

# District 10

# Madera National Little League 2024 Safety Plan

League ID#

#4051006



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## Little League 2024 Safety Plan

1. **Jose Cuevas** is our Safety Officer on file with Little League Headquarters.
2. Our League will provide a digital of this Safety Plan to all managers/coaches, league volunteers and the District Administrator. A copy will also be available at the following locations: Lion’s Town and Country Park Field #1
3. **Emergency and Key officials contact information:**

**Ambulance and Fire: 911 or 559-675-7799- (Madera Fire Dept)**

**Police: 911 or 559-675-4200- (Madera Police Dept)**

Christopher Schoettler	<a href="mailto:tping_cps@hotmail.com">tping_cps@hotmail.com</a>	559-706-3575	<b>League President</b>
Jami Schoettler	<a href="mailto:snowsquirt86@hotmail.com">snowsquirt86@hotmail.com</a>	559-706-3719	<b>League Secretary</b> , Public Relations
Tony Sablan	<a href="mailto:tony@sablanlaw.com">tony@sablanlaw.com</a>	559-905-9414	<b>League Treasurer</b>
Jose Cuevas	<a href="mailto:jose6435@gmail.com">jose6435@gmail.com</a>	559-363-6035	<b>League Safety Officer</b> , Umpire Chief
Patty Bartsch	<a href="mailto:patdust12@gmail.com">patdust12@gmail.com</a>	559-708-2224	League Other Officer
Russ Boozer	<a href="mailto:russell_boozer@yahoo.com">russell_boozer@yahoo.com</a>	559-474-3925	League Other Officer
Rosemary Calderon	<a href="mailto:rosemarymnl@gmail.com">rosemarymnl@gmail.com</a>	559-871-5582	League Information, Player Agent
Seleste Chavira	<a href="mailto:s_chavira24@yahoo.com">s_chavira24@yahoo.com</a>	559-718-8819	League Softball Vice President
Cindy Gonzales	<a href="mailto:cynzbmw@gmail.com">cynzbmw@gmail.com</a>	559-259-0206	League Other Officer
Ed Medina	<a href="mailto:edmedina26@gmail.com">edmedina26@gmail.com</a>	559-706-7225	League Equipment Supervisor
Cherie Moles	<a href="mailto:cherie.tepfer@yahoo.com">cherie.tepfer@yahoo.com</a>	559-232-3859	League Player Agent
Luis Ramirez	<a href="mailto:lyo73@yahoo.com">lyo73@yahoo.com</a>	559-994-5900	League Sponsorship Manager
Frank Rodriguez	<a href="mailto:frankyusmc@comcast.net">frankyusmc@comcast.net</a>	559-507-0511	League Baseball Vice President Minor
Rene Romo	<a href="mailto:reneromo5455@gmail.com">reneromo5455@gmail.com</a>	559-377-0857	League Coaching Coordinator
Guillermo Rosas	<a href="mailto:betorosas27br@gmail.com">betorosas27br@gmail.com</a>	559-672-0688	League Baseball Vice President
Vanessa Solis	<a href="mailto:vsolis716@gmail.com">vsolis716@gmail.com</a>	760-994-6022	League Softball Vice President Minor

These are the emergency procedures to follow for handling all injury claims. When an injury occurs, contact the League Safety Officer who will be responsible for collecting the information using the Little League Incident/Injury Tracking Report. A copy of this report is included in our Safety Plan. Accident Claim Forms will be made available to the injured party by the League Safety Officer.

Also included in this safety plan is a memo entitled, “What Parents Should Know About Little League Insurance”, which can be given to any parents who are considering filing a claim form.

