

# Safety Manual for Managers and Coaches

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## DISTRIBUTION

League Safety Officer: Christian Hanson on file with Little League Headquarters.

This document will be distributed to every manager of every team in every division of Ipswich Little League before any practices or games take place.

### OVERVIEW

It is the policy of Ipswich Little League to provide an environment in which the risk of injury is reduced to the lowest possible level by the application of our published safety code. Behavior in violation of the safety code will be treated as misconduct and may remit in the application of appropriate corrective action up to and including dismissal.

The Safety Officer position is a part of Ipswich Little League Elected Board Members which is reported to Little League Headquarters. The Safety Officer is responsible for the communication, application, and enforcement of the safety code rests in the hands of the Safety Officer.

Safety Officer will submit and distribute safety plan to Little League Headquarters & District Administrator. All Managers will receive a copy or the safety plans requirements in their coach's packet and will also have a copy on disk with safety pull-outs and a complete copy readily available copy in the concession stand.

Safety Officer will fill out and submit the Annual Facility Survey, retain yearly Volunteer Background Checks, retain sign in logs to include date, location and instructor(s) for Fundamentals Training, retain sign in logs to include date, location and instructor(s) for First Aid Training and Submit Annual Safety Plan.

## League Board Members and Emergency Contacts

### EMERGENCY

**Ipswich Police/Fire/EMS: ..... 911**

Beverly Hospital..... (978) 922-3000  
AAPCC Poison Control Center: ..... (800) 222-1222  
Ipswich Police - Non-Emergency ..... (978) 356-4343  
Ipswich Fire Dept. - Non-Emergency ..... (978) 356-6630  
Gas- National Grid. .... (800) 233-5325  
Electric- Ipswich Municipal..... (978) 356-6640  
Ipswich Water Dept..... (978) 356-6637  
Ipswich Water Treatment Plant ..... (978) 356-6639  
Ipswich Wastewater Treatment Plant..... (978) 356-6642

President	Mark Meaney	(978) 356-7071
Player Agent	John Pezza	(617) 851-1371
Treasurer	Jim Restuccia	(978) 356-8951
Secretary	Brian Baise	(617) 999-5021
Fields Supervisor	John Driscoll	(978) 270-1529
Public Relations	Jim Restuccia	(978) 356-9851
Safety Officer	Chris Hanson	(978) 836-7202
Purchasing Agent	Mark Meaney	(978) 356-7071
Umpire in Chief	Jay Dawson	(617) 842-2483
Major League Coordinator	Jay Dawson	(617) 842-2483
AAA Coordinator	Mark Scarano	(781) 405-1607
A/AA Coordinator	Geo. Speropolous	(781) 771-8564
Vice President	Adam McNamara	(781) 913-4013
Past President	Matt Grady	(978)-618-6304

# Ipswich Little League Code of Conduct

- *Speed Limit 5 mph* in roadways and parking lots while attending any Ipswich little League function, Watch for small children around parked cars, Our parking area at the fields is a busy area, Please use extreme caution when entering and exiting our little league complex.
- *No Alcohol allowed* in any parking lot, field, or common areas within the park complex
- *No Playing in parking lots* at any time,
- *No Playing on and around lawn equipment*
- *Use Cross walks* when crossing road ways, Always be alert for traffic,
- *No Profanity please,*
- *No Swinging Bats* or throwing baseballs at any time within the walkways and common areas of the park complex,
- *No throwing balls* against dugouts or against backstop, Catchers must be used for all batting practice sessions.
- *No throwing rocks,*
- *No horseplay* in walkways at any time,
- *No climbing fences,*
- *Only a player on the field* and at bat, may swing a bat (Age 5 - 12), *observe all posted signs,* Players and spectators should be *Alert* at all times for *Foul Balls and Errant Throws.*
- *During the game,* players must remain in the dugout area in an orderly fashion at all times,
- *After each game, each team must clean up trash* in dugout and around stands,
- *All gates to the field must remain closed* at all times. After players have entered or left the playing field, gates should be closed and secured.

## Ipswich Little League Safety Code

- Responsibility for Safety procedures should be that of an adult member of Ipswich Little League
- Arrangements should be made in advance of all games and practices for emergency medical services
- Managers, coaches and umpires should have training in first-aid, First-aid kits are issued to each team manager and are located at each concession stand. First aid training will take place in April. High School coach will speak in April **2018** to coaches and managers about fundamentals of proper warm up/stretching, hitting, sliding, fielding and pitching.
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects. At a minimum, before every game the managers and umpires should walk the field to look for hazards.
- All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as "in play".
- Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and **practice sessions**.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and coaches.
- Procedure should be established for retrieving foul balls batted out of 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.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (i.e., playing catch, pepper, swinging bats, etc.)
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets during batting practice and games.
- Catcher must wear catcher's helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter at all times (males) for all practices and games. **NO EXCEPTIONS.**
- Managers should encourage all male players to wear protective cups and supporters for practices and games.
- Except when runner is returning to a base, head first slides are not permitted
- At all times, games and practice, bases should not be strapped down or anchored.
- At no time should "horse play" be permitted on the playing field
- Parents of players who wear glasses should be encouraged to provide "safety glasses"
- Player must not wear watches, rings, pins or metallic items during games and practices.
- The Catcher must wear catcher's helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bull-pen during a game and also during practices
- Pitcher safety is extremely important with respect to abiding by the Little League pitch count rules. The pitch count log must be completed by each coach after games, See Appendix A for sample.
- On-deck batters are not permitted in little league.

See a need to add to the safety code? Contact:  
Safety Officer, Chris Hanson – (978) 836-7202

## Volunteer Application Form

Ipswich Little League will use the Official Little League Volunteer Application form to screen all of our volunteer's. **All** Ipswich Little League volunteers are required to fill out a Revised Little League Volunteer Application for 2018 with Photo ID. All Volunteer forms are on file with Ipswich Little League.

