



# Lower Loudoun Little League



Lower Loudoun Little League (LLLL) has been serving the greater Sterling community since 1963.

We are proud to have under our own ownership the Jack Jennings and Jeff Cobb Fields at Bill Washington Park. In addition, the league has many fields that we use that belong to Loudoun County and Loudoun County Public Schools. These fields will provide many a memory for the children and parents of LLLL, and it is up to all involved to maintain these fields as if they were their own.

The primary goal of everyone involved at LLLL is to provide not only a fun experience in the sport of youth baseball, but to do it in the safest way possible. In this document we hope to provide the information needed to keep LLLL a safe and fun place for the development and growth of youth baseball.

The LLLL Safety Manual can be found at [www.llbaseball.org](http://www.llbaseball.org) or contact the League's Safety Officer on file with Little League International:

**Justin Symonds**

[safety@llbaseball.org](mailto:safety@llbaseball.org)

540-220-3470

While the league Safety Officer is responsible for administering the safety program for LLLL, please remember that **the safety of our participants is EVERYONE'S responsibility, and the only moral obligation we have as a league is the safety of our participants.** If you have a safety concern, let the Safety Officer or another member of the LLLL Board of Directors know immediately.

As we navigate the Coronavirus pandemic, LLLL will adhere to the guidelines set forth by health officials from the State of Virginia as well as the County of Loudoun in terms of public gatherings, organized youth sports, and sporting events when determining how and when to safely return to Little League activities. All return to play policies and procedures will be posted on the LLLL web site ([www.llbaseball.org](http://www.llbaseball.org)).

Pat Ward  
2026 President  
Lower Loudoun Little League

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## League Fundamentals

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Player Conduct Guide

Parent Conduct Guide

LLLL House Rules

Little League Pledge

## **Mission Statement**

The mission of the Lower Loudoun Little League (LLLL) is to implant firmly in the children of the community the ideals of good sportsmanship, honesty, loyalty, courage, and respect for authority, so that they may be well adjusted, stronger, and happier children and will grow to be good, decent, healthy, and trustworthy citizens.

To achieve this mission, LLLL will provide a supervised program under the Rules and Regulations of Little League Baseball, Inc. All volunteers, coaches, parents, and spectators shall bear in mind that the attainment of exceptional athletic skill or the winning of games is secondary, and the molding of future citizens is of prime importance.

## Safety Essentials

Safety is everyone's responsibility in the Lower Loudoun Little League (LLLL). Our goal as a league guided by properly trained volunteers, players, and parents is to provide a fun, safe environment for everyone involved. A proactive approach to safety which involves everyone requires minimal effort to create and sustain. The following provides an outline of what our various groups can do to promote a positive safety culture for LLLL:

**Players:** Our players are children who come to have fun. Getting hurt is not fun! By requiring players to wear protective gear (helmets, athletic supporters, protective cups recommended) we can create an environment which minimizes injuries common to youth sports such as being hit by a ball or contacted by another player. Each player should review the LLLL Player Conduct Guide with their team and parents prior to each season.

**Coaches and Parents:** Without the dedicated commitment of this group, the league would not exist. By providing basic awareness training on topics such as first aid, house rules, and emergency procedures we ensure our coaches and parents are empowered to act promptly to avoid injuries and lessen the severity of injuries which may occur.

**Umpires:** Our trained cadre of volunteer umpires ensures we have games which are officiated fairly and safely. Like coaches and parents, they are dedicating their time and effort to help the youth of our community. Respect for our umpires is not only expected and deserved, but required. Parents should teach their players to respect the decisions made by the umpire. Little League is not primarily about winning or losing but teaching sportsmanship and respect, and parents are expected to set a positive example when it comes to respecting our umpires. Umpires should always have safety as well as fairness in mind during their assignments.

**LLLL Board of Directors:** The LLLL Board of Directors is entrusted to maintain the tradition of excellence and is responsible for the implementation of the LLLL safety plan.

## Safety Essentials

### LLLL Facilities

- **NO** firearms, alcohol, dogs, or drugs are permitted on league or school property, **ZERO TOLERANCE!** Violators will be removed from LLLL Facility and disciplinary action decided by LLLL Board of Directors.
- At the first sound of thunder or sight of lightning, IMMEDIATELY clear the field and take shelter in a vehicle or building.
- No pets allowed inside any fenced area surrounding ball fields or in any spectator viewing area.
- First Aid Kits are in equipment boxes at all fields. First Aid Kits at Pioneer, Cobb, and Foltz are in storage sheds.
- There is an Automated External Defibrillator (AED) located in equipment shed at Cobb field.

### Pre-Game/Practices

- No games or practices should be held when weather or field conditions are hazardous.
- Warm-ups must be performed within the confines of the playing field or in approved designated warm-up areas, and not in areas where bystanders can be endangered.
- Warm-up drills should be spaced so that no one is endangered from wild throw or missed catches.
- All players and coaches must always wear proper footwear while on the field (no sandals or slippers).

### Player Protective Gear

- Batters must wear Little League approved helmets for all games and practices.
- Catchers must wear a catcher's helmet with an attached mask with a throat guard and protective cup for warming up pitchers. Shin guards and chest protector must be added when playing defense.
- Athletic supporters must be worn by all male players. Protective cups are recommended for all players and are required to be worn by catchers.
- No jewelry or watches (including ear rings and necklaces) except for Medical ID jewelry.
- Mouth guards are recommended, but not required
- Arm protectors used while batting to protect from an errant pitch available upon request.
- Shin protectors used while batting to protect from foul balls may be worn but should be removed and given to a coach once reaching base and play has stopped.

### Game Play

- RESPECT umpire calls and judgments in accordance with the LLLL Code of Conduct.
- Managers, coaches, and parent volunteers are permitted to catch (warm up) pitchers (Little League Rule 3.09). This applies to both warming up at home plate and in the bull pen.
- The "On-Deck" position is **NOT PERMITTED** in any division. Players are not to handle bats until they leave the dugout to approach the plate. (*Exception: 90' Players*)
- Head first slides are prohibited in any division except when returning to a base. (*Exception: 90' Players*)

- Pitch counts will be tracked at levels above machine pitch and submitted immediately after the game.
- Managers should be aware of players playing travel ball especially those pitching. Managers should be aware of pitch counts for both house and travel teams to determine days of rest required between pitching.

## Player Code of Conduct

As a Ball Player in the Lower Loudoun Little League, I agree to support the following Conduct Guide:

- Play for FUN and enjoy baseball.
- Be proud to play for my team in the Lower Loudoun Little League.
- Recognize the value and importance of teamwork and being a team player.
- Work HARD to improve my skills. Listen, ask questions and watch others to see how I can improve myself.
- Practice teamwork, sportsmanship, and discipline.
- Be on time and be mentally and physically prepared for practices and games. *(This means being at least 15 minutes early for practice to do some stretching and warm-up throwing with team mates, and 35 minutes for games for throwing and hitting warm-ups.)*
- Learn the rules and strategies and play by them.
- Always be a good sport and set a positive example for others, particularly younger players.
- Respect coaches, teammates, parents, opponents and officials.
- Demonstrate mature behavior on and off the field. Restrain from emotional outbursts such as throwing equipment or aggressive acts.
- Never argue with an umpire's decision.
- Learn to win and lose with the same amount of sportsmanship and dignity.
- Participate, with grace, in the end of the game hand-shake line.

Any behavior that reflects poorly on the team during any official League function may result in disciplinary action as decided by the coaching staff and Lower Loudoun Little League.

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

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

## Parents Code of Conduct

As a Parent of a Lower Loudoun Little League Ball Player, I agree to support the following Conduct Guide:

- I will help make baseball FUN.
- I will remember that I serve as a role model for my child.
- I will assure to have my child Be on time and be mentally and physically prepared for practices and games. *(This means being at least 15 minutes early for practice to do some stretching and warm-up throwing with teammates, and 35 minutes for games for throwing and hitting warm-ups.)*
- I will know and study the rules of the game and the LLLL House Rules and support league officials and coaches on and off the field.
- I will applaud a good effort in both victory and defeat and enforce the positive points of the game.
- I will remember baseball is for those who play it and everyone else should be a supportive spectator.
- I will volunteer—it will assist in learning the game.
- I will encourage my child to play by the rules.
- I will not embarrass my child by yelling at my ball player, other ball players, coaches or umpires.
- I understand that winning is desirable but winning at any cost defeats the purpose of the game.
- I recognize the importance of volunteer coaches and support them as they are important to the development of my child and the sport.
- I will leave coaching to the coaches.

Any behavior that reflects poorly on the team during any League function may result in disciplinary action as decided by the coaching staff and Lower Loudoun Little League.

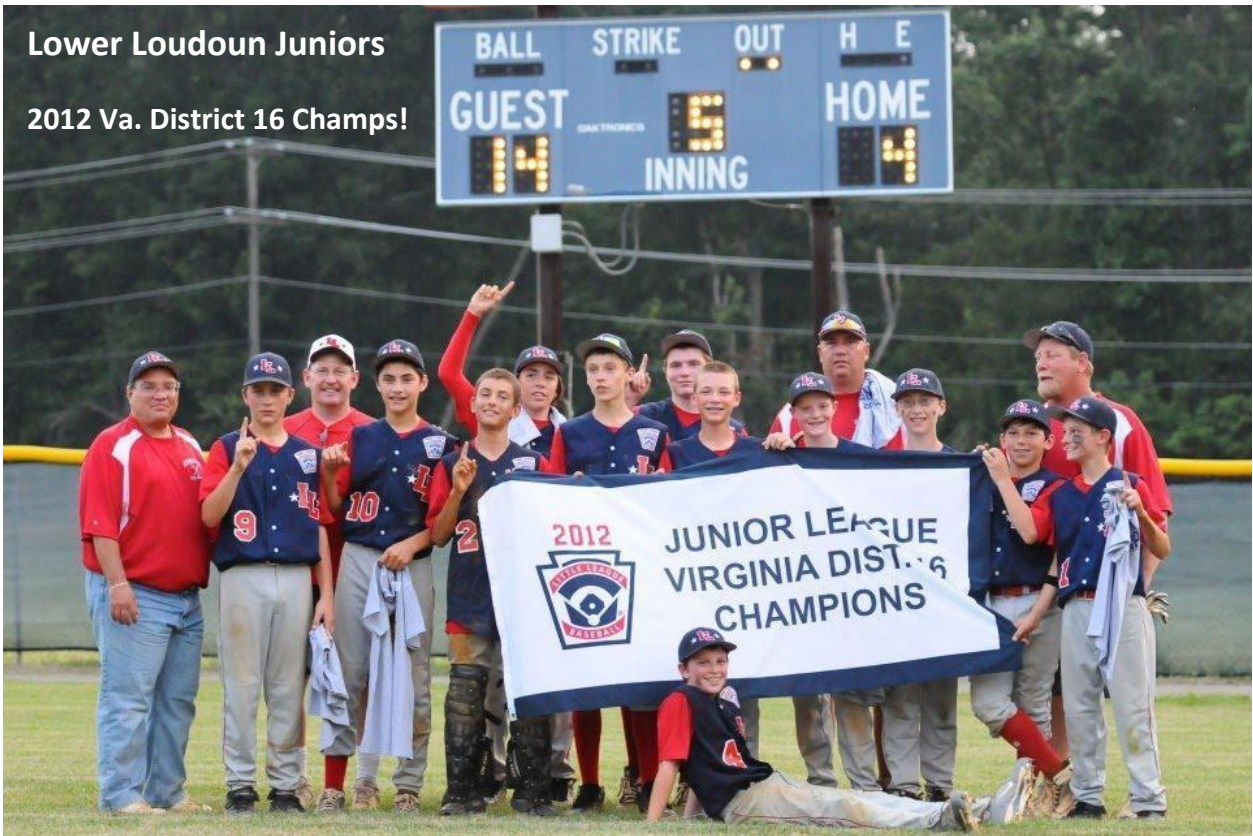
Player Name: \_\_\_\_\_

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

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

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

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



### Emergency Response

- Medical Release Form
- Emergency Procedures
- Emergency Contacts
- Medical Provider Locations

### Medical Release Form

Prior to the start of the season, team managers/coaches are required to obtain a medical release form from each player. Each manager/coach must keep the completed forms with them at every practice/game. The medical release form is located on the <https://www.littleleague.org/downloads/medical-release-form/> An example of the medical form is located below.



## Little League Baseball and Softball MEDICAL RELEASE



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

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

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

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

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

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

**PARENT OR LEGAL GUARDIAN AUTHORIZATION:** \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

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

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

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

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

_____	_____	_____
Name	Phone	Relationship to Player
_____	_____	_____
Name	Phone	Relationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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

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

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

**FOR LEAGUE USE ONLY:**

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

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

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

## Emergency Procedures

First aid kits are available in every equipment box or shed (Cobb, Pioneer, and Foltz). An Automated External Defibrillator (AED) is located at the Cobb Field equipment shed and, in the equipment, shed next to the 1B dugout at Foltz field.

It is **mandatory** that all players have a completed medical information/release form. Managers are required to have copies of these forms readily available to provide to emergency responders, if needed.