4. Our League uses the 2024 Volunteer JDP QuickAPPF or “Returning” Volunteer Application Form, as applicable. All managers, coaches, board members and any other volunteers who provide regular services to the league and/or have repetitive access to or contact with players or teams MUST fill out the application form as well as provide a government-issued photo identification card for ID verification. Our league will utilize JDP to conduct a search of the background check including the United States Department of Justice’s National Sex Offender Registry ([www.nsopr.gov](http://www.nsopr.gov)) on all such people. Anyone refusing to complete the Volunteer Application will be ineligible to be a league member or volunteer. The League Safety Officer will keep these confidential forms on file for the year of service. California State law requires Live Scan, a fingerprint process completed with the use of a League generated ORI# provided by the California State Attorney General’s office.
5. Managers and coaches will complete fundamental coaching training as provided by the League. This training must occur at least once every three years and records must be retained by their leagues and provided to the District to be eligible for post season. The USA Diamond Fundamentals Training will include the fundamentals of coaching for hitting sliding, fielding and pitching.  
It is permissible for a Manager or coach to not be in attendance provided they have at least one Manager or coach complete the training and that each Manager or coach has attended training every season for regular season play. It is District 10’s policy that if an individual has not completed Fundamentals training they will not be permitted to be a post season manager or coach.
6. We will require all teams to have at least one manager or coach complete first-aid training each season as provided by the League. This training must be in compliance with the requirements set forth by Federal, State law and Little League International.

Training will include basic first-aid training related to sports injuries with special emphasis on the concussion awareness.

This season our training will be held on 2-29-24- Location: Lions Town and Country Park Field 1

**It is permissible for a Manager or Coach to not be in attendance provided they have at least one Manager or Coach in attendance at the Training, and that each individual has attended training at least once in every three seasons.**

**This training will be documented to include the date, location, who is required to attend, and who actually did attend.**

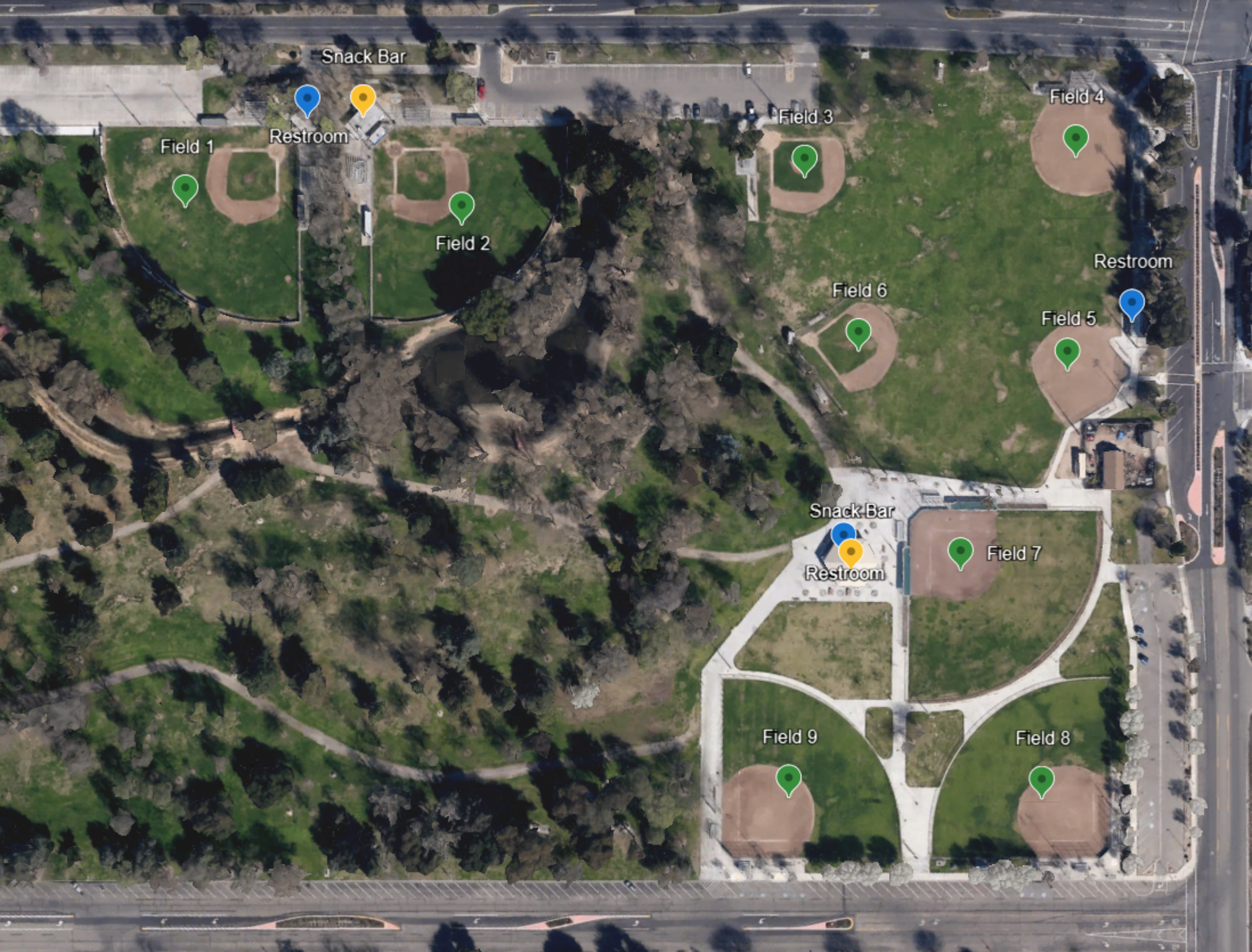
**In accordance with the California law regarding youth sports concussion protocols, this training will identify the signs of a concussion, what to do if a concussion is suspected and what steps must be taken when a concussion is sustained. In addition, each player, parents, coaches and league officials will be required to sign an acknowledgement of receipt of a concussion and head injury information sheet. All coaches and league officials will be required to take the CDC training course on concussions.**

