

# **MISSION STATEMENT**

## **OXFORD LITTLE LEAGUE**

**Is A Non-profit Organization  
Run By Volunteers  
Whose Goal Is To Provide  
An Opportunity  
For Our Town's Children  
To Learn The Game Of Baseball  
In A Safe And Friendly  
Environment.**

## **Oxford Little League Safety Manual 2014**

Dear Managers and Coaches:

Welcome to the 2014 season of Oxford Little League Baseball! Oxford Little League's Board of Directors has continued to strive towards safety goals by raising the necessary money and authorizing the changes you will notice this year

- Signage outside our field to warn motorists and slow down traffic, along with signage warning of potential hazards or nuisances.
- We will continue to track pitch counts at Little League, Junior League and Senior League Level. Require non composite bats to comply with the 2013 rules, and allow only bats that meet the 2013 (BPF) of 1.15 or less at Major League level.
- Continue to use breakaway bases as required beginning in 2008.

Our safety manual and all of the accident reporting forms, medical forms and volunteer applications will be available online at [www.oxfordlittleleague.com](http://www.oxfordlittleleague.com) or keyword search Oxford Little League.

The Oxford Little League Board of Directors has established a safety budget for 2014 and has allocated 10% of the overall operating budget to safety upgrades and new equipment. In addition we will implement a long range safety plan for facility improvements. This year some of our safety ongoing maintenance goals include: Turf repairs at the 60 ft. diamond at Steve Horgan field and turf repairs at Stanly Johnson Field.

### **Training and First Aid**

Basic training and instruction in baseball fundamentals and sports injury will be offered to all Managers and Coaches in all levels before the season begins. It will be mandatory that all coaches and managers of each team attend this clinic to fulfill

our goals and Little League Baseball's goals. These training sessions will not only benefit you on the playing field but throughout your daily life.

In an effort to help our managers and coaches comply with our safety standards, the Board of Directors has put forth a mandate of safety rules to be followed as outlined in this manual. Each team will also appoint a Team Safety Officer (TSO) who will assist the manager and the designated coaches of that team to insure that the safety guidelines are met whether at practice or during a game. If the manager so chooses he may appoint a coach or himself to fulfill this duty, if he so chooses.

As you may already know, Little League Baseball passed a policy ruling. This states that the manager or coach of each team will attend a training session on baseball fundamentals and First Aid before the beginning of the season.

First Aid training was completed in March 2013 by Oxford EMS and will be completed by all coaches and managers in March 2014, prior to the start of the season.

In closing, remember that safety rests with all of us, the board of directors, managers, coaches, umpires, players, volunteers and parents of Oxford Little League.

Always use common sense, never doubt what children tell you, and report all accidents or safety infractions when they occur. Now, play ball and play it safe!

Best Regards for a safe and fun 2014 season,  
Tim St.Germain, President OLL  
William Cournoyer, Safety Officer OLL

## **SAFETY MANUAL AND FIRST AID KITS**

Each team will be issued a Safety Manual at the beginning of the season. A First Aid Kit and three chemical ice packs will be issued to each team at the beginning of the season. Others are available at all times in the concession stand and clubhouse at the Johnson Field. If during the season you need additional

supplies the safety officer can be reached via email bcournoyer@elharvey.com, 508-987-7072 or in an emergency 508-962-1967

Distribution of Safety Manuals:

- The head umpire will be issued 2 copies of the Safety Manual.
- The concession stand will have a First Aid Kit and a Safety Manual in plain sight at all time.
- The Clubhouse will have a First Aid Kit and a Safety Manual in plain sight at all time.

IMPORTANT NUMBERS

**Little League Phone Numbers**

**OLL Safety Officer (508) 962-1967/(508-987-7072)**

**Police - Emergency: .....9-1-1**

**Police - Non Emergency: .....(508) 987-0156**

**Fire Safety - Emergency: .....9-1-1**

**Fire Safety - Non Emergency: .....(508) 987-6012**

**Concession Stand Managers:**

The OLL Concession Stand Manager is responsible to ensure the Concession Stand Volunteers are trained in the safety procedures as set forth in this manual.

**Equipment Manager:**

- The OLL Equipment Manager is responsible to get damaged equipment repaired or replaced as reported. This replacement will happen in a timely manner. The Equipment Manager will also exchange equipment if it doesn't fit properly.

**Team Safety Officer (TSO):**

The TSO is a:

- Role model to players.
- Abides by safety manual and keeping the team safe.
- Liaison between the team and the OLL Safety Officer.

**Board of Directors:**

<u>POSITION</u>	<u>BOARD MEMBER</u>
President	Tim St.Germain
Vice-President	Steve Catacchio
Treasurer	Paul Fitzpatrick
Secretary	Brendan Ryan
Player Agent	Bob Grady
Executive Director Food Services	Craig Orn
Asst Concession Coordinator	Jeff Jablonski
Equipment manager/Purchasing Agent	Dave Keeler
Asst Equipment Mgr/Purch Agent	Ed Marvyanek
Security Officer	Debbie Horgan
Information Officer	Travis McDonald
Junior/Senior/Big League Coordinator/Umpires	Greg Grey
Major League Coordinator	Jim Purretta
AAA Coordinator	Pete Brindisi
Minor League Coordinator	John Santora
T-Ball Coordinator	Keith Mikule
4 year old T-Ball Coordinator	Deb Horgan
Safety Officer	Bill Cournoyer
Field Maintenance Director	Ernie Austin
Asst. field maintenance	Rich Maher
Fundraising Coordinator	Doug Zito
Tournament Director	Joe LeClair
All Star Coordinator	Mike Parr
Big Ticket Coordinator	Shauna Hickey

## CODE OF CONDUCT

The Board of Directors of Oxford Little League has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and sign in the space provided below acknowledging that he or she understands and agrees to comply with the Code of Conduct. Tear the signature sheet on the dotted line and mail to the Oxford Safety Officer in the enclosed envelope.

No Board Member, Manager, Coach, Player or Spectator shall:

- At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of personal verbal or physical abuse upon any official for any reason or belief of a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful un-sportsman-like action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands, or anywhere on an Oxford League Field while in an intoxicated state at any time. Intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- Smoke while in the stands or on the playing field or in any dugout at any time.
- Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
- As a manager or coach be guilty of mingling with or fraternizing with spectators during the course of the game.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- Shall challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

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

I have read the Oxford Little League Code of Conduct and promise to adhere to its rules and regulations.

Print name of Manager	Team name	Division

Signature of Manager	Date

Coach #1	Coach #2

\_\_\_\_\_  
Team Safety Officer

# Sport Parent Code of Conduct

We, the \_\_\_\_\_ Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

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

## *Preamble*

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

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

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

## *I therefore agree:*

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

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Parent/Guardian Signature


## OXFORD LITTLE LEAGUE SAFETY CODE

The Board of Directors of Oxford Little League has mandated the following Safety Code. All managers and coaches will read this Safety Code and then read it to the players on their team. Signatures are required in the spaces provided below acknowledging that the manager, coach and players understand and agree to comply with the Safety Code. Tear the signature sheet on the dotted line and mail to the OLL Safety Officer in the enclosed envelope.

Responsibility for safety procedures belong to every adult member of Oxford Little League.

- Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/herself and to others.
- Only league approved managers and/or coaches are allowed to practice with teams.
- Only league-approved managers and/or coaches will supervise batting Cages.
- Managers, designated coaches and umpires will have training in First Aid.
- First-aid kits will be available to each team manager during the pre-season and additional kits will be located at each dug out and in the concession stand and clubhouse.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate, lightning is nearby or severe weather is imminent.
- Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as "in play".
- Only players, managers, coaches, umpires and designated TSO 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 designated coaches.
- Foul balls batted out of playing area will be returned to the snack bar or coach and not thrown over the fence during a game.
- **ALL BALLS BATTED OR THROWN OUTSIDE THE FIELD OF PLAY WILL BE RETURNED BY AN ADULT OR TEAM SAFETY OFFICIER NEVER A CHILD**
- 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 endangering 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 that bear the NOCSAE seal during batting practice and games.
- Except when a runner is returning to a base, head first, slides are not permitted. Sliding Rule 7 08(a) Runner is out if they do not slide or attempt to go around a fielder who has the ball and is waiting to make the tag. Also runner is out on head first slide when advancing to a base.
- At no time should "horse play" be permitted on the playing field.



- Parents of players who wear glasses should be encouraged to provide “safety glasses” for their children.
  - On-deck batters are not permitted.
  - Managers will only use the official Little League balls supplied by OLL.
  - Use low impact balls for younger players.
  - Once a ball has become discolored, waterlogged or deformed, it will be discarded.
  - All players are encouraged to wear athletic supporters or cups during games. Catchers must wear a cup. Managers should encourage that cups be worn at practices too.
  - Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector. Female catchers must wear long or short model chest protectors.
  - All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher’s helmet, all of which must meet Little League specifications and standards.
  - All catchers must wear a mask, “dangling” type throat protector and catcher’s helmet during practice, pitcher warm-up, and games. Note: Skullcaps are not permitted.
  - Catchers must wear a catcher’s mitt (not a first baseman’s mitt or fielder’s glove) of any shape, size or weight consistent with protecting the hand.
  - Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher’s gear and an athletic cup as described above.
  - Shoes with metal spikes or cleats are not permitted. Shoes with molded plastic or rubber cleats are permissible. (Junior/Senior/Big Metal cleats are allowed)
  - Players will not wear watches, rings, pins, jewelry or other metallic or plastic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)
  - No food or drink, at any time, in the dugouts. (Exception: bottled water, Sport Drinks, gum and seeds)
  - Managers will never leave an unattended child at a practice or game.
  - No children under the age of 15 are permitted in the Concession Stands.
  - Never hesitate to report any present or potential safety hazard to the OLL Safety Officer or Team Safety Officer immediately.
  - Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
  - **Speed Limit is 5 miles per hour in roadways and parking**
  - No alcohol or drugs allowed on the premises at any time.
  - No medication will be taken at the facility unless administered directly by the child’s parent. This includes aspirin and Tylenol.
  - No playing in the parking lots at any time.
  - No playing in construction areas at any time. This includes the sand bins.
  - No playing on and around lawn equipment and machinery at any time.
- 
- No smoking within twenty feet of the dugouts and concession stands.
  - No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
  - No throwing rocks.
  - No climbing or swinging on fences or dugouts
  - Only managers and coaches are to operate pitching machines
  - No pets are permitted on the field at any time.
  - Observe all posted signs.

- All players are encouraged to play a role in safety by being alert and bringing any concerns to the attention of one of their coaches, league official or the safety officer.
- Players and spectators should be alert at all times for foul balls and errant throws.
- All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured. All spectators shall remain behind fencing to protect from foul balls.
- Bicycle helmets must be worn at all times when riding bicycles on the premises as well as to and from the premises as per bicycle basic training.
- Use crosswalks when crossing roadways. Always be alert for traffic.
- The Fire Department property adjacent to the Stanley Johnson Field and the woods surrounding Greenbrier are off limits at all times.
- No one is allowed on the field with open wounds at any time. Wounds should be treated and properly bandaged.
- There is no running or horseplay allowed in the bleachers.

I have read or have been read the Oxford Little League Safety Code and promise to adhere to its rules and regulations.

To be signed by all managers, coaches, team safety officers and players AAA and above

_____	_____
Print name of Manager	Team name and division
_____	_____
Signature of Manager	Date
_____	_____
Coach #1	Coach #2
_____	_____
Coach #3	Team Safety Officer
_____	_____
Player #1	Player #2
_____	_____
Player #3	Player #4
_____	_____
Player #5	Player #6
_____	_____
Player #7	Player #8
_____	_____
Player #9	Player #10
_____	_____
Player #11	Player #12
_____	_____
Player #13	Player #14

## RESPONSIBILITIES

### The President

- The President of OLL is responsible for having a Safety Officer on file with Little League International. He is also responsible for ensuring that the policies and regulations of the OLL Safety Officer are carried out by the entire membership to the best of his abilities.

### OLL Safety Officer:

- The main responsibility of the OLL Safety Officer is to develop and implement the League's safety program. The OLL Safety Officer is the link between the Board of Directors of Oxford Little League and its managers, coaches, umpires, team safety officers, players, spectators, and any other third parties on the field in regards to safety matters, rules and regulations.

### The OLL Safety Officer's responsibilities include:

- Coordinating the individual Team Safety Officers in order to provide the safest environment possible for all.
- Keeping the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions (senior, major, minor, tee ball), at what times, under what supervision.
- Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future.
- Insuring that each team receives its Safety Manual and it's First-Aid Kit at the beginning of the season.
- Making First-Aid Kits available to all teams and in the concession stand and the club-house and re-stocking the kits as needed.
- Make Little League's "no tolerance with child abuse" clear to all.
- Inspecting concession stand and checking fire extinguishers.
- Instructing concession stand workers on the use of fire extinguishers.
- Checking fields with the Field Managers and listing areas needing attention.
- Scheduling a First-Aid Clinic and CPR training class for all managers, designated coaches, umpires, player agents and team safety officers during the pre-season.
- Creating and maintaining all signs on the OLL complex including No Parking signs, No Smoking signs, No Pets Allowed, cautionary signs etc.....
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
- Making spot checks at practices and games to make sure all managers have their First-Aid Kits and Safety Manuals.
- Tracking all injuries and near misses in order to identify injury trends including near misses.
- Visiting other leagues to allow a fresh perspective on safety.
- Update the Safety plan as needed and have reviewed yearly by DA and submit with ASAP plan to Little League Baseball.
- Complete Little League Facility Survey yearly.
- Making sure that safety is a monthly Board Meeting topic, and allowing experienced people to share ideas on improving safety by distributing monthly ASAP letter to Managers and Board Members.
- Submit player registration data, coach and manager data.