### What to do when encountering an emergency on the field or in the stands:

- Find out what happened.
- Is this an illness or injury emergency?
  - a) Did someone lose consciousness?
  - b) Did someone develop symptoms related to an existing medical problem?
  - c) Is this a new injury or a pre-existing injury?
- Once we have quickly identified what happened, initiate care.
- If the individual is unconscious, is not breathing or has no pulse, **IMMEDIATELY ASSIGN A PERSON TO CALL 911!**
- If there is no pulse, immediately begin to perform CPR. **DO NOT HESITATE!!!**

*At Cobb, Jennings and Pioneer Fields, direct a person to get the Automated External Defibrillator (AED) located at the Cobb Field equipment shed and bring it to the patient's side. While continuing to perform CPR, another individual should turn on the AED and apply the electrodes to the patient's chest while following the voice prompts of the AED in accordance with the recommendations of the American Heart Association guidelines to all patient's in cardiac arrest who are 1 year of age or older.*

- If the individual is unconscious but has a pulse and is breathing, **DO NOT MOVE THE INDIVIDUAL** unless the existing conditions pose an imminent danger to that individual.
- Continue providing care until professional responders arrive.

### Player Injuries:

1. If an injury occurs to a player, the parents or guardian and LLLL Safety Officer (**as identified on Page ii**) must be notified immediately.
2. In the event of player injury requiring professional medical attention, the players own health insurance shall be the primary insurance and will supersede any Little League insurance. League insurance is supplemental. It is important that parents/coach have the league insurance form available, if needed. Parents will need to fill out these forms. Instructions and forms can be obtained from either the LLLL Safety Officer or by downloading the forms at:  
<https://www.littleleague.org/downloads/accident-claim-form-instructions/>  
<https://www.littleleague.org/downloads/accident-claim-form/>

3. Coaches will need to fill out the following for ALL injuries, regardless of severity:  
[Activities/Reporting For Local League Use Only](#)

### Post-Incident

1. **All forms should be sent to LLLL Safety Officer as soon as possible. These may be delivered in person or as an email attachment to [safety@llbaseball.org](mailto:safety@llbaseball.org).**
2. All incidents, as well as near-misses, reported to the LLLL Safety Officer will be thoroughly investigated and reviewed to find ways to prevent recurrence with LLLL Board of Directors at the next Board meeting.
3. The LLLL Safety Officer will develop “Lessons Learned” for distribution to managers, coaches and league members when applicable to share information to prevent similar mishaps from occurring.
4. Managers and coaches will review “Lessons Learned” with their respective teams at earliest convenience.

*When dealing with young athletes, many questions may come up regarding the injured player. It is very important that coaches and parents be upfront about the problem and answer any questions to the best of their abilities while respecting the privacy of the injured player.*

### General Liability

1. General liability claims (broken windshields due to ball impact, damage to property, etc.) should be reported to the LLLL Safety Officer (**as identified on Page ii**) as soon as possible.
2. **All forms should be sent to LLLL Safety Officer. These may be delivered in person or as an email attachment to [safety@llbaseball.org](mailto:safety@llbaseball.org).**
3. All incidents, as well as near misses, reported to the LLLL Safety Officer will be thoroughly investigated and reviewed to find ways to prevent recurrence with LLLL Board of Directors at the next Board meeting.
4. The LLLL Safety Officer will develop “Lessons Learned” for distribution to managers, coaches and league members when applicable to share information to prevent similar mishaps from occurring.

## Emergency Contacts

<b>Police – Fire – Rescue Emergency</b>	<b>911</b>
Loudoun County Sheriff (Non-Emergency)	703.777.1021
Sterling Rescue Squad (Non-Emergency)	
South Sterling Station #15	703.430.1780
North Sterling/Potomac Falls Station #25	703.430.4013
Loudoun Hospital Center	703.858.6000
Reston Hospital Center	703.689.9000
LLLLL Safety Officer	661.878.2004

## Lower Loudoun Board of Directors 2022

Title	Name	Email
President	Pat Ward	president@llbaseball.org
Vice President/ Sponsorship Officer	Derek Petty/Craig Solensky/Seth Nichols	<a href="mailto:vp@llbaseball.org">vp@llbaseball.org</a>
Treasurer	Ryan Ross	<a href="mailto:treasurer@llbaseball.org">treasurer@llbaseball.org</a> <a href="mailto:sponsorship@llbaseball.org">sponsorship@llbaseball.org</a>
Secretary	Michael Pratt	secretary@llbaseball.org
Player Agent	Justin Symonds	Playeragent@llbaseball.org
School Liaison Volunteer Coordinator		<a href="mailto:schoolliaison@llbaseball.org">schoolliaison@llbaseball.org</a> <a href="mailto:volunteers@llbaseball.org">volunteers@llbaseball.org</a>
Coach Coordinator/ Information Officer	Sean McGowan	<a href="mailto:coachcoordinator@llbaseball.org">coachcoordinator@llbaseball.org</a> IO@llbaseball.org
Umpire in Charge	Kevin Kowalski	UIC@llbaseball.org
Equipment Manger	Don Jornlin	equipment@llbaseball.org
League Scheduler	Eric Wendling	fieldscheduler@llbaseball.org
Snack Bar Manager	Pat Ward (acting)	snackbar@llbaseball.org
Field Coordinator	Bruce Berry	Fielddirector@llbaseball.org
<b>Safety Officer</b>	<b>Jonathan Sidilau</b> <i>(On Call During All LLLL Activities)</i>	<a href="mailto:safety@llboard.org">safety@llboard.org</a>

**Facility Addresses**

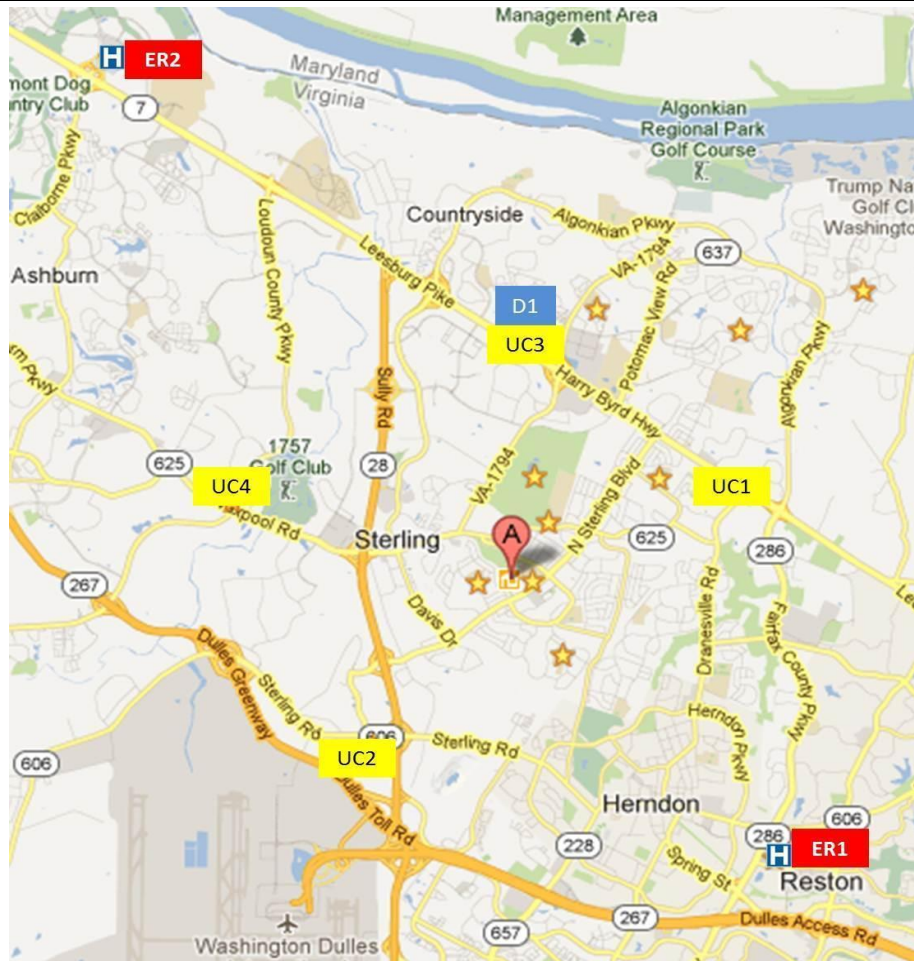
Expect the emergency operator to request an address of the emergency. All LLLL fields are listed below.

<b>Field</b>	<b>Address</b>
Jeff Cobb/Jack Jennings/Pioneer Field Complex	333 South Sterling Blvd., Sterling, VA 20164
Algonkian Elementary School	20196 Carter Court Sterling, VA 20165
Claude Moore Field Complex	21554 Old Vestals Gap Road, Sterling, VA 20164
Forest Grove Elementary School	46245 Forest Ridge Drive, Sterling, VA 20164
Foltz Field	711 North York Road, Sterling, VA 20164
Guilford Elementary School	600 West Poplar Road, Sterling VA 20164
Lowes Island Elementary School	20755 Whitewater Drive, Sterling, VA 20165
Meadowland Elementary School	729 Sugarland Run Dr. Sterling, VA 20164
Potowmack Elementary School	46465 Esterbrook Circle, Sterling, VA 20165
Seneca Ridge Middle School	98 Seneca Ridge Dr, Sterling, VA 20164
Sterling Elementary School	200 West Church Road, Sterling, VA 20164
Sterling Middle School	201 West Holly Avenue, Sterling, VA 20164

### Medical Provider Locations

(NOTE: For information only, providers are not endorsed by LLLL)

Legend	Name	Address	Phone
ER1	Reston Hospital ER	1850 Town Center Parkway Reston, Virginia 20190	703.689.9000
ER2	Inova Loudoun ER	44045 Riverside Parkway Leesburg, VA 20176	703.858.6040 (adult) 703.858.6048 (child)
UC1	Patient First	47100 Community Plaza #100 Sterling, VA 20164	703.880.1403
UC2	Concentra	45305 Catalina Court #103 Sterling, VA 20166	703.435.7656
UC3	Nova Urgent Care	21036 Triple Seven Road Sterling, VA 20165	703.430.4343
UC4	Nova Urgent Care	21785 Filigree Court #100 Ashburn, VA 20147	703.554.1100
D1a	Rick Jackomis, DDS	<b>46161 Westlake Drive Suite 110</b>	703.444.9244 703-786-6506
D1b	Lake Center Dental	46090 Lake Center Plaza #105 Sterling, VA 20165	703.444.9888
★	LLLL Field	Various	N/A





**Accident Reporting**

Accident Reporting  
League Accident Reporting Form  
Little League Insurance  
Claim Forms  
General Liability

## Accident Reporting

### What Accidents/Injuries are Required to be Reported?

An incident which results in any player, manager, coach, umpire, or volunteer receiving medical treatment and/or first aid must be reported to the League Safety Officer. This includes even passive treatments such as evaluation and diagnosis as to the extent of an injury, application of an ice pack, or the need for extra periods of rest. General Liability claims involve property damage or theft also must be reported. Near misses should also be reported. Reporting near misses allows us to identify potential issues which can be addressed to prevent future injuries.

### When should this be reported?

The timeframe for reporting is relative to the severity of the incident. Any incident that results in immediate medical treatment (e.g. transport to a medical facility or ER) must be reported *immediately* to the LLLL Safety Officer (**as identified on Page ii**). All other incidents as described above must be reported to the LLLL Safety Officer within 24-48 hours of the incident.

### How is this information reported?

All accidents and near-misses will be reported on the injury reporting forms located in the Cobb Snack Bar or with the First Aid kits in the Equipment Boxes, as well as the League's web site (**Tab 2, Page 2-3**) under the "Forms and Handouts" tab. **All forms should be provided to the LLLL Safety Officer in person or as an email attachment to [safety@llbaseball.org](mailto:safety@llbaseball.org).**

### At a minimum, the following information must be provided:

- The name and phone number of the individual(s) involved.
- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- A preliminary estimate of the extent of any injuries.
- A description of any treatments given.
- The name and phone number of the person reporting the incident.

Finally, place the completed Injury Report in the Safety Officers box located in the club house. Near Mishaps should be reported using an injury report form. Please mark "Near Miss" at the top of the form (as per Little League guidelines).

**For Local League Use Only**

**Activities/Reporting**

**A Safety Awareness Program's Incident/Injury Tracking Report**

League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Incident Date: \_\_\_\_\_  
 Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_  
 Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female  
 City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Parent's Name (If Player): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
 \_\_\_\_\_  
 Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

**Incident occurred while participating in:**

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

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

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

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

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

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

**Type of incident and location:**

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

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

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

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

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

## Little League Insurance

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

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

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official, and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
  - a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.

- b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of:
1. A maximum of **\$1,500** or
  2. Reasonable Expenses incurred for the deferred dental treatment.

Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.

No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program. Examples of the forms are provided on the following pages.