**We have provided a copy of several CDC handouts relating to concussion information.**

- 7. We will require that all fields used for games and/or practices be walked and inspected by coaches and umpires before they are used. Any unsafe conditions should be corrected immediately before play/practice takes place. The Little League Facility and Field Inspection Checklist is provided in our Safety Plan to document these inspections.**
- 8. Our League Safety Officer will complete the 2024 Annual Little League Facility Survey on-line only. We have provided a copy of this completed survey attached to our Safety Plan.**
- 9. Our League will require our concession manager to be trained in the attached safety procedures in safe food handling/prep and procedures. These guidelines, “Concession Stand Tips” were obtained from the January-February 2004 issue of the ASAP news. A copy of this article is attached to this safety plan. Training will also cover safe use, care and inspection of equipment. An article entitled, “Make League’s Barbeques Safe”, is attached to this safety plan along with a flyer entitled “Volunteers Must Wash Hands”.**
- 10. All equipment will be inspected regularly by manager/coaches. Coaches and umpires will be required to check each teams equipment before each game begins. All equipment that is not to Little League specification will be held until the end of the game. Bad equipment will be destroyed or made unusable to stop children from attempting to save it from waste. Personal equipment will be returned after the game to the parents and instructed as to why it is not LL approved.**
- 11. All accidents will be reported to the League Safety Officer within 24-48 hours of the incident. We will use the accident forms provided by Little League. An example is included in our Safety Plan. An article entitled, “Good Procedures to Implement” is attached to this safety plan. All incidents must be reported to the District Safety Officer.**
- 12. Our League will provide a first-aid kit at all fields where games are played. Each team will also be provided a first-aid kit that must be available at all practices.**

- 13. All board members, managers, coaches, and umpires are responsible for enforcing Little League rules including overseeing the use of proper equipment. This includes practices as well as games. Bases that disengage from their anchors will be used at all fields.**
- 14. Player Roster Data, Coaches and Manager Data must be submitted via the Little League Data Center. This is a mandatory requirement for an approved ASAP Plan.**
- 15. Answer Survey Question: To be done online as part of the Safety Plan upload process.**

**Live Scan - California State law requires all volunteers to be fingerprinted by the local League using their own provided ORI# obtained by the California State Attorney General. Other ORI#'s obtained from other youth sports are not acceptable. Each ORI# is specific to their own entity.**