The following is mandatory for all Managers, Coaches, and Board

Members of Ipswich Little League:

1) NYSCA Certification

2) Sign and submit to the President a Coaches affidavit and CORI form.

Note: No Manager or Coach will be able to run a practice or coach a game until all Affidavits and CORI forms are signed and returned to the league President. Only CORI approved individuals will be allowed to be on the field and allowed to interact with the little league players. Non-compliance will result in immediate removal from the field until approval is ensured. The Manager of each team is required to police this policy and will be subject to reprimands and/or suspensions as appropriately deemed by the Ipswich Little League, Inc. Board of Directors.

Little League® Volunteer Application - 2018	
Do not use forms from past years. Use extra paper to complete if additional space is required.	
<b>A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.</b>	
Name <input type="text"/> First <input type="text"/> Middle <input type="text"/> Last <input type="text"/> Date <input type="text"/>	
Address <input type="text"/>	
City <input type="text"/> State <input type="text"/> Zip <input type="text"/>	
Social Security # (mandatory with First Advantage or upon request) <input type="text"/>	
Cell Phone <input type="text"/>	Business Phone <input type="text"/>
Home Phone <input type="text"/>	E-mail Address <input type="text"/>
Date of Birth <input type="text"/>	
Occupation <input type="text"/>	
Employer <input type="text"/>	
Address <input type="text"/>	
Special professional training, skills, hobbies: <input type="text"/>	
Community Affiliations (Clubs, Service Organizations, etc.): <input type="text"/>	
Previous volunteer experience (including baseball/softball and year): <input type="text"/>	
1. Do you have children in the program? If yes, list full name and what level? <input type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Special Certification (CPR, Medical, etc.)? (see) Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Do you have a valid driver's license? Driver's License #: <input type="text"/> State <input type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Have you ever been convicted of or pleaded no contest or guilty to any crime(s) involving or against a minor? If yes, describe each in full: <input type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Have you ever been convicted of or pleaded no contest or guilty to any crime(s)? If yes, describe each in full: <input type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Do you have any criminal charges pending against you regarding any crime(s)? If yes, describe each in full: <input type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Have you ever been refused participation in any other youth programs? If yes, explain: <input type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
In which of the following would you like to participate? (check one or more.)	
<input type="checkbox"/> League Official	<input type="checkbox"/> Umpire
<input type="checkbox"/> Coach	<input type="checkbox"/> Manager
<input type="checkbox"/> Field Maintenance	<input type="checkbox"/> Concession Stand
<input type="checkbox"/> Scorekeeper	<input type="checkbox"/> Other <input type="text"/>

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:**

<http://www.littleleague.org/learn/programs/childprotection/little-league-checks.htm>

ASA CONSENT TO VOLUNTEER: I give permission for the Little League organization to conduct background check(s) on me and as long as I continue to be active with the organization, which may include a review of my offender registry (state) which certain states only search which may result in a report being generated that may or may not be used, child abuse criminal history records, understand that, if requested, my position is conditional upon the league receiving no negative 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 give such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint to a volunteer position. If appointed, I understand that, prior to the execution of my term, am subject to suspension by 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

OR

System(s) used for background check (minimum of one must be checked):

Regulation (c)(9) Mandates First Advantage or another provider that is comparable

\* First Advantage ☐ Sex Offender Registry Data along with National ☐

Criminal Records check of at least 281 million records

\*Please be advised that if you use First Advantage and there is a name match in the few states where only name and date are used to generate the report, the report contains information regarding the criminal records generated 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.

## Fundamentals Training

Ipswich Little League is offering Fundamentals Training and First Aid Training Saturday March 18, 2018 from 12 noon to 4:00 pm at the Beverly High School Field House. All Managers, Coaches and Parents are encouraged to attend the Annual Fundamentals Training Session & First Aid Clinic. One representative from each team is required to attend the Fundamentals and First Aid Training session. Each manager and coach is required to attend at least once every three (3) years. This session is in accordance with the league requirement in leagues Safety Plan for each manager and coach to attend.

Agenda:

12:30 pm- 1:15 pm

**Medical Training:**

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Presented by Charla Bouranis, Licensed Athletic Trainer, Certified Beverly High School Athletic Department.

- First Aid and CPR latest changes
- Discuss injuries common to baseball and treatment
- Overview of concussions, ID signs and symptoms
- Environmental safety

1:15-3:30 pm

## **Skills and Drills**

Presented by “Extra Innings” of Middleton, MA

- Managers and Coaches responsibilities and impact on players
- Warm-up stretching/exercises for basic age groups
- How to teach the skills of throwing, catching, ground balls, fly balls, pitching, catcher position, hitting and bunting
- Drills and fun activities

Cost is \$150 per our League regardless of the number of Managers and Coaches attending.

All umpires and potential umpires must attend **2016 Umpire Training Clinic** sponsored by the **Massachusetts District 15 Little League** before the opening of the season. Clinic to be held Sat March 18<sup>th</sup>, 2018 at the **Beverly High School Field House from 1:00pm – 3:00pm. The Cost is \$20.00 per Umpire Trainee (Cost includes 2015 LLB Rule Book and Umpire position/situation manual, *The Right Call*)**

Ipswich Little League will require ALL Coaches to enforce **ALL Little League Rules...** Including:

- Proper Equipment for catchers.
- No On-deck batters
- Coaches will not warm up pitchers
- Bases will disengage on all fields

## **First Aid Training**

Ipswich Little League will require at least one manager/coach from each team to attend *First Aid Training* in April. Every manager/coach must attend this training once every 3 years.

***In Case of an Emergency Call 911***

## **Administering First Aid**

**First-Aid** is the **first care** given to a victim. It is usually performed by the **first person**

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on the scene and continued until professional medical help arrives, (paramedics).