Little League® Baseball & Softball  
**CLAIM FORM INSTRUCTIONS**



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

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

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

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

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

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

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

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

### TREATMENT OF DENTAL INJURIES

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

### CHECKLIST FOR PREPARING CLAIM FORM

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

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

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

### PART II - LEAGUE STATEMENT

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

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



## LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

**Send Completed Form To:**  
 Little League® International  
 539 US Route 15 Hwy, PO Box 3485  
 Williamsport PA 17701-0485  
**Accident Claim Contact Numbers:**  
 Phone: 570-327-1674 Fax: 570-326-9280

**Accident & Health (U.S.)**

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

League Name			League I.D.		
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)		Age
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
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:  AM  PM Type of Injury: \_\_\_\_\_

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

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

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SCHEDULED GAME
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<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"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> OTHER (Describe)	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER		
	<input type="checkbox"/> BIG (14-18)			

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

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.  
 I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

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

**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

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

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

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

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

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

Does your league use batting helmets with attached face guards?     YES     NO  
If YES, are they     Mandatory    or     Optional    At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date	League Official Signature
------	---------------------------



**Applicable in Arizona**

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

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

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

**Applicable in California**

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

**Applicable in Colorado**

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

**Applicable in Florida and Idaho**

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

\* In Florida - Third Degree Felony

**Applicable in Hawaii**

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

**Applicable in Indiana**

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

**Applicable in Minnesota**

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

**Applicable in Nevada**

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

**Applicable in New Hampshire**

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

**Applicable in Ohio**

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

**Applicable in Oklahoma**

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



*(Photo: Val Faircloth used with permission)*

## **Volunteer Training & Procedures**

- Application and Background Checks
- Training Guidelines
- Training Sessions
- Snack Bar Guidelines
- Adverse Weather Notification
- Lightning
- Weather and Emergency Evacuation Plan
- Field and Equipment Inspections

**Application and Background Checks**

All LLLL volunteers are required to fill out the Little League approved form, available on the web site at [www.llbaseball.org](http://www.llbaseball.org), and submit a copy of their driver's license. Since the 2006 spring season the league has performed background checks on all board members, managers, coaches and umpires. All others will be done at the discretion of the LLLL Board of Directors. This is a mandatory requirement of Little League Headquarters. All information will remain confidential to selected Board Members.

## Training Guidelines

To ensure that all managers and coaches are familiar with expectations LLLL has established a mandatory coaches meeting. At least one manager/coach from each team must attend training annually. For more info and schedules visit our web site [www.llbaseball.org](http://www.llbaseball.org).

### First-Aid

- League-sponsored first aid training is mandatory for at least 1 coach per team to attend each year. A designated (non-coaching) team parent should also attend each year. All coaches and umpires should attend league-sponsored first aid training at least once every three years.
- League may exempt licensed medical Doctors, RN's, LPN's & Certified Paramedics from attending first aid training. Those who attend "other" First Aid training or courses are not exempt.
- First Aid kits are in equipment boxes at all fields, At Cobb, Pioneer, and Foltz fields they are kept in the equipment sheds. An AED is in the equipment shed at Cobb Field. Contact the League's Safety Officer or Board member if any supplies are needed.
- Post in plain sight within Cobb Snack Bar and include with all first aid kits emergency contacts which include: rescue, police and other emergency contacts.
- This Safety Manual will be found on LLLL website and should be reviewed by all commissioners, managers and coaches. Other safety support resources are also available.
- ASAP News will be regularly distributed via links in League broadcast emails.

### Facilities

- Prior to Opening Day, food handling and snack bar procedures training required for each Majors team by a member of the Snack Bar Committee at Jeff Cobb Field. To schedule a training date, Majors Managers should contact the LLLL Board of Directors.
- **Field Equipment Use and Storage Sheds** First Aid kits are in equipment boxes at all fields, At Cobb, Pioneer, and Foltz fields they are kept in the equipment sheds. One AED is in the equipment shed at Cobb Field.
- Managers and Coaches are responsible to ensure the orderly and safe storage and use of shovels, rakes, pitching machines, generators, bases, lime machines, etc.
- No player will operate any pitching machine.
- Gasoline will be stored in approved containers only.
- All machinery (lawn mowers, riding tractors, etc.) will be operated in a safe and responsible manner. **NO RIDERS ALLOWED.**
- **Hearing Protection Program** - Lawn mowers and other powered field care equipment (such as leaf blowers, tractor field drags, nylon string-style weed whackers, trimmers with blades or shears; chainsaws; powered thatchers, aerators, and chippers) can be loud (> 90 dB). Measured in decibels (dB), sounds that are louder than 85 dB are potentially hazardous.  
Hearing protection is ADVISED when using any of this equipment, (such as molded earplugs, foam earplugs, custom-molded earplugs, or earmuffs).

## **Snack Bar**

The following guidelines will be posted and followed by all volunteers while working in the snack bar.

- Majors managers should schedule a snack bar training session for your team with a member of the Snack Bar Committee prior to the beginning of the season. To schedule a training date, Majors managers should contact a member of the LLLL Board of Directors.

## Training Sessions

### Session 1, Umpire Training–

Presented by Umpire Coordinator

Dates: Thursday, March 12th

Time: 7pm – 9pm

Location: Cascades Library, Sterling, VA

### Session 2, Coach Safety Training–

Presented by League Safety Officer

Date: Monday, March 12th

Time: 6:30pm – 9:30pm

Location: Cascades Community Library, Sterling, VA/Virtual

### Session 3, First Aid Training–

Presented by League's Safety Officer

Date: Monday, March 12th

Time: 7pm – 9pm

Location: Cascades Community Library, Sterling, VA/Virtual

### Session 45, Annual field maintenance, and tractor safety and use training–

Presented by Field Coordinator

Dates: Saturday, March 18th

Time: 10am – 12pm

Location: Cobb Field, Sterling, VA

### Session 6, Snack Bar Training–

Presented by Snack Bar Coordinator

Dates: Saturday, March 18th

Time: 11am – 1pm

Location: Cobb Field, Sterling, VA

### Snack Bar Guidelines

The following guidelines will be posted and followed by all volunteers while working in the Snack Bar:

1. Hands **MUST** be washed prior to working as well as after returning from the restroom.
2. Plastic Gloves **MUST** be worn by all persons in the snack bar handling UNWRAPPED food (i.e. Hot dogs, Popcorn, Nachos, Chili, Cheese Pizza and Snow Cones).
3. No persons under the age of 16 will work at the snack bar.
4. All food **MUST** be inspected for spoilage if there are any questions dispose of immediately.
5. **If in DOUBT throw it OUT!**
6. All trash will be emptied before closing for the night.
7. Floor will be mopped prior to closing.

*Please report any problems or safety issues in the snack bar to a member of the Snack Bar Committee or the League's Safety Officer.*

**Snack Bar Coordinator** Pat Ward; [snackbar@llbaseball.org](mailto:snackbar@llbaseball.org);  
**Safety Officer:** Jonathan Sidilau; [safety@llbaseball.org](mailto:safety@llbaseball.org); 703-622-9611

## Adverse Weather Notification

The League offers through [RainedOut.com](http://RainedOut.com) the option for parents and volunteers to sign up to be notified via text message of field closures and game cancellations at Jeff Cobb, Jack Jennings, & Pioneer Fields, and other important information. Also visit the LLLL website ([www.llbaseball.org](http://www.llbaseball.org)) for audio messages on field closures and game cancellations.

Call the **Loudoun County Cancellation Hotline** at **703-777-0456** for field status on all Loudoun County controlled fields (school fields, Claude Moore), excluding Cobb, Jennings and Pioneer Fields which are League controlled. You may also download the Rainout app available for Android and iPhones.

## Lightning

The average lightning strike is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second. 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 strike can only be heard over 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 downdrafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

**AT FIRST SIGHT OF LIGHTNING OR THUNDER IS HEARD**, by anyone, immediately clear field. **ALL** players must return to parking lot and remain in vehicles. All participants must clear the field and remain in enclosed buildings (i.e. snack bar or school building) or vehicles. Equipment storage sheds are not considered enclosed buildings.

- Games will resume only when all players have returned to their respective benches.
- If after 30 minutes no further lightning is sighted, play/ practice can resume providing the field is in playable condition; no standing water or other unsafe condition is present.
- If further lightning is sighted, the **30-minute clock restarts** with every sighting. **THERE WILL BE NO EXCEPTIONS.**
- Report any hazardous field conditions or breaches of the League's lightning policy to the LLLL Safety Officer.

## Weather and Emergency Evacuation Plan

LLLL advises Managers/Coaches to have a plan for both weather and emergency evacuation in place. Have a location; i.e. Manager's house, designated parent's house or predetermined meeting place pre arranged for pick-up of ballplayers in the event of weather emergency or any other type of evacuation. **Do not leave players unattended at ball fields or practice locations.** Have a parent or coach as designated Safety Volunteer.

## Field and Equipment Inspections

**Pre-Game Field Inspections** – Umpires and/or managers should walk all ball fields prior to game and inspect for hazards (i.e. worn or damaged fencing, holes in playing surface, broken glass or other trip hazards, unsafe playing conditions, etc.). Use common sense. Repair hazards if possible. Report all hazards to any LLLL Board member.

**Post-Game Inspection** – After each game, the managers will check the spectator areas for waste and potentially dangerous materials left behind and remove them so that the next game starts in a clean and safe environment for the next group of spectators, players, and coaches. After the last game of day, waste cans should be emptied, and new liners installed

**Insect or Animal Nests** – Notify the League’s Safety Officer of any bees, hornets, or other insect or animal nests in or near dugouts, fences, or any fields used by LLLL.

**Asthma, Allergies and Allergic Reactions** – Know who on your team has allergies and may require special attention using the Medical Release that each manager is required to have completed for each player and onsite at all practices and ball games.

**Pre-Game Equipment Inspections** – Manager/Coaches and Umpires should inspect ALL equipment; bats, helmets, and catchers gear; before each game.

Do not use damaged equipment; destroy it or make it unusable to stop children from attempting to “save it” from waste. Report and return damaged equipment to the Division Commissioner or Equipment Manager for immediate replacement.

**Player Batting Helmets** – must meet NOCSAE specifications and bear the NOCSAE seal. They are to be worn by batters, base runners and player-base coaches at all levels, as well as on-deck batters in divisions involving players league age 13 and up. (The on-deck position does not exist for player’s league age 12 and under.)

**Face Guards on Batting Helmets** – LLLL has 20 helmets with metal face guards installed. Any Manager, Coach or Parent who requires the use of such helmets should contact the Safety Officer or Equipment Manager.



*(Photo: Val Faircloth used with permission)*

## Field Improvements

All Managers, Coaches, players and adult volunteers attend a mandatory field maintenance day in the spring and fall seasons on their respective fields. The League takes great pride in maintaining high quality baseball facilities for the youth of Sterling, Virginia.

Lower Loudoun Little League owns and maintains Jack Jennings and Jeff Cobb Fields at Bill Washington Park. In collaboration with Loudoun County Department of Parks, Recreation and Community Services, the League shares maintenance and upkeep responsibilities for Pioneer and Foltz Fields and is grateful for access to the Claude Moore Park Sportsplex and the area’s school ball fields.

Directions to these ball fields can be found on the League’s web site at [www.llbaseball.org](http://www.llbaseball.org).

In conjunction with the League’s 2025 Safety Manual, a Little League Facility Survey is completed annually for the 17 ball fields utilized by the League that is available upon request through the League’s Safety Officer. In compliance with Little League requirements, breakaway bases have been installed on all League controlled fields.

The LLLL board members, managers, coaches and volunteers are committed to the safety and the well-being of any participant or spectator involved with or competing with LLLL while on any of our league fields or properties and will take appropriate measures to ensure that safety is our number one priority.

