2023 SAFETY MANUAL

Morristown Area American Little League Safety Manual

This manual provides important information intended to ensure our children have the best possible baseball experience in the safest possible environment. Thank you for your shared commitment to this goal.

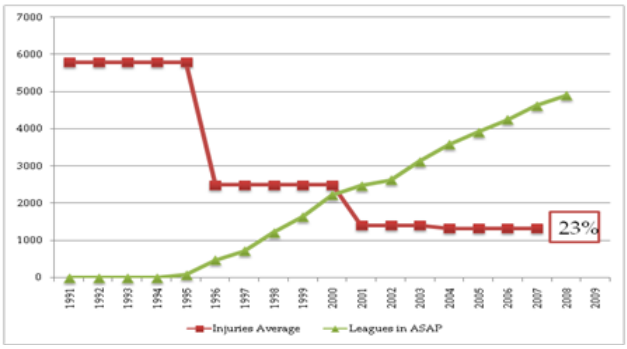
Introduction

Date: January 1, 2023
To: All Morristown American Area Little League Managers and Coaches
From: Matthew Mirett, Safety Officer

MAALL is committed to creating the best possible baseball experience for all participating children, which includes maintaining the safest possible environment for them to play.

In order to ensure that we meet this objective, this Safety Manual has been prepared in accordance with the ASAP program standards set forth by Little League International. The goal of the ASAP program is *"to increase awareness of the opportunities to provide a safer environment for kids and all Little League participants."* Since its inception, ASAP has been very successful in raising awareness and reducing injuries.

Comparing Injury Reduction to Safety Plan Growth in Little League



As part of training, a Coaching Fundamentals and Safety training class will be conducted. Instructions to register have been provided to all coaches.

- State Little League Safety Clinic (BY ZOOM): Thursday, March 9, 2023; 7:30PM – 9:00PM
- Register in advance for this meeting: https://us02web.zoom.us/meeting/register/tZIud--rqzkvGNZwYC1NwO21rUAMMzIRd6iA

- MAALL Coaches Clinic and CPR Training (IN PERSON): Sunday, March 12, 2023; 3:00PM
- IN PERSON at Woodland Fire Company/Ginty Firehouse Meeting Room Upstairs.

- RUTGERS Safety Clinic Course (BY ZOOM): Wednesday, March 15, 2023; 6:30 – 9:30 PM
- Registration info will be provided to those who have never taken this course.

One representative from each team (coach or manager) is required to attend such a training class each year. For returning coaches, it is important to note that that all coaches and managers are required to attend training for both fundamentals and safety at least once every three years.

In addition to this training, you are also obligated to read the enclosed documents to better understand the League's safety requirements. We will also supplement such guidance to managers, coaches and other individuals, as appropriate, as guided by Little League International regarding COVID related issues. We will follow Morris Township guidelines as to COVID related issues.

Please share this information with your coaches. If you require additional copies, please let me know.
I can be reached at: Cell Phone: 347-715-0032; Email: matthew.mirett@gmail.com
If you have any questions or suggestions related to league safety, please contact me at any time.
Have a wonderful, safe season.

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Emergency Numbers

Below is a list of contacts for reference in case of an emergency. These numbers will be posted in the snack stand in case you don't have them on hand.

1. Board of Directors Contact Info:

    - League President, Priya Hunter
        - Cell Phone: 201-725-6843
        - Email: priyavhunter@gmail.com
    - VP, Operations, Pete Summa
        - Cell Phone: 973-886-0089
        - Email: mapsumma@gmail.com
    - Safety Officer, Matthew Mirett
        - Cell Phone: 347-715-0032
        - Email: matthew.mirett@gmail.com
    - Secretary, Stephanie Vieira
        - Cell Phone: 215-391-2142
        - Email: svieira1129@gmail.com
    - Player Agent, John Byram
        - Cell Phone: 201-317-8380
        - Email: jbyram100@gmail.com

2. Emergency Numbers
    a. **Police/Fire/EMT**
        - 911
    - **First Aid Squad**
        - (973) 539-1776
    - **AAPCC Poison Control Center**
        - **(800) 222-1222**

Emergency Numbers

3. Non-Emergency Numbers
    - Morristown Police Department – Non-Emergency
      (973) 539-0777
    - Morris Township Fire Department – Non-Emergency
      (973) 326-7435
4. Morristown Water Department
    - (973) 326-7459
5. Morristown Medical Center - 100 Madison Avenue, Morristown (973) 971-5000
    - Map

Emergency Contact Procedures

In the event of a serious injury, do not hesitate to dial 911 for medical assistance. It is strongly recommended that a manager, coach or parent have a cellular phone at each game or practice. This is especially important when practice is held at Green Field in Cromwell Hills, Mennen Field or Normandy Field at the Normandy School where no public phone is available. If an accident occurs at one of these locations and there is no cellular phone available, a coach (not a player) should request a neighbor to dial 911. Ginty and Woodland fields have access to a public phone in the Ginty parking lot. In addition, the Morris Township Police (973) 539-0777 and Woodland Fire Department (973) 326-7460 are adjacent to Ginty Field.

The most important help you can provide to a victim who is seriously injured is to call for professional medical help. Be sure that you or another caller follows these steps.

1. **First dial 9-1-1.**
2. **Give the dispatcher the necessary information. Answer questions that he/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. as well as the field name and location of the facility, if applicable.
            - You are at Ginty field, located on Woodland Avenue across from the Morris Township town hall and next to the Police Station which is 49 Woodland Avenue.
            - Cross-streets are Woodland Avenue and Dwyer Lane.
        - The telephone number from which the call is being made.
        - The caller's name.
        - What happened — i.e., a baseball-related accident, bicycle accident, fire, fall, etc.
        - How many people are involved?
        - The condition of the injured person — i.e., unconscious, chest pains, or severe bleeding.
        - What help is being given (first aid, CPR, etc.).
        - Do not hang up until the dispatcher hangs up

Emergency Contact Procedures (continued)

3. **The dispatcher may be able to tell you how to best care for the victim.**
    - Continue to care for the victim until professional help arrives.
    - Appoint someone to go to the street and look for the ambulance or fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.
4. **When to report an injury.**
    - Within 48 hours of occurrence.
    - An accident that causes any player, manager, coach, umpire or volunteer to receive medical treatment and/or first aid must be reported to the League Safety Director.
5. **How to report.**
    - Fill out an Accident Report Form
    - Report it to: Matt Mirett – League Safety Officer or Priya Hunter, President
    - Matt Mirett: Cell phone- 347-715-0032; email- matthew.mirett@gmail.com
    - Priya Hunter – Cell phone- 201-725-6843; Email: priyavhunter@gmail.com

6. Important **Do's** and **Don'ts** in the Event of an Injury:
    - **Do…**
        - Reassure and aid children, who are injured, frightened or lost.
        - Provide or assist in obtaining medical attention for those who require it.
        - Know your limitations.
        - Assist those who require medical attention – and when administering aid, remember to…
            - **LOOK** for signs of injury (blood, black and blue, deformity of joint etc.)
            - **LISTEN** to the injured party describe what happened and what hurts if conscious.
            - **FEEL** gently and carefully the injured area for signs of swelling, or grating of broken bone.
        - Have your players' Medical Clearance Forms with you at all games and practices (make extra copies for your coaches).
        - Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have public phones.
    - **Don't…**
        - Administer any medications.
        - Provide any food or beverages (other than water).
        - Hesitate in giving aid when needed.
        - Be afraid to ask for help if unsure of the proper procedures (i.e. CPR).

- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the Director of Safety immediately.

Emergency Procedures

GET MEDICAL ATTENTION FOR ALL INJURIES

It is very important for you to get immediate treatment for every injury, regardless how small you may think it is. Many cases have been reported where a small unimportant injury, such as a splinter wound or a puncture wound, quickly led to an infection, threatening the health and limb of the employee. Even the smallest scratch is large enough for dangerous germs to enter, and in large bruises or deep cuts, germs come in by the millions. Immediate examination and treatment is necessary for every injury.

What is first aid? It is simply those things you can do for the victim before medical help arrives. The most important procedures are described below.

CONTROL BLEEDING WITH PRESSURE

Bleeding is the most visible result of an injury. Each of us has between five and six quarts of blood in our body. Most people can lose a small amount of blood with no problem, but if a quart or more is quickly lost, it could lead to shock and/or death. One of the best ways to treat bleeding is to place a clean cloth on the wound and apply pressure with the palm of your hand until the bleeding stops. You should also elevate the wound above the victim's heart, if possible, to slow down the bleeding at the wound site. Once the bleeding stops, do not try to remove the cloth that is against the open wound as it could disturb the blood clotting and restart the bleeding. If the bleeding is very serious, apply pressure to the nearest major pressure point, located either on the inside of the upper arm between the shoulder and elbow, or in the groin area where the leg joins the body. Direct pressure is better than a pressure point or a tourniquet because direct pressure stops blood circulation only at the wound. Only use the pressure points if elevation and direct pressure haven't controlled the bleeding. Never use a tourniquet (a device, such as a bandage twisted tight with a stick, to control the flow of blood) except in response to an extreme emergency, such as a severed arm or leg. Tourniquets can damage nerves and blood vessels and can cause the victim to lose an arm or leg.

TREAT PHYSICAL SHOCK QUICKLY

Shock can threaten the life of the victim of an injury if it is not treated quickly. Even if the injury doesn't directly cause death, the victim can go into shock and die. Shock occurs when the body's important functions are threatened by not getting enough blood or when the major organs and tissues don't receive enough oxygen. Some of the symptoms of shock are a pale or bluish skin color that is cold to the touch, vomiting, dull and sunken eyes, and unusual thirst. Shock requires medical treatment to be reversed, so all you can do is prevent it from getting worse. You can maintain an open airway for breathing, control any obvious bleeding and elevate the legs about 12 inches unless an injury makes it impossible. You can also prevent the loss of body heat by covering the victim (over and under) with blankets. Don't give the victim anything to eat or drink because this may cause vomiting. Generally, keep the victim lying flat on the back.

MOVE THE INJURED PERSON ONLY WHEN ABSOLUTELY NECESSARY

Never move an injured person unless there is a fire or when explosives are involved. The major concern with moving an injured person is making the injury worse, which is especially true with spinal cord injuries. If you must move an injured person, try to drag him or her by the clothing around the neck or shoulder area. If possible, drag the person onto a blanket or large cloth and then drag the blanket. (See Figure 4.)

PERFORM THE HEIMLICH MANEUVER ON CHOKING VICTIMS

Ask the victim to cough, speak, or breathe. If the victim can do none of these things, stand behind the victim and locate the bottom rib with your hand. Move your hand across the abdomen to the area above the navel then make a fist and place your thumb side on the stomach. Place your other hand over your fist and press into the victim's stomach with a quick upward thrust until the food is dislodged.

FLUSH BURNS IMMEDIATELY WITH WATER

There are a many different types of burns. They can be thermal burns, chemical burns, electrical burns or contact burns. Each of the burns can occur in a different way, but treatment for them is very similar. For thermal, chemical or contact burns, the first step is to run cold water over the burn for a minimum of 30 minutes.) If the burn is small enough, keep it completely under water. Flushing the burn takes priority over calling for help. Flush the burn FIRST. If the victim's clothing is stuck to the burn, don't try to remove it. Remove clothing that is not stuck to the burn by cutting or tearing it. Cover the burn with a clean, cotton material. If you do not have clean, cotton material, do not cover the burn with anything. Do not scrub the burn and do not apply any soap, ointment, or home remedies. Also, don't offer the burn victim anything to drink or eat, but keep the victim covered with a blanket to maintain a normal body temperature until medical help arrives.

If the victim has received an electrical burn, the treatment is a little different. Don't touch a victim who has been in contact with electricity unless you are clear of the power source. If the victim is still in contact with the power source, electricity will travel through the victim's body and electrify you when you reach to touch. Once the victim is clear of the power source, your priority is to check for any airway obstruction, and to check breathing and circulation. Administer CPR if necessary. Once the victim is stable, begin to run cold water over the burns for a minimum of 30 minutes. Don't move the victim and don't scrub the burns or apply any soap, ointment, or home remedies. After flushing the burn, apply a clean, cotton cloth to the burn. If cotton is not available, don't use anything. Keep the victim warm and still and try to maintain a normal body temperature until medical help arrives.

USE COOL TREATMENT FOR HEAT EXHAUSTION OR STROKE

Heat exhaustion and heat stroke are two different things, although they are commonly confused as the same condition. Heat exhaustion can occur anywhere there is poor air circulation, such as around an open furnace or heavy machinery, or even if the person is poorly adjusted to very warm temperatures. The body reacts by increasing the heart rate and strengthening blood circulation. Simple heat exhaustion can occur due to loss of body fluids and salts. The symptoms are usually excessive fatigue, dizziness and disorientation, normal skin temperature but a damp and clammy feeling. To treat heat exhaustion. move to the victim to a cool spot and encourage drinking of cool water and rest.

Heat stroke is much more serious and occurs when the body's sweat glands have shut down. Some symptoms of heat stroke are mental confusion, collapse, unconsciousness, fever with dry, mottled skin. A heat stroke victim will die quickly, so don't wait for medical help to arrive--assist immediately. The first thing you can do is move the victim to a cool place out of the sun and begin pouring cool water over the victim. Fan the victim to provide good air circulation until medical help arrives.