A representative (ie Managers/ Coaches) from each team and board members are CPR and First Aid Certified. No-One should ever administer First-Aid beyond their capabilities. **Always know your Limits.**

The average response time on **9-1-1** calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action that may need to be taken. You cannot do this. Therefore, NEVER attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

## First Aid-Kits

First Aid Kits will be furnished to each team at the beginning of the season. The Ipswich Little League Safety Officer's *name and phone number* has been placed inside of all the First-Aid Kits. Keep at least *two quarters* inside the First-Aid Kit for emergency telephone calls and if you do not have a cell phone identify at least two people who are a part of your team before the practice or game begins.

The First Aid Kit will become part of the Team's equipment package and ALWAYS should be taken to all practices, batting cage practices, games (whether season or post-season) and any other Ipswich Little League event where children's safety is at risk.

To replenish materials in the Team First Aid Kit, the Manager or Coach must contact the Ipswich Little League Safety Officer. (Please see contact information)

**\*\*To ensure the continuous improvements to your leagues safety; always report any safety incident or near miss incident to the safety officer as soon as possible no later than 24 hours.**

## Hydration

Good *nutrition* is important for children. Sometimes, the most important nutrient children need is *water*, especially when they're physically active. When children are physically active, their muscles generate *heat* thereby increasing their *body temperature*. As their body temperature rises, their cooling mechanism - sweat kicks in. When sweat evaporates, the body is cooled.

Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults.

Allow water breaks every 15 - 30 minutes and allow players to obtain a drink when they feel it is needed if before the scheduled breaks!!

We usually think about **dehydration** in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. It does not matter if it's January or July, thirst is not an indicator of fluid needs. Therefore, **children must be encouraged to drink fluids even when they don't feel thirsty.**

Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days. Always encourage players to drink between every inning. During any activity water is an excellent fluid to keep the body well hydrated.

Encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water).

Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active.

**Caffeine (tea, coffee, Colas) should be avoided** because they are diuretics and can dehydrate the body further. **Avoid carbonated drinks**, which can cause gastrointestinal distress and may decrease fluid volume.

## Heat Exhaustion

**Symptoms** may include: fatigue; irritability; headache; faintness; weak, rapid pulse; shallow breathing; cold, clammy skin; profuse perspiration.

**Treatment:**

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

## Sunstroke (Heat Stroke)

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

**Treatment:**

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

### Treatment at Site

#### Do . . .

- **Access** the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- **Know** your limitations.
- **Call** 9-1-1 immediately if person is unconscious or seriously injured.
- **Look** for signs of *injury (blood, black-and-blue, deformity of joint etc.)*
- **Listen** as the injured player describes what happened and what hurts if conscious. Before question 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.
- **Talk** to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured.

#### 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 Procedure, (i.e., CPR, etc.) **Do Not Transport** injured individual except in extreme emergencies.

## 9-1-1 EMERGENCY NUMBER

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

- -First Dial **9-1-1**.
- Give the dispatcher the necessary information. Answer any questions that he or she might ask.
- Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim. Continue to care for the victim till professional help arrives. Appoint somebody to go to the street and look for the **ambulance** and **fire engine** and flag them down if necessary. This saves valuable time. Remember, every minute counts.

## **When to call -**

- -If the injured person is unconscious, call **9-1-1** immediately.
- Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do

Call **9-1-1** anyway and request paramedics if the victim:

- Is or becomes unconscious.
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Is bleeding severely.
- Has pressure or pain in the abdomen that does not go away.
- Is vomiting or passing blood.
- Has seizures, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has injuries to the head, neck or back.
- Has possible broken bones.

If you have any doubt at all, call 9-1-1- and requests paramedics.

## **Also Call 9-1-1 for any of these situations:**

- Fire or explosion
- Downed electrical wires
- Presence of poisonous gas
- Vehicle Collisions
- Vehicle/Bicycle Collisions
- Victims who cannot be moved easily

## **Checking the Victim**

### **Conscious Victims:**

If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life threatening.

The victim may be able to tell you what happened and how he or she feels.

This information helps determine what care may be needed. This check has twenty two steps:

- 1) Talk to the victim and to any people standing by who saw the accident take place.
- 2) Check the victim from head to toe, so you do not overlook any problems.
- 3) Do not ask the victim to move, and do not move the victim yourself.
- 4) Examine the scalp, face, ears, nose, and mouth.

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- 5) Look for cuts, bruises, bumps, or depressions.
- 6) Watch for changes in consciousness.
- 7) Notice if the victim is drowsy, not alert, or confused.
- 8) Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
- 9) Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- 10) Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- 11) Ask the victim again about the areas that hurt.
- 12) Ask the victim to move each part of the body that doesn't hurt.
- 13) Check the shoulders by asking the victim to shrug them.
- 14) Check the chest and abdomen by asking the victim to take a deep breath.
- 15) Ask the victim if he or she can move the fingers, hands, and arms.
- 16) Check the hips and legs in the same way.
- 17) Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
- 18) Look for odd bumps or depressions.
- 19) Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
- 20) Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim, care to give for that problem, and who to call for help.
- 21) When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
- 22) When the victim feels ready, help him or her stand up.

### Unconscious Victims

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

#### Checking an Unconscious Victim:

- 1) Tap and shout to see if the person responds. If no response -
- 2) Look, listen and feel for breathing for about 5 seconds.
- 3) If there is no response, position victim on back, while supporting head and neck.
- 4) Tilt head back, lift chin and pinch nose shut. (See breathing section to follow)  
*Finger sweep maneuver administered to an unconscious victim of foreign body airway obstruction*
- 5) Look, listen, and feel for breathing for about 5 seconds.
- 6) If the victim is not breathing, give 2 slow breaths into the victim's mouth.
- 7) Check pulse for 5 to 10 seconds.
- 8) Check for severe bleeding.