The following are highlights of recent improvements to our fields:

<u>Field Name</u>	<u>Improvements</u>
Foltz Field	<ul style="list-style-type: none"> <li>• New fence installed (2022)</li> <li>• Mound rebuild, infield revitalization (2021)</li> <li>• Mound rebuild, infield revitalization (2020)</li> <li>• Install all new batting cage netting (2017)</li> <li>• New padded L-screen installed in cage (2017)</li> <li>• Remove and replace (enlarge) batting cage, install safety padding on posts and rework fencing (2011)</li> <li>• Replace foul ball netting along backstop to protect spectators (2011)</li> <li>• New Infield (2011)</li> <li>• New storage shed for equipment (2011)</li> </ul>

## Jack Jennings Field

- Mound rebuilt; overseed; new storage shed for equipment; new windscreen (2021)
- Mound rebuild; overseed (2020)
- Re-crown infield; new grass seed new outfield windscreen (2019)
- Mound rebuilt; new windscreen to improve aesthetics and safety (2017)
- Acquired additional Sandro machine for improved infield grooming (2016)
- New padded L-screen installed in cage (2015)
- Infield reworked (2015)
- Mound and fence orientation (2014)
- Repair bowed fences (2011)
- Infield reworked (2011)
- Field was purchased with Bat-A-Thon® fundraiser (2011)
- Bleachers have been grounded to meet NEC standards (2011)
- New Astroturf coach's box (2011)

## Jeff Cobb Field

- New stairs and seating areas adjacent to the dugouts (2022)
- Mound rebuilt; overseed; infield revitalization; new nets for soft toss; new windscreen (2021)
- Infield edge leveled; infield Mix added; mound rebuilt for 46 & 50; New backstop padding (2020)
- New stone wall installed to redirect water. Outfield upgrade and drainage fixed; new windscreen; new visitor batting cage (2019)
- Installed new custom-fit outfield windscreen to improve aesthetics and safety (2017)
- Infield mix and sod removed, laser-leveled, re-sodded and new infield mix installed (2016)
- Swell drainage system installed down left field (2016)
- New pitching mound (2016)
- New irrigation installed (2016)
- Purchased new Zero Turn Mower for better grass cutting (2015)
- New water line and roof on concession stand (2014)
- New roofs on dugouts (2014)
- French drainage system (2013)
- New fencing for bullpens (2013)
- New bulbs for all field lighting (2013)
- Added infield mix and re-sod (2011)
- Lights added to batting cages per NEC specs and Little League light level Standards (2011)
- New Astroturf coach's box (2011)
- Challenger access improved by asphalt path (2011)
- New scorer's stand (2011)
- Automatic External Defibrillator (AED) installed (2011)

## Pioneer Field

- New Fence installed (2022)
- Mound rebuilt; overseed (2021)
- Infield Mix added; Mound rebuilt for 46 & 50; New backstop padding; irrigation system adjusted (2020)
- Re-crowned infield, rebuilt pitcher's mound (2019)
- New outfield and foul area fence installed (2018)
- Installed new irrigation system (2017)
- Installed new outfield windscreen to improve aesthetics and safety (2017)
- Raised clay pitcher's mound installed (2014)
- Added roofs to dugouts (2013)
- Added fencing around bullpen area (2013)
- Raised clay for both practice mounds & stamped sand added for catcher's areas (2011)

**Future**

1. Cobb Field upgrades – upgrade snack-bar, upgrade foul ball netting, upgrade press box
2. Pioneer Field – Add foul ball netting to 3B side
3. Jennings Field –a warning track, install field lighting
4. Foltz Field – Replace foul ball netting, upgrade foul ball netting, re-build mound, upgrade bullpens.

## **Submit Ideas on Safety**

Your safety ideas are welcome at Lower Loudoun Little League.

Please submit any safety ideas in written form and place them in the Safety Officer's folder or Suggestion Box at Cobb Field Snack Bar. The League's Safety Officer will retrieve safety suggestions daily and review them on a weekly basis. If your safety idea warrants further investigation, you will be contacted. Safety suggestions are also always welcome via email at [safety@llbaseball.org](mailto:safety@llbaseball.org) or by contacting any member of the LLLL Board of Directors.

Safety ideas which are implemented at our ballpark will appear in next year's League Safety Manual and the contributor will receive credit for their suggestion.

If a player should submit a safety idea which is then implemented at our ball parks, then in addition to being credited in next year's League Safety Manual, he or she will receive a \$10 gift certificate for the Concession stand. So, talk to your team and let them know about this fabulous prize!



*(Photo: Val Faircloth, used with permission)*

## **Injury Prevention**

Six Keys of Injury Prevention  
Conditioning & Stretching  
Concussion Guidelines

## Six Keys of Injury Prevention

1. **Practice Pre-Habilitation:** Instead of rehabilitating injuries to normal function, strengthening at risk muscle groups helps to prevent many injuries. Baseball demands the same movement over and over (such as pitching a ball), talk to your coach, gym teacher, or physical therapist several months before your sports season to devise a strengthening program for these specific muscle groups.
2. **Build Gradually:** Slowly increase your training load, including throwing, at the start of the season. A sudden increase in training load or stress may result in tendonitis, stress fractures and many other injuries. Be smart and increase slowly! Your body adapts to the stress much better that way!
3. **Stay Active All Year Long:** Even if participating in only baseball, ball players should stay physically active throughout the year. Running, biking, swimming, fitness training and participation in other sports during the off season are excellent ways to maintain conditioning and avoid the need to play "catch-up" when baseball season begins.
4. **Warm Up and Cool Down:** Prevent pulled muscles by stretching and warming up for 15 minutes before practices and 30 minutes prior to games. A light jogging and stretching routine after practice and games can decrease muscle soreness. If a ball player does experience any soreness, icing for 15 minutes after cool down can help with early inflammation.
5. **Prevent Dehydration:** Dehydration is simply loss of water from the body and can result from sweating during athletic activities, especially in hot weather, and can cause fatigue, increasing the chance of injury. To prevent dehydration, drink water before, during, and after all practices and games. Cool water is best because it is more rapidly absorbed from the stomach. A good guide is as follows:
  - **8oz of water or sports drink prior to the game**
  - **16oz of water or sports drink during the game**
  - **16oz of water or sports drink after**Sports drinks or electrolyte replacement supplements such as Gatorade and PowerAde are only really needed for very intense activity lasting longer than 90 minutes.
6. **Don't Skimp on Nutrition:** A good diet is essential to peak athletic performance. It helps maintain strong bones, avoid anemia, and build muscle. Make sure that you have a good balance of carbohydrates, protein and fats. Eating a high protein meal within 30 minutes after exercise improves your muscle building.

Most athletic injuries can be prevented. Avoiding too much, too soon, too fast repetitive stress injuries by following these helpful tips!

## 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 ball player to stretch more that 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

- At least 10 repetitions for each exercise.
- Have kids synchronize their movements.
- Vary upper body with lower body.
- Keep the pace up for a good cardio-vascular workout

## Concussion Guidelines

Loss of consciousness is no longer the main determining factor for concussion. Related symptoms such as irritability, sleep disturbances, cognitive slowing, headache, dizziness, ringing in the ears, nausea and blurred vision now are significant considerations.

A concussion characteristically involves a rapid onset of symptoms, due to impaired neurological function that resolves spontaneously. Symptoms may appear immediately after the injury or may take several minutes to evolve.

### Simple vs. Complex Concussions

*"Simple" concussions* resolve without complications over seven to 10 days.

*"Complex" concussions* involve persistent symptoms lasting a few weeks, or prolonged loss of consciousness lasting more than one minute or prolonged cognitive impairment.

Research regarding the long-term effects of repetitive minor head trauma has led to greater restrictions for returning to physical activity. The problem with early return to sports is that brain damage may be cumulative (additive) in nature.

Young baseball players with a diagnosis of concussion should be restricted from sports for at least one day. They should rest from tasks that require strenuous cognitive function. Activities involving physical exertion should be limited until all objective and significant subjective symptoms improve. The athlete should be checked daily for symptoms to determine when the concussive symptoms have cleared.

**Most concussions are "simple" and will resolve within seven days, while severe concussions may take a few weeks.**

If the athlete is asymptomatic, participation in conditioning activities is reasonable if there is minimal risk of head injury. The number of previous concussions should be considered. Contact activities should be prohibited until the athlete has recovered fully and the brain injury has had time to heal.

Policy – Effective – June 3, 2014

All Leagues in Virginia District 16 must establish a policy for concussions that is compliant with [Subsection 22.1-271.5.C of the Code of Virginia](#) and Little League Regulation III.d.2 Note 3 (see below).

District 16 is adopting the [Loudoun County Public Schools Concussions In Student Athletes policy and implementation guidance](#) for all inter-league play and District administered tournaments. District 16 implemented the standard prior to September 1, 2014 in order to account for differences between public schools and volunteer-administered programs.

Parents and Guardians are required to read the Loudoun County Public Schools Student Athlete – Concussion Guidelines and acknowledge, understand, and certify by signature that they agree to the protocols of the LCPS concussion program for the Student Athlete's best welfare and safe participation in sports. The guidelines are available on the web site at [www.llbaseball.org](http://www.llbaseball.org). This is a mandatory requirement.

**Heads UP – Concussion in Youth Sports: Online Training****National Federation of State High School Associations (NFHS) – Concussion in Sports Training**

All managers, coaches and league volunteers are required to complete this online concussion training course prior to the start of the season. The NFHS has teamed up with the Centers for Disease Control and Prevention (CDC) to educate coaches, officials, parents and students on the importance of proper concussion recognition and management in high school sports. This course highlights the impact of sports-related concussion on athletes, teaches how to recognize a suspected concussion, and provides protocols to manage a suspected concussion with steps to help players return to play safely after a concussion. Each state's requirements for concussion management are included as part of the course.

<https://nfhslearn.com/courses/concussion-in-sports-2>

Once the online training and quiz have been completed, the manager/coach/volunteer must save/print a copy of the certificate of completion and forward it to the League Safety Officer. Completion of this training should be completed prior to taking the field.

**5. Actions if a Student Athlete Suffers a Suspected Concussion Event:**

- Student Athlete **shall be immediately removed from play**, be it a game or practice, and **may not return to play or practice on that same day**. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even a risk of death. **WHEN IN DOUBT, SIT THEM OUT.**
- Student Athlete **must be evaluated by an Approved Healthcare Professional and be cleared** before returning to play or practice. The healthcare professional’s written diagnosis indicating the athlete’s status shall be provided to the Athletic Trainer for further clearance. **Approved Healthcare Professionals** include MD-Medical Doctor, DO-Doctor of Osteopathic Medicine, PA-Physician Assistant, CNP-Certified Nurse Practitioner, ATC-Certified Athletic Trainer, and/or Neuropsychologist.
- Approximately 48 hours after a suspected concussion, the Student Athlete will be ImPACT evaluated again. Once an athlete is asymptomatic, they may **begin a progression of activities in a step-wise fashion** to allow the brain to re-adjust to exertion. **REST IS THE BEST TREATMENT FOR CONCUSSION.**

**6. “Steps” the Student Athlete Must Follow After Clearance by a Medical Professional:**

If symptoms occur during any of the following **Steps**, the athlete must cease activity and be re-evaluated and cleared once again by their healthcare provider.

- **Step 1** No physical activity until asymptomatic. Athlete must remain asymptomatic in order to progress to the next Step. If symptoms return during any of the Steps, the student athlete must return to the previous Step.
- **Step 2** Light exercise, including walking or riding an exercise bike. No weight lifting.
- **Step 3** Running in the gym or on the field. No helmet or other equipment.
- **Step 4** Non-contact training drills in full equipment. Weight training can begin.

If after Step 4, there are no symptoms of concussion, the athlete will be given a cognitive test before going on to **Step 5**. If the athlete does not clear on the second ImPACT evaluation, they will repeat the Steps above and have another ImPACT evaluation after **Step 4**.

- **Step 5** Full Contact practice or training.
- **Step 6** Game-play with release from **Approved Healthcare Professional** (MD- Medical Doctor, DO- Doctor of Osteopathic Medicine, PA- Physician Assistant, CNP- Certified Nurse Practitioner, ATC- Certified Athletic Trainer, or Neuropsychologist).

**7. What Must be Done by Student Athletes, Parents, and LCPS Staff?**

- All parties must learn to recognize the Signs and Symptoms of concussion.
- Teach student athletes to immediately inform the Athletic Trainer and Coach if they experience such symptoms.
- Teach student athletes to tell the Athletic Trainer and Coach if they suspect that a teammate has a concussion.
- Ask Teachers to monitor any decrease in grades or changes in behavior that could indicate a concussion.
- Report concussions to the Athletic Trainer and Coaches to help with monitoring injured student athletes as they move to the next sports season.

**IMPORTANT INFORMATION—PLEASE READ CAREFULLY**

*Indicate your agreement by signing below and return the signed form to your student’s school. Keep a copy for your records.*

I have received and read the Loudoun County Public Schools Student Athlete–Concussion Guidelines and grant my consent and permission for the Student Athlete to participate in the <b>Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)</b> program including Baseline and Post-Concussion Cognitive Testing. Furthermore, I acknowledge, understand, and certify by my signature below that I agree to the protocols of the LCPS concussion program for the Student Athlete’s best welfare and safe participation in sports for Loudoun County Public Schools.	
Student Athlete (Type or Print)	
Student Athlete Signature	Date
Parent/Guardian (Type or Print)	
Parent/Guardian Signature	Date



*(Photo: Val Faircloth used with permission)*

## **First Aid for Non-Trauma Injuries**

First Aid Overview

Emergency Contacts

Hot Weather and Heat Related Emergencies

Cold Weather and Related Emergencies

Asthma, Allergies, Insect Stings

Prescription Medication

## First Aid Overview

First-Aid is the first care given to a victim of an injury or sudden illness. It is usually performed by the first person on the scene and continued until professional medical help arrives – Emergency Medical Services (EMS) providers. Managers, Coaches, Umpires and Board Members have been trained in basic first aid skills. No one should ever administer first aid beyond their capabilities. **Always know your limits.**

The average response time on **9-1-1** calls is 5-7 minutes. En-route to the hospital EMS providers are always in constant communication with the local hospital advising them of any emergency intervention that may need to be taken. You cannot do this. Therefore, with a serious injury **NEVER** attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for EMS to arrive.

First Aid Kits will be furnished to each field that the League uses and will be placed in the field equipment boxes or sheds, or the snack bars. The League's Safety Officer's *name and phone number* has been placed inside of all the First-Aid Kits along with the LLLL Safety Manual. To replenish materials in the First Aid Kit, the Manager or Coach must contact the League's Safety Officer.

Finally, to ensure the continuous improvements to our league's safety program always report any safety incidents to the LLLL Safety Officer

## Emergency Contacts

<b>Police – Fire – Rescue Emergency</b>	<b>911</b>
Loudoun County Sheriff (Non-Emergency)	703.777.1021
Sterling Rescue Squad (Non-Emergency)	
South Sterling Station #15	703.430.1780
North Sterling/Potomac Falls Station #25	703.430.4013
Loudoun Hospital Center	703.858.6000
Reston Hospital Center	703.689.9000

## Hot Weather and Heat Related Emergencies

Remember that for your car to operate at its peak performance it needs to be maintained and have the appropriate fuel in it. This holds true for players, coaches, umpires, and spectators as well. Players should have adequate nutrition before all athletic events; this will provide them with the energy needed to perform the task at hand.

All participants should be hydrated not only prior to but during and after the game or practice, especially on those especially hot and humid days. Doing so will prevent cramping and other heat related injuries or emergencies. A general guideline for hydration is:

- 8oz of water or sports drink prior to the game
- 16oz of water or sports drink during the game
- 16oz of water or sports drink after the game

Here are some additional measures to take during hot weather conditions:

- Coaches and parents should discourage the use of caffeinated beverages during the game (caffeine increases water loss).
- Have someone provide a large jug of water and cups in addition to the player's drinks.
- Sun block is strongly encouraged to prevent sunburn and skin damage.
- Have the players remain in the shade as much as possible when not actively playing

### Sunburn

Typically, this occurs when an individual has become overexposed to the effects of the ultraviolet rays of the sun. This causes the individual to develop red or reddish skin and extreme warmth that may lead to pain and dehydration. This syndrome is easily prevented through the adequate use of sun block and proper skin covering (uniforms, hats and sunglasses). The effects of the sun can occur in as little as 15 minutes on not only the brightest days, but also on hazy overcast ones.

### What to Do

Treatment is simply prevention first, but should this occur, remove the individual from the field of play, adequately hydrate and provide comfort measures. Analgesics use may be needed through either the use of ibuprofen or acetaminophen. Fluid intake may also be helpful and cool towels may help soothe the burn and prevent heat loss.

Most importantly however is that if the burn is significant, evaluation by your healthcare provider may be warranted.

**Heat Stroke**

Heat stroke occurs when the body is unable to regulate its temperature. The body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. Body temperature may rise to 106°F or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided.

**Signs & Symptoms of Heat Stroke**

Warning signs of heat stroke vary but may include the following:

- An extremely high body temperature (above 103°F, orally)
- Red, hot, and dry skin (no sweating)
- Rapid, strong pulse
- Throbbing headache
- Dizziness
- Nausea
- Confusion
- Unconsciousness

**What to Do**

If you see any of these signs, you may be dealing with a life-threatening emergency. Appoint a person to **DIAL 911** for immediate medical assistance while you begin cooling the victim. Do the following:

- Get the victim to a shady area. Cool the victim rapidly using whatever methods you can. For example, immerse the victim in a tub of cool water; place the person in a cool shower; spray the victim with cool water from a garden hose; sponge the person with cool water; or if the humidity is low, wrap the victim in a cool, wet sheet and fan him or her vigorously.
- Monitor body temperature, and continue cooling efforts until the body temperature drops to 101-102°F.
- If emergency medical personnel are delayed, call the hospital emergency room for further instructions.
- Do not give the victim fluids to drink.
- Get medical assistance as soon as possible.

Sometimes a victim's muscles will begin to twitch uncontrollably as a result of heat stroke. If this happens, keep the victim from injuring himself, but do not place any object in the mouth and do not give fluids. If there is vomiting, make sure the airway remains open by turning the victim on his or her side.

### Heat Exhaustion

Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. It is the body's response to an excessive loss of the water and salt contained in sweat. Those most prone to heat exhaustion are elderly people, people with high blood pressure, and people working or exercising in a hot environment.

### Signs & Symptoms of Heat Exhaustion

Warning signs of heat exhaustion include the following:

- Heavy sweating
- Paleness
- Muscle cramps and painful stiffness
- Sensitivity to bright light and light-colored objects (baselines, baseballs, home plate)
- Tiredness
- Weakness
- Dizziness
- Headache
- Nausea or vomiting
- Fainting

The skin may be cool and moist. The victim's pulse rate will be fast and weak, and breathing will be fast and shallow. **If heat exhaustion is untreated, it may progress to heat stroke.**

Seek medical attention immediately if any of the following occurs:

- Symptoms are severe
- The victim has heart problems or high blood pressure

Otherwise, help the victim to cool off, and seek medical attention if symptoms worsen or last longer than 1 hour.

### What to Do

Cooling measures that may be effective include the following:

- Cool, non-alcoholic beverages
- Rest
- Cool shower, bath, or sponge bath
- An air-conditioned environment
- Lightweight clothing

**Heat Cramps**

Heat cramps usually affect people who sweat a lot during strenuous activity. This sweating depletes the body's salt and moisture. The low salt level in the muscles may be the cause of heat cramps. Heat cramps may also be a symptom of heat exhaustion.

**Signs & Symptoms of Heat Cramps**

Heat cramps are muscle pains or spasms—usually in the abdomen, arms, or legs—that may occur in association with strenuous activity. If you have heart problems or are on a low-sodium diet, get medical attention for heat cramps.

**What to Do**

If medical attention is not necessary, take these steps:

- Stop all activity and sit quietly in a cool place.
- Drink clear juice or a sports beverage.
- Does not return to strenuous activity for a few hours after the cramps subside, because further exertion may lead to heat exhaustion or heat stroke.
- **Seek medical attention for heat cramps if they do not subside in 1 hour.**

## Cold Weather and Related Emergencies

Typically, LLLL events are exposed to cold weather earlier in the spring and late in the fall seasons.

### Hypothermia

Signs and symptoms of this dangerous condition which can become life-threatening are shivering, dizziness, numbness, confusion, weakness, impaired judgment, impaired vision and drowsiness.

### Signs & Symptoms of Hypothermia

Hypothermia victims pass through five stages, with each stage more serious.

Shivering→ Apathy→ Loss of Consciousness→ Decreasing Pulse & Breathing Rate→ Death

### What to Do

Seek professional help. Get the victim out of the cold and into dry clothing. Warm the body SLOWLY! Give nothing to eat or drink unless the victim is FULLY CONSCIOUS!

If trained, monitor airway, breathing & circulation.

### Frostbite

Frostbite causes a loss of feeling and color in affected areas (nose, ears, cheeks, chin, fingers, or toes). Frostbite can permanently damage the body, and severe cases can lead to amputation.

### Signs & Symptoms of Frostbite

The first signs are redness or pain in any skin area. Other signs include:

- A white or grayish-yellow skin area that feels unusually firm or waxy
- People are often unaware of frostbite until someone else points it out because the frozen tissues are numb.

### What to Do

- If there is frostbite but no sign of hypothermia and immediate medical care is not available:
- Get into a warm room as soon as possible.
- Avoid walking on frostbitten feet or toes (this increases the damage).
- Immerse the affected area in warm (not hot) water.
- Warm the affected area using body heat.
- Do not rub the frostbitten area with snow or massage it; this can cause more damage.
- Don't use a heating pad, heat lamp, or the heat of a stove, fireplace, or radiator for warming since affected areas are numb and can be easily burned.

## **Asthma, Allergies, Insect Stings**

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a difficult time breathing when they become active. Allergies are usually treated with prescription medication.

### **Asthma**

Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial 9-1-1 and request emergency service.

### **Allergic to Stings, Bites or Foods**

If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to fill out the medical history forms. Study their comments and know which children on your team need to be watched.

### **Insect Stings**

Bees, wasps, yellow jackets, and hornets belong to a class of insects called Hymenoptera. Most insect stings cause only minor discomfort. Stings can occur anywhere on the body and can be painful and frightening. Yellow jackets cause the most allergic reactions in the US.

### **Signs & Symptoms of Insect Stings**

Signs of local skin reactions at the site or surrounding the sting, including the following: pain; swelling; redness; itching; warmth; small amounts of bleeding or drainage; or hives.

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

### **What to Do**

- For mild or moderate symptoms, wash with soap and cold water.
- 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.
- Apply a cold or ice pack wrapped in a cloth to help reduce swelling and pain (10 minutes on and 10 minutes off for 30 to 60 minutes).
- To help reduce the itching, Parents may consider the using an over-the-counter product made to use on insect stings, applying an antihistamine or corticosteroid cream or calamine lotion, or giving an over-the-counter antihistamine, if approved by your physician.
- For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
- Observe the individual closely for the next hour for any signs of allergic reaction that would warrant emergency medical treatment.

**In highly sensitive individuals** 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.

## **Prescription Medication**

**COACHES/MANAGERS SHOULD NOT - AT ANY TIME – ADMINISTER ANY TYPE OF PRESCRIPTION MEDICATION TO PLAYERS!**

Lower Loudoun Little League **DOES NOT** permit anyone other than the parent or guardian to administer prescription medication.



### **First Aid for Trauma Injuries Common to Competitive Athletics**

- Contusions/Bruises
- Strains & Sprains
- Joint Dislocation
- Fractures
- Lacerations & Abrasions
- Head Trauma
- Dental Injuries

## Contusions/Bruises

A bruise (or hematoma) is an area of skin discoloration. This usually occurs following a blow, fall, or other trauma. A bruise occurs when small blood vessels break and leak their contents into the soft tissue beneath the skin.

### Signs & Symptoms of Contusion

The main symptoms are pain, swelling, and skin discoloration. The bruise begins as a pinkish red color that can be very tender to touch. It is often difficult to use the muscle that has been bruised. For example, a deep thigh bruise is painful when you walk or run. Eventually, the bruise changes to a bluish color, then greenish-yellow, and finally returns to the normal skin color as it heals.

There are three types of bruises: *Subcutaneous* – beneath the skin; *Intramuscular* – within the belly of the underlying muscle; and *Periosteal* – bone bruise. Bruises can last from days to months, with the bone bruise being the most severe and painful.

### What to Do

- Place ice on the bruise to help it heal faster and to reduce swelling. Place the ice in a cloth. DO NOT place ice directly on the skin. Apply the ice for up to 15 minutes per hour.
- Keep the bruised area raised above the heart, if practical. This helps keep blood from pooling in the bruised tissue.
- Try to rest the bruised body part by not overworking your muscles in that area.
- If needed, take acetaminophen (Tylenol) to help reduce pain.
- **Do not** attempt to drain the bruise with a needle.
- **Do not** continue running, playing, or otherwise using the painful, bruised part of your body.
- **Do not** ignore the pain or swelling.

## Strains & Sprains

While not all strains and sprains can be prevented, the following may help lessen their occurrence:

- Stretch before working out
- Wear the proper footwear
- Warm up before the task at hand

### What Causes a Strain?

Strains are injuries to muscles or the tendons that attach the muscles to your bones. By pulling too far on a muscle or by pulling a muscle in one direction while it is contracting in the other direction can cause injuries within the muscle or tendon. Strains can also be caused by chronic activities that develop an overstretching of the muscle fibers.

### What Causes a Sprain?

A sprain is caused by a ligament being stretched too far. People will fall or step on an uneven surface (in baseball this is often another player's foot or base) and roll their foot to the inside. This stretches the ligaments on the outside of the ankle.

### Signs and Symptoms of a Strain or Sprain

The signs and symptoms of a sprain are typically pain, swelling, and bruising of the affected joint. Symptoms will vary with the intensity of the injury; more significant ligament tears (Grade III injuries) cause an inability to use the affected joint and may lead to joint instability. Less serious injuries (Grade I injuries) may only cause pain with movement.

### What to Do

Typically, most of these type injuries do not require immediate medical evaluation, however if ever in doubt err on the side of safety and seek medical consultation by either having the player evaluated or if the injury seems unstable by calling 911.

Treatment on the playing field is easy if you remember **R.I.C.E.**

- **Rest** – the first 24-48 hours after the injury is considered a critical treatment period and activities need to be curtailed. Gradually use the injured extremity as much as tolerated, by try to avoid any activities that cause pain. Often using a splint, sling, or crutches is necessary to adequately rest the injured body part.
- **Ice** – For the first 48 hours post-injury, ice the sprain or strain 20 minutes at a time every 3-4 hours. The ice pack can be a bag of frozen vegetables (peas or corn), allowing you to be able to reuse the bag.
- **Compression** – Use compression when elevating a sprain or strain in early treatment. Using an Ace bandage, wrap the area overlapping the elastic wrap by one-half of the width of the wrap. The wrap should be snug, but not cutting off circulation to the extremity. So, if your fingers or toes become cold, blue, or tingle, re-wrap!
- **Elevation** – Keep your sprain or strain as best possible--try to get it higher than your heart if possible. Elevate at night by placing pillows under your arm or leg.

## Joint Dislocation

A dislocation is a separation of two bones where they meet at a joint. (Joints are areas where two bones come together.) Dislocations are usually caused by a sudden impact to the joint. This usually occurs following a blow, fall, or other trauma. A dislocated bone is no longer in its normal position. A dislocation may also cause ligament or nerve damage.