RESPOND APPROPRIATELY TO THE FORM OF POISONING

The first thing to do is get the victim away from the poison. Then use provide treatment appropriate to the form of the poisioning. If the poison is in solid form, such as pills, remove it from the victim's mouth using a clean cloth wrapped around your finger. Don't try this with infants because it could force the poison further down their throat. If the poison is a gas, you may need a respirator to protect yourself. After checking the area first for your safety, remove the victim from the area and take to fresh air. If the poison is corrosive to the skin, remove the clothing from the affected area and flush with water for 30 minutes. Take the poison container or label with you when you call for medical help because you will need to be able to answer questions about the poison. Try to stay calm and follow the instructions you are given. If the poison is in contact with the eyes, flush the victim's eyes for a minimum of 15 minutes with clean water.

The Ten Commandments of Safety

1. **BE ALERT**
2. **CHECK PLAYING FIELD FOR SAFETY HAZARDS**
3. **WEAR PROPER EQUIPMENT**
4. **ENSURE EQUIPMENT IS IN GOOD CONDITION**
5. **ENSURE FIRST AID IS AVAILABLE**
6. **MAINTAIN CONTROL OF THE SITUATION**
7. **MAINTAIN DISCIPLINE**
8. **SAFETY IS A TEAM SPORT**
9. **BE ORGANIZED**
10. **HAVE FUN**

Overview of Key Safety Points

Managers and coaches must:

1. Inspect the field of play for holes in fences, damage to playing surface, glass and other objects. Damage should be reported to the League Safety Director.
2. Store all team equipment in the team dugout, or behind screens and not within the area defined by the umpires as "in play".
3. Inspect equipment for the condition of the equipment as well as for proper fit.
4. Have all players' medical release forms with them at every practice and game.
5. Have a first aid kit at all practices and all games.
6. Have access to a telephone in case of emergencies.
7. Know where the closest emergency shelter is in case of severe weather.
8. Ensure warm-up procedures have been completed by all players.
9. Stress the importance of paying attention - no "fooling around".
10. Instruct the players on proper fundamentals of the game to ensure safe participation.

Other issues to consider:

1. Each practice should have at least 2 coaches in case of an emergency.
2. Arrangements should be made in advance of all games and practices for emergency medical services.
3. No games or practices should be held when weather or field conditions are bad, particularly with lightning.
4. Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
5. Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and coaches.
6. During practice and games, all players should be alert and watching the batter on each pitch.
7. During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
8. All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (i.e., playing catch, pepper, swinging bats, etc.).
9. Batters must wear Little League approved protective helmets during batting practice and games.

Overview of Key Safety Points (continued)

10. Catcher must wear catcher's helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter at all times (males) for all practices and games**. NO EXCEPTIONS**.
11. Managers should encourage all male players to wear protective cups and supporters for practices and games.
12. Except when runner is returning to a base, head-first slides are **not** permitted.
13. During sliding practice, bases should not be strapped down or anchored.
14. Parents of players who wear glasses should be encouraged to provide "safety glasses."
15. Player must not wear watches, rings, pins or metallic items during games and practices.
16. The catcher must wear catcher's helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bullpen during a game and also during practices.
17. Managers and Coaches may NOT warm up pitchers before or during a game.
18. On-deck batters are not permitted (except in Junior/Senior/Big League Divisions).
19. Heart guards/chest protectors are **strongly recommended** for all players.

Game and Practice Safety Measures

1. No games or practice sessions will be held when weather or field conditions are not good, or when lighting is inadequate.
2. In the event of lightning, all activity shall stop.
    a. Players must return to their parent/guardian and asked to wait inside their car for further instructions.
    b. No one should carry a bat during this time.
    c. Activity may continue after the threat of lightning has passed (30 minutes after the last flash)
3. **On-deck circles are not permitted.** That means no player, other than the batter at the plate, should hold or swing a bat. This includes the on-deck batter. Managers and coaches are REQUIRED to enforce this safety rule, which will be closely monitored.
4. Managers and coaches are prohibited from conducting a practice unless there is at least one other adult present to supervise the players in the event of an accident. If you know that you will be conducting a practice alone call a parent in advance and ask that they be present. All bats and loose equipment must be removed from the field. If a player is assigned this task, that player will wear a helmet when collecting bats and other equipment during a game.
5. Only Background Cleared managers, coaches, umpires and players are permitted on the playing field or in the dugout during games and practice sessions.
6. On hot days, make sure players are properly hydrated.
7. All players should be alert and watching the batter on each pitch.
8. Managers are required to have a phone available during all practices/games. If a manager does not have a cell phone available, a parent/volunteer or coach must be identified to stay during the entire practice.
9. Notify the appropriate League Director if any manager is not following the safety code or is not following safe procedures.

Field Inspections

One of the most important things you can do to keep players safe is to make sure the field of play is safe. The following signs will be posted around the facility as a reminder that each coach should take care to implement these procedures. You will see that they include a field check, equipment safety, first aid kit availability and proper warm-up drills.

Equipment Inspection and Replacement

All equipment shall be inspected before each use. Regular safety inspection of equipment is essential. Managers, coaches, and umpires should:

1. Be sure all equipment is LL approved
2. Inspect all bats, helmets, and other equipment on a regular basis. Dispose of unsafe equipment properly.
3. Make sure equipment issued to you is appropriate for the age and size of the kids on your team including properly fitting helmets and catchers gear.
4. If you find that the equipment does not fit properly contact the Equipment Manager for replacements.
5. Make sure that players respect the equipment that is issued.
6. Base Coaches
    a. Use of a helmet by a base coach who is a player is mandatory.
    b. Use of a helmet by an adult base coach is optional.
7. Catchers
    a. Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
    b. 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.
    c. 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.

8. Bats
    a. If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
    b. Bats with dents, or that are fractured in any way, must be removed from play and discarded

9. Balls:
    a. Only Official Little League balls will be used during practices and games.
10. Replace questionable equipment immediately by notifying the MAALL Equipment Manager.

First Aid Kits

Every team will be supplied a first aid kit for use at both practices and games. They will be located in the Coaches equipment room.

The first aid kit should contain ice in bags or cold packs for use anytime you have an injury to help reduce the pain and potential swelling. If using chemical cold packs, be cautious using around the face in case of leaks. Also, bandages, both large and small, gauze, and some kind of dressing material like an Ace wrap or elastic wrap to hold gauze in place. Kits should also provide water or a cleanser (antiseptic wipes, etc.) to clean abrasions or cuts. Latex or rubber gloves should be included, as well as a small bag to properly dispose of blood and blood-soiled items like wipes or towelettes.

Please check your kits to ensure they contain the following:

- Bandages — sheer and flexible
- Non-stick pads — assorted sizes
- Soft-Gauze bandages
- Oval eye pads
- Triangular bandage
- Hypo-allergenic first aid tape in dispenser
- 2-inch elastic bandage
- Antiseptic wipes
- First aid cream
- Instant cold pack
- Scissors
- Tweezers
- First aid guide
- Disposable gloves

Automatic External Defibrillator (AED)

The League provides CPR training to all managers and assistant coaches at no cost to the coaches. The training includes proper use of an AED machine. An AED machine is kept at Ginty Field and is visible to all individuals on the premises near the snack stand/coaches' equipment room. A second AED - which is portable and can be found in the coaches' equipment room - is available for use at other locations, including the Woodland fields. Coaches who use the Woodland Fields are strongly advised to bring the portable AED machine with them to those fields.