When treating an injury, remember:

- **Protection**
- **Rest**
- **Ice**
- **Compression**
- **Elevation**
- **Support**

## **Muscle, Bone, or Joint Injuries**

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

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

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

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

### **Treatment for muscle or joint injuries:**

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

### **Treatment for fractures:**

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

### **Treatment for broken bones:**

Once you have established that the victim has a broken bone, and you have called **9-1-1**, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary.

## Head and Spine Injuries

### When to suspect head and spine injuries:

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

### Signals of Head and Spine Injuries

- Changes in consciousness
- Severe pain or pressure in the head, neck, or back
- Tingling or loss of sensation in the hands, fingers, feet, and toes
- Partial or complete loss of movement of any body part
- Unusual bumps or depressions on the head or over the spine
- Blood or other fluids in the ears or nose
- Heavy external bleeding of the head, neck, or back
- Seizures
- Impaired breathing or vision as a result of injury
- Nausea or vomiting
- Persistent headache
- Loss of balance
- Bruising of the head, especially around the eyes and behind the ears

### General Care for Head and Spine Injuries

- 1) Call 9-1-1 immediately.
- 2) Minimize movement of the head and spine.
- 3) Maintain an open airway.

- 4) Check consciousness and breathing.
- 5) Control any external bleeding.
- 6) Keep the victim from getting chilled or overheated till paramedics arrive and take over care.

### **Concussion:**

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

- 1) If a player, remove player from the game.
- 2) See that victim gets adequate rest.
- 3) Note any symptoms and see if they change within a short period of time.
- 4) If the victim is a child, tell parents about the injury and have them monitor the child after the game.
- 5) Urge parents to take the child to doctor for further examination.
- 6) If the victim is **unconscious** after the blow to the head, diagnose head and neck injury. **DO NOT MOVE** the victim. Call 9-1-1 immediately.

### **Contusion to Sternum:**

Contusions to the Sternum are usually the result of a line drive that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed and the victim dies. Do not downplay the seriousness of this injury.

- 1) If a player is hit in the chest and appears to be all right, urge the parents to take their child to the hospital for further examination.
- 2) If a player complains of pain in his chest after being struck, immediately call 9-1-1 and treat the player until professional medical help arrives.

## **Sudden Illness**

When a victim becomes suddenly ill, he or she often looks and feels sick.

### **Symptoms of sudden illness include:**

- Feeling light-headed, dizzy, confused, or weak
- Changes in skin color (pale or flushed skin), sweating
- Nausea or vomiting
- Diarrhea

- Changes in consciousness
- Seizures
- Paralysis or inability to move
- Slurred speech
- Impaired vision
- Severe headache
- Breathing difficulty
- Persistent pressure or pain.

### Care For Sudden Illness

- 1) Call 9-1-1
- 2) Help the victim rest comfortably.
- 3) Keep the victim from getting chilled or overheated.
- 4) Reassure the victim.
- 5) Watch for changes in consciousness and breathing.
- 6) Do not give anything to eat or drink unless the victim is fully conscious.

### If the victim:

**Vomits** -- Place the victim on his or her side.

**Faints** -- Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.

**Has a diabetic emergency** -- Give the victim some form of sugar.

**Has a seizure** -- Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

### Caring for Shock

Shock is likely to develop in any serious injury or illness. Signals of shock include:

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

Caring for shock involves the following simple steps:

- 1) Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
- 2) Control any external bleeding.

- 3) Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
- 4) Try to reassure the victim.
- 5) Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.
- 6) Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
- 7) Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

## Bleeding in General- First Aid

- 1) Before initiating any First Aid to control bleeding, be sure to wear the **latex gloves** to avoid contact of the victim's blood with your skin. If a victim is bleeding, **Act quickly**. Have the victim lie down.  
Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
- 2) **Control bleeding** by applying direct pressure on the wound with a sterile pad or clean cloth.
- 3) If bleeding is controlled by direct pressure, **bandage firmly** to protect wound. Check pulse to be sure bandage is not too tight.
- 4) If bleeding is not controlled by use of direct pressure, **apply a tourniquet** only as a last resort and call **9-1-1** immediately.

## Nose Bleed

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

## Bleeding On The Inside and Outside of the Mouth

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

## Infection

To prevent infection when treating open wounds you must:

**CLEANSE...** the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.

**TREAT...** to protect against contamination with ointment.

## Ipswich Little League Safety Manual

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**COVER...** to absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads. (Handle only the edges of sterile pads or dressings)

**TAPE...** to secure with First-Aid tape help keep out dirt and germs.

### Deep Cuts

If the cut is deep, stop bleeding, bandage, and encourage the victim to get to a hospital so he/she can be stitched up. **Stitches prevent scars.**

### Splinters

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

**Symptoms:**

*May include:* Pain, redness and/or swelling.

**Treatment:**

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

\*All safety kits are provided with latex gloves.

## Emergency Treatment of Dental Injuries

### Avulsion (Entire Tooth Knocked Out)

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down. Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

- 1) Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
- 2) If debris is on tooth, gently rinse with water.
- 3) If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. **Do only** if athlete is alert and conscious.
- 4) If unable to re-implant:

- Best - Place tooth in Hank's Balanced Saline Solution, i.e. .Save-a-tooth..
- 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2 % milk.
- 3rd best - Wrap tooth in saline soaked gauze.
- 4th best - Place tooth under victim's tongue. **Do only** if athlete is conscious and alert.
- 5th best - Place tooth in cup of water.

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

### **Luxation (Tooth in Socket, but Wrong Position)**

**Extruded Tooth** - Upper tooth hangs down and/or lower tooth raised up.

- 1) Reposition tooth in socket using firm finger pressure.
- 2) Stabilize tooth by gently biting on towel or handkerchief.
- 3) **TRANSPORT IMMEDIATELY TO DENTIST.**

**Lateral Displacement** - Tooth pushed back or pulled forward.

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

**Intruded Tooth** - Tooth pushed into gum - looks short.

- 1) Do nothing - avoid any repositioning of tooth.
- 2) **TRANSPORT IMMEDIATELY TO DENTIST.**

### **Fracture(Broken Tooth)**

If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding.

- 2) Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
- 3) Save all fragments of fractured tooth as described under Avulsion, Item 4.
- 4) **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENT TO DENTIST**

## **Transporting an Injured Person**

**If injury involves neck or back, DO NOT** move victim unless absolutely necessary. Wait for paramedics.

**If victim must be pulled to safety**, move body lengthwise, not sideways. If possible, slide a coat or blanket under the victim:

- a) Carefully turn victim toward you and slip a half-rolled blanket under back.
- b) Turn victim on side over blanket, unroll, and return victim onto back.
- c) Drag victim head first, keeping back as straight as possible.

**If victim must be lifted:**

Support each part of the body. Position a person at victim's head to provide additional stability. Use a board, shutter, tabletop or other firm surface to keep body as level as possible.

## Burns

**Care for Burns:**

The care for burns involves the following 3 basic steps.

**Stop** the Burning -- Put out flames or remove the victim from the source of the burn.

**Cool** the Burn -- Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available-tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the cloths cool by adding more water.

**Cover** the Burn -- Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain. Covering the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

## Chemical Burns:

If a chemical burn,

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

If an eye has been burned:

- 1) Immediately flood face, inside of eyelid and eye with cool running water for at least 15 minutes.

Turn head so water does not drain into uninjured eye. Lift eyelid away from eye so the inside of the lid can also be washed.

- 2) If eye has been burned by a dry chemical, lift any loose particles off the eye with the corner of a sterile pad or clean cloth.
- 3) Cover both eyes with dry sterile pads, clean cloths, or eye pads; bandage in place.

## Sunburn:

If victim has been sunburned,

- 1) Treat as you would any major burn (see above).
- 2) Treat for shock if necessary
- 3) Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water.
- 4) Give victim fluids to drink.
- 5) Get professional medical help immediately for severe cases.

## Prescription Medication

**Do not, at any time, administer any kind of prescription medicine.** This is the parent's responsibility and Warwick National Little League does not want to be held liable, nor do you, in case the child has an adverse reaction to the medication.

## Asthma and Allergies

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

If the asthma attack persists, dial **9-1-1** and request emergency service.

## Colds and Flu

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

## Insect Stings

In highly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. Call **9-1-1**. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

### Symptoms:

Signs of allergic reaction may include: nausea; severe swelling; breathing difficulties; bluish face, lips and fingernails; shock or unconsciousness.

### **Treatment:**

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

## **Lightning Facts and Safety Procedures**

*WHEN You HEAR IT - CLEAR IT WHEN  
You SEE IT - FLEE IT*

Consider the following facts:

- The average lightning stroke is 6 - 8 miles long.
- The average thunderstorm is 6 -10 miles wide and travels at a rate of 25 miles per hour.
- Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud (for example, the lightning that injured 13 people during a concert at RFK last summer occurred while it was sunny and dry).
- On the average, thunder can only be heard over a distance of 3 - 4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

### **"Flash-Bang" Method**

One way of determining how close a recent lightning strike is to you is called the "flash-bang" method. With the flash-bang method, a person counts the number of seconds between the sight of a lightning strike and the sound of thunder that follows it. Halt-play and evacuation should be called for when the count between the lightning flash and **the sound of its thunder is 15 seconds or less.**

### **Rule of Thumb**

The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager, coach, or umpire who feels threatened by an approaching storm should stop play and get the kids to safety. When in doubt, the following rule of thumb should be applied:

Where to Go?

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No place is absolutely safe from the lightning threat, but some places are safer than others, Large enclosed shelters (substantially constructed buildings) are the safest For the majority of participants, the best area for them to seek **shelter is in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area and cannot get to shelter in a car, put your feet together, crouch down, and put your hands over your ears (to try and prevent eardrum damage).**

Where NOT to Go !!

**Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts.**

Flagpoles, light poles, bleachers (metal or wood), metal fences, and water

First Aid to a Lightning Victim

Typically, the lightning victim exhibits similar symptoms as someone suffering from a heart attack,

In addition to calling 911, the rescuer should consider the following:

- The first tenet of emergency care is "make no more casualties", If the victim is in a high risk area (open field, isolated tree, etc.), the rescuer should determine if movement from that area is necessary - lightning can and does strike the same place twice, If the rescuer is at risk, and movement of the victim is a viable option, it should be done.
- If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving them.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

## Pre-Field Use Inspections

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

Before games umpires, managers and coaches will inspect the playing field to make sure that there are no dangerous materials on the ground or the fences, such as: sticks, rocks, glass, or holes.

After each game the managers will make sure that all waste is removed from the field and again inspect the entire playing field for dangerous materials on the ground or the fences, such as sticks, rocks, glass, or holes.

## Ipswich Little League Safety Manual

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In addition, after each game the managers will also check the spectator areas for waste and potential dangerous materials left behind and remove them so that the next game starts in a clean and safe environment for the next group of spectators, players, and coaches.

After each game, home team manager will be responsible to review cleanliness of concession stand and re-enforce concession stand closing procedures.

On days when games are not scheduled the fields and plays area shall be inspected often for holes and other field damage so that they may be repaired before the next scheduled game or practice.

Managers must make every effort to make sure there are at least two adults present at practice sessions and games.

Complete and submit same day the *Ipswich Little League Facility and Field Inspection Checklist* to the Safety Officer if are any deficiencies noted.

## **Ipswich Little League Facility and Field Inspection Checklist**

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

Inspector \_\_\_\_\_

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

- ☐ Holes, damage, rough or uneven spots
- ☐ Slippery Areas, long grass
- ☐ Glass, rocks and other debris & foreign objects
- ☐ Damage to screens, fences edges or sharp fencing

- ☐ Unsafe conditions around backstop, pitchers mound
  - ☐ Warning Track condition
  - ☐ Dugouts condition before and after games
  - ☐ Make sure telephones are available
  - ☐ Area's around Bleachers free of debris
  - ☐ General Garbage clean-up
  - ☐ Who's in charge of emptying garbage cans
  - ☐ Conditions of restrooms and restroom supplies
- Concession Stand inspection NOTES/ HAZARDS

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Signature\_\_\_\_\_

## 2018 Facility Survey

Ipswich Little League has completed and updated our **2018 Facility Survey**.