### Signs & Symptoms of Joint Dislocation

- Visibly out-of-place, discolored, or misshapen
- Limited in movement
- Swollen or bruised
- Intensely painful, especially if you try to use the joint or bear weight on it

### What to Do

- Immobilization of the affected part
- May require calling 911
- Must be evaluated by a healthcare professional as soon as possible
- Apply the **R.I.C.E.** principal for initial management

## Fractures

A fracture is where there is a disruption in the bone leading to a break. Often time's people believe that a fracture is worse than a break or vice versa. This is far from the truth; in fact, they are indeed one in the same. The concern is the type that they have.

### Signs & Symptoms of Fractures

For our purposes we will simplify this into either an open or closed fracture.

- *Open Fracture* – More serious of the two; when the injury has been of such a violent nature that the bone has broken through the skin.
- *Closed Fracture* – When there is obvious deformity in the extremity

### What to Do

- Immobilization of the affected part
- May require calling 911
- Must be evaluated by a healthcare professional as soon as possible
- Apply the **R.I.C.E.** principal for initial management

## Lacerations & Abrasions

These tend to be often very dramatic since there is blood involved. The important piece of information here is that we always apply standard precautions when dealing with bodily fluids.

### What to Do

The first thing to remember is that all individuals who will be attending to the hurt individual should be wearing gloves. This is not only to protect the person giving aid but also the person receiving aid. If in doubt about the wound, seek expert medical advice.

The second most important thing to remember is to not over dramatize the injury. The player is already scared and by making a bigger deal out of the event you will not only increase the anxiety of the player, but those around them as well.

Treatment can be simplified if you remember the letters **D.E.P.T.**

- **Direct pressure** – Generally just applying direct pressure to the wound will stop the majority of active bleeding
- **Elevation** – Will slow down the rate of bleeding
- **Pressure point** – If the bleed tends to be arterial in nature it may require pressure being placed on a pulse point above the wound
- **Tourniquet** – **Avoid their use unless the situation has become extreme and as a last resort.**

## Head Trauma

These are often commonly seen when a player collides with another or is hit by a thrown or batted ball. Even when preventive measures are undertaken (helmets, face gear) they still do occur.

### Types of head injuries:

- **Concussion** – A jarring injury to the brain. The player may or may not have passed out. They generally feel dizzy or dazed, may have a temporary loss of vision or imbalance immediately thereafter
- **Brain Contusion** – The brain has been bruised. There is bleeding and swelling may occur
- **Skull Fracture** – When the bone breaks and a piece may enter or cause bleeding in the brain
- **Cerebral Hematoma** – Bleeding on the brain that may not appear immediately

### Signs & Symptoms of Head Trauma

- It's normal to have a headache and nausea and feel dizzy right after a head injury. Other symptoms include ringing in the ears, neck pain, and feeling anxious, upset, irritable, depressed or tired.
- The person who has had a head injury may also have problems concentrating, remembering things, putting thoughts together or doing more than one thing at a time.
- These symptoms usually go away in a few weeks, but may go on for over a year if the injury was severe

### What to Do

All individuals that have a significant head injury should stop playing immediately and either be observed closely or encouraged to seek expert medical consultation. If the injury appears severe enough, **do not hesitate to call 911!!!**

The Concussion Guidelines laid out in Tab 6 should be followed for any player suspected of having a concussion.

## Dental Injuries

Dental injury is common, but preventable. Wearing a well-fitted mouth guard is the best defense and their use is highly recommended. LLLL has also purchased helmets with metal face guards installed that are available upon request. C-flap face guards and masks are also available in stores. In the event a ball player suffers a dental injury, the following steps are recommended:

**Avulsion** – Entire tooth knocked out.

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

- 1) Avoid additional trauma to the tooth while handling. **Do Not** handle the tooth by the root. **Do not** brush or scrub the tooth. **Do not** sterilize the 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 the athlete is alert and conscious.
- 4) If unable to re-implant:
  - Ideal - Place tooth in Hank's Balanced Saline Solution, (i.e. Save-a-tooth)
  - 2nd best - Place the tooth in milk. Cold whole milk is best, followed by cold 2 % milk.
  - 3rd best - Wrap tooth in saline soaked gauze.
  - 4th best - Place the tooth under the victim's tongue. **Do only** if athlete is conscious & alert.
  - 5th best - Place the tooth in a cup of water.
- 5) **Time is very important.** Re-implantation within 30 minutes has the highest degree of success rate. **Transport Immediately to the Dentist.**

**Luxation** – tooth in socket, but wrong position, **or Extruded** – upper tooth hangs down and/or lower tooth raised up.

- 1) Reposition tooth in socket using firm finger pressure.
- 2) Stabilize the tooth by gently biting on a towel or handkerchief.
- 3) **Transport Immediately to the Dentist.**

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

- 1) Try to reposition the tooth using finger pressure.
- 2) The victim may require local anesthetic to reposition the tooth; if so, stabilize the tooth by gently biting on a towel or handkerchief.
- 3) **Transport Immediately to Dentist.**

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

- 1) Do nothing - avoid any repositioning of the tooth.
- 2) **Transport Immediately to the Dentist.**

**Fracture** – Broken tooth. If the tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4.

- 1) Stabilize the portion of tooth left in the 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 nerves may be exposed which is extremely painful to the athlete.
- 3) Save all fragments of the fractured tooth as described under Avulsion, Item 4.
- 4) **Immediately Transport Patient and Tooth Fragment to Dentist.**

Source: Academy for Sports Dentistry

### **Local Emergency Dentists**

**(NOTE:** For information only, providers are not endorsed by LLLL) Map is provided in Tab 2, Emergency Response.

Lake Center Dental; 46090 Lake Center Plaza #105 Sterling, VA 20165 Phone: 703.444.9888.

Rick Jackomis, DDS; 46161 Westlake Drive Suite 110, Potomac Falls, VA 20165 Phone: 703.444.9244



*(Photo: Val Faircloth used with permission)*

## **Safety Awareness**

Safety Posters

# 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.

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

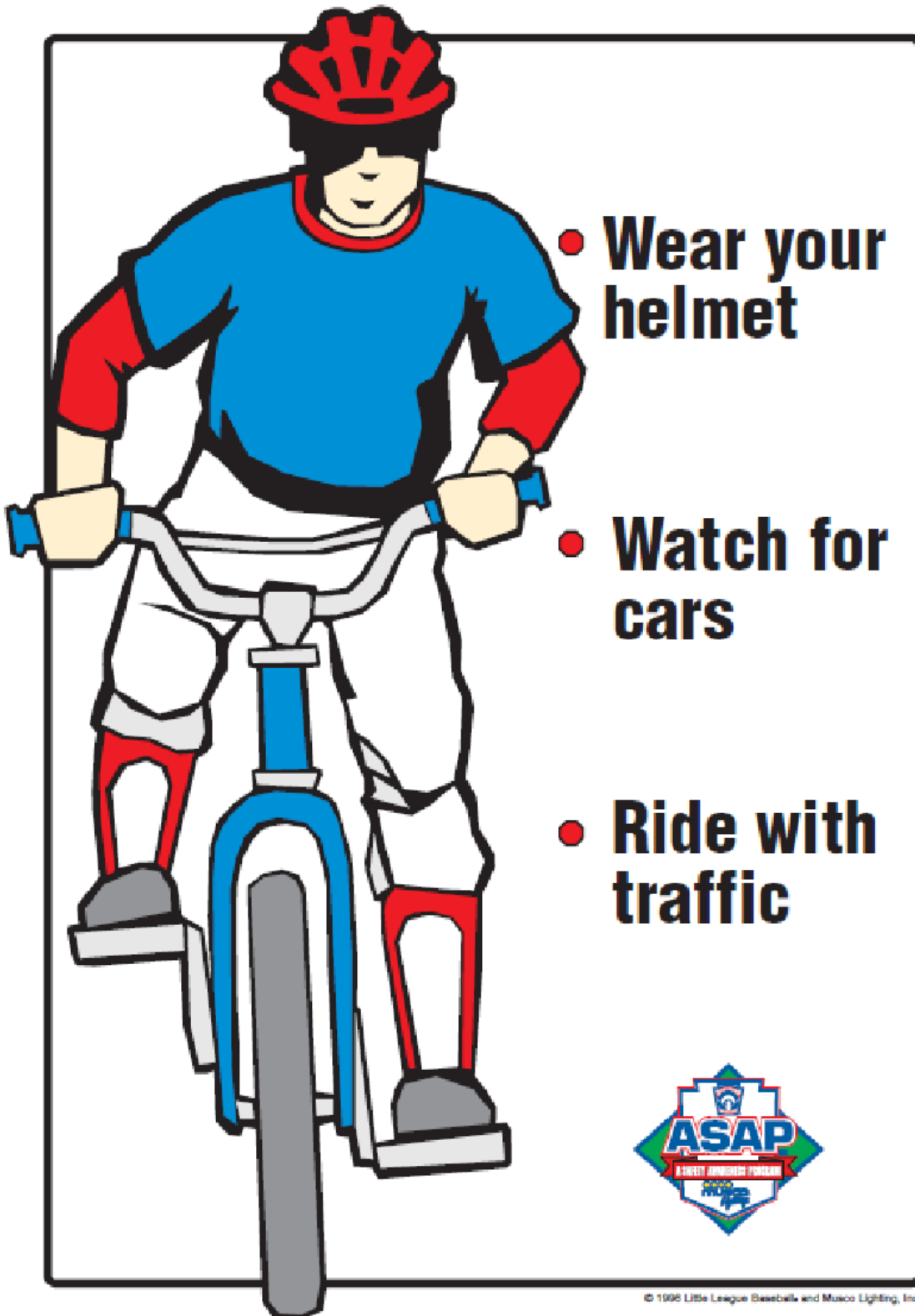
**Call 9-1-1 and the child's parent/guardian!**

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Michigan Asthma Steering Committee of the Michigan Department of Community Health

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



© 1996 Little League Baseball and Mexico Lighting, Inc.

Copy and post in dugouts.

# Don't Swing It

**...Until You're Up to the Plate!**



(Photos from North Scott, Iowa, Little League)

**Don't let this happen to you, or to a teammate.**

**REMEMBER:**

**Don't pick up your bat until you leave the dugout, to approach the plate.**

**RULE 1.08, Notes**

"1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division."



**WHEN IT'S HOT,  
DRINK BEFORE  
YOU'RE THIRSTY.**

© 1996 Little League Baseball, and Musco Lighting, Inc.

### **Drinking Guidelines For Hot Day Activities**

**Before:** Drink 8 oz. immediately before exercise  
**During:** Drink at least 4 oz. every 20 minutes  
**After:** Drink 16 oz. for every pound of weight lost

**Dehydration signs:** Fatigue, flushed skin, light-headed  
**What to do:** Stop exercising, get out of sun, drink  
**Severe signs:** Muscle spasms, clumsiness, delirium

# FIGHT THE BITE!



## JOIN THE "SWAT TEAM" AGAINST WEST NILE VIRUS

### Defend Yourself Against Mosquitoes:

**DRAIN** standing water around the house weekly since it's where mosquitoes lay eggs, including: tires, cans, flowerpots, clogged rain gutters, rain barrels, toys and puddles.

**DUSK & DAWN** are when mosquitoes that carry the virus are most active, so limit outdoor activities or take precautions to prevent mosquito bites.

**DEET** is an effective ingredient to look for in insect repellents. Always follow label instructions carefully.

**DRESS** in long sleeves and pants during dawn and dusk or in areas where mosquitoes are active.

**West Nile Virus** disease is rare, but if you have symptoms including high fever, severe headache and stiff neck, contact your health care provider immediately.

### Combata la Picadura:

**Desague** agua estancada alrededor de la casa (en llantas, cubos de basura, macetas, canalones y charcos) pues ahí ponen huevos los mosquitos. Corte la hierba y arbustos y no riegue demasiado.

**AL ATARDECER y AMANECER** están más activos los mosquitos que portan el virus. Evite actividades afuera o tenga precauciones para prevenir picaduras.

**"DEET"** es un ingrediente que deben tener los repelentes de insectos para que sean efectivos. Siga las instrucciones.

**VISTASE** con camisas de manga larga y pantalones cuando esté afuera en la tarde o al amanecer o donde haya muchos mosquitos.

La enfermedad del virus del Nilo Occidental es muy rara, pero si usted tiene los siguiente síntomas como dolor de cuello, fiebre alta y fuerte dolor de cabeza, contacte inmediatamente a su proveedor de servicios

[www.fightthebitecolorado.com](http://www.fightthebitecolorado.com)

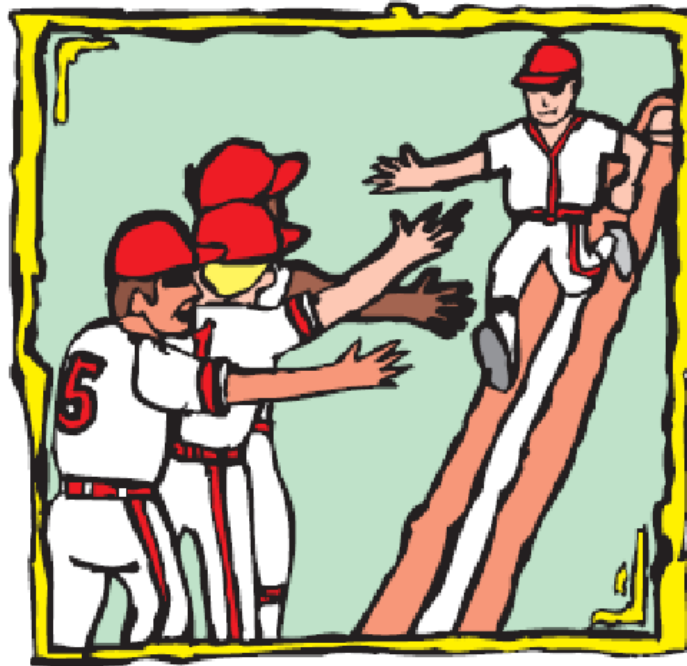


## **HAVE YOU:**

---

- Walked field for debris/foreign objects**
- Inspected helmets, bats, catchers' gear**
- Made sure a First Aid kit is available**
- Checked conditions of fences, backstops, bases and warning track**
- Made sure a working telephone is available**
- Held a warm-up drill**

# Keep It Clean!

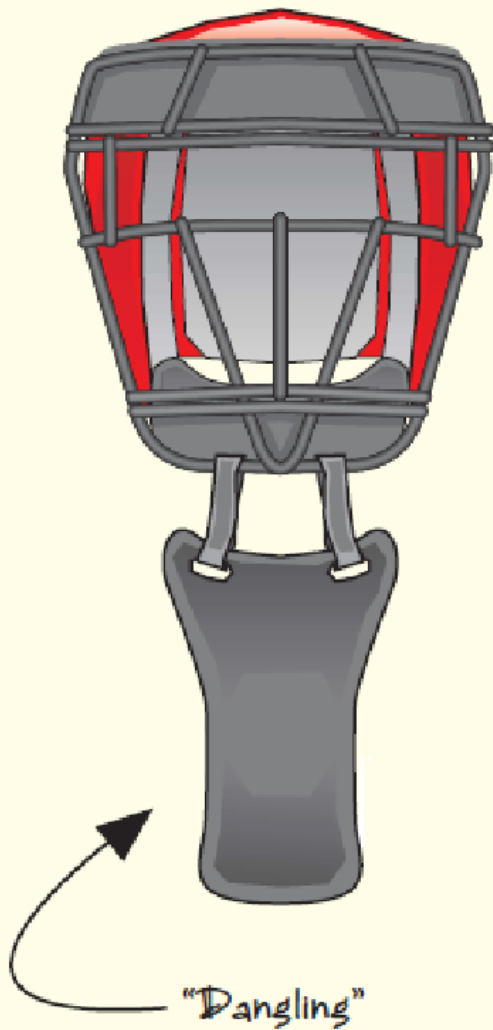


**REMEMBER:**

**Use good sportsmanship on the field,  
even to your language.**

**Regulation XIV – Field Decorum**

- a) "The actions of players, managers, coaches, umpires and league officials must be above reproach . . ."
- b) "The use of tobacco and alcoholic beverages in any form is prohibited on the playing field, benches or dugouts."



**Make  
Sure  
They  
Are  
Safe!**

**REMEMBER:**

**Catchers must wear helmets during warm-ups and infield/outfield practice.**

**RULE 1.17**

"...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games."



## RULES

**Rule 3.00 – Game Preliminaries**

**3.09** - Players, managers, and coaches of the participating teams shall not address, or mingle with spectators, nor sit in the stands during a game in which they are engaged. Managers or coaches are permitted to warm up a pitcher at home plate or in the bullpen or elsewhere at any time, including in-game warm-up, pre-game warm-up, and in other instances. They may also stand by to observe a pitcher during warm-up in the bullpen.

**3.10**

**(a)** - The managers of both teams shall agree on the fitness of the playing field before the game starts. In the event that the two managers cannot agree, the president or a duly delegated representative shall make the determination.

**(b)** - The Umpire-in-Chief shall be the sole



**RULEBOOKS**



**BOOKMARKS**



**SEARCH**



**MORE**

# Who Uses Spit Tobacco?



## No One in Your Little League Program

## ... Right?

**Think again.** In fact, the national spit tobacco rate among high school males is one in five. That's right – one out of every five high-school boys has used spit tobacco, a substance that contains more than 28 known cancer-causing agents. Girls aren't immune, either. Some regions of the U.S. report that girls are using spit tobacco at high rates as well. One thing is clear – kids are using spit tobacco. What are you doing to make sure that your child isn't?

NSTEP wants to make sure your child doesn't use spit tobacco, too. Oral Health America's National Spit Tobacco Education Program (NSTEP) was founded in 1994 as an effort to increase awareness about the dangers of spit tobacco, and break the historical link between this potentially deadly drug and America's pastime. NSTEP's mission is to prevent the use of spit tobacco, and to help all users quit.

NSTEP's mission isn't easy. The spit tobacco industry enjoys more than \$2 billion in yearly sales, largely by targeting new users. Nearly one million children will try spit tobacco this year and more than 300,000 of these young first-time users will

become regular spit tobacco consumers. It's NSTEP's goal to change this.

Little League Baseball, International is a major player on the NSTEP team because it wants kids to know the truth about spit tobacco. Together, NSTEP and Little League are working to ensure that kids, spit tobacco, baseball and softball never mix. NSTEP also has partnered with Major League Baseball, the Major League Baseball Players Association (MLBPA), the Professional Baseball Athletic Trainers Society (PBATS), and the American Baseball Coaches Association (ABCA). Spokesmen have included some of baseball's most exciting figures, including Derek Jeter, Hank Aaron, Jeff Bagwell, Lenny Dykstra, and NSTEP national chairman, Joe Garagiola. Chances are NSTEP will make an impression at your child's Little League ballpark this summer through its programs, projects, and literature aimed at teaching young baseball and softball fans that spit tobacco isn't part of the game.

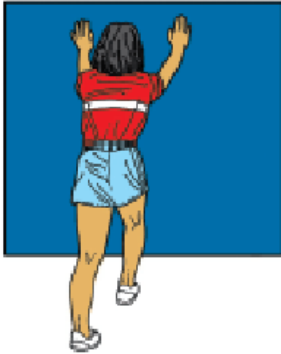
So ask yourself again – who uses spit tobacco? It could be your kid, but it doesn't have to be. NSTEP needs the help of parents, coaches, and adult role models everywhere to help bring its anti-spit tobacco message to today's youth.

Visit [WWW.NSTEP.ORG](http://WWW.NSTEP.ORG) today for vital resources and information on spit tobacco, cessation, and oral cancer prevention.



**ORAL HEALTH AMERICA**  
410 North Michigan Ave.  
Suite 352  
Chicago, IL 60644-4211  
312-836-9900  
[www.NSTEP.org](http://www.NSTEP.org)

## Suggestions for Warm-up Drills



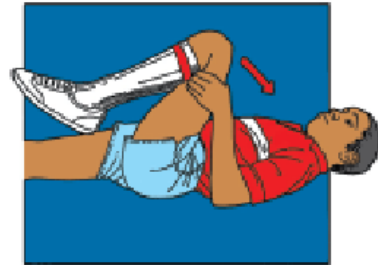
### Heel Cord Stretches

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.



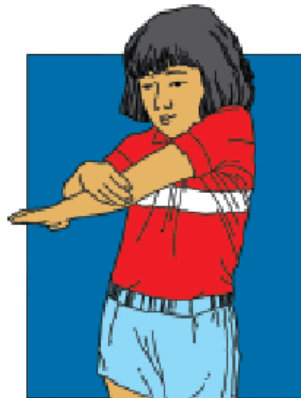
### Low Back Stretches

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.

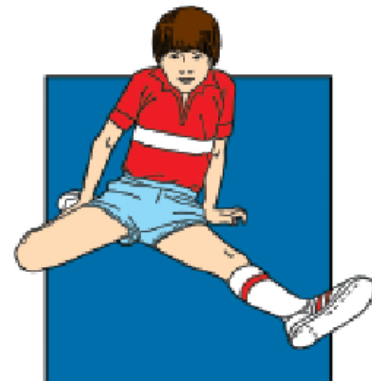


### Thigh Stretches #1

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 your 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.





Tab 10

**Coaches Corner**

- Pitch Count Log
- Pitch Count Data Sheet
- Sample Practice Plan



# Little League® Pitch Count Data Sheet



Use Additional Sheets If Necessary

League: \_\_\_\_\_

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

Visiting Team Name: \_\_\_\_\_

Pitcher(s) Name	League Age	Inning started	Inning removed	Pitches thrown	Reason for Removal <small>in opinion of Official Pitch Count Scorer Reached limit, tired, ineffective, end of game, strategic change, other</small>	Score when removed

Home Team Name: \_\_\_\_\_

Pitcher(s) Name	League Age	Inning started	Inning removed	Pitches thrown	Reason for Removal <small>in opinion of Official Pitch Count Scorer Reached limit, tired, ineffective, end of game, strategic change, other</small>	Score when removed

**Little League Minor Practice (Total Time: 1:15 – 1:20)**Source: [www.littleleaguecoach.org](http://www.littleleaguecoach.org)**WARM UPS:**

Team meeting: Discuss what the team did well from previous practice or game. Ask what do we need to work on? Explain what you are going to do during practice. (3-5 Min)

Stretching: Have two leaders or coach run the team through stretching exercises. (5-7 min)

Run 1 pole: This is starting at one foul pole and running to the other foul pole and back. (4-5 min)

Warm up catch: Partner players with similar abilities. (5 min)

Ground ball warm up: Players should be 15-20 feet away and roll ground balls to each other. (5 min)

**PRACTICE:**

Break up into three groups: Group one is 4-6 outfielders. Group two is 3-4 pitchers. Group Three is one 2B, SS, 1B, C.

Outfielders: *Ground Ball V Drill*- Coach is at the base of the V in this drill. Two lines at the top of the V. Coach alternates between lines and gives each outfielder ground balls. (8 Min)

Pitchers: *Copy Cat*- Players will follow the coach's lead and trying to perfect their pitching motion. Do this from the Wind Up and Stretch. (4 Min)

Pitchers: *Long Toss*- Players will start off playing catch at the same distance as when they were warming up. Take step back after each catch until the distance is manageable. (4 Min)

1B,2B,SS,C:  $\frac{1}{2}$  *Octopus 3x3x3*- Have players in their positions. Coach will be positioned on the pitcher's mound. First drill is 3 pitches in the dirt to the catcher. This is to help the catcher with blocking. Coach then throws three ground balls to the SS who feeds the 2B who turns the double play. The 1B then throws the ball to the catcher who rolls the ball back to the mound. Do this 3x's. Same drill for the 2B who feeds the SS who turns two. Do this 3x's. Now the coach gives the 1B three balls in the dirt so the 1B can work on their scooping/digs. (8 Min)

**RUNNING:**

Whole team comes together split them in half. 5-6 players go to 2<sup>nd</sup> base while 5-6 players go to the plate.

2<sup>nd</sup>-3<sup>rd</sup>: One player takes off from 2<sup>nd</sup> and practices rounding 3<sup>rd</sup>. (6 Min)

Home to 1<sup>st</sup>: Have players practice running through 1<sup>st</sup>. (6 Min)

SWITCH (Total 12 Min)

**DRINK: (3 Min)**

Outfield: *Toss and Go*- 4-6 Players. Player comes set in front of the coach and tosses them the ball. The coach throws a pop up while the player is going back on the ball. (8 Min)

Infield: *Round of Infield*- Put players in their positions and hit ground balls to them. Primarily focus on throwing to 1<sup>st</sup> base. (8 Min)

**RUNNING:**

All come together and run two poles. (8 min)

**SITUATIONS:**

Have your team in their defensive positions. (9 players) Have 3-4 runners with helmets on. Coach will hit infield/outfield as if it was a game. Players will have to react to the runner and make the play. This drill is great because the coaches can give immediate feedback as to what the players should do in the different situations that arise. (10-15 Min)

**MEETING:** (5 Min)

Recap with players what was practiced and provide positive reinforcement Provide any reminders for next practice or game.

## **T-Ball and Machine Pitch Sample Practice Plans**

*Adopted from Wheatland Athletic Association Website*

## General Coaching Tips

1. Plan short drills with many repetitions.
2. Every child should always be doing something.
3. End practice with a fun activity.
4. Expect the unexpected!
5. Set out the necessary equipment before practice.
6. When talking to players, kneel so that you are eye level.
7. Don't display negative criticism, hostility, abuse or anger.
8. Remember the 4 liP-words":
  - Preparation-Plan for meetings and practice, obtain needed equipment, etc.
  - Patience- Take the time to build self-esteem and confidence in each player.
  - Poise- Maintain your composure and remember that mistakes will happen.
  - Praise- Recognize effort and performance verbally.

## Stretching Exercises

### 1: Arms/Neck

Roll arms around in a 'windmill type' action. First rotate right arm forward 10 times, then switch to the left arm. This can be done using both arms at the same time. Then, change to rotating arms backwards using the same sequence.

Move head up and down holding each position for 8-10 seconds. Move head from side to side holding each position for 8-10 seconds.