Snack Bar



Restroom

Field 1



Field 2



Field 3



Field 4



Field 6



Restroom



Field 5



Snack Bar



Restroom

Field 7



Field 9



Field 8



# Sport Parent Code of Conduct

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

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

## *Preamble*

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

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

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

## *I therefore agree:*

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

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Parent/Guardian Signature



# Coaches Code of Conduct

## CODE OF CONDUCT – Coaches are Role Models

“Our Little League is in the process of putting together a newsletter for the coaches stating Coaches Code of Conduct. I thought in the past in one of the ASAP newsletters I saw one but I cannot find it. Our local league is putting a newsletter together on this and it would help if Little League already had some information on this and additional ideas for a list to be handed out and signed by the Managers and Coaches as to their conduct during games and practices to help guide them.”

### George Colby

Easton, Conn., Little League, District 2

*Editor’s Note: Here is a Code of Conduct that is used in many safety plans. On the next page (pg 8) is a Volunteer Code of Conduct that serves as a reminder of the important role coaches and managers have in the development of youth people. It stresses that sports should be about fun, physical exercise and character development, and not winning.*

**Speed Limit 5 mph** in roadways and parking lots while attending any \_\_\_\_\_ Little League function. Watch for small children around parked cars.

**No Alcohol** allowed in any parking lot, field, or common areas within the \_\_\_\_\_ Little League complex.

**No SMOKING or Tobacco products** of any kind (including spit tobacco) allowed in any common areas within the \_\_\_\_\_ Little League complex.

**No Playing in parking lots** at any time.

No Playing on and around lawn/maintenance equipment.

**No Profanity** allowed in any parking lot, field, or common areas within the \_\_\_\_\_ Little League complex.

**No Swinging Bats** or throwing baseballs at any time within the walkways and common areas of the Little League complex.

**No throwing balls against dugouts** or against backstop.

**No throwing rocks** and no climbing fences.

Only a player on the field and at bat, may swing a bat (Ages 5 - 12).

**Observe all posted signs.** Players and spectators should be alert at all times for Foul Balls and Errant Throws.

During game, players must remain in the dugout area in an orderly fashion at all times.

After each game, each team must clean up trash in dugout and around stands.

All gates to the field must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.

**No children under age of 16** are to be permitted in the Snack Bars.

Failure to comply with the above may result in expulsion from the \_\_\_\_\_ Little League field or complex.





# HEY COACH, HAVE YOU:

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- ✓ **Walked field for debris/foreign objects**
- ✓ **Inspected helmets, bats, catchers' gear**
- ✓ **Made sure a First Aid kit is available**
- ✓ **Check conditions of fences, backstops, bases and warning track**
- ✓ **Made sure a cell phone is available in case of an emergency**
- ✓ **Held a warm-up drill**

# Umpire Guidelines

North Issaquah, Washington, Little League

## Before the Game — Meet at home plate

- Introduce plate and base umpires, managers/coaches
- Receive official lineup cards from each team
- Discuss any local playing rules (time limit, playing boundaries, etc.)
- Discuss the strike zone
- Discuss unsportsmanlike conduct by the players
- Discuss the innings pitched by a pitcher rule
- Clarify calling the game due to weather or darkness
- Inspect playing field for unsafe conditions
- Discuss legal pitching motions or balks, if needed
- Discuss no head-first slides, no on-deck circle rules
- Get two game balls from home team
- Be sure players are not wearing any jewelry
- Be sure players are in uniform (shirts in, hats on)
- Inspect equipment for damage and to meet regulations
- Ensure that games start promptly

## During the Game — Umpires and Coaches

- Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to take the field with two outs
- Make sure catchers are wearing the proper safety equipment
- Continually monitor the field for safety and playability
- Pitchers warming up in foul territory must have a spotter and catcher with full equipment
- Keep game moving — one minute or eight pitches to warm up the pitcher between innings or in case of mid-inning replacement
- Make calls loud and clear, signalling each properly
- Umpires should be in position to make the call
- No protesting of any judgment calls by the umpire
- Managers are responsible for keeping their fans and players on their best behavior
- Encourage everyone to think “Safety First!”