## LITTLE LEAGUE® BASEBALL & SOFTBALL NATIONAL FACILITY SURVEY

2013



League Name: Ipswich LL

District #: 15

ID #: 221-15-09

(if needed) ID #: \_\_\_\_\_

(if needed) ID #: \_\_\_\_\_

City: Ipswich State: MA

President: Matt Grady Safety Officer: John Curley

Address: 80 Linebrook Rd Address: 23 Fairview Ave

City: Ipswich City: Ipswich

State: MA ZIP: 01938 State: MA ZIP: 01938

Phone (work): 978-618-6304 Phone (work): \_\_\_\_\_

Phone (home): 978-356-0768 Phone (home): 978-356-7050

Email: khotso@verizon.net Email: \_\_\_\_\_

### PLANS FOR FUTURE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mos.	1-2 yrs.	2+ yrs.
a. New fields	0	0	0
b. Basepath/infield	1	0	0
c. Bases	1	0	0
d. Scoreboards	0	1	0
e. Pressbox	0	0	0
f. Concession stand	0	0	0
g. Restrooms	0	0	0
h. Field lighting	0	0	0
i. Warning track	0	0	0
j. Bleachers	0	1	0
k. Fencing	0	0	0
l. Bull pens	0	0	0
m. Dugouts	0	0	0
n. Other (specify):	0	0	0



# Ipswich Little League Safety Manual

No.	Questions	Bialek 90	Bowen	Doyon 90	Green #1	Green #2	Green #3	Hopping
1	How many cars can park in designated parking areas for this field?	1-50	1-50	1-50	1-50	1-50	1-50	1-50
2	How many people will your bleachers seat for this field?	1-100	1-100	None/NA	None/NA	None/NA	None/NA	1-100
3.a.	Are the bleachers made of wood on this field?	No	Yes	No	No	No	No	Yes
3.b.	Are the bleachers made of metal on this field?	Yes	Yes	No	No	No	No	Yes
3.c.	Are bleachers for this field made of material other than wood or metal?	No	No	No	No	No	No	No
4	If bleachers are made of metal, is a ground wire attached to a ground rod?	Yes	Yes	No	No	No	No	Yes
5	If bleachers are made of wood, are they inspected annually for safety?	No	Yes	No	No	No	No	Yes
6	Is there a safety railing at the top/back of bleachers for this field?	Yes	Yes	No	No	No	No	Yes
7	Is there a handrail up the sides of bleachers for this field?	Yes	No	No	No	No	No	No
8.a.	Is permanent telephone service available for this field?	No	No	No	No	No	No	No
8.b.	Is cellular telephone service available for this field?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9.a.	Is a permanent public address system available for this field?	No	Yes	No	No	No	No	No
9.b.	Is a portable public address system available for this field?	No	No	No	No	No	No	No
10	Is there a pressbox for this field?	No	No	No	No	No	No	No
11	Is there a scoreboard for this field?	No	Yes	No	No	No	No	No
12	Are adequate bathroom facilities available for this field?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
13	Are permanent concession stands available for this field?	No	Yes	No	No	No	No	No
14	Are mobile concession stands available for this field?	Yes	No	No	No	No	No	No
15	Is this field completely fenced?	No	Yes	No	No	No	No	Yes
16.a.	Is the fencing made of chainlink on this field?	Yes	Yes	No	No	No	No	Yes
16.b.	Is the fencing made of wood on this field?	No	No	No	No	No	No	No
16.c.	Is the fencing made of wire on this field?	No	No	No	No	No	No	No
17.a.	Is the basepath material on this field is sand, clay or soil mix?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
17.b.	Is the basepath material on this field is ground burnt brick?	No	No	No	No	No	No	No
17.c.	Is the basepath material on this field other than sand, clay, soil mix or ground...	No	No	No	No	No	No	No
17.d.	If yes to other material, what is the basepath material on this field?							

# Ipswich Little League Safety Manual

No.	Questions	Bialek 90	Bowen	Doyon 90	Green #1	Green #2	Green #3	Hopping
18.a.	Is non-caustic lime used to mark the baselines on this field?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
18.b.	Is spray paint used to mark the baselines on this field?	No	No	No	No	No	No	No
18.c.	Is commerical marking used to mark the baselines on this field?	No	No	No	No	No	No	No
19	Is the infield surface grass?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
20	Does this field have a conventional dirt pitching mound?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21	Does this field have a temporary pitching mound?	No	No	No	No	No	No	No
22	Are there foul poles on this field?	Yes	Yes	Yes	No	No	No	Yes
23	Is there a backstop behind home plate on this field?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
24.a.	Is there an outfield warning track for this field?	No	Yes	No	No	No	No	No
24.b.	If yes, what width is the warning track?	0.00	8.00	0.00	0.00	0.00	0.00	0.00
25	Is there a batter's eye (screen/covering) at center field on this field?	No	No	No	No	No	No	No
26	Is there a pitcher's eye (screen/covering) behind home plate on this field?	Yes	Yes	Yes	Yes	No	No	No
27	Does this field have protective fences in front of the dugouts?	Yes	Yes	No	No	No	No	Yes
28	Is there a protected on-deck batter's area on this field?	No	No	No	No	No	No	No
29	Are fenced limited access bull pens available for this field?	No	Yes	No	No	No	No	No
30	Is a first aid kit provided for this field?	No	Yes	No	No	No	No	No
31.a.	Do bleachers for this field have overhead screens for spectator foul ball protec...	No	No	No	No	No	No	No
31.b.	Do bleachers for this field have fencing behind for spectator foul ball protecti...	Yes	No	No	No	No	No	No
32	Do your bases disengage from their anchors? (Mandatory since 2008)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
33	Is this field lighted?	No	Yes	No	No	No	No	No
34.a.	Are light levels at/above Little League standards?	No	Yes	No	No	No	No	No
34.b.	Light levels on this field are not known?	No	No	No	No	No	No	No
35.a.	Are there wood poles on this field?	No	No	No	No	No	No	No
35.b.	Are there steel poles on this field?	No	Yes	No	No	No	No	No
35.c.	Are there concrete poles on this field?	No	No	No	No	No	No	No
36	Is the electrical wiring to each pole on this field is underground?	No	Yes	No	No	No	No	No