An AED is a portable device that analyzes the heart's rhythm and determines if an electric shock is needed to restore an effective rhythm. An AED can deliver that shock, either automatically, or with the push of a button. An AED is not a replacement for CPR or quick activation of the EMS system. Always give CPR until an AED is ready to use.

Let's talk about when to use an AED.
You still start out, as always, with the emergency action steps: Check, Call 911, Care.
If, during your check, you find no signs of life, assume that the heart is not functioning properly. Make sure someone has called 911 for help, and use the AED immediately. If an AED is not available right away, give CPR until an AED is at the scene and ready to use.

CARDIAC ARREST/AED STEPS

- Turn on the AED
- Wipe the chest dry
- Attach pads to bare chest
- Plug in the connector, if necessary
- Make sure no one, including you, is touching the person.

  Tell everyone to **"STAND CLEAR!"**
- Push the analyze button if necessary, let the AED analyze heart rhythm

If AED advises you to shock the person:

- Make sure no one, including you, is touching the person.

  Tell everyone to **"STAND CLEAR!"**
- Push the "shock" button, if necessary.

Weather Condition Procedures

The following is intended to serve as guidance for when bad weather is approaching as well as how to deal with severe storms where lightening is present.

Before the Storm

1. Check the weather forecast before leaving for a game or practice
2. Watch for signs of an approaching storm
3. Postpone outdoor activities if storms are imminent

Approaching Thunderstorm

1. Take caution when you hear thunder.
2. If you hear thunder, you are close enough to get struck by lightning. During a game, the umpire will clear the field in the event of an approaching storm.
3. Move to a safe environment immediately. Do not go under a tree or stay in the dugout.
4. If lightening is occurring and there is not sturdy shelter near, get inside a hard top automobile and keep the window up.
5. Stay away from water, metal pipes, and telephone lines.
6. Unplug appliances not necessary for obtaining weather information. Avoid the telephone except for emergency use only.
7. Turn off air conditioners.

If caught outdoors & no shelter exists

1. Find a low spot away from trees, fences, light poles, and flagpoles. Make sure the site you pick is not prone to flooding.
2. If in the woods, take cover under shorter trees.
3. If you feel your skin begin to tingle or your hair feels like its standing on end, squat low to the ground, balancing on the balls of your feet. Make yourself the smallest possible target, tuck your head between your legs, and minimize your contact with the ground.

What to do if someone is struck by lightning

1. The person who has been struck will carry no electrical charge; therefore, they are safe to touch.
2. **Call 9-1-1** as soon as possible for help.
3. Check for burns to the body.
4. Give first aid as needed.
5. If breathing and/or heartbeat have stopped, perform CPR until EMS arrives.
6. Contact the league Safety Officer or President ASAP.

Suggestions for Warm Up Drills

Heel Cord Stretches

Lean against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Slightly bend the leg that's closer to the wall. Lean forward. You should feel the stretch along the back of your calf. Repeat with other leg.

Head and Neck Circles

Make a circle with your head, going around first in one direction five times. Then reverse and make five circles in the opposite direction.

Low Back Stretches

Lie on your back, bring one knee up, and pull the knee slowly toward your chest. Hold and repeat three times. Switch legs and repeat.

Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.

Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.

Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.

Thigh Stretches #1

Sit on the ground. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on you knees. You should feel the stretch along the backs of your legs.

Thigh Stretches #2

Sit on the ground with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.

Injury Reporting

All injuries must be reported. On the following page is an example of the Accident Notification Form that should be used when players are injured. The report is to be filled out by a league official and signed by the league president and sent to Little League International Headquarters. The Incident Tracking Form must be used for ALL accidents whether they require medical attention or not. This is important because Little League not only needs to deal with kids seriously injured, but track trends in injuries. By doing so in the past, the implementation of moveable bases were implemented, significantly reducing not only major ankle, foot and leg injuries, but also minor strains and sprains as well.

Accident Reporting Procedures

1. **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 league safety officer within 48 hours of incident. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.
2. **When to Report**
   All such incidents described above must be reported to the Safety Officer within 48 hours of the incident. The Safety Officer is Matthew Mirett who can be reached at matthew.mirett@gmail.com or (347) 715-0032.
3. **How to Make the Report**
   Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be given:
   a. Name and phone number of the person involved
   b. Date, time, and location of the incident
   c. As detailed a description of the incident as possible
   d. Preliminary estimation of the extent of any injuries
   e. Name and phone number of the person reporting the incident.
4. **Safety Officer's Responsibilities**
   Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and:
   a. Verify the information received;
   b. Obtain any other information deemed necessary;
   c. Check on the status of the injured party; and
   d. In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Little League's insurance coverages and the provisions for submitting any claims. If the extent of the injuries are more than minor in nature, the Safety Officer shall periodically call the injured party to (1) check on the status of any injuries, and (2) to check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the league again).

For Local League Use Only

Activities/Reporting

A Safety Awareness Progra
Incident/Injury Tracking Re

League Name: _____ League ID: ____ - ___ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: ☐ Male ☐ Fe

City: _____ State _____ ZIP: _____ Home Phone: ( ) _____

Parent's Name (If Player): _____ Work Phone: ( ) _____

_____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

A.) ☐ Baseball ☐ Softball ☐ Challenger ☐ TAD

B.) ☐ Challenger ☐ T-Ball ☐ Minor ☐ Major ☐ Intermediate (50/70)
☐ Junior ☐ Senior ☐ Big League

C.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event
☐ Travel to ☐ Travel from ☐ Other (Describe): _____

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

D.) ☐ Batter ☐ Baserunner ☐ Pitcher ☐ Catcher ☐ First Base ☐ Secor
☐ Third ☐ Short Stop ☐ Left Field ☐ Center Field ☐ Right Field ☐ Dugo
☐ 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 pract

Type of incident and location:

A.) On Primary Playing Field
- ☐ Base Path: ☐ Running *or* ☐ Sliding
- ☐ Hit by Ball: ☐ Pitched *or* ☐ Thrown *or* ☐ Batted
- ☐ Collision with: ☐ Player *or* ☐ Structure
- ☐ Grounds Defect
- ☐ Other: _____

B.) Adjacent to Playing Field
- ☐ Seating Area
- ☐ Parking Area

C.) Concession Area
- ☐ Volunteer Worker
- ☐ Customer/Bystander

D.) Off Ball Fie
- ☐ Travel:
- ☐ Car *or* ☐ Bik
- ☐ Walking
- ☐ League Activ
- ☐ Other: _____

Please give a short description of incident: _____

_____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to eval

Concussion Information

Players who experience one or more of the signs and symptoms listed below after a bump, blow or jolt to the head or body may have a concussion.

Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

Signs Observed by Coaching Staff

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

If a coach suspects that a player has sustained a concussion the following steps should be taken:

1. Immediately remove the athlete from play and inform the parents about possible concussion if not present.
2. Ensure that the player is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Keep the player out of play the day of the injury. Player should only return to play with permission from a health care profession, who is experienced in evaluating for concussion AND signature by the parent/guardian of a head injury information/awareness form. (Copy is attached)

Each head coach will be provided with copies of the following concussion fact sheets for distribution to the player's parent/guardians and must receive a signed acknowledgement confirming receipt of this information.

Concussion Information (continued)

A Fact Sheet for
YOUTH SPORTS PARENTS

HEADS UP CONCUSSION

This sheet has information to help protect your children or teens from concussion or other serious brain injury.

What Is a Concussion?

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

How Can I Help Keep My Children or Teens Safe?

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

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

How Can I Spot a Possible Concussion?

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

Signs Observed by Parents

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

Symptoms Reported by Children and Teens

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

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

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

GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

Concussion Information (continued)

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

Plan ahead.

What do you want your child or teen to know about concussion?

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

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

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

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

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

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

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

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

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

Revised 12/2015

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

To learn more, go to www.cdc.gov/HEADSUP

Concussion Information (continued)

A Fact Sheet for

YOUTH SPORTS COACHES

HEADS UP CONCUSSION

One of the main jobs of a youth sports coach is keeping athletes safe. This sheet has information to help you protect athletes from concussion or other serious brain injury, learn how to spot a concussion, and know what to do if a concussion occurs.

What Is a Concussion?

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

How Can I Help Keep Athletes Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. As a youth sports coach, your actions create the culture for safety and can help lower an athlete's chance of getting a concussion or other serious injury. Aggressive and/or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury. Here are some ways you can help keep your athletes safe:

Talk with athletes about the importance of reporting a concussion:

- Talk with athletes about any concerns they might have about reporting their concussion symptoms. Make sure to tell them that safety comes first and you expect them to tell you and their parent(s) if they think they have a concussion.

Create a culture of safety at games and practices:

- Teach athletes ways to lower the chances of getting a concussion.
- Enforce the rules of the sport for fair play, safety, and sportsmanship.
- Ensure athletes avoid unsafe actions such as:
  - Striking another athlete in the head;
  - Using their head or helmet to contact another athlete;
  - Making illegal contacts or checking, tackling, or colliding with an unprotected opponent; and/or
  - Trying to injure or put another athlete at risk for injury.
- Tell athletes that you expect good sportsmanship at all times, both on and off the playing field.

Plan ahead. How can you help encourage concussion reporting among your athletes?

Athletes May Try to Hide Concussion Symptoms

Among a group of almost 800 high school athletes:

69% **reported playing with concussion symptoms.**

40% **of these athletes said that their coach was not aware that they had a possible concussion.[1]**

Athletes may be less likely to tell their coach or athletic trainer about a possible concussion during a championship game or other important event.[2]

Keep up-to-date on concussion information:

- Review your state, league, and/or organization's concussion guidelines and protocols.
- Take a training course on concussion. CDC offers concussion training at no cost at www.cdc.gov/HEADSUP.
- Download CDC's *HEADS UP* app or a list of concussion signs and symptoms that you can keep on hand.

To learn more, go to www.cdc.gov/HEADSUP

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

Concussion Information (continued)

The Way You Talk and Think About Concussion Affects Athletes.

Make sure to tell athletes that safety comes first and you expect them to tell you and their parent(s) if they think they have a concussion.

HEADS UP CONCUSSION

Check out the equipment and sports facilities:

- Make sure all athletes wear a helmet that fits well and is in good condition when appropriate for the sport or activity. There is no "concussion-proof" helmet, so it is important to enforce safety rules that protect athletes from hits to the head and when a helmet falls off during a play.
- Work with the game or event administrator to remove tripping hazards and ensure that equipment, such as goalposts, have padding that is in good condition.

Keep emergency contact information handy:

- Bring emergency contact information for parents and health care providers to each game and practice in case an athlete needs to be taken to an emergency department right away for a concussion or other serious injury.
- If first responders are called to care for an injured athlete, provide them with details about how the injury happened and how the athlete was acting after the injury.

How Can I Spot a Possible Concussion?

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

Signs Observed by Coaches or Parents

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

Plan ahead. How can you help athletes lower their chance of getting a concussion?

Some athletes may not report a concussion because they don't think a concussion is serious.

They may also worry about:

- **Losing their position on the team or during the game.**
- **Jeopardizing their future sports career.**
- **Looking weak.**
- **Letting their teammates or the team down.**
- **What their coach or teammates might think of them.**[3,4,5]

Symptoms Reported by Athletes

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

NOTE: Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not be noticed or may not show up for hours or days.

Concussion Information (continued)

Enforce Safe Play. You Set the Tone for Safety.

As many as 25 percent of the concussions reported among high school athletes result from aggressive or illegal play.[6]

HEADS UP CONCUSSION

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

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

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

What Should I Do If I Think an Athlete Has a Possible Concussion?

As a coach, if you think an athlete may have a concussion, you should:

Remove the athlete from play.
When in doubt, sit them out!

Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a health care provider.
Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion. After you remove an athlete with a possible concussion from practice or play, the decision about return to practice or play is a medical decision that should be made by a health care provider. As a coach, recording the following information can help a health care provider in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body.
- Any loss of consciousness (passed out/knocked out) and if so, for how long.
- Any memory loss right after the injury.
- Any seizures right after the injury.
- Number of previous concussions (if any).

Inform the athlete's parent(s) about the possible concussion.
Let them know about the possible concussion and give them the HEADSUP fact sheet for parents. This fact sheet can help parents watch the athlete for concussion signs or symptoms that may show up or get worse once the athlete is at home or returns to school.

Ask for written instructions from the athlete's health care provider on return to play.
These instructions should include information about when they can return to play and what steps you should take to help them safely return to play.

Plan ahead. What should you do if you think an athlete has a concussion?

Concussions Affect Each Athlete Differently.

While most athletes with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with an athlete's parents if you notice their concussion symptoms come back after they return to play.

Concussion Information (continued)

Work with the athlete's health care provider and follow the five gradual steps for return to play. An athlete's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

HEADS UP CONCUSSION

Plan ahead. How can you help an athlete safely return to play after a concussion?

Why Should I Remove an Athlete With a Possible Concussion from Play?

The brain needs time to heal after a concussion. An athlete who continues to play with concussion has a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect an athlete for a lifetime. It can even be fatal.

What Steps Can I Take to Help an Athlete Return to Play?

An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a health care provider. When available, be sure to also work closely with your team's certified athletic trainer.

Below are five gradual steps that you, along with a health care provider, should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

BASELINE: Athlete is back to their regular school activities, is no longer experiencing symptoms from the injury when doing normal activities, and has a green light from their health care provider to begin the return to play process.