### The OLL Members:

- The OLL Members will adhere to and carry out the policies as set forth in this safety manual.

**Managers and Coaches:**

The Manager is a person appointed by the president of OLL to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

- The Manager shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
- The Manager is also responsible for the safety of his players. He/She is also ultimately responsible for the actions of designated coaches and the Team Safety Officer (TSO).
- If a Manager leaves the field, that Manager shall designate an appointed Coach as a substitute and such Substitute Manager shall have the duties, rights and responsibilities of the Manager.

**Pre-Season:**

Managers will:

- Take possession of this 2014 Safety Manual
- Appoint a volunteer parent as Team Safety Officer (TSO). The TSO must be able to be present at all games and must own or have access to a cell phone for emergencies at games or practices.
- Encourage a player to be safety representative.
- Attend a training session on First Aid given by OLL and Oxford EMS with his/her designated coaches and TSO.
- Offer to meet with parents to discuss Little League philosophy and safety issues.
- Cover the basics of safe play with his/her team before starting the first practice.
- Return the signed OLL Code of Conduct and the OLL Safety Code to the OLL Safety Officer before the first game.
- Teach players the fundamentals of the game while advocating safety.
- Teach players how to slide before the season starts. A board representative will be available to teach these fundamentals if the Manager or designated coaches do not know them.
- Notify parents that if a child is injured or ill, he or she can not return to practice unless they have a note from their doctor. This medical release protects you if that child should become further injured or ill. There are no exceptions to this rule.
- Encourage players to bring water bottles to practices and games.
- Tell parents to bring sunscreen for themselves and their child and mosquito repellent as needed.
- Encourage your players to wear mouth protection.
- \*\* First-time Managers and Coaches are encouraged to read books or view video on Little League Baseball mechanics available in the clubhouse and at the Oxford Public Library

**Season Play:**

Managers will:

- Work closely with Team Safety Officer to make sure equipment is in first-rate working order.
- Make sure that telephone access is available at all activities including practices. It is suggested that a cellular phone always be on hand.
- Not expect more from their players than what the players are capable of.
- Teach the fundamentals of the game to players: Catching fly balls, Sliding correctly, Proper fielding of ground balls, Simple pitching motion for balance.
- Be open to ideas, suggestions or help.
- Enforce that prevention is the key to reducing accidents to a minimum.

- Have players wear pads if they have cuts or scrapes on their legs.
- Always make sure First-Aid Kit and Safety Manual are on hand before beginning practice or game use common sense.

#### **Pre-Game and Practice:**

Managers will:

- Walk the field for hazards and obstructions (e.g. rocks, glass, standing water and holes).
- Make sure that players are healthy, rested and alert.
- Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they can't play.
- Make sure players are wearing the proper uniform and catchers are wearing a cup.
- Encourage all players to wear protective cups and mouth guards
- Make sure that the equipment is in good working order and is safe.
- Agree with the opposing manager on the condition of the playing field. In the event that the two managers cannot agree, the President or a duly delegated representative shall make the determination.
- Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching. (See Conditioning Section)
- Then have players do a light jog around the field before starting throwing warm-ups that should follow this order.
  1. Light tosses short distance.
  2. Light tosses medium distance.
  3. Light tosses large distance.
  4. Medium tosses medium distance.
  5. Regular tosses medium distance.
  6. Field ground balls.
  7. Field pop flies

#### **During the Game**

Managers will:

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Keep players alert.
- Maintain discipline at all times.
- Be organized.
- Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the proper equipment.
- Encourage everyone to think Safety First.
- Observe the "no on-deck" rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.
- Keep player's off fences.
- Get players to drink often so they do not dehydrate.
- Not play children that are ill or injured.
- Attend to children that become injured in a game. Do Not lose focus by engaging in conversation with parents and passerby's.
- Enforce Little League rules.
- **IF A MANAGER HAS NOT APPOINTED A TSO THEN HE OR SHE MUST ASSUME THOSE RESPONSIBILITIES.**

#### **Post Game**

Managers will:

- It is suggested that those who throw regularly (pitchers and catchers) should ice their shoulders and elbows.
- Catchers should ice their knees, not leave the field until every team member has been picked up by a known family member or designated driver.
- Notify parents if their child has been injured no matter how small or insignificant the injury is. There are no exceptions to this rule. This protects you, Little League Baseball, Incorporated and OLL.
- Discuss any safety problems with the Team Safety Officer that occurred before, during or after the game.
- If there was an injury, make sure an accident report was filled out and given to the OLL Safety Officer.
- Return the field to its pre-game condition, per OLL policy.
- If a manager knowingly disregards safety, he or she will come before the OLL Board of Directors to explain his or her conduct.

## Umpires

### Pre Game

Before a game starts, the umpire shall:

- Check equipment in dugouts of both teams. Equipment that does not meet specifications must be removed from the game.
- Make sure catchers are wearing helmets when warming up pitchers.
- Carefully run hands along bats to make sure there are no splinters, check metal bats for damage and LL approval.
- Make sure that bats have grips.
- Make sure there are foam inserts in helmets and that helmets meet Little League NOCSAE specifications and bear Little League's seal of approval.
- Inspect helmets for cracks.
- Walk the field for hazards and obstructions (e.g. rocks, glass, standing water and holes).
- Check players to see if they are wearing jewelry.
- Check players to make sure they are not wearing metal cleats.
- Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.
- Secure official Little League balls for play from both teams.
- Inspect fencing for holes, inspect fence top padding re-secure as needed.
- Use the FIELD SAFETY CHECK LIST to document that all of the above was carried out.

### During the Game:

During the game the umpire shall:

- Govern the game as mandated by Little League rules and regulations.
- Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.
- **Greenbrier Minor/AAA Field Rule- Before Memorial Day no inning starts after 7:30 PM after Memorial Day no inning starts after 7:45 PM.**
- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment.
- Continue to monitor the field for safety and playability.

- Make the calls loud and clear, signaling each call properly.
- Make sure players and spectators keep their fingers out of the fencing. Stop play when artificial light from headlights interferes with play on the field or honking of car horns.
- Stop play and vacate field when lightning is visible or thunder is heard close by. Determine this under own discretion or the direction of another adult. Stop play when rain makes the field unplayable and unsafe for players.

#### **Post Game**

After a game, the umpire shall:

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

#### **Facilities Manager:**

- The OLL Facilities manager is responsible to ensure the fields and structures used by OLL meet the safety requirements as set forth in this manual.

#### **In the pre-season, the TSO must:**

- Acquire this Safety Manual from the team manager and read it.
- Call the OLL Safety Officer and introduce yourself.
- Attend the Sports First Aid Clinic with your team manager.
- Review Player Emergency Medical Treatment Consent and Contact forms completed at registration for possible special medical conditions of players. ie: allergic reactions, seizures, ADD etc.
- Inspect the equipment when the Equipment Manager issues it to your team and replace any equipment that looks unsafe.
- Get to know the players on your team.
- Talk to parents, confidentially, and inquire if their child suffers from allergies, asthma, heart conditions, past injuries, ADD, ADHD, a communicable disease such as hepatitis, HIV, AIDS, etc. Review medical history form on each child (see sample in appendix). Find out if a child is taking any kind of medication. Report your findings in a written summary and submit it to the OLL Safety Officer for his/her records.

#### **Season:**

During the season, the TSO will:

- Keep a Safety Log of all injuries that occur on his or her team.
- Report weekly as part of a Safety Committee to the OLL Safety Officer even if nothing is wrong.
- Inspect players' equipment for cracks and broken straps on a routine basis.
- Have a five-minute safety meeting with the team each week.
- Communicate any safety infractions to the OLL Safety Officer or any other Board Member.
- Have parents fill out "driving permission slips" if transporting a child to a game or practice is necessary. (Photocopy sample in appendix)
- Help managers and designated coaches give First-Aid if needed.
- Act as a conduit between parents, managers, the OLL Safety Officer and the kids.
- Fill out accident reports if an injury occurs.
- Report an injury to the OLL Safety Officer within 12 hours of the occurrence.
- Track the First-Aid Kit inventory and ask the OLL Safety Officer for replacements when needed.
- Retrieve all foul balls which leave the playing field or appoint a parent. No child should be entering driveways or Main Street to retrieve foul balls

#### **Pre-Game**

Before the game starts the TSO will:

- Make sure that this Safety Manual and the First-Aid Kit are present.

- Greet the players as they arrive and make sure everyone is feeling all right.
- Watch the players when they stretch and do warm up exercises for signs of stress or injury.
- Check equipment for cracks and broken straps.
- Walk the field, remove broken glass and remove or repair other hazards.
- Be ready to go into action if anyone should get hurt.

During the Game:

During the game the TSO will:

- Watch players to see that they are alert at all time.
- In case of injury, help the team manager treat the child until professional help arrives.
- Act as the representative between the OLL Safety Officer, the team manager, the child and his or her parents.

Post-Game

After the game the TSO will:

- Record any safety infractions or injuries in his/her Safety Log.
- Report any injuries to the OLL Safety Officer within 12 hours of the occurrence.
- Fill out an accident investigation report (see appendix) and send a copy to the OLL Safety Officer if there is an injury requiring medical attention.
- Assist parents if child must go to a hospital or to see a doctor.
- Provide insurance documentation to the hospital if necessary (Claim form is in the appendix with all necessary insurance information).
- Follow up with parents to make sure the child is all right.
- **IF A MANAGER HAS NOT APPOINTED A TSO THEN HE OR SHE MUST ASSUME THOSE RESPONSIBILITIES.**

### **Post season & All Star Play:**

Everybody's responsibilities remain the same throughout the post season.

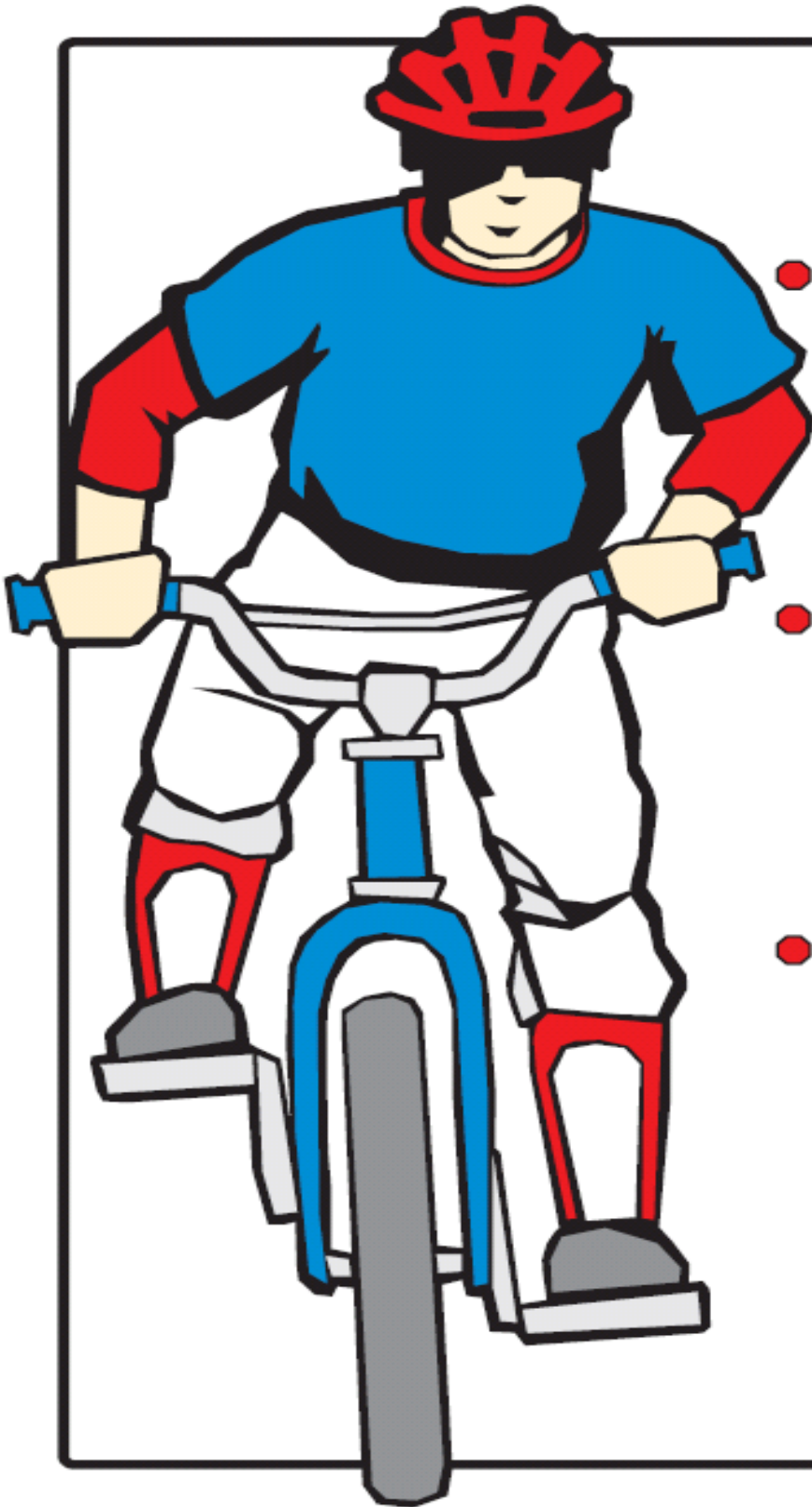
This includes Playoffs and All Stars.

### **Miscellaneous**

- Only Official Little League balls will be used during practices and games.
- Break away bases will be used throughout the league as the 2008 season
- Make sure that the equipment issued to you is appropriate for the age and size of the children on your team. Use reduced impact balls at younger age levels. If it is not, get replacements from the Equipment Manager.
- Make sure helmets fit.
- Replace questionable equipment immediately by notifying the OLL Equipment Manager.
- Make sure that players respect the equipment that is issued.
- Multi-colored gloves can no longer be worn by pitchers.



## OXFORD LITTLE LEAGUE BICYCLE SAFETY



- **Wear your helmet**
- **Watch for cars**
- **Ride with traffic**



## **TRAINING CONDITIONING & STRETCHING**

Conditioning is an intricate part of accident prevention. Extensive studies on the effect of conditioning, commonly known as "warm-up," have demonstrated that:

- The stretching and contracting of muscles just before an athletic activity improves general control of movements, coordination and alertness.

Such drills also help develop the strength and stamina needed by the average youngster to compete with minimum accident exposure. The purpose of stretching is to increase flexibility within the various muscle groups and prevent tearing from overexertion. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility.

### Hints on Stretching

- Stretch necks, backs, arms, thighs, legs and calves.
- Don't ask the child to stretch more than he or she is capable of.
- Hold the stretch for at least 10 seconds.
- Don't allow bouncing while stretching. This tears down the muscle rather than stretching it.
- Have one of the players lead the stretching exercises.

### Hints on Calisthenics

- Repetitions of at least 10.
- Have kids synchronize their movements.
- Vary upper body with lower body.
- Keep the pace up for a good cardio-vascular workout.

## **PITCHING**

### **PITCH COUNT**

Pitch count does matter.

Remember, in the major leagues, a pitcher is removed after approximately 100 pitches. A child cannot be expected to perform like an adult!

Little League managers and coaches are usually quick to teach their pitchers how to get movement on the ball. Unfortunately the technique that older players use is not appropriate for children thirteen (13) years and younger. The snapping of the arm used to develop this technique will most probably lead to serious injuries to the child as he/she matures. Arm stress during the acceleration phase of throwing affects both the inside and the outside of the growing elbow. On the inside, the structures are subjected to distraction forces, causing them to pull apart. On the outside, the forces are compressive in nature with different and potentially more serious consequences. The key structures on the inside (or medial) aspect of the elbow include the tendons of the muscles that allow the wrist to flex and the growth plate of the medial bone ("Knobby" bone on the inside of the elbow). The forces generated during throwing can cause this growth plate to pull away (avulse) from the main bone. If the distance between the growth plate and main bone is great enough, surgery is the only option to fix it. This growth plate does not fully adhere to the main bone until age 15!

Similarly, on the outside (or lateral) aspect of the elbow, the two bony surfaces can be damaged by compressive forces during throwing. This scenario can lead to a condition

called a vascular Necrosis or Bone Cell Death as a result of compromise of the local blood flow to that area. This disorder is permanent and often leads to fragments of the bone breaking away (loose bodies) which float in the joint and can cause early arthritis. This loss of elbow motion and function often precludes further participation.

Studies have demonstrated that curveballs cause most problems at the inside of the elbow due to the sudden contractive forces of the wrist musculature. Fastballs, on the other hand, place more force at the outside of the elbow. Sidearm delivery, in one study, led to elbow injuries in 74% of pitchers compared with 27% in pitchers with a vertical delivery style.

Dr. Glenn Fleisig at the American Sports Medicine Institute is in the process of finalizing the results of a study funded by USA Baseball that evaluated pitch counts in skeletally immature athletes as they relate to both elbow and shoulder injuries. The study included 500 athletes, ages 9-14, from the Birmingham, Alabama area. Each child who pitched in a game was called after the game and interviewed over the phone. The Investigators were able to conduct over 3000 interviews. Approximately 200 of the 500 pitchers had videotape of their Mechanics.

PRELIMINARY DATA HAVE DEMONSTRATED THE FOLLOWING:

1. A significantly higher risk of elbow injury occurred after pitchers reached 50 pitches/outing.
2. A significantly higher risk of shoulder injury occurred after pitchers reached 75 pitches/outing.
3. In one season, a total of 450 pitches or more led to cumulative injury to the elbow and the shoulder.
4. The mechanics, whether good or bad, did not lead to an increased incidence of arm injuries.
5. The preliminary data suggest that throwing curveballs increases risk of injury to the shoulder more so than the elbow; however, subset analysis is being undertaken to investigate whether or not the older children were the pitchers throwing the curve.
6. The pitchers who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury to their throwing arm.
7. A slider increased the risk of both elbow and shoulder problems.

Based on the data, a recommendation can be made to reduce the number of pitches per outing to 50-60 for the 8-12 age groups and 50-75 for the 13 and 14 year olds.

Based on this research, OLL recommends against the teaching or throwing of curveballs under the age of 13. If a curveball is taught, the Manager should instruct the child to throw the curveball like a football without snapping the arm or the wrist. If the manager or coach is unsure how to do this, he/she can consult teaching materials in the clubhouse or contact a OLL board member for further instruction.

OLL recognizes the 2014 Little league baseball's rule regarding pitch counts. Division / league coordinators will instruct managers of specific options to the rules they will be using.

Ice is a universal First-Aid treatment for minor sports injuries. Ice controls the pain and swelling. Pitchers should be taught how to ice their arms at the end of a game. If the manager or coach is unsure how to do this, he/she can consult teaching materials in the clubhouse or contact a OLL board member for further instruction. Children should not be encouraged to "play through pain." Pain is a warning sign of injury. Ignoring it can lead to greater injury.

## 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. If fluids aren't replaced, children can become overheated. We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. It does not matter if it'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, and should encourage players to drink between every inning. During any activity water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. Caffeine containing beverages (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.

## COMMON SENSE AND SAFETY:

### EQUIPMENT

The Equipment Manager/ Purchaser is an elected OLL Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but it is the Manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice. The OLL Equipment Manager will promptly replace damaged and ill fitting equipment and destroy those items that unusable.

- Kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.
- At the end of the season, all equipment must be returned to the OLL Equipment Manager. First-Aid kits and Safety Manuals must be turned in with the equipment.

### Batting Helmets

- Each team, at all times shall have seven (7) protective helmets in the dug out. These helmets must meet NOCSAE specifications and standards. These helmets will be provided by OLL at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.
- Encourage players to use helmets with face guards.
- Each helmet shall have an exterior warning label. NOTE: The warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.
- Use of a helmet by the batter and all base runners is mandatory.

- Use of a helmet by a player/base coach is mandatory.
- Use of a helmet by an adult base coach is optional.


### Catchers

- All male players are encouraged to wear athletic supporters this is mandatory for all male catchers.
- Male catchers must wear the metal, fiber or plastic type cup and along-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. NOTE: Skullcaps are not permitted.

### Bats

- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired. Bats with dents, or that are fractured in any way, must be discar

# Coach, Please Let Players Catch!



**REMEMBER:**  
**Coaches and managers must not warm up pitchers. Let Players Catch.**

**RULE 3.09**  
"...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen."

### WEATHER

We hope most of our days are warm and sunny but there are those days when the weather turns bad and creates unsafe weather conditions.

Rain:

If it begins to rain:

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

### **LIGHTNING**

- The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second.
- The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour. Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk, due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead. On average, the thunder from a lightning stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 5 miles from storm's leading edge. By the time you feel the wind, the storm can be less than 5 miles away!

**If you can HEAR, SEE OR FEEL a THUNDERSTORM:**

1. **Suspend all games and practices immediately.**
2. **Stay away from metal including fencing and bleachers.**
3. **Do not hold metal bats.**
4. **Get players to walk, not run to their parent's or designated driver's cars and wait for your or the umpires decision on whether or not to continue the game or practice.**

### **HOT WEATHER**

One thing we do get from time to time here in New England is hot weather. Precautions must be taken in order to make sure the players on your team do not dehydrate or hyperventilate.

- Suggest players take drinks of water or sports drink when coming on and going off the field between innings.
- If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P.
- If a player should collapse as a result of heat exhaustion, call 911 immediately. Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives. (See section on Hydration)

### **SUN EXPOSURE**

This kind of exposure increases and athlete's risk of developing a specific type of skin cancer known as melanoma.

The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time that they are 18 years old. Therefore, OLL will recommend the

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

#### **EVACUATION PLAN**

Severe storms, lightning and fire are all possible. For this reason, OLL must have an evacuation plan. If an emergency should arise that would require evacuation, the alarm will sound.

1. At that time all players will return to the dugout and wait for their parents to come and get them or designated area.
2. If a player's parent is not attending the game, the Manager will take responsibility for evacuating that child.
3. Once parents have obtained their children, they will proceed to their cars in a calm and orderly manner.
4. Drivers will then proceed slowly and cautiously out of the facility, observing the 5 MPH speed limit.
5. Once outside the facility, drivers will observe the posted speed limits.

**\*\* IF A MANAGER HAS NOT APPOINTED A TSO THEN HE OR SHE MUST ASSUME THOSE RESPONSIBILITIES.**

#### **RISKS UNIQUE TO OUR FACILITY**

The bordering road to the South of the OLL facility belongs to the Town of Oxford and used as a route for emergency vehicles and as an exit by St Ann's Church. Jersey barriers have been installed by the OLL which separates the roadway.

No player is allowed outside the jersey barriers without permission! If a child should persist at jumping the barrier or crossing the barrier without permission The OLL Safety Officer and/or the Board of Directors should be notified in cases of repeat offenders.

#### **STORAGE SHED and RESTROOM PROCEDURES**

The following applies to all of the storage sheds used by Oxford Little League and further applies to anyone who has been issued keys by Oxford Little League to use these sheds.

- Keys to the equipment sheds will only be issued by OLL's President.
- A record shall be kept of all individuals possessing keys.
- Keys will be returned to the League President immediately once someone ceases to have responsibilities for equipment sheds.
- All storage sheds will be kept locked at all times.
- All individuals with keys to the equipment sheds are aware of their responsibility for the orderly and safe storage of heavy machinery, hazardous materials, fertilizers, poisons, tools, etc...
- Before the use of any machinery and/or supplies located in the shed, please locate and read the written instructions operating procedures for that equipment.
- All chemicals or organic materials stored in storage sheds shall be properly marked and labeled and stored in its original container if available.
- Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of immediately to prevent accidental poisoning.
- Keep products in their original container with the labels in place.
- Use poison symbols to identify dangerous substances.
- Dispose of outdated products as recommended.
- Use chemicals only in well-ventilated areas.
- Wear proper protective clothing, such as gloves or a mask when handling toxic substances.

**GENERAL FACILITY**

- The backstops will always be padded or painted green for the safety of the catcher.
- Taller bleachers have safety rails in place.
- The dugouts will be clean and free of debris at all time.
- Dugouts and bleachers will be free of protruding nails and wood splinters. Those bleachers in disrepair have been replaced this past season.
- Home plate, batter's box, bases and break way bases
- The area around the pitcher's mound will be checked periodically for tripping and stumbling hazards.
- Chain-link fences will be checked regularly for holes, sharp edges, and loose edges and will be repaired or replaced accordingly.
- The yellow and green safety caps on chain-link fences at the Johnson Field and Clara Barton Field will be checked regularly for cracks and will be repaired or replaced accordingly. Money will also be budgeted this year to install this safety device at the Greenbrier Senior League Field.
- Score booth will have a working P.A. system.
- "Caution, Children Crossing" signs will be posted by the bathrooms and concession stands.
- "5 M.P.H. Speed Limit" signs will be posted along the main drive of the facility.
- After games, Managers will volunteer parents and players to pick up trash and other materials that could lead to accidents on the OLL facilities.

**ACCIDENT REPORTING PROCEDURE**

What to report -

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

When to report -

- All such incidents described above must be reported including near misses to the OLL Safety Officer within 12 hours of the incident.

**The OLL Safety Officer, William Cournoyer, can be reached at the following:**

**Day Phone: (508) 987-7072**

**Evenings: (508) 987-7072**

**Cell: (508) 962-1967**

**Email: [bcournoyer@elharvey.com](mailto:bcournoyer@elharvey.com)**

**Address: 15 Old Millbury Road, Oxford, MA 01540**

The OLL Safety Officer's contact information will be posted at all times on the main message board outside the clubhouse.

How to make a report -

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided:

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



**Team Safety Officer's Responsibility -**

The TSO will fill out the OLL Accident Investigation Form and submit it to the OLL Safety Officer within 24 hours of the incident. If the team does not have a safety officer then the Team Manager will be responsible for filling out the form and turning it in to the OLL Safety Officer. (OLL Accident Investigation Forms can be found in the Appendix). Accidents occurring outside the team (i.e., spectator injuries, concession stand injuries and third party injuries) shall be handled directly by the OLL Safety Officer.