# Ipswich Little League Safety Manual

No.	Questions	Bialek 90	Bowen	Doyon 90	Green #1	Green #2	Green #3	Hopping
37	Are there ground wires connected to ground rods on each pole on this field?	No	Yes	No	No	No	No	No
38.a.	Was the electrical system on this field tested/inspected in last two years?	No	Yes	No	No	No	No	No
38.b.	What month/year was electrical system testing done on this field?		04/2012					
38.c.	Were the light levels on this field tested/inspected in the last two years?	No	Yes	No	No	No	No	No
38.d.	What month/year was the light level testing done on this field?		04/2021					
39.a.	Was the electrical system on this field tested/inspected by a qualified technici...	No	Yes	No	No	No	No	No
39.b.	Were the light levels on this field tested/inspected by a qualified technician?	No	Yes	No	No	No	No	No
40.a.	Does field have limitation on amount of time for practice?	No	No	No	No	No	No	No
40.b.	Does field have limitation on number of teams or games?	No	No	No	No	No	No	No
40.c.	Does field have limitation on scheduling and/or timing?	No	No	No	No	No	No	No
41.a.	Is this field owned by a municipality?	Yes	Yes	No	No	No	No	Yes
41.b.	Is this field owned by a school?	No	No	Yes	Yes	Yes	Yes	No
41.c.	Is this field owned by a league?	No	No	No	No	No	No	No
42.a.	Municipality is responsible for operational energy costs on this field?	Yes	No	No	No	No	No	No
42.b.	School is responsible for operational energy costs on this field?	No	No	Yes	No	No	No	No
42.c.	League is responsible for operational energy costs on this field?	No	Yes	No	No	No	Yes	No
43.a.	Municipality is responsible for operational maintenance on this field?	Yes	Yes	No	No	No	No	Yes
43.b.	School is responsible for operational maintenance on this field?	No	No	Yes	No	Yes	Yes	No
43.c.	League is responsible for operational maintenance on this field?	No	Yes	No	No	No	No	Yes
44.a.	Municipality is responsible for improvements on this field?	No	No	No	No	No	No	No
44.b.	School is responsible for improvements on this field?	No	No	No	No	No	Yes	No
44.c.	League is responsible for improvements on this field?	Yes	Yes	Yes	No	Yes	No	Yes
44.d.	Other group is responsible for improvements on this field?	No	No	No	No	No	No	No
45.a.	Is T-ball and Minor League baseball played on this field?	No	No	No	Yes	Yes	Yes	Yes
45.b.	Is Major division baseball played on this field?	No	Yes	No	No	No	No	No
45.c.	Is Junior, Senior and Big League baseball played on this field?	Yes	No	Yes	No	No	No	No

[illegible]

# Concession Stand Safety

*The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of food borne illness.*

1. **Menu.** Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.
2. **Cooking.** Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140 F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155 F, poultry parts should be cooked to 165 F. Most food borne illnesses from temporary events can be traced back to lapses in temperature control.
3. **Reheating.** Rapidly reheat potentially hazardous foods to 165 F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.
4. **Cooling and Cold Storage.** Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check the 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 food borne illness.
5. **Hand Washing.** Frequent and thorough hand washing remains the first line of defense in preventing food borne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!
6. **Health and Hygiene.** Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

## Ipswich Little League Safety Manual

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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. Ideally, dishes and utensils should be washed in a four-step process:

- Washing in hot soapy water;
- Rinsing in clean water;
- Chemical or heat sanitizing; and
- Air drying.

9. Ice. Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands.

***Ice can become contaminated with bacteria and viruses and cause food borne illness.***

10. Wiping Cloths. Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1 teaspoon of chlorine bleach). Change the solution every two hours.

***Well sanitized work surfaces prevent cross contamination and discourage flies.***

11. Insect Control and Waste. Keep foods covered to protect them from insects. Store pesticides are kept away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). Ail 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.

***Since the staff at concession stands may not be professional food workers, it is important that they be thoroughly instructed in the proper method of washing their hands. The following may serve as a guide:***

- Use soap and warm water.
- Rub your hands vigorously as you wash them.
- Wash all surfaces including the backs of hands, wrists, between fingers and under fingernails.
- Rinse your hands well.
- Dry hands with a paper towel.
- Turn off the water using a paper towel, instead of your bare hands.

Wash your hands in this fashion before you begin work and frequently during the day, especially after performing any of these activities:

- After touching bare human body parts other than clean hands and clean, exposed portions of arms.
- After using the restroom.
- After caring for or handling animals.

## Ipswich Little League Safety Manual

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- After coughing, sneezing, using a handkerchief or disposable tissue.
- After handling soiled surfaces, equipment or utensils.
- After drinking, using tobacco, or eating.
- During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks.
- When switching between working with raw food and working with ready-to-eat food.
- Directly before touching ready-to-eat food or food contact surfaces.
- After engaging in activities that contaminate hands.

### Top Six Causes of Food Born Illness

The US Centers for Disease Control and Prevention (CDC) list these circumstances as the most likely to lead to illness. Check this list to make sure your concession stand has covered these common causes of food-born illness.