An athlete should only move to the next step if they do not have any new symptoms at the current step.

STEP 1: Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

STEP 2: Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight than a typical routine).

STEP 3: Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

STEP 4: An athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

STEP 5: An athlete may return to competition.

REMEMBER: It is important for you and the athlete's parent(s) to watch for concussion symptoms after each day's return to play progression activity. If an athlete's concussion symptoms come back, or he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him- or herself too hard. The athlete should stop these activities, and the athlete's health care provider should be contacted. After the okay from the athlete's health care provider, the athlete can begin at the previous step.

To learn more, go to www.cdc.gov/HEADSUP

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

[1] Rivara FP, Schiff MA, Chrisman SP, Chung SK, Ellenbogen RG, Herring SA. (2014). The effect of coach education on reporting of concussions among high school athletes after passage of a concussion law. Amer J Sports Med, May, 2014, 42(5):1197-1203.
[2] Bramley H, Patrick K, Lehman E, Silvis M. (2012). High school soccer players with concussion education are more likely to notify their coach of a suspected concussion. (2012). Clin Pediatr (Phila). 2012 April, 51(4):332-336.
[3] Kerr ZY, Register-Mihalik JK, Marshall SW, Evenson KR, Mihalik JP, Guskiewicz KM (2014). Disclosure and non-disclosure of concussion and concussion symptoms in athletes: Review and application of the socio-ecological framework. Brain Inj. 2014;28(8):1009-21.
[4] Register-Mihalik JK, Guskiewicz KM, McLeod TC, Linnan LA, Mueller FO, Marshall SW. (2013a). Knowledge, attitude, and concussion-reporting behaviors among high school athletes: A preliminary study. J Athl Train, July 12, 2013.
[5] Chrisman, S. P., Quitiquit, C., Rivara, F. P. (2013). Qualitative Study of Barriers to Concussive Symptom Reporting in High School Athletics. J Adolesc Health. March, 2013, 52(3): 330-335.
[6] Collins CL, Fields SK, Comstock RD. (2008). When the rules of the game are broken: What proportion of high school sports-related injuries are related to illegal activity? Inj Prev, 14(1):34-38.

The information provided in this fact sheet or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to your physician or other healthcare provider.

5/2015

Concussion Information (continued)

Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district's graduated return-to-play protocol.

Quick Facts

- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion

Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)

- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall

Symptoms of Concussion (Reported by Student-Athlete)

- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision
- Sensitivity to light/sound
- Feeling of sluggishness or fogginess
- Difficulty with concentration, short term memory, and/or confusion

Concussion Information (continued)

What Should a Student-Athlete do if they think they have a concussion?

- **Don't hide it**. Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- **Report it**. Don't return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **Take time to recover**. If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

What can happen if a student-athlete continues to play with a concussion or returns to play to soon?

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing-even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:

- **Step 1**: Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
- **Step 2:** Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- **Step 3:** Sport-specific exercise including skating, and/or running: no head impact activities. The objective of this step is to add movement.
- **Step 4:** Non contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- **Step 5:** Following medical clearance (consultation between school health care personnel and student-athlete's physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- **Step 6:** Return to play involving normal exertion or game activity.

For further information on Sports-Related Concussions and other Head Injuries, please visit:

www.cdc.gov/concussion/sports/index.html www.nfhs.com
www.ncaa.org/health-safety www.bianj.org www.atsnj.org

_____	_____	_____
Signature of Student-Athlete	Print Student-Athlete's Name	Date
_____	_____	_____
Signature of Parent/Guardian	Print Parent/Guardian's Name	Date

Volunteer Applications and Safety checks

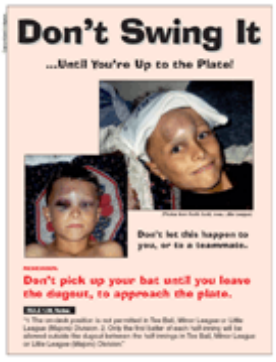
2023 Little League Volunteer Application

https://www.littleleague.org/downloads/volunteer-application/

Code of Conduct

1. **Coaches**
   a. **Speed Limit 5 mph** in roadways and parking lots while attending any Morristown Area American Little League (MAALL). Watch for small children around parked cars.
   b. **No Alcohol** allowed in any parking lot, field, or common areas within the MAALL Little League complex.
   c. **No SMOKING or Tobacco products** of any kind (including spit tobacco) allowed in any common areas within the MAALL complex.
   d. **No Profanity allowed** in any parking lot, field, or common areas within the MAALL complex.
   e. **Observe all posted signs.**
   f. All gates to the field must remain closed at all times.
   g. After players have entered or left the playing field, gates should be closed and secured.
   h. **No children under age of 16** are to be permitted in the Snack Stand.

2. **Children (with Coaches direction)**
   a. **No Swinging Bats** or throwing baseballs at any time within the walkways and common areas of the Little League complex.
   b. **No Playing in parking lots** at any time.
   c. No playing on and around lawn/maintenance equipment.
   d. **No throwing balls against dugouts** or against backstop.
   e. **No throwing rocks** and no climbing fences.
   f. Only a player on the field and at bat may swing a bat (Ages 5 - 12).



g. Players and spectators should be alert at all times for Foul Balls and Errant Throws.
h. During game, players must remain in the dugout area in an orderly fashion at all times.
i. After each game, each team must clean up trash in dugout and around stands.

Failure to comply with the above may result in expulsion from the MAALL field or complex.

Fundamental Training

No matter what age, being in shape is just good sense for athletes, young and old, to play their best. Studies show that athletes who are in good physical condition experience fewer injuries than those who aren't. What is outlined below are some fundamental conditioning concepts. Please consider this information when training your team. Please keep in mind that the conditioning work you do should be appropriate for the age of the players you are coaching. The information below is good background information to use as guidance.

1. Keys to conditioning:
    a. Fitness conditioning
    b. Weight conditioning
    c. Plyometrics
    d. Agilities drills
    e. Core strength training

    You should not get too serious too early with conditioning for the younger players. Most kids 5-8 years old are getting all the exercise they need to build their muscles to play by playing. Modify the amount and intensity of workouts for the age of the participants. Just developing good, moderate training habits with the players will help them as they grow.

2. Fitness conditioning
    For fitness training, consider jogging, biking, aerobics and anything that gets the cardio-vascular system pumping blood. Sustaining elevated heart and lung functions helps the body prepare for hard exercise, and increases the body's ability to function at this increased activity level for longer periods. Fitness training also is beneficial for weight management, for more sedentary players.

3. Weight conditioning
    Weight training should only be considered for those 12 years of age or older, as younger bodies are still growing and developing. Placing too much stress on growth plates and other fragile areas through weight training can cause developmental injuries. For the older athlete, weight training offers increased lean body mass for higher metabolism and healthier, stronger muscles. All major muscle groups should be worked: chest, arms, shoulders, back and legs.

    Examples:

a. Chest — bench press, flies
b. Arms — biceps curls, triceps extensions
c. Shoulders — military press, dips, shrugs
d. Back — rows, pull-downs
e. Legs — squats, leg curls, leg extensions

Fundamental Training (continued)

4. Plyometrics
   This is explosive training to increase the player's bounding abilities, and overall speed and energy. While many weight programs train the muscles for slow, strong movement, plyometrics trains the muscles to have faster, explosive force, especially important in the pitching motion.

   Examples:
   a. Single leg bounds — hopping up and down on one leg
   b. Standing broad jumps — jump forward
   c. Lateral jumps — jump to the sides
   d. Vertical jumps — jump straight up
   e. Jump-tucks — jump up and pull knees to chest

5. Agilities training
   These are important to strengthening connective muscles, those around ankles and knees especially. Agility drills help develop "fast twitch" muscles, which allow changes in direction, quick hands, and also builds body awareness in spatial relationship, meaning the player understands better where they are on the field and where to move to reach the ball or tag a base. Examples are foot drills like doing the karaoke step (cross-over step running sideways), and hand drills for catching and tossing the ball quickly.

6. Core strength training
   The core (abdominals and back) is important for body strength in playing ball since players push off the ground in throwing, fielding, running and especially hitting and pitching. The player is transferring their strength and movement from the upper body to the lower body and vice versa in all these movements.

   Good basic exercises for the core are: sit-ups, crunches and leg elevations, and "super-mans" or hyper-extensions for the back (reverse sit-ups).

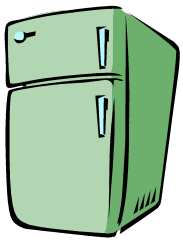
Remember, proper workouts include warm-ups and cool down periods. Don't rush your players into exercise without getting their blood pumping and core body temperature elevated. And when they

are done, make sure they stretch out and cool down so they don't have muscle problems after the workout. Finally, try to help your players make good decisions on proper nutrition, since their bodies need good sources of meats, grains, fruits and vegetables to be strong and sustain their activity level.

Snack Stand Safety

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

1. Menu.
   Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.
2. Cooking.
   Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41º F or below (if cold) or 140º F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155º F, poultry parts should be cooked to 165º 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 165º 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 41º F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of food borne illness.



5. Hand Washing.
   Frequent and thorough hand washing remains the first line of defense in preventing food borne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing.

6. Health and Hygiene.
   Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

Snack Stand Safety (continued)

7. Food Handling.
   Avoid hand contact with raw, ready to- eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.
8. Dishwashing.
   Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:
   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 are 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.

Snack Stand Safety Sign

This sign will be posted in the Snack Stand. Please make yourself aware of these key points. If this sign does not appear, please contact Michael Marsan, Safety Officer.

Volunteers Must Wash Hands

HOW

Wet
warm water

Wash
20 seconds
Use soap

Rinse

Dry
Use single-service paper towels

Gloves

WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- use the toilet
- touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- interrupt working with food (such as answering the phone, opening a door or drawer)
- eat, smoke or chew gum
- touch soiled plates, utensils or equipment
- take out trash
- touch your nose, mouth, or any part of your body
- sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils.
Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand
when you can't remove your jewelry

If you wear gloves:

- wash your hands before you put on new gloves

Change them:

- as often as you wash your hands
- when they are torn or soiled

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education. United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.

UMASS EXTENSION

General Little League Safety-provided Information

Tips to Prevent Ball Injuries

Each year, almost 500,000 ball-related injuries are treated in hospitals, doctors' offices, clinics, ambulatory surgery centers and hospital emergency rooms. Here are suggestions to avoid such accidents.

Plan for Your Environment

- Inspect the playing field for holes, glass, and other debris.

Prepare

- Always take time to warm up and stretch. Research studies have shown that cold muscles are more prone to injury. Warm up with jumping jacks, stationary cycling, or running or walking in place for 3 to 5 minutes. Then slowly and gently stretch, holding each stretch for 30 seconds.
- Be knowledgeable about first aid and be able to administer it for minor injuries, such as facial cuts, bruises, minor tendonitis, strains, or sprains.
- Be prepared for emergency situations and have a plan to reach medical personnel to treat injuries such as concussions, dislocations, elbow contusions, wrist or finger sprains, and fractures.

Dress Appropriately

- Your equipment should fit properly and be worn correctly.
- Wear a batting helmet at the plate, when waiting a turn at bat, and when running bases.
- Facial protection devices that are attached to batting helmets are available. These devices can help reduce the risk of a serious facial injury if you get hit by a ball.
- Wear the appropriate mitt for your position. Catchers should always use a catcher's mitt.
- Catchers should always wear a helmet, facemask, throat guard, long-model chest protector, protective supporter (with cup), and shin guards.
- Wear molded, cleated ball shoes that fit properly.

Focus on Technique

- Follow the guidelines about the number of pitches or innings thrown as specified by your league, not by the number of teams played on.
- While there is no concrete guideline for the number of pitches allowed, a reasonable approach is to count the number of pitches thrown and use 30 to 40 pitches as a maximum in a practice. *(Little League has specific rules for pitches thrown per game based on age. See page 6.)*

(These tips have been drawn from the American Academy of Orthopaedic Surgeons (AAOS) website, www.orthoinfo.aaos.com.)

Safety first for Deerfield Little League

Promote Your Safety Efforts

Many leagues are taking their stories on improving safety for your players, volunteers and spectators to the public, to reassure parents that everything possible is being done to protect their children from injuries and accidents.

From heart guards to using helmets with facemasks, installing warming tracks to using reduced impact balls, leagues are again gearing up for a new season. Help your league recruit players and enhance your league in the community's sight.

Here is an example from Bruce Hursh, safety officer, about the efforts he and Deerfield Beach Little League, in Florida District 10, are making to enhance safety awareness. This article was published last summer in the *Deerfield Observer*.

Thanks, Bruce, for sharing your league's efforts to make it "safer for the kids!"

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General Little League Safety-provided Information (continued)

General Little League Safety-provided Information (continued)

Heat Isn't Child's Play for Kids

This summer, take steps to protect your league's members from heat illness

Heat stroke, heat exhaustion, and heat cramps are all highly possible outcomes for your players and volunteers if they are not protected from the sun's power. When games are played in high heat or heat and high humidity, precautions are needed.

According to the American Association of Pediatrics, children's bodies can't tolerate heat as well as adults, so don't expect them to perform in the same conditions you can. Watch for heat illness signs: weakness, dizziness, slow pulse, and clammy skin. If sweating can't cool the body, especially because the player is dehydrated, heat stroke could develop. Signs of this are confusion, collapse, rapid pulse, and dry skin (no longer sweating).

The AAP notes heat stroke may cause convulsions or even unconsciousness. This is a medical emergency and professional help should be sought immediately. In some cases, heat stroke can kill but it can also cause permanent brain damage in victims who survive.