**OLL Safety Officer's Responsibilities -**

Within 24 hours of receiving the OLL Accident Investigation Form, the OLL Safety Officer will contact the injured party or the party's parents and;

- verify the information received
- obtain any other information deemed necessary
- check on the status of the injured party

In the event that the injured party required other medical treatment, (i.e., Emergency Room visit, doctor's visit, et.) they will advise the parent or guardian of the Oxford Little League's insurance coverage and the provision for submitting any claims. If the extent of the injuries is more than minor in nature, the OLL Safety Officer shall periodically call the injured party to:

- Check on the status of any injuries
- Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the League again).

Little League® Baseball & Softball  
**CLAIM FORM INSTRUCTIONS**  
 For claims occurring after January 1, 2005



**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 AIG Accident Master Policy acquired through Little League contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

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 AIG 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., with its principal place of business in New York, NY. 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 within 104 weeks after the date the Injury occurs.

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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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**LITTLE LEAGUE BASEBALL®  
ACCIDENT NOTIFICATION FORM  
INSTRUCTIONS**  
For claims occurring after January 1, 2005

**Send Completed Form To:**  
Little League Baseball, Incorporated  
539 US Route 15 Hwy, PO Box 3485  
Williamsport PA 17701-0485  
**Accident Claim Contact Numbers:**  
Phone: 570-327-1674 Fax: 570-326-2951

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.

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

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

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

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

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

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

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

- |   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> BASEBALL         | <input type="checkbox"/> CHALLENGER (5-18)    | <input type="checkbox"/> PLAYER               | <input type="checkbox"/> TRYOUTS          | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES)  |
| <input type="checkbox"/> SOFTBALL         | <input type="checkbox"/> T-BALL (5-8)         | <input type="checkbox"/> MANAGER, COACH       | <input type="checkbox"/> PRACTICE         | <input type="checkbox"/> SCHEDULED GAME   |
| <input type="checkbox"/> CHALLENGER       | <input type="checkbox"/> MINOR (7-12)         | <input type="checkbox"/> VOLUNTEER UMPIRE     | <input type="checkbox"/> TRAVEL TO        | <input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12) | <input type="checkbox"/> PLAYER AGENT         | <input type="checkbox"/> TRAVEL FROM      |   |
|   | <input type="checkbox"/> JUNIOR (13-14)       | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TOURNAMENT       |   |
|   | <input type="checkbox"/> SENIOR (14-16)       | <input type="checkbox"/> SAFETY OFFICER       | <input type="checkbox"/> OTHER (Describe) |   |
|   | <input type="checkbox"/> BIG LEAGUE (16-18)   | <input type="checkbox"/> VOLUNTEER WORKER     |   |   |

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., an AIG Company, or its representative, any and all such information. A photostatic copy of this authorization shall be considered as effective and valid as the original.

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

**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

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

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

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

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

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

Does your league use breakaway bases on:    ALL    SOME    NONE    of your fields?  
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 \_\_\_\_\_

## 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 to being allowed in a game or practice.)

### Type of incident and location:

- |   |   |  |
|---|---|--|
| <p>A.) On Primary Playing Field</p> <p><input type="checkbox"/> Base Path:      <input type="checkbox"/> Running <i>or</i>      <input type="checkbox"/> Sliding</p> <p><input type="checkbox"/> Hit by Ball:      <input type="checkbox"/> Pitched <i>or</i>      <input type="checkbox"/> Thrown <i>or</i>      <input type="checkbox"/> Batted</p> <p><input type="checkbox"/> Collision with: <input type="checkbox"/> Player <i>or</i>      <input type="checkbox"/> Structure</p> <p><input type="checkbox"/> Grounds Defect</p> <p><input type="checkbox"/> Other: _____</p> | <p>B.) Adjacent to Playing Field</p> <p><input type="checkbox"/> Seating Area</p> <p><input type="checkbox"/> Parking Area</p> <p>C.) Concession Area</p> <p><input type="checkbox"/> Volunteer Worker</p> <p><input type="checkbox"/> Customer/Bystander</p> | <p>D.) Off Ball Field</p> <p><input type="checkbox"/> Travel:</p> <p><input type="checkbox"/> Car <i>or</i> <input type="checkbox"/> Bike <i>or</i></p> <p><input type="checkbox"/> Walking</p> <p><input type="checkbox"/> League Activity</p> <p><input type="checkbox"/> Other: _____</p> |
|---|---|--|

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: \_\_\_\_\_

# OXFORD LITTLE LEAGUE

## Food service regulations

### **12 Steps to Safe and Sanitary Food Service Events.**

The following information is intended to help you run a healthful concession stand. Following these simple guide-lines will help minimize the risk of food borne illness. This information was provided from "Food Safety Hints"

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 un-refrigerated 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, jaunt-dice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.
7. **Food Handling:.** Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.
8. **Dishwashing:.** Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Ideally, dishes and utensils should be washed in a four-step process:
  - a. Washing in hot soapy water;
  - b. Rinsing in clean water;
  - c. Chemical or heat sanitizing; and
  - d. 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 ½ teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.
11. **Insect Control and Waste:** Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.
12. **Food Storage and Cleanliness:** Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food. (Remember: Training your concession stand volunteers is one of the 12 requirements for a qualified safety plan.

## Top Six Causes

From past experience, 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 borne illness.

1. Inadequate cooling and cold holding.
2. Preparing food too far in advance for service.
3. Poor personal hygiene and infected personnel.
4. Inadequate reheating.
5. Inadequate hot holding.
6. Contaminated raw foods and ingredients.

## Food service regulations

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.
  - 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.

These regulations were formulated from ASAP 4/2000 VOL.4 Page 2

## CONCESSION STAND SAFETY

1. No person under the age of fifteen will be allowed behind the counter in the concession stands.
2. People working in the concession stands will be trained in safe food preparation. Training will cover safe use of the equipment. This training will be provided by the Concession Stand Manager (a OLL Board Member) and given to concession stand volunteers.
3. Cooking equipment will be inspected periodically and repaired or replaced if need be. (see "Concession Stand Weekly Check List" in appendix)
4. Propane tanks if used will be turned off at tank first then at grill to avoid gas remaining in lines, grills will be isolated and well ventilated and placed away from players and spectators
5. Food not purchased by OLL to sell in its concession stands will not be cooked, prepared, or sold in the concession stands.



- 6. Cooking grease will be stored safely in containers away from open flames.
- 7. Cleaning chemicals must be stored in a locked container.
- 8. All perishable food items will be refrigerated at all times
- 9. All workers who handle the preparation of food or the serving of food will not handle money or other non-food items

ALWAYS WASH YOUR HANDS FIRST BEFORE HANDLING FOOD AND WEAR RUBBER GLOVES WHEN HANDLING FOOD

**A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.**

- P** PULL PIN
- A** AIM AT BASE OF FIRE
- S** SQUEEZE
- S** SWEEP

REMAIN MORE THAN SIX FEET FROM FIRE AT ALL TIMES

- All concession stand workers are to be instructed on the use of fire extinguishers.
- A fully stocked First Aid Kit will be placed in the Concession Stand.
- The Concession Stand main entrance door will not be locked or blocked while people are inside.
- All equipment will be cleaned and properly shutoff at the end of the day

**CONCESSION STAND - WEEKLY CHECK LIST**

A) Deliveries

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

Yes No

- 1. All products meet visual quality standards and have no off odors (no spoilage).
- 2. All packaging is in good condition - not wet, no stains, leaks, holes, tears or crushing.
- 3. Items put away in proper order (frozen, refrigerated, dry storage); in 30 minutes or less.
- 4. Code dates within code.
- 5. Temperature of coffee/tea water is = 180°F.
- 6. Freezer interior is clean and sanitized
- 7. Temperature of freezer is =20°F.
- 8. Refrigerator interior is clean and sanitized
- 9. Temperature of refrigerator is 33-43°F.
- 10. Interior light is working and is properly shielded.

- 11. Shelving is clean, free of rust and in good repair.
- 12. All items stored correctly on shelves (covered and a minimum of 6" off the floor).

Fryer Area Clean:\_\_\_\_\_ Date:\_\_\_\_\_ Date:\_\_\_\_\_

Yes No

- 13. All stainless and walls above fryer are clean.
- 14. No excessive grease buildup under the fryers.
- 15. Light(s) working and properly shielded.
- 16. Cooking grease is stored safely in containers away from open flames.

Grill Area Date:\_\_\_\_\_ Date:\_\_\_\_\_ Date:\_\_\_\_\_

Yes No

- 17. All tile and countertops around grill are clean and sanitized.
- 18. Propane tanks are properly connected if used.
- 19. Fuel lines from the propane tanks to the grill have been inspected for leaks.
- 20. All air vents ,Venturi vents and valves are clear of obstructions (i.e. cobwebs).
- 21. All grease is cleaned from under and around the grill.
- 22. Propane tank valves are turned off when not in use.

C) Sanitation

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

Yes No

- 23. Proper dishwashing method used.
- 24. Hand sanitizer dispensers are mounted and in use.
- 25. Floors clean
  - a. floor drains unobstructed; proper drainage flow
  - b. no leaks or openings around pipes/plumbing
- 26. No sign of pest infestation (insects, rodents, etc.)
- 27. All trash is emptied from the inside containers.
- 28. Dumpster enclosure and surrounding area are clean and free of debris.
- 29. Dumpster is closed.
- 30. Chemicals stored in locked containers and not on the same shelf or the shelf above food ingredients, product packaging materials, food storage pans or tables where food is prepared.
- 31. Maintain manufacturer's labels on or label containers accordingly.

D) Other

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

Yes No

- 32. Concession stand workers (Parents) have gone through OLL's initiation safety and food preparation training before working in the concession stand.
- 33. Children under 15 are not allowed in the concession stand or in other areas where food is prepared.
- 34. A fire extinguisher with a current certification is in plain sight.
- 35. A fully stocked First-Aid kit is in plain sight.

## Corrective Action Report

If any item on this check list is checked "No" then complete the steps below:

- Stop the person, food, process, or use of equipment, as appropriate.
- Determine if the product(s) or ingredient(s) are not safe to serve (for example, cross contamination has occurred, or ingredient is undercooked). If not safe, discard the item!
- WHEN IN DOUBT THROW IT OUT!
- Identify source of problem.
- Take corrective action, as appropriate.
- Troubleshoot equipment problem using the Equipment Management Reference Manual.
- Re-train Concession Stand workers.
- Wash and sanitize hands.
- Wash and sanitize counter/equipment.
- Notify the Concession Stand Manager, and/or another OLL Board Member if the problem cannot be resolved.
- Note corrective action below (include number identification of infraction):

Shut-off Valve Information. Water and Electricity.

A) Electrical Main is located in the Concession Stand on back wall left corner

B) Water Shut-Off Main Valve is located in the Concession Stand on back wall left corner

## Volunteers

Volunteers are the greatest resource Little League has in aiding children's development into leaders of tomorrow, but some potential volunteers may be attracted to Little League to be near children for abusive reasons.

Big Brothers/Big Sisters of America defines child sexual abuse as "the exploitation of a child by an older child, teen or adult for the personal gratification of the abusive individual." So abusing a child can take many forms, from touching to non-touching offenses. Child victims are usually made to feel as if they have brought the abuse upon themselves; they are made to feel guilty. For this reason, sexual abuse victims seldom disclose the victimization. Consider this: Big Brothers/Big Sisters of America contend that for every child abuse case reported, ten more go unreported. Children need to understand that it is never their fault, and both children and adults need to know what they can do to keep it from happening. Anyone can be an abuser and it could happen anywhere. By educating parents, volunteers and children, you can help reduce the risk it will happen at Oxford Little League. Like all safety issues, prevention is the key. Oxford Little League has a three-step plan for selecting caring, competent and safe volunteers.

- Application  
CORI Check: Will include residence information, employment history and three personal references from non-relatives. All potential volunteers must fill out the application that clearly asks for information about prior criminal convictions. The

form also points out that all positions are conditional based on the information received back from a background check.

- Interview: Make all applicants aware of the policy that no known child-sex offender will be given access to children in the Little League Program.
- Reference Checks: Make sure the information given by the applicant is corroborated by references. Reference checks will be conducted by the Oxford Police Department, Rapsheets and Checks against Massachusetts Known List of Sex Offenders found on the Commonwealth of Massachusetts Website


## **OFFICIAL LITTLE LEAGUE RULING 2004**

**OXFORD LITTLE LEAGUE OFFICIAL VOLUNTEER FORM TO BE COMPLETELY FILLED OUT BY ALL VOLUNTEERS.**

- **NO VOLUNTEER WILL BE INVOLVED WITH YOUTH WITHOUT FILLING OUT COMPLETELY AND APPROVAL OF THIS FORM**
- **BOARD MEMBERS, MANAGER, COACHES, CONCESSION STAND WORKERS AND PARENT VOLUNTEERS MUST ALL FILL OUT THIS FORM**

**SAMPLE ONLY**

**REQUEST ADDITIONAL FORMS FROM ANY BOARD MEMBER OR AT OUR WEBSITE**



# Little League® Volunteer Application

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

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
 E-mail Address (optional) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Occupation \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Special professional training, skills, hobbies: \_\_\_\_\_  
 \_\_\_\_\_  
 Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 Previous volunteer experience (including baseball/softball and year): \_\_\_\_\_  
 \_\_\_\_\_  
 Do you have children in the program? Yes  No   
 If yes, at what level? \_\_\_\_\_  
 Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_  
 Do you have a valid driver's license: Yes  No   
 Driver's License#: \_\_\_\_\_ State \_\_\_\_\_  
 Have you ever been convicted of or plead guilty to any crime(s): Yes  No   
 If yes, describe each in full: \_\_\_\_\_  
 \_\_\_\_\_  
 Have you ever been refused participation in any other youth programs? Yes  No   
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 In which of the following would you like to participate? (Check one or more.)  
 League Official  Coach  Umpire  Field Maintenance   
 Manager  Scorekeeper  Concession Stand  Other

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name	Phone
_____	_____
_____	_____
_____	_____

As a condition of volunteering, I give permission for the Little League organization to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 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 complete by league officer \_\_\_\_\_  
 on \_\_\_\_\_  
 System(s) used for background check (minimum of one must be checked):  
 Sex Offender Registry  Criminal History Records

Only attach to this application copies of background check reports that reveal convictions of this applicant.