- Inadequate cooling and cold holding.
- Preparing food too far in advance for service.
- Poor personal hygiene and infected personnel.
- Inadequate reheating.
- Inadequate hot holding.
- Contaminated raw foods and ingredients.

## Equipment Inspection

**The League Safety Officer and Purchasing Agent** will inspect all equipment in the pre-season.

Managers/ Coaches will inspect equipment prior to each game.

Umpires will be required to inspect equipment prior to each game.

# Accident Reporting

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

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

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

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

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

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.

## Ipswich Little League Safety Manual

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3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.

4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.

5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:

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

(b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of:  
1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment. Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs. No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.

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

# Ipswich Little League Safety Manual

## 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 (5-8) ☐ Minor (7-12) ☐ Major (9-12) ☐ Junior (13-14)  
☐ Senior (14-16) ☐ Big League (16-18)  
 C.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event  
☐ Travel to ☐ Travel from ☐ Other (Describe): \_\_\_\_\_

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

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

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

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

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

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

Type of incident and location:

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

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

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

# Ipswich Little League Safety Manual

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## 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 NUFI 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 Headquarters. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFI Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions.

With your league's cooperation, insurance rates have increased only three times since 1965. This rate stability would not have been 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. In 2000 the State of Virginia was the first state to have its accident insurance rates reduced by high participation in ASAP and reduction in injuries. In 2002, seven more states have had their accident insurance rates reduced, as well. They are Alaska, California, Delaware, Idaho, Montana, Washington, Wisconsin.

### 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

# Ipswich Little League Safety Manual

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## CHECKLIST FOR PREPARING CLAIM FORM

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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 Headquarters. 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.**

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

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06-413-09 rev. 4/21/2009

# Ipswich Little League Safety Manual

## LITTLE LEAGUE® BASEBALL AND SOFTBALL CHARTIS 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

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

League Name		League I.D.									
Name of Injured Person/Claimant	SSN	DATE OF BIRTH (MM/DD/YY)	Age 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									
<p>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.</p> <p>Does the insured Person/Parent/Guardian have any insurance through:</p> <table border="0"> <tr> <td>Employer Plan</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>School Plan</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Individual Plan</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Dental Plan</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>				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
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 <input type="checkbox"/> AM <input type="checkbox"/> PM	Type of Injury									
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 (8-12)	<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"/> JUNIOR (12-14)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> BIG LEAGUE (14-18)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

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

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

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

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

# Ipswich Little League Safety Manual

## 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_

# Ipswich Little League Safety Manual

## General Liability Claim Form

Send Completed form to:

Little League Baseball and Softball

539 US Route 15 Hwy

P.O. Box 3485

Williamsport, Pennsylvania 17701-0485

(570) 326-1921 Fax (570) 326-2951

Telephone immediate notice to Little League® International

(LEXINGTON USE ONLY)  
CN

Insured	Name of League		League I.D. Number (Used as location code)			
	Name of League Official (please print)		Position in League			
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)			
			Phone No. (Bus.)			
Time and Place of Accident	Date of Accident	Hour	<input type="checkbox"/> AM <input type="checkbox"/> PM	Accident occurred at (Street, City, State, Zip)		
	Arising out of Operations conducted at					
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)					
	Who owns Premises		Person in charge of Premises			
Coverage Data	Limits	Med. Pay: None	Elevator: Yes	Products: Yes	Cont: Yes	
	Policy Number		Policy Dates: Begin: End:			
	Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Property Damage	Name of Owner		Description of Property			
	Address (Street, City, State, Zip)		Name of Insurance Co.			
			Nature and Extent of Damages and Estimate of Repair			
Insured Person and Injuries	Name		Phone No. (Res.)			
	Address (Street, City, State, Zip)		Occupation	Age	<input type="checkbox"/> Married <input type="checkbox"/> Single	
	Employers Name and Address		Phone No. (Bus.)			
	Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attending Doctor's Name and Address			
	Description of Injury					
	Where was the injured taken after accident?		Probable length of Disability			
Witnesses:	Name, Address, Phone Number					
	Name, Address, Phone Number					
	Name, Address, Phone Number					
Date of Report:	Signature of League Official:		Position in League			

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT

CHARTIS 

# Ipswich Little League Safety Manual

## **Applicable in Arizona**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

## **Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia and West Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

## **Applicable in California**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## **Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

## **Applicable in Florida and Idaho**

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading Information is Guilty of a Felony.\*

\* In Florida - Third Degree Felony

## **Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

## **Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

## **Applicable in Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

## **Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

## **Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

## **Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

## **Applicable in Oklahoma**

**WARNING:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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# Ipswich Little League Safety Manual



## Little League, Baseball and Softball MEDICAL RELEASE



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

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

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

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

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

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

### PARENT OR GUARDIAN AUTHORIZATION:

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

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

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

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

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

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

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

Name Phone Relationship to Player

Name Phone Relationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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

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

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

### FOR LEAGUE USE ONLY:

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

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

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

### Storage Shed Procedures

The following applies to all of the storage sheds used by Ipswich Little League and apply to anyone who has been issued a key by Ipswich little League to use those sheds.

- All individuals with keys to the Ipswich Little League equipment sheds (i.e., Managers, Umpires, etc.) are aware of their responsibilities for the *orderly and safe storage of rakes, shovels, bases, etc.*
- Before you use any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment. **DO NOT OPERATE LAWN MOVERS OR POWER EQUIPMENT WHILE CHILDREN ARE ON THE FIELDS.**
- All chemicals or organic materials stored in Ipswich Little League sheds shall be properly marked and labeled as to its contents.
- All chemicals or organic materials (i.e., lime, fertilizer, etc.) stored within these equipment sheds will be separated from the areas used to store machinery and gardening equipment (i.e., rakes, shovels, etc.) to minimize the risk of puncturing storage containers.
- Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of as soon possible to prevent accidental poisoning.