Drink Early, Drink Often

Remember, the best protection for heat illness is water and rest. The maxim is: Drink early, drink often, even when players aren't thirsty. Players should arrive for games/practices adequately hydrated and drink at leat 5 ounces of water every 15-20 minutes while they are active in the heat.

Ask players to bring water or a sports drink with modest amounts of electrolytes, but nothing with caffeine that acts as a diuretic and drains water from the body. Try to provide water for players wherever possible at your facility.

Online Resources:

Use the ASAP poster to help encourage proper hydration throughout the game:
http://www.littleleague.org/programs/asap/signs.asp

Check out this heat index guide to heat and humidity in the June, 2005, ASAP News:
http://www.littleleague.org/newsletters/asap/index_asap.asp

Red Cross heat injuries resource page:
http://www.redcross.org/services/hss/tips/heat.html

Evidence shows that sunscreen of at least SPF 15 should be applied to exposed skin every time children will be in the sun for extended periods, to help keep the player cool and to protect against future skin cancer risk.

Take first steps:

- Provide sunshades for all dugouts and spectator areas as possible
- Provide cool water and wet towels (with or without ice) for players and umpires to apply to necks
- Provide topical sunscreen for players and encourage its use on all exposed skin
- Take breaks in the shade between innings, or every 20 minutes
- Set up a sprinkler in a grassy or paved area where players can cool off

Take it to the next level:

- Install a water mister near or in dugouts to boost cooling
- Provide umpires with a Camelback-style water container for hydrating during innings
- Develop a "cool room" in your concession stand, or just a tent with walls, with fans or air-conditioning for those overcome by heat

Anyone who begins to develop cramps, dizziness, or other signs of heat stress should be removed from the game, given cool water and placed in as cool a place as possible: in a car with air-conditioning, or in a cool, shaded area. But make sure volunteers know to call 9-1-1 if the player becomes disoriented or confused, as this is a sign of the more serious heat stroke.

Make this the summer your league stops heat illnesses cold.

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General Little League Safety-provided Information (continued)

General Little League Safety-provided Information (continued)

Dealing with a LOUD Parent

"We have an issue that we are not sure on the proper way of handling. Below is a copy of an email that everyone on our Board received from our League President. Suggestions wanted:

"'Tonight was another one of those fun nights that I am beginning to expect daily. There is a parent in the Minor League Softball program that insists on making rude and unnecessary comments to the manager and coach. She has a tendency to be very vocal (LOUD). This parent seems to think that she can yell from the sidelines and tell the players what to do. This has become a distraction to both the players and the coaching staff.

"'Tonight I asked this parent to let the coaches coach. She asked if she could not yell at her own child. Again I asked her to let the coaches do their job. The coach informed her that her voice was louder than the coaches and that the players could not hear the coaches' instructions.

"'This parent then went off on me... If this person continues to act in this manner, I need to know what the board thinks that I should do to resolve this.'

"Thanks,"

Ken Maltese
Safety Officer
Thompsonville, Conn., Little League

"I've dealt with 'those parents' before. I use a standard lecture then I walk away. DON'T ENGAGE PEOPLE LIKE THIS — use the power you have and let the OTHER PARENTS bring her into line.

"'This program is for the benefit of all the children, including yours. When you interfere with it, you are interfering with the coach's ability to instruct the players. This is a safety issue. If you are going to insist on jeopardizing the safety of the kids, we'll ask you to leave. If you don't, the game will stop so as not to risk any players.'

"Then WALK AWAY and don't look back. Go to the umpire and remind them that they have the authority to eject a disruptive spectator. REMEMBER, an umpire cannot declare a forfeit - so tell him NOT to do that. Simply tell him that when he ejects a parent, the game does not continue until the parent leaves. If the parent does not leave, do not allow another pitch until he/she does. If nothing has changed after ten minutes, suspend the game.

"I have NEVER had it take 10 minutes. Within a minute, the other parents are all over the loudmouth telling them to leave so their kids don't suffer.

"Best of luck!"

Jon Toner

"Hopefully your league has provided the parents with a "Spectators Code of Conduct." It will make your job a great deal easier. Regardless, any league should not have to tolerate parents like the one you are dealing with. The clear message you need to send out immediately is that your league will not tolerate such behavior. Especially since it goes against what you are trying to teach the kids (sportsmanship, etc.).

"I would very calmly (no matter how much she attacks you) tell her that her behavior will not be tolerated and if she doesn't change it, then you will have no choice but to ask her to leave the field (that day, and maybe future games). If you stop the game until she leaves, believe me, the other parents will put pressure on her to leave also. Who knows, they would probably clap as she leaves, and thank you for handling the situation.

"By the way, the board has more power to stop a game than an umpire. In fact, our umpires prefer not to eject a spectator. They prefer that the board do that. Of course, they will stop a game and not resume it until the unwanted spectator leaves. But, usually, at our league, there is a board member present. The board has a great deal of power. Use it."

Linda Orozco
Tri-Cities Little League
Rocklin, Calif.

"I think it would be much better for all concerned if the umpire was not involved. I think that two or three board members should attend the next game for that team. If the poor behavior is observed, then the board members need to take her aside and speak with her. If she escalates or if it is decided that she needs to leave, and doesn't, then a board member should ask the umpire to stop the game, send both teams to their dugouts (they'll be subject to less there) and then wait until she leaves. I agree that the other parents will likely take care of it and also would be appreciative of having the behavior addressed.

"At some point a decision needs to be made about future games and participation. One effective strategy we have used is after a short time has elapsed and she has cooled off, invite her to join the board for the next season. We have been successful with this in the past...and they rarely take you up on it."

Valerie Linke
DSO Nevada I
LSO Carson Valley LITTLE LEAGUE

Addendum: MAALL Fields

Field name	Municipality	Address
Cauldwell	Morristown	Between NJ Transit RR Line and Headquarters Plaza on Martin Luther King Blvd.
Ginty 1	Morris Township	29 Woodland Ave Morristown, New Jersey 07960
Ginty 2	Morris Township	29 Woodland Ave Morristown, New Jersey 07960
Ginty 3	Morris Township	29 Woodland Ave Morristown, New Jersey 07960
Green	Morris Township	Weathervane Drive off Park Avenue
Lidgerwood	Morristown	Lidgerwood Parkway Morristown, New Jersey 07960
Normandy Park	Morris Township	Normandy School Normandy Parkway Morristown, New Jersey 07960
Tucker	Morris Township	38 Monroe Street Morristown, New Jersey 07960
Twin Oaks	Morris Township	65 Columbia Road Morristown, New Jersey 07960
Woodland 1	Morris Township	Closest Woodland Avenue and the Morris Township Municipal Building Woodland Ave, Morris Township NJ 07960
Woodland 2	Morris Township	Johnston Dr Morris Township, NJ 07960