**TRANSPORTATION**

Before any manager or designated coach can transport any OLL child, other than his/her own, anywhere, he or she must:

- Have a valid Driver's License.
- Submit a Photostat copy of his or her Driver's License to the OLL Player Agent so the driving record can be checked.
- Submit a Photostat copy of proof of insurance to the OLL Player Agent.
- Wear corrective lenses when operating a vehicle if the Driver's License stipulates that the operator must wear corrective lenses.
- Notify the OLL Player Agent of who is driving and when at least 24 hours prior to departure.
- Have signed permission slips from parents before children are transported.

- Have correct class of license for the vehicle he or she is driving.
- Not carry more children in their vehicle than they have seat belts for.
- Make sure that the vehicle is in good running order and that it would pass a MA vehicle safety inspection if spontaneously given.
- Not drive in a careless or reckless manner.
- Not drive under the influence of alcohol, drugs, or medication.
- Obey all traffic laws and speed limits at all times.
- Never transport a child without returning him/her to the point of origin.

#### HEALTH AND MEDICAL - Giving First-Aid

What is First-Aid?

First-Aid means exactly what the term implies - it is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should anyone administering First-Aid go beyond his or her capabilities. Know your limits! The average response time on 9-1-1 calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

### **First Aid-Kits**

First Aid Kits will be available to all teams

If traveling a First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or post-season) and any other OLL Little League event where children's safety is at risk. Please contact Equipment manager or Safety Officer to obtain kit To replenish materials in the Team First Aid Kit, the Manager, designated coaches or the appointed Team Safety Officer must contact the OLL Safety Officer. (See contact information and address in phone # section of this Safety Manual or on First Aid Kit)

Individual First Aid Kits and this Safety Manual must be turned in at the end of the season along with your equipment package.

The First Aid Kit will include the following items:

- 3 Instant Ice Packs
- 2 Plastic Bags for Ice
- 6 Antiseptic Wipes
- 1 Roll of Gauze
- 2 Large Bandages 2"x4"
- 2 Large Non-stick Bandages
- 20 Band-Aids 1"x3"
- 2 Antiseptic Cream Packs
- 1 Cloth Athletic Tape
- 2 Eye Pads
- 1 Roll of Gauze
- 2 Burn Cream Packs
- 1 Scissors

- 1 Pair of Latex Gloves
- 1 Tweezers
- 2 Sterile Gauze Pads

If you are missing any of the above items, contact the OLL safety officer immediately. Three additional First-Aid Kits will be available in the major league field concession stand, senior field dug outs, AA/Minor League Dug outs, and clubhouse. Materials from these additional Kits may not be used to replenish materials in the Team's Kit but only used in emergency situations.

### **Good Samaritan Laws**

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

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

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the "Good Samaritan" use common sense and a reasonable level of skill, not to exceed the scope of the individual's training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury. People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer's response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

#### Permission to Give Care:

If the victim is conscious, you must have his/her permission before giving first-aid. To get permission you must tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

#### 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 to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- Feel gently and carefully the injured area for signs of swelling or grating of broken bone.
- Talk to your team afterwards about the situation if it involves them.
- Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

**Don't . . .**

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper Procedure, (i.e., CPR, etc.)
- 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 twelve steps.

**First Dial 9-1-1.**

Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:

- The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc.
- The telephone number from which the call is being made.
- The caller's name.
- What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
- How many people are involved?
- The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
- What help (first aid) is being given.
- Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
- Continue to care for the victim 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
- Swiftly moving or rapidly rising water
- 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 several 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.
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)
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 **using CPR methods with mouth guard.**
7. Check pulse for 5 to 10 seconds.
8. Check for severe bleeding. Finger sweep maneuver administered to an unconscious victim of foreign body airway obstruction When treating an injury, remember:

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.

### **Protection**

**Rest**

**Ice**

**Compression**

**Elevation**

**Support**

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 (see "Caring for Shock" section)

### **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 a 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. (See below on how to treat head and neck injuries)**

### **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, rollerblade mishap.
- A person found unconscious for unknown reasons.
- Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.
- 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.

### **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 911 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.

ASTHMA: KNOW THE MEDICAL HISTORY AND LIMITATION OF PLAYERS BEFORE THE SEASON STAR

## Asthma Emergency Signs

### Seek Emergency Care If A Child Experiences Any Of The Following:

- + Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)
- + Child's chest or neck is pulling in while struggling to breathe
- + Child has trouble walking or talking
- + Child stops playing and cannot start again
- + Child's fingernails and/or lips turn blue or gray
- + Skin between child's ribs sucks in when breathing

**Asthma is different for every person.**

The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report.

If you are at all uncertain of what to do in case of a breathing emergency...

**Call 9-1-1 and the child's parent/guardian!**

Michigan Asthma Steering Committee of the Michigan Department of Community Health

(From the Grandville, Mich., Little League 2001 Safety Plan)

Breathing Problems/Emergency Breathing

### If Victim is not Breathing:

1. Position victim on back while supporting head and neck.
2. With victim's head tilted back and chin lifted, pinch the nose shut.
3. Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises. Once a victim requires emergency breathing you become the life support for that person -- without you the victim would be clinically dead. You must continue to administer emergency breathing and/or CPR until the paramedics get there. It is your obligation and you are protected under the "Good Samaritan" laws.
4. Check for a pulse at the carotid artery (use fingers instead of thumb).
5. If pulse is present but person is still not breathing install protection device give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).

6. Continue rescue breathing as long as a pulse is present but person is not breathing.

### **If Victim is not Breathing and Air Won't Go In:**

1. Re-tilt person's head.
2. Give breaths again.
3. If air still won't go in, place the heel of one hand against the middle of the victim's abdomen just above the navel.
4. Give up to 5 abdominal thrusts.
5. Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.
6. Tilt head back, lift chin, and give breaths again.
7. Repeat breaths, thrust, and sweeps until breaths go in.

## **Heart Attack**

### Signals of a Heart Attack

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

- Persistent chest pain or discomfort - Victim has persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication. Pain may range from discomfort to an unbearable crushing sensation.

#### Breathing difficulty -

- Victim's breathing is noisy.
- Victim feels short of breath.
- Victim breathes faster than normal.

#### Changes in pulse rate -

- Pulse may be faster or slower than normal
- Pulse may be irregular.

#### Skin appearance -

- Victim's skin may be pale or bluish in color.
- Victim's face may be moist.
- Victim may perspire profusely.

#### Absence of pulse -

- The absence of a pulse is the main signal of a cardiac arrest. The number one indicator that someone is having a heart attack is that he or she will be in denial. People do not wish to acknowledge death therefore they will deny that they are having a heart attack.

### Care For A Heart Attack

1. Recognize the signals of a heart attack.
2. Convince the victim to stop activity and rest.
3. Help the victim to rest comfortably.
4. Try to obtain information about the victim's condition.
5. Comfort the victim.
6. Call 9-1-1 and report the emergency.
7. Assist with medication, if prescribed.

#### External Chest Compression - Locate rib margin

Locate where the rib margin meets sternum

Locate correct hand position on lower sternum

8. Monitor the victim's condition.

9. Be prepared to give CPR if the victim's heart stops beating.

## **CPR (Administer Only with Proper Training)**

### Giving CPR

1. Position victim on back on a flat surface.
2. Position yourself so that you can give rescue breaths and chest compression without having to move (usually to one side of the victim).
3. Find hand position on breastbone.
4. Position shoulders over hands. Compress chest 15 times. (For small children only 5 times) The sternum should be compressed to a depth of 1 1/2 - 2 inches.
5. With victim's head tilted back and chin lifted, pinch the nose shut. If unknown medical history always use mouth protection to avoid possible disease.
6. Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises. (For small children only 1 time)
7. Do 3 more sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breathe)
8. Recheck pulse and breathing for about 5 seconds.

### The correct hand position Upstroke Downstroke

Proper position of rescuer: shoulders directly over victim's sternum; elbows locked. It is possible that you will break the victim's ribs while administering CPR. Do not be concerned about this. The victim is clinically dead without your help. You are protected under the "Good Samaritan" laws.

9. If there is no pulse continue sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breathe)
10. When giving CPR to small children only use one hand for compressions to avoid breaking ribs.

### When to stop CPR

1. If another trained person takes over CPR for you.
2. If Paramedics arrive and take over care of the victim.
3. If you are exhausted and unable to continue.
4. If the scene becomes unsafe.

## **If A Victim is Choking -**

### Partial Obstruction with Good Air Exchange:

Symptoms may include forceful cough with wheezing sounds between coughs.

### Treatment:

Encourage victim to cough as long as good air exchange continues. DO NOT interfere with attempts to expel object.

### Partial or Complete Airway Obstruction in Conscious Victim

Symptoms may include: Weak cough; high-pitched crowing noises during inhalation; inability to breathe, cough or speak; gesture of clutching neck between thumb and index finger; exaggerated breathing efforts; dusky or bluish skin color.

### Treatment - The Heimlich Maneuver:

- Stand behind the victim.
- Reach around victim with both arms under the victim's arms.
- Place thumb side of fist against middle of abdomen just above the navel. Grasp fist with other hand.
- Give quick, upward thrusts.
- Repeat until object is coughed up.



# The Heimlich Maneuver

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

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

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

## **To perform the Heimlich:**

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

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

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

## **For a child:**

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

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

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



## Bleeding

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

If a victim is bleeding,

1. 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.

## 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.

## 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 victim becoming unconscious.

**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 (see section, "Care for Shock").

**Prevention:**

Report hives or nests in playing areas.  
Do not attempt to remove unless properly protected.

Remind parents to protect their children from Black Flies, Mosquitoes and other biting insects, especially when playing games at Greenbrier AAA/Minor and Senior Fields in the late afternoon or cloudy days when biting bugs are more prevalent.

**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 re-plant 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:
  - a. Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."
  - b. 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2 % milk.
  - c. 3rd best - Wrap tooth in saline soaked gauze.
  - d. 4th best - Place tooth under victim's tongue. Do only if athlete is conscious and alert.
  - e. 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)****THREE POSITIONS -**

**EXTRUDED TOOTH** - Upper tooth hangs down and/or lower tooth rose 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)

1. 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 FRAGMENTS TO DENTIST in the plastic baggie supplied in your First-Aid kit.

## **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.

### **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 (see section on "Caring for Shock")
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.

## Penetrating Objects

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

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

## Poisoning

Call 9-1-1 immediately before administering First Aid then:

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

## 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 such as dug out or an air-conditioned room if available. 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.

#### 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:

- Carefully turn victim toward you and slip a half-rolled blanket under back.
- Turn victim on side over blanket, unroll, and return victim onto back.
- 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.

### **PARENTAL CONCERNS ABOUT SAFETY**

The following are some of the most common concerns and questions asked by parents regarding the safety of their children when it comes to playing baseball. We have also included appropriate answers below the questions.

**I'm worried that my child is too small or too big to play on the team/division he has been assigned to.**

Little League has rules concerning the ages of players on T-Ball, Minor, AAA, Major and Senior teams. Oxford Little League observes those rules and then places children on teams according to their age and skills and abilities at ages 10-12 based on their try-out ratings at the beginning of the season. If for some reason you do not think your child belongs in a particular division, please contact the OLL Player Agent and share your concerns with him or her.

**Should my child be pitching as many innings per game?**

Little League has rules regarding pitching which all managers and coaches must follow. The rules are different depending on the division of play but the rules are there to protect children.

**Do mouth guards prevent injuries?**

A mouth guard can prevent serious injuries such as concussions, cerebral hemorrhages, incidents of unconsciousness, jaw fractures and neck injuries by helping to avoid situations where the lower jaw gets jammed into the upper jaw. Mouth Guards are effective in moving soft tissue in the oral cavity away from the teeth, preventing laceration and bruising of the lips and cheeks, especially for those who wear orthodontic appliances.

**How do I know that I can trust the volunteer managers and coaches not to be child molesters?**

Oxford Little League runs background checks on all board members, managers and designated coaches before appointing them. Volunteers are required to fill out applications which give OLL the information and permission it needs to complete a thorough investigation. If

the League receives inappropriate information on a Volunteer, that Volunteer will be immediately removed from his/her position and banned from the facility.

**How can I complain about the way my child is being treated by the manager, coach, or umpire?**

You can directly contact the OLL Player Agent for your division or any OLL board member. Their names and telephone numbers are posted in the glass case outside the clubhouse. The complaint will be brought to the OLL President's attention immediately and investigated.