# Good Procedures to Implement

## Checklist for Managers, Coaches, and Umpires

*Here are some good procedures for your league to implement and follow on several required areas of the safety plan. Requirements 7, 10, 12 and 13 are all included in the checklists below. These come from several leagues whose volunteers are providing safety leadership through their efforts to increase awareness and help volunteers do the right thing at the right time.*

### A. Safe Playing Areas

Regular safety inspections of all fields, (practice and game), structures, and dugouts, is the best way to eliminate conditions that cause accidents. Managers, coaches, and umpires should routinely check playing area for:

1. Holes, damage, rough or uneven spots, slippery areas, and long grass
2. Glass, rocks, foreign objects
3. Damage to screens or fences, including holes, sharp edges, or loose edges
4. Unsafe conditions around backstop, pitcher's mound, or warning track
5. Proper attire by the catcher at all times, including in the bull pens and in between innings

### B. Safe Equipment

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

1. Be sure all equipment is LL approved
2. Inspect all bats, helmets, and other equipment on a regular basis. Dispose of unsafe equipment properly.

3. Keep loose equipment stored properly
4. Have all players remove all personal jewelry
5. Parents should be encouraged to provide safety glasses for players who wear glasses
6. Repair or replace defective equipment

### C. Safe Procedures

Managers and coaches must:

1. Have all players' medical release forms with you at every practice and game
2. Have a first aid kit with you all practices and games
3. Have access to a telephone in case of emergencies
4. Know where the closest emergency shelter is in case of severe weather
5. Ensure warm-up procedures have been completed by all players
6. Stress the importance of paying attention, no "horse playing allowed"
7. Instruct the players on proper fundamentals of the game to ensure safe participation
8. Each practice should have at least 2 coaches in case of an emergency

### D. Weather Conditions

Before the Storm

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

#### Approaching Thunderstorm

1. Take caution when you hear thunder. If you hear thunder, you are close enough to get struck by lightning. During a game, the umpire will clear the field in the event of an approaching storm.

2. Move to a safe environment immediately. Do not go under a tree or stay in the dugout.
3. If lightning is occurring and there is not sturdy shelter near, get inside a hard top automobile and keep the window up.
4. Stay away from water, metal pipes, and telephone lines.
5. Unplug appliances not necessary for obtaining weather information. Avoid the telephone except for emergency use only.
6. Turn off air conditioners.

#### If caught outdoors & no shelter exists

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

#### What to do if someone is struck by lightning

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

# BATTING CAGE RULES

## Be alert and exercise caution

- Bat at your own risk.
- Always wear a helmet when using the batting cages.
- Only one person in the cage at a time.
- Keep the door closed while batting.
- Never climb on or hang from the cage.
- Swing the bat exclusively inside the cage.
- Never stand in front of the pitching machine or on home plate.
- Watch out for stray balls at your feet.
- Don't steal baseballs.
- No one under the influence of drugs or alcohol is permitted to use the batting cages.
- Don't bring food or drink into the batting cages.
- No gum or chewing tobacco inside the batting cages.
- Be safe and don't fool around inside the batting cages.

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# RECOGNIZE DEHYDRATION



Nausea



Vomiting



Headache



Fainting



Weakness



Poor Concentration



Fatigue/  
Exhaustion



Loss of Muscle  
Coordination



Light-  
headedness



Decreased  
Performance

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THE SPORTS FUEL COMPANY

# COMBAT DEHYDRATION

**START BODY COOLING** Remove excess clothing and equipment to start the body-cooling process.

**REDUCE BODY TEMP** Move the athlete to a cool/shaded area. Use fans or ice towels as needed.

**ELEVATE THE LEGS** Place the athlete flat on their back. Elevate the legs above the level of the heart.

**MONITOR ATHLETE CLOSELY** If the athlete is in significant distress or not showing signs of feeling better, contact emergency medical staff immediately.

# HEAT EXHAUSTION OR HEAT STROKE?

## HEAT EXHAUSTION

### SYMPTOMS

1. Faint or dizzy
2. Excessive sweating
3. Cool, pale, clammy skin
4. Nausea, vