and plan in mind.
2. **Hide**-hide in an area out of the active shooter’s view, block any entry to your hiding place.
3. **Fight**-as a last resort and only when your life is in imminent danger. Attempt to incapacitate the active shooter. Act with physical aggression and throw items at the active shooter.
4. **Call 911 only when it is safe to do so.**



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How to react when law enforcement arrives:

1. Remain calm, and follow officers' instructions.
2. Immediately raise hands and spread fingers.
3. Keep hands visible at all times.
4. Avoid making quick movements toward officers such as attempting to hold on to them for safety.
5. Avoid pointing, screaming, and/or yelling.
6. Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises.

Information to provide law enforcement or 911 operators:

1. Location of the victims and the active shooter.
2. Number of shooters, if more than one.
3. Physical description of shooter/shooters.
4. Number and type of weapons held by shooter/shooters.
5. Number of potential victims at the location.

***Never be afraid to speak up when you see signs of potential behavior changes. Refer to the Lake Forest Little League Safety Manual for a list of important League contact information. Manuals are physically or electronically carried by each Manager and are posted in each equipment bin.***