**Will that helmet on my child's head really protect him while he or she is at bat and running around the bases?**

The helmets used by Oxford Little League must meet NOCSAE standards as evidenced by the exterior label. These helmets are certified by Little League Incorporated and are the safest protection for your child. The helmets are checked for cracks at the beginning of each game and replaced if need be.

**Is it safe for my child to slide into the bases?**

Sliding is part of baseball. Managers and coaches teach children to slide safely in the pre-season.

**My child has been diagnosed with ADD or ADHD - is it safe for him to play?**

Oxford Little League now addresses ADD and ADHD in their Safety Manual. Managers and coaches now have a reference to better understand ADD and ADHD. The knowledge they gain here will help them coach ADD and ADHD children effectively. The primary concern is, of course, safety. Children must be aware of where the ball is at all times. Managers and coaches must work together with parents in order help ADD and ADHD children focus on safety issues.

**Why can't I smoke at the field?**

THERE IS NO SMOKING AT ANY OXFORD LITTLE LEAGUE FIELDS.

**SUBMIT YOUR IDEAS FOR SAFETY**

Your safety ideas are welcome at Oxford Little League. Please submit them in written form and place them in the suggestion box that is located in the concession stand. The OLL Safety Officer will retrieve safety suggestion at the end of each week and read them. If your safety idea warrants further investigation, you will be contacted. Safety ideas which are implemented at our ball park will appear in next year's Safety Manual under Safety Contributions and the contributor will receive credit for his or her suggestion. If a child should submit a safety idea which is then implemented at our ball park, then in addition to being credited in next year's Safety Manual, he or she will receive a free hot dog and drink at the concession stand. So talk to your team.

Safety messages will be posted at the field house at Stanley Johnson Field.

**SAFETY IS EVERYONES BUSINESS  
ON THE FIELD AND IN THE STANDS**

## OXFORD LITTLE LEAGUE LIGHTING STANDARDS

OXFORD LITTLE LEAGUE'S JOHNSON FIELD CONDUCTED A LIGHT AND SAFETY AUDIT AS PER THE ATTACHED GUIDELINES ESTABLISHED BY LITTLE LEAGUE BASEBALL IN AUGUST 2009 DURING A COMPLETE LIGHTBULB REPLACEMENT. THIS AUDIT WAS CONDUCTED BY A CERTIFIED INDIVIDUAL OF MUSCO.

August 28, 2006

Larry Bunn  
123 Dudley Rd  
Oxford, MA 01540

RE: Oxford LL

Dear Larry,

On April 18, 2006, Chris Sankey, our Musco representative, completed an inspection of Oxford LL. This inspection was performed as a part of Musco's ongoing commitment to you to provide the service you acquired through the Musco "10 Club Service™" warranty program.

The inspection completed on your facility confirmed that the complete Musco Light Structure equipment, including luminaries, product structure and pole grounding, was performing according to the original design.

If you have questions or comments concerning this inspection, please call me toll-free at 800-825-6020.

Sincerely,



Dale Terrell  
Warranty Manager

Enclosures: Inspection Form





# 2005 Little League® Lighting Standards & Safety Audit



Excerpted from the Little League® 2005 Operating Manual

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## Artificial Lighting

Night games have been permitted in Little League starting in 1957 with the second Little League International Congress in Chicago. Standards set by the Illuminating Engineering Society (IES) of North America were adopted by Little League Baseball in 1957, and have been updated with recommendations from the National Electric Code, the Uniform Building Code, and others.

Over the years, these standards have been refined and have been adopted by Little League Baseball, the National Recreation Society and other organizations. **THE IMPORTANCE OF ADHERING TO THESE STANDARDS CANNOT BE UNDERSTATED, TO ASSURE THE UNIFORMITY OF LIGHTING LITTLE LEAGUE FIELDS MAKES THE GAME SAFER FOR CHILDREN AND VOLUNTEERS. ALL LIGHTING SYSTEMS MUST COMPLY WITH LITTLE LEAGUE STANDARDS, WITHOUT REGARD TO WHO INSTALLS OR FINANCES THE SYSTEM (such as city, county, private individual, etc.).**

Many leagues operate in conjunction with other organizations or municipalities. This does not need to be a roadblock in making sure that standards are met. Instead, it is a matter of educating people at all levels on this vital aspect of league operations.

The District Administrator (and each local Little League President) are directly responsible for ensuring that any fields on which night games are played within his/her league or district are up to these standards. The potential liability risks we all face makes compliance even more imperative.

As the Little League program grows and leagues charter more divisions, the demand for fields increases dramatically. For many leagues, a less costly alternative to constructing new fields is the installation of artificial lighting, providing optimum use of available fields within the curfew limitations for each division. In planning for artificial lights, it is most important that minimum lighting standards be attained. Every precaution should be taken to guard against mishaps that might result because of the installation of an inadequate lighting system. **The local district administrator must pre-approve plans for any new lighting system as being adequate and within minimum standards for safe play.** It is recommended that the District Administrator involve the lighting specialist in Williamsport in his/her review. The District Administrator and President of the league must check the system after installation to determine that the installed system complies with the plans and meets or exceeds the minimum standards for play. Annually, all lighting systems must be checked twice -- before the season begins and before tournament play. Copies of project plans be submitted to the District Administrator, for prior approval that the plans and installation comply with required standards.

The following standards have been adopted by Little League. They are divided into required minimum standards and desirable optional features. The minimum standards establish criteria which are important to the safe conduct of Little League activities. The desirable features are established to provide guidelines for adding important value to your lighting system.

Lighting systems installed prior to July 1, 1992 on fields with outfield fences 200 feet or less from home plate are temporarily "grandfathered" if they have a minimum of 24 -- 1500 watt metal halide fixtures mounted a minimum of 40 feet above the playing surface on four poles or more. These systems must provide a minimum average maintained illumination of 30 footcandles in the infield and 20 footcandles in the outfield. Since September, 1994, wood poles are not approved for use on Little League fields.

**Notice:** Any upgrade or addition of lighting equipment to existing systems after July 1, 1992, must be done so that the systems will be in complete compliance with current standards.

# Standards for Lighting

## I. Required Minimum Standards

These minimum standards must be complied with for all lighting installations after the date of adoption by Little League. The effective date is July 1, 1992. Systems in full compliance shall meet all of the required minimum standards.

### A. Lighting

#### 1. Quantity

There shall be a maintained minimum average quantity of 50 horizontal footcandles on the infield and a maintained minimum average quantity of 30 footcandles on the outfield. Design calculations to arrive at maintained light levels shall include a maintenance factor no greater than 0.7 and must include adjustments for actual tilt factor.

#### 2. Quality

The quality of the lighting shall be determined on a basis of uniformity and smoothness.

- a. Uniformity of the lighting shall be such that on the infield, the highest measure of quantity of light shall not be greater than 2 times the lowest quantity. For the outfield measurement, the highest quantity of light shall not be greater than 2.5 times the measurement of the lowest quantity of light.
- b. Over the entire area of the infield and outfield, the change in the quantity of horizontal footcandles should not occur at a greater rate than 10 percent per 10 feet, except for the outside perimeter readings which may change at a greater rate.

#### 3. Lamps

The approved lamp for Little League play is a 1500 watt metal halide. Lamps must have an ANSI code -- M48PC-1500/BU. Philips, Sylvania and General Electric are the only manufacturers currently approved.

#### 4. Footcandle Documents

The manufacturer of the lighting equipment shall provide drawings showing the horizontal footcandle quantity at each point of measurement on the field. The drawing shall be in compliance with the minimum standards established above.

##### a. Area of Measurement

The areas for measurements are to be taken and the points of measurement within that area are shown in the graphic in the "LIGHTING PERFORMANCE" section of this chapter. It is important that measurements be taken at all the points to establish that the quantity and quality standards are being met.

##### b. Method of Measuring Light Quantities

The light meter is to be held 36 inches above the playing surface with the sensing surface horizontal to the ground so that it detects light coming downward to the sensing surface from all directions.

#### 5. Aiming Angles

Aiming angles are a function of both pole height and the distance from fixture to aiming point. Little League has established minimum pole heights (see the graphs in this booklet) as well as minimum aiming angles. Both need to be met to be in compliance.

- a. Light fixtures which are set back from the foul lines between home plate to third base and between home plate to first base shall be mounted at a height above the playing surface such that a line from the lighting fixture to the point on the field where its maximum intensity is aimed is a line that is at least 25 degrees below horizontal.
- b. Light fixtures positioned beyond the outfield fence or along the foul line beyond third base and first base shall be mounted at a height with a minimum aiming angle of 25 degrees below horizontal for fixtures aimed toward the infield and 21 degrees for fixtures aimed across the outfield.

#### 6. Aiming Recapture

The lighting equipment shall include a mechanical device for recapturing the original aiming when it is necessary to move the reflector for re-lamping.

#### 7. Aiming Diagram

The manufacturer shall supply a drawing showing the aiming alignment of each fixture with measurements referencing the field and pole locations.

**8. Glare Considerations**

Pole heights and locations should be established by the layouts in the graphs in this book to enhance playability.

**9. Ballast and Capacitor Weight**

The ballast and capacitor for each fixture shall be mounted away from the fixture and crossarm and onto the pole to avoid problems of misalignment caused by the weight of these components.

**B. Electrical****1. Fusing**

Each lighting fixture shall be individually fused with UL Listed fused equipment rated for use with the system.

**2. Disconnects**

There shall be provided at each pole a disconnect means located at stepladder height (minimum 8 feet above ground) to allow disconnecting of the electrical power to the pole. This disconnect means shall be in addition to disconnects provided at the distribution panel for the entire field.

**3. Grounding**

All poles, fixtures and distribution panels shall be grounded according to National Electric Code recommendations. It is important to verify the ground and grounding connections.

**4. Lightning Protection**

Each pole or structure supporting lighting equipment shall be equipped with lightning protection as established by NFPA 780 (National Fire Protection Association). **NOTE:** In many instances the supplemental ground may not provide adequate lightning ground, creating the potential for a faulty electrical system in the case of a lightning strike.

**5. Enclosed Rigid Cover**

All wiring conductors above ground shall be enclosed in rigid cover.

**6. Hinged Lockable Enclosures**

All enclosures of electrical conductors which are hinged and designed to be opened must be lockable and should be kept locked except during times of access for operation or service.

**7. Electrical Conductor Wires**

All electrical conductor wires for distribution of power around the playing field should be buried underground at depths provided by local code.

**8. Drawings of Entire Electrical System**

The manufacturer of the lighting equipment shall provide a drawing of the entire electrical system from the light fixtures at the top of the pole to the base of the pole. This drawing shall show compliance with the standards and shall provide sufficient information for maintenance personnel.

**9. Drawings of Electrical Distribution**

The electrical designer shall provide drawings of the electrical system from the base of the pole to the transformer provided by the utility company. This drawing shall show that the local authority regulating electrical systems has approved them.

**10. Underwriter Laboratory Listing**

The lighting and electrical equipment on each ball field lighting structure shall have a UL Listing to confirm that the equipment has passed the safety tests of Underwriters Laboratory not only as to the individual components but also as to the use of the components in the configuration of the lighting system on the field.

**11. Non-compliance with the Standards**

Deviation from these standards of electrical systems may occur only after approval of written documentation signed by an electrical engineer licensed in the state. The documentation shall state the reason why it is necessary to deviate from the standards and state how a safe electrical system will be achieved using the alternate standards.

## C. Structural

### 1. Foundation

- a. Reinforced concrete is the recommended pole foundation. Foundations should provide for pole attachment a minimum of 18 inches above ground to avoid corrosive deterioration. Concrete should cure a minimum of 28 days to develop adequate strength before stress loads are applied.
- b. Supplier shall furnish structural calculations showing the foundation design adequate to resist maximum EPA loads based on 50 year mean recurrent isotach wind map for each locale to satisfy applicable building codes.
- c. Suppliers utilizing direct burial of poles with concrete backfill shall provide structural calculations showing the installation provides adequate strength to resist maximum EPA loads based on 50 year mean recurrent isotach wind map for each locale to satisfy applicable building codes.

### 2. Poles

Pole suppliers shall furnish structural calculations showing the pole to be of adequate strength to resist design loads.

- a. Galvanized Steel Poles are the recommended poles for Little League fields. Poles should be hot-dip galvanized to ASTM-123 standards. All accompanying hardware shall be galvanized steel or stainless steel.
- b. Wood Poles are not allowed after September 1, 1994.
- c. Based on current data, Little League does not recommend direct burial of steel poles because of the potential for deterioration at or below ground at critical stress points.
- d. Any other pole must meet all current Little League standards.

## II. Desirable Features

The following standards, while not required for compliance to Little League charter requirements, are strongly recommended as being cost-effective for Little League facilities.

### A. Lighting

#### 1. Energy and Maintenance Efficiency

There can be a 25 percent difference in the number of fixtures required to light a Little league field among manufacturers. This can have a significant impact to leagues in terms of operating and maintenance costs. It is recommended that these differences be evaluated thoroughly before making purchase decisions.

#### 2. Environmental Spill and Glare Control

Many ball fields are or soon will be surrounded by residential properties. Technology is currently available to effectively control spill and glare light from trespassing onto adjoining properties. Consideration should be given these issues in the initial design stage to minimize or avoid complaints. It is recommended that the league check with local authorities for ordinances requiring public notification of intent to install lighting. If an issue, ask your lighting manufacturer to provide drawings showing maximum footcandles which will occur at any points of concern on properties surrounding your ball field. You should also determine the manufacturer's experience and ability to work with local authorities and neighbors in meeting glare and spill criteria for adjoining properties.