### 2. Quadriceps

These muscles are the big muscles that cover the front of your thigh. Stand straight. Bend one leg and hold your ankle or the top of your foot. Pull your bent leg until your heel is close to your bottom. Use a wall or a teammate to balance. Hold for 10 seconds. Switch legs.

### 3. Hamstrings

These are the muscles at the back of your thigh. In a sitting position with your left leg straight, place the sole of your right foot against the inside of your left thigh. Bend your trunk toward your extended leg, keeping your knee straight and foot in a relaxed position. Hold for 10 seconds. Switch legs.

### 4. Groin (Butterfly stretch)

In a sitting position with your back straight, bend your knees and place the bottoms of your feet together. Pull your feet towards your groin. Place your elbows on your knees and gently push the knees toward the floor. Hold for 10 seconds, rest and repeat.

### 5. Calves

In a sitting position with legs straight, place the right heel on top of left toes. Pull right toes towards the body with hands. Hold for 10 seconds. Switch legs.

## PRACTICE #1

### Team Meeting

1. Introduce all coaches
2. Attendance
3. Announcements
4. Explain the basic rules of the game
5. Show your kids the baseball field and all the positions

### Warm-up and Stretching

#### Skill Stations

1. If possible, divide the team into 2-4 groups and send to a station with a coach.
2. All groups should rotate to each station.
3. Teach the fundamentals (page 6-7) within each activity.
4. Evaluate and note individual skill level, attention span and personality.

### Throwing and Catching Activities

1. Ready to Throw: On your whistle, all players quickly get into the throwing position. Have coaches go around to each player and check that they are holding the ball correctly. Also check their throwing stance (legs apart, foot on throwing arm side behind the body, throwing arm back and up and front shoulder toward the target). Repeat.
2. Throw to Me Coach: Line players up on a line facing a coach. Throw to the first player, who catches the ball and throws back. Continue down the line, throwing to each player. After a few practice rounds, have the kids count the number of successful catches. If necessary, start beginners with a tennis ball.

### Fielding Activities

1. Basic Fielding: Each player stands in various positions in the fielding stance. A coach slowly rolls or hits a ball to various players. The player closest to the ball takes a few steps to the ball, fields the ball and throws it back to the coach. Rotate player positions throughout the drill.
2. Partner Pickup: Players partner up and stand 10 feet apart from each other. One player rolls the ball for his or her partner to field. Repeat back and forth.

### Batting Activities

1. Practice Swing: Space the players out, each holding an imaginary bat. On your whistle or call, players should go through the batting sequence (stance, swing, follow-through and dropping the bat). Coaches should watch and correct any bad habits.

2. Practice Swing 2: Each player swings a real bat at a tee without a ball. The batter should swing the bat where the ball would be. Coaches should evaluate the full batting sequence.
3. Batting Practice: Each player should get at least 5 hits off a tee. A coach should help adjust the tee for each player and make suggestions for improvements after each swing. On the last hit, have the batter run to first base.

### Running Activities

1. Run to First: Line players up a few feet behind home plate. The first runner stands at home plate. On your whistle or call, the player runs to first base. Be sure the player is running with correct form.
2. Catch the Players: Start 3 or 4 players about 5 seconds apart from home plate to circle the bases. Coach starts last, trying to tag the players (or snatch their caps) before they reach home.

## PRACTICE #2

### Team Meeting

1. Re-Introduce all coaches
2. Attendance
3. Announcements
4. Review the basic rules of the game
5. Review the baseball field and all the positions

### Warm-up and Stretching

### Skill Stations

1. If possible, divide the team into 2-4 groups and send to a station with a coach.
2. All groups should rotate to each station.
3. Teach the fundamentals (page 6-7) within each activity.
4. Evaluate and note individual skill level, attention span and personality.

### Throwing and Catching Activities

1. One-Knee Throws: Players set on one knee (on the same side as the throwing arm). Players reach back and throw to a partner or coach.
2. Bounce to the Bucket: Place a large basket or cooler on a base. Players try to throw the ball into the container from a distance. This can be turned into a game by giving 3 points to balls thrown into the bucket, 2 points for hitting the bucket and/or 1 point for the nearest ball.

### Fielding Activities

1. Left or Right: Throw or hit the ball to one side of a fielder, who must run to get in front of the ball.
2. Fast Fingers: Line up fielders' side by side facing home plate. Place a tee ball 10 feet in front of each player. On the coach's whistle or call, the first player charges the ball, picks it up with their bare hand and throws it to the coach. A coach can count out loud the time it takes to throw the ball to add competition. Repeat for the other players.

### Batting Activities

1. Coach Says: This game is like Simon Says. Coach rapidly calls out one of five commands:  
Hands: players grip an imaginary bat  
Feet: players jump with feet apart facing an imaginary tee  
Stance: players stand in batting position with arms raised toward rear shoulder  
Squash the bug: players step, swing and rotate on the ball of their back foot

- Swing and drop: players do a full swing, including dropping the "imaginary" bat
2. Batting Practice: Each player should get at least 5 hits off a tee. The coach should help adjust the tee for each player and make suggestions for improvements after each swing. On the last hit, have the batter run to first base.

### Defense and Running Activities

1. Game Simulation: Simulate a real game situation. Place defensive players on the field in various positions and keep 2-3 players in as the first batters. Have the batter step up to the tee, hit the ball and run to first base as in a real game. Rotate batters and defense so everyone gets a chance to bat and field. Coach the fielders on decision-making. Where should they throw the ball to get the out?
2. Team Race: Two players start at home plate. One runs to 3<sup>rd</sup> base, the other to 1<sup>st</sup> base. They continue running in opposite directions around the bases. First one back to home base wins. To avoid collisions, have a coach stand on second base. Instruct one runner to go in front of the coach and one runner to go behind the coach.

## PRACTICE #3

### Team Meeting

1. Attendance
2. Announcements
3. Highlight the positives from the previous game

### Warm-up and Stretching

#### Skill Stations

Teach the fundamentals (page 6-7) within each activity.

### Throwing and Catching Activities

1. Catching Contest: Line the team up in two lines a few feet apart, facing a partner. Each pair should have one ball. Partners should throw the ball back and forth, taking one step back after each successful catch. See how many successful catches the players make (and how far apart they get).

### Fielding Activities

1. Block It: Coach hits the ball directly to a fielder, who tries to stop the ball from getting through to the outfield. Turn this activity into a game by awarding 2 points for a catch, 1 point for a block and 0 points if the ball is not stopped.
2. Charge It: Set a ball about 5 feet in front of a fielder or throw a ball that stops a few feet in front of the fielder. The fielder should run to the ball, pick it up with his or her bare hand and throw it to the proper base.

### Batting Activities

1. Practice Swing 2: Each player swings a real bat toward an actual tee, without a ball. The batter should swing the bat where the ball would be. Coaches should evaluate the full batting sequence, using the teaching tips on page 6.
2. Batting Practice: Each player should get at least 5 hits off a tee. The coach should help adjust the tee for each player and make suggestions for improvements after each swing. On the last hit, have the batter run to first base.

### Running Activities

1. Run to First: A player swings a bat, drops it and then runs from home plate to first base. The next player does the same with the first runner running from first base to second base after the swing. Teach your players that they can only overrun first base. They must stop on all the other bases. Continue the batting and running sequence with the entire group.

2. Catch the Team: This drill is the same as Catch the Players from practice #1 except the coach runs after the entire team.

## PRACTICE #4

### Team Meeting

1. Attendance
2. Announcements
3. Highlight the positives from the previous game

### Warm-up and Stretching

### Skill Stations

Teach the fundamentals (page 6-7) within each activity.

### Throwing and Catching Activities

1. Catching Flies: Throw fly balls to fielders to catch and throw back. If possible, start off with a rubber ball or tennis ball before moving onto a tee ball.

### Fielding Activities

1. To Second Base: Position a coach or a more experienced player at second base. Divide the players into three lines at right field, center field and left field. Hit or throw a ball to the first player in the right field line. The player throws the ball to second base. Repeat through each player in each line, teaching the outfield to throw the ball to second base after fielding.

### Batting Activities

1. Home Run: Set out cones or markers in 5-foot increments from the batting tee. Each "zone" is worth a certain amount of points as determined by the coach. Give each player 5 hits to score as many points as possible. A ball may be hit on the ground or in the air to receive points.

### Defense Activities

1. Team Defense: Place 8 players on the field at the proper positions. The rest of the team serves as base runners. Start a base runner on first and second base. The coach at home plate throws the ball randomly to each fielder as the runners try to advance. The fielders catch the ball and try to get the runners out. Before the coach throws each ball, the defense should shout out the next situation, such as "The play is at third base!" Be sure each fielder receives a ball to field.

## PRACTICE #5

### Team Meeting

1. Attendance
2. Announcements
3. Highlight the positives from the previous game

### Warm-up and Stretching

### Skill Stations

Teach the fundamentals (page 6-7) within each activity.

### Throwing and Catching Activities

1. Catching Contest: Players are in pairs and stand about 10 feet apart. Coach yells, "Throw!" and one partner throws the ball to the other. See what pair can throw the ball back and forth the most times without dropping it. The distance can be increased if needed.
2. Diamond Throwing: Place one player at each base and one at the pitching area. Players throw the ball in a diamond shape (Pitcher-First-Second-Third-Pitcher).

After this sequence, rotate players and/or reverse direction of the throw.

### Fielding Activities

1. Infield Practice: Place players at the infield positions and hit ground balls to each fielder. Instruct players to make plays at different bases.

### Batting Activities

1. Game Simulation: Simulate a real game situation. Place defensive players on the field in various positions and keep 2-3 players in as the first batters. Have the batter step up to the tee, hit the ball and run to first base as in a real game. Rotate batters and defense so everyone gets a chance to bat and field. Coach the fielders on decision-making. Where should they throw the ball to get the out?

### Running Activities

1. Team Race: Two players start at home plate. One runs to 3<sup>rd</sup> base, the other to 1<sup>st</sup> base. They continue running in opposite directions around the bases. First one back to home base wins. To avoid collisions, have a coach stand on second base. Instruct one runner to go in front of the coach and one runner to go behind the coach.

## PRACTICE #6

### Team Meeting

1. Attendance
2. Announcements
3. Highlight the positives from the previous game

### Warm-up and Stretching

### Skill Stations

Teach the fundamentals (page 6-7) within each activity.

### Throwing and Catching Activities

1. High and Low: Two players play catch. The thrower scores 3 points if ball is caught above the shoulders, 2 points if caught between waist and shoulders. No points are awarded if the ball is not caught.

### Fielding Activities

1. First Base-Third Base: Line a group near first base, with the first fielder to the right of the base facing home plate. Throw or hit a ground ball toward the first fielder. The player fields the ball and then runs to step on the base, simulating a tag out. The player drops the ball to the side and prepares for the second part of the drill. Now, throw a ball in the air to the fielder who should have one foot on the base, practicing lunging to the ball to get a runner out by a throw. The same drill can be done simultaneously at third base.

### Batting Activities

1. Home Run: Set out cones or markers in 5-foot increments from the batting tee. Each "zone" is worth a certain amount of points as determined by the coach. Give each player 5 hits to score as many points as possible. A ball may be hit on the ground or in the air to receive points.

### Running Activities

1. Run Down: Place two more experienced players (or two coaches) at first and second base. Runners try to run from one base to another (back and forth) without getting tagged out by the fielders.

## PRACTICE #7

### Team Meeting

1. Attendance
2. Announcements
3. Highlight the positives from the previous game

### Warm-up and Stretching

### Skill Stations

Teach the fundamentals (page 6-7) within each activity.

### Throwing and Catching Activities

1. Back and Forth: Line the players in two lines facing each other. The first player in one-line throws to the first player in the other line. After throwing, the player runs to the end of the line and all other players move up one spot. The player with the ball now throws it to the new first player in line and goes to the end of his or her line. Continue the drill until every player has thrown and caught a ball.

### Fielding Activities

1. Shortstop-Second Base: One player is in position between 1<sup>st</sup> and 2<sup>nd</sup> base and another player is in position between 2<sup>nd</sup> and 3<sup>rd</sup> base. Throw the ball on the ground toward the second-base player. That player fields the ball while the shortstop runs to second base. The fielder throws the ball to the shortstop for the out. For the second part of the drill, reverse the activity. Throw the ground ball to the shortstop. The shortstop throws to the second-base player for the out.

### Batting Activities

1. Game Simulation: Simulate a real game situation. Place defensive players on the field in various positions and keep 2-3 players in as the first batters. Have the batter step up to the *tee*, hit the ball and run to first base as in a real game. Rotate batters and defense so everyone get a chance to bat and field. Coach the fielders on decision-making. Where should they throw the ball to get the out?

### Running Activities

1. Team Race: Two players start at home plate. One runs to 3<sup>rd</sup> base, the other to 1<sup>st</sup> base. They continue running in opposite directions around the bases. First one back to home base wins. To avoid collisions, have a coach stand on second base. Instruct one runner to go in front of the coach and one runner to go behind the coach.

## **PRACTICE #8**

### **PLAYER'S PRACTICE!**

Pick the player's favorite games and activities for the final practice of the season.  
Or play a Kids vs. Parents game!