### B. Electrical Enclosure

Other than the lamp, it is not necessary that any electrical components be located at the top of the pole. It is recommended that the electrical components of ballast, capacitor, fusing and disconnect be located in an enclosure mounted on the pole at a point 8 feet above the ground. This allows for maintenance work from a stepladder yet keeps the electrical components out of the reach of people standing on the ground. The equipment and methods for locating these components near the base of the pole must be a part of the Underwriters Laboratory Listing.

### C. Warranty

There are considerable differences in the warranties offered by lighting manufacturers. Evaluation of warranties should include the extent of equipment covered, the time period covered, and whether parts and/or labor are included. The warranty is important from two perspectives. First and most importantly, the extent of the warranty indicates the manufacturer's confidence in the product. Secondly, in the event of failure, the warranty offers the opportunity to reduce costs of repair.

For documents to assist in planning and installing ball field lighting, contact Little League Headquarters (570) 326-1921.

# Little League Lighting Standards Checklist

## Lighting Design

### Light Levels

The average maintained values should be 50 footcandles on the infield and 30 footcandles on the outfield.

#### *Light Levels*

- Maintained: 50 footcandles infield / 30 footcandles outfield

### Uniformity or Smoothness

The standard sets maximum differences allowed in levels on both infield and outfield. It is measured as a ratio between highest and lowest light readings. This is important because uneven lighting can create visual illusions for the players. Objects appear to change speed when traveling through unevenly lighted areas. Uniformity ratios can be maintained through proper aiming logic in the design and by maintaining proper fixture alignment.

#### *Uniformity/Smoothness*

- 1. Infield      2.01:1
- 2. Outfield     2.5:1

### Aiming Angles, Glare Control, Pole Location and Height

These items combine to provide a safe, playable field. Meeting the minimum pole heights and aiming angles assure that no fixture becomes a source of glare for players. Adequate attention to these standards provides for the safety of the participants and ease of viewing for spectators.

#### *Aiming Angles* (determined by mounting height)

- 1. Infield no less than 25 degrees
- 2. Outfield no less than 21 degrees
- 3. Poles located out of glare zones

## Electrical Design

Little League Standards are derived from the National Electric Code and the National Fire Prevention Association. Strict adherence to these standards or adopted local codes is of utmost importance.

- UL Listing of equipment
- Drawings of electrical system
- Grounding to most NEC and NFPA standards (electrical and lighting)



## Structural Design

---

Several elements are important in maintaining alignment.

- Adequate crossarm strength to withstand windloads and maintain fixture alignment.
- Proper structure to support and keep fixtures aligned. Wood poles are not allowed because of their tendency to twist and deteriorate from the interior. Today's lighting systems are aimed to within 1/2 of one degree accuracy, but wood poles easily twist 5 degrees or more in either direction.
- Foundation must be engineered to withstand the forces applied to it. Local building codes should be followed.
- Ballast and Capacitor should be located off the crossarm. These are the heavier components of a light fixture and their combined weights are a main cause of crossarm failure.
  - Weight of ballast off crossarm
  - Crossarms designed to maintain fixture alignment
  - Pole strength adequate for wind loads
  - Foundation engineered to national or local codes

## Design Documents

---

- Layout — showing pole height and locations
- Lighting — drawings showing maintained light levels
- Electrical — drawings from service entrance all the way to fixtures
- Structural — pole and foundation drawings

## Warranties

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There should be a written guarantee to meet all Little League Lighting Standards, and manufacturer's warranties on lighting, electrical and structural elements.

## Desirable Features

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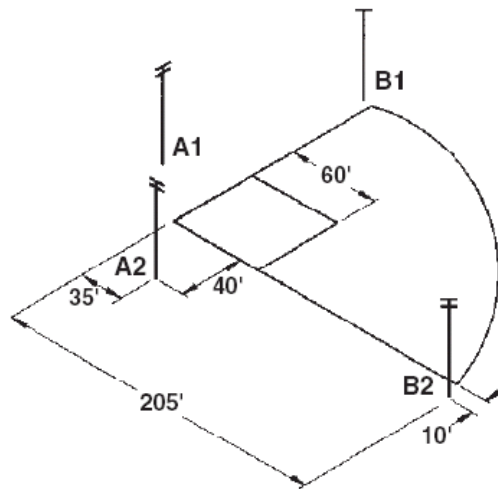
Several things can benefit a league in gaining the most value from their purchase.

- Review operating costs of systems being considered. They can vary greatly.
- Be a good neighbor. Spill and glare control may avoid disputes when lighting a field.
- Look to the future. Proper equipment can greatly reduce maintenance costs and extend usable life.
- Expect a good warranty. Know who to call if you need service and who is responsible for the various elements of the lighting system.

If you have any questions or need more information, please contact Little League Headquarters.

# Lighting Diagrams

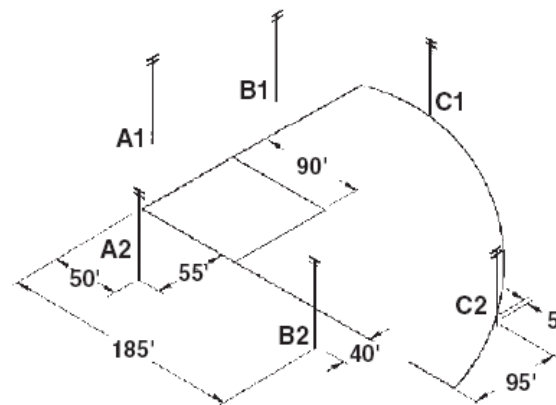
Layout for 200' radius field		
Poles		
Location	Minimum Quantity	Minimum Mtg. Ht.†
A	2	60'
B	2	60'
<b>Total</b>	<b>4</b>	



This layout is based on the following total playing area including a strip 20 feet wide outside each foul line. Infield area – 10,000 square feet. Outfield area – 31,200 square feet (approximately).

**LITTLE LEAGUE** – 60 foot base lines; outfield fence 200 feet from home plate.

Layout for 300' radius field		
Poles		
Location	Minimum Quantity	Minimum Mtg. Ht.†
A	2	70'
B	2	70'
C	2	60'
<b>Total</b>	<b>6</b>	



This layout based on: Infield area – 22,500 square feet. Outfield area – 67,100 square feet (approximate); including a strip 30 feet wide outside each foul line.

**SENIOR LEAGUE AND BIG LEAGUE** – 90 foot base lines; outfield fence 300 feet from home plate.

**NOTE:**

\* The number of fixtures necessary to meet minimum lighting requirements varies between manufacturers. Please be sure you are provided adequate documentation from the manufacturer showing Little League standards will be attained.

† For glare control taller fixture mounting heights may be required. Also, if obstructions or common poles for multiple fields require poles to be set back farther from the field, then taller poles may be required.

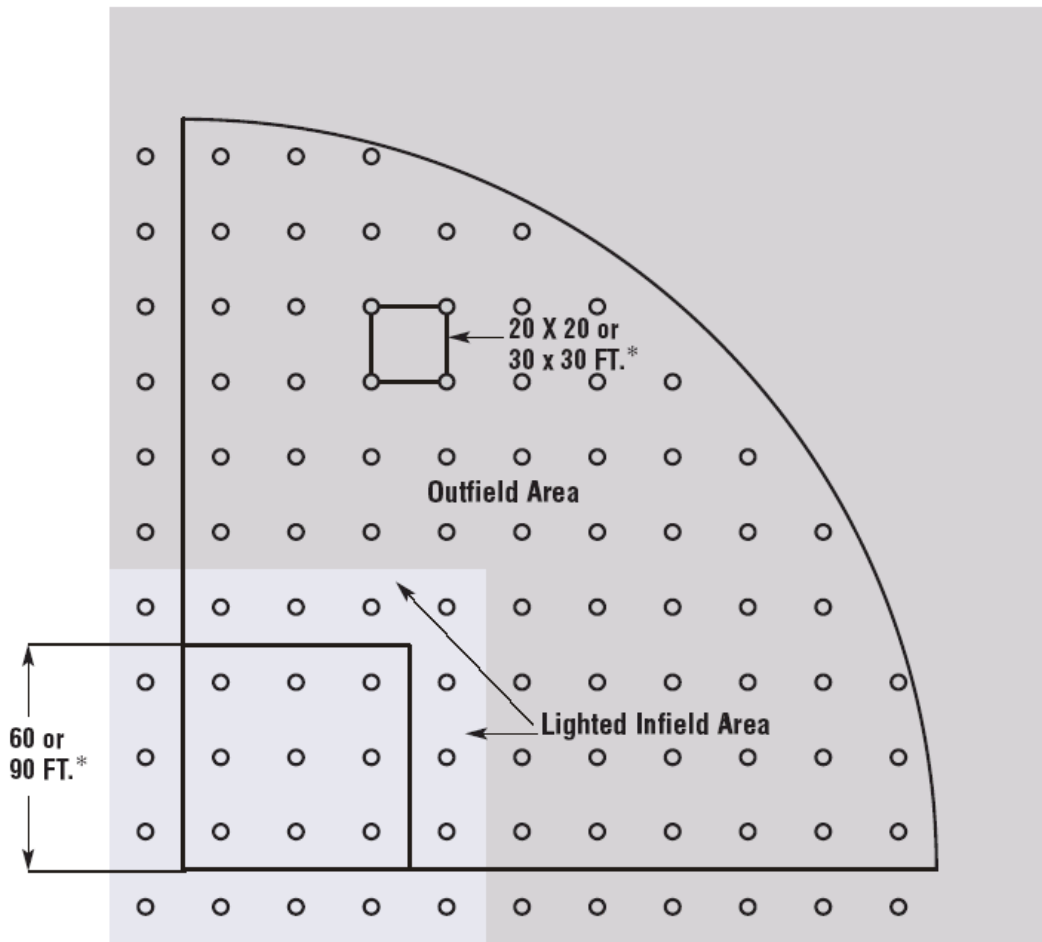


Fig. B4. Illuminance measuring points for baseball and softball. **Illuminating Engineering Society of North America Sports Lighting-RP-6-88**

\*Fields with 60-foot basepaths (for 175-foot and 200-foot fields) are measured in a 20-foot x 20-foot grid; fields with 90-foot basepaths (for 300-foot fields) are measured in a 30-foot x 30-foot grid.



# Little League® Lighting Safety Audit

Little League requirements call for regular inspections of your lighting system. The following safety audit will:

1. Identify components that may need repair or replacement.
2. Help you determine whether the performance of the system meets Little League minimum standards as outlined in the Standards of Artificial Lighting section of the Little League Operating Manual.

A copy of this completed form must be sent to your District Administrator and the original should be retained in league records.

**Important - Inspection, testing and repair must be done by qualified technician:**

1. Prior to season play each year.
2. Prior to tournament play each year.

**Plans for new lighting must be approved by local District Administrator as being within minimum standards.**

For additional information contact your District Administrator or Little League Headquarters.

League Name _____
Charter No. _____ - _____ - _____
Town _____ State _____
Number teams in league _____
Name of field _____
Number leagues using field _____
We share the field with _____ League
Total # of fields _____ # lighted _____
Date of Inspection _____
Inspected by _____
Testing & Repairs by _____

# Lighting Performance

This field has the following light levels and uniformity:

Infield \_\_\_\_\_ Average footcandles  
 \_\_\_\_\_:1 Uniformity

Outfield \_\_\_\_\_ Average footcandles  
 \_\_\_\_\_:1 Uniformity

Date lighting equipment installed or last upgraded  
 \_\_\_\_\_  
month / year

Readings are taken in the middle of each square represented on the chart below.

To obtain average footcandle value:

1. Record light readings within each numbered square.
2. Infield = Total of infield readings ÷ 25
3. Outfield = Total of outfield readings ÷ number of readings.

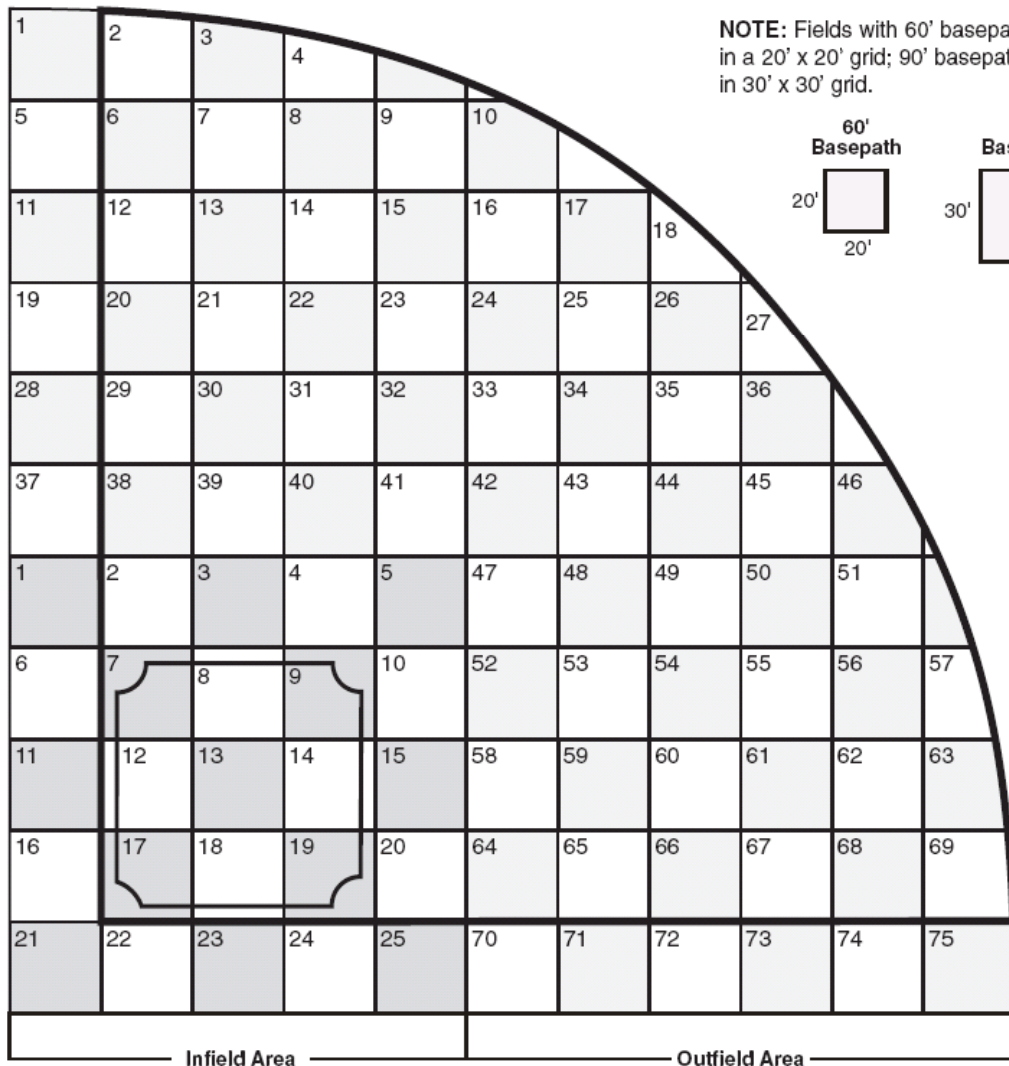
To obtain uniformity ratio for infield or outfield:

1. Divide highest (maximum) light level reading by the lowest (minimum) light level reading.

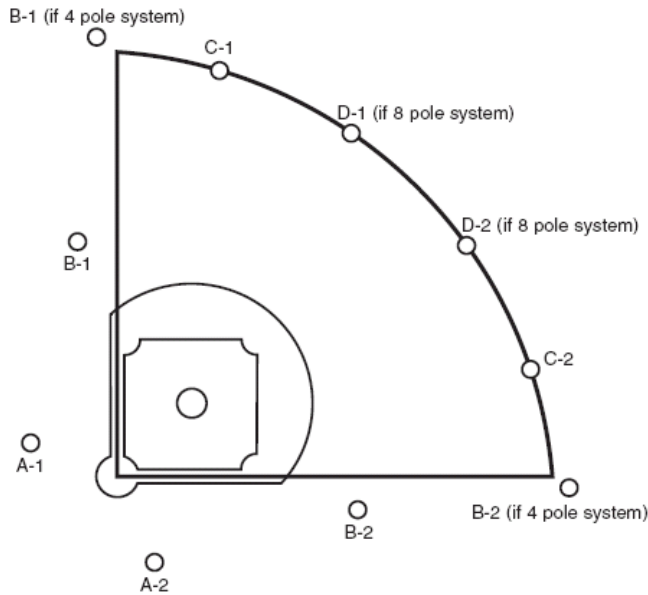
For example:

$$\frac{61 \text{ footcandles (infield maximum)}}{31 \text{ footcandles (infield minimum)}} = 2:1$$

NOTE: Fields with 60' basepaths are measured in a 20' x 20' grid; 90' basepaths are measured in 30' x 30' grid.



## Equipment Listing



Fill in the number of fixtures on each pole and mounting heights:

	Pole	Number of Fixtures
4 Pole System	A-1	_____
	A-2	_____
6 Pole System	B-1	_____
	B-2	_____
8 Pole System	C-1	_____
	C-2	_____
	D-1	_____
	D-2	_____
	<b>Total</b>	_____

Type of poles:  wood\*  steel  concrete

Fixture height above field: \_\_\_\_\_

Basepath length:  60'  90'

Distance from home plate to foul pole:

175'  200'  300'  other \_\_\_\_\_

\*Note: Wood poles permissible only if installed prior to September 1, 1994

### Lamp Type:



High Pressure Sodium



Quartz Incandescent



Incandescent



Metal Halide

## Grounding System Test

**THREE POINT GROUND ROD RESISTANCE TEST\*** - This test measures the resistance of the ground rod to earth. This method also measures the effect of a variety of conditions such as soil composition, drought conditions, etc. A direct-reading instrument called a Groundohmer or Groundometer is used for the following testing procedure:

- Two additional temporary grounds, consisting of short rods 2-3 feet long, must be driven in the ground at least 20 feet away from the ground being tested
- The instrument is connected to all three grounds by means of insulated leads. A magneto or a battery in the instrument furnishes the necessary power for the test.
- The instrument reads the ground resistance directly in ohms.

**NOTE:** The National Electrical Safety Code (NEC) implies that the ground resistance should be measured at the time of installing the ground and that the ground resistance must not exceed 25 ohms for artificial (buried or driven) grounds.

\* American Electricians Handbook procedure

It is recommended that testing procedures for grounding be in accordance with local, state, or national code.

# System Operation

Needs  
OK Repair Notes:

**WARNING!! Turn off electricity at power source and at safety disconnect on the pole.**

<b>Service Entrance &amp; Pole Distribution Boxes</b>		OK	Needs Repair	Notes:
<b>Check service panel for proper markings.</b>				
<ul style="list-style-type: none"> <li>Emergency information should be visible.</li> <li>Warning stickers, wiring diagrams, circuit labels and other servicing information signs should be posted and clearly legible.</li> </ul>				
<b>Test reset action on all service breakers.</b>				
<ul style="list-style-type: none"> <li>Snap all breakers on and off several times to ensure firm contact.</li> <li>If fuses are used at main service, check continuity.*</li> </ul>				
<b>Check the wiring.</b>				
<ul style="list-style-type: none"> <li>Insulation around wiring should show no signs of deterioration.</li> <li>Wiring should show no heat discoloration.</li> </ul>				
<b>Check all taped connections.</b>				
<ul style="list-style-type: none"> <li>Signs of wear should be replaced.</li> </ul>				
<b>Make sure no live parts are exposed.</b>				
<ul style="list-style-type: none"> <li>Bare wires and exposed connections should be wrapped with insulated covering.*</li> </ul>				
<b>Padlocks for service entrance &amp; distribution boxes should be in place and operational.</b>				
<b>Poles - Annual Testing</b>				
<b>Check to see that poles aren't leaning.</b>				
<b>Check wood poles for decay or twisting. Twisted pole may require re-aiming of fixtures.</b>				
<ul style="list-style-type: none"> <li>Effective Sept. 1, 1994 wood poles are no longer approved on new installations.</li> </ul>				
<b>Check base-plate of steel poles for signs of deterioration.</b>				
<ul style="list-style-type: none"> <li>Check anchor bolt for signs of corrosion.</li> <li>Check grouting under pole to make sure proper drainage exists.</li> </ul>				
<b>Check bolts and fittings for tightness.</b>				
<ul style="list-style-type: none"> <li>Check all metal parts for signs of corrosion.</li> </ul>				
<b>Check to see that wiring covers are in place.</b>				
<b>Check all cables and conduits.</b>				
<ul style="list-style-type: none"> <li>Pull on conduit to check for looseness.</li> <li>Check for loose fittings and damaged conduit.</li> <li>All cables should be straight and properly strapped.*</li> <li>If cables are exposed to the elements, make sure the insulation has the proper rating.*</li> </ul>				
<b>Check overhead wiring.</b>				
<ul style="list-style-type: none"> <li>Wiring should be properly secured</li> <li>Check that new growth on tree branches and limbs won't obstruct or interfere with overhead wiring.</li> </ul>				
<b>Luminaires</b>				
<b>Check fixture housings.</b>				
<ul style="list-style-type: none"> <li>Housings should show no sign of cracking and/or water leakage.</li> </ul>				
<b>Check lenses.</b>				
<ul style="list-style-type: none"> <li>Clean lenses.</li> <li>Replace broken lenses.</li> </ul>				
<b>Replace burned-out lamps.</b>				
<b>Check luminaire fuses.</b>				
<ul style="list-style-type: none"> <li>Replace burned-out fuses.</li> <li>Fuses should be the correct size.</li> <li>All fuses should be operational.</li> </ul>				
<b>Insulation covering on wiring should show no signs of wear or cracking.</b>				
<b>Ground wire connections must be secure.</b>				
<b>Check around ballasts for signs of blackening.</b>				
<b>Check that capacitors aren't bulging.</b>				
<b>Check aiming alignment of all fixtures.</b>				
<ul style="list-style-type: none"> <li>On wooden poles, see if crossarms are still aligned with the field and horizontal.</li> </ul>				
<b>Ground - Annual Testing</b>				
<b>Check grounding connections.*</b>				
<b>Check nearby metal objects.</b>				
<ul style="list-style-type: none"> <li>Make sure metal bleachers and other metal objects are located at least 6' from the electrical components.</li> <li>Metal objects, such as bleachers, must have their own individual grounding system.</li> </ul>				

\* These tests and/or repairs require the services of a qualified electrician.

**OXFORD LITTLE LEAGUE  
FIELD AND SAFETY CHECKLIST  
Page 1 of 2**

All umpires, managers and coaches are responsible for checking field safety conditions before each game. Repairs needed?  
SAFETY FIRST BE ALERT!  
CHECK PLAYING FIELD FOR HAZARDS  
PLAYERS MUST WEAR PROPER EQUIPMENT ENSURE EQUIPMENT IS IN GOOD SHAPE MAINTAIN CONTROL OF THE SITUATION MAINTAIN DISCIPLINE BE ORGANIZED KNOW PLAYERS' LIMITS AND DON'T EXCEED THEM MAKE IT FUN!

**PLEASE ANSWER YES OR SUPPLY COMMENT WITH NO ANSWER**

- Weather Conditions -----
- Field Condition -----
- Catchers Equipment -----
- Backstop secure -----
- Shin guard -----
- Home plate secure -----
- Helmets LL approved -----
- Bases Secure -----
- Bases repaired -----
- Throat protector -----
- Pitchers mound -----
- Catchers cup -----
- Batters box level -----
- Chest protector -----
- Batters box marked -----
- Standing Water -----
- Grass surface (even) -----
- Gopher holes repaired -----
- Safety Equipment -----
- First-aid Kit each team -----
- Foul lines marked -----
- Ice for injuries -----
- Safety Manual Present -----



**OXFORD LITTLE LEAGUE  
FIELD AND SAFETY CHECKLIST  
Page 2 of 2**

Injury report forms -----

Dugouts -----

Players Equipment -----

Fencing needs repair -----

Batting helmets -----

Bench needs repair -----

Jewelry removed -----

Bats inspected -----

Shoes checked -----

Uniforms checked -----

Athletic cups -----

**Spectator Areas**

Bleachers need repair -----

No smoking Enforced -----

Parking area safe -----

Protective screens -----

Bleachers clean -----

OXFORD LITTLE LEAGUE PRELIMINARY ACCIDENT REPORT

NAME: (injured) \_\_\_\_\_ DATE: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_
TEAM: \_\_\_\_\_ MANAGER \_\_\_\_\_

DIVISION IN WHICH ACCIDENT OCCURRED
SENIOR\_ JUNIOR\_ MAJOR\_ AAA\_ MINOR\_ T-BALL\_

No treatment needed
First Aid at field
To doctor
To hospital
Other

Struck by: Collided with: Circle those that apply

- 1. Pitched ball 5. Fence 8. Tripped
2. Batted ball 6. Backstop 9. Fell
3. Thrown ball 7. Hit dirt too hard by sliding 10. Over exertion
4. Bat 8. Umpire, Manager, Coach 11. Pre-existing Med. Cond.

Unsafe Conditions? Yes No

- 1. Uneven field surface such as holes, humps, etc.
2. Foreign objects, such as glass, rakes, stones, etc.
3. Congestion during practice or games
4. Weather conditions, such as rain, sun, darkness
5. Lack of poor-fitting, protective equipment.
6. Other \_\_\_\_\_

Unsafe Acts? Yes No Circle those that apply

- 1. Mishandled ball 9. Poor running form
2. Mishandled bat 10. Wild pitch
3. Poor evasive action 11. Wild throw
4. Incorrect sliding form 12. Wild swing
5. Not watching the ball 13. Distracted
6. Awkward position 14. Lack of attention
7. Player out of position 15. Horseplay
8. Lack of grip on bat 16. Other

Brief Statement of What Happened \_\_\_\_\_

NOTE: This form is for OLL Little League purposes only. When an accident happens obtain as much information as possible Send a copy of this form to the OLL Safety Officer and he or she will forward it on to Little League Headquarters in Williamsport and the District Safety Officer. The reason for this form is to establish a record of all accidents prior to any legal issues and to provide Little League Baseball, Incorporated and Oxford Little League with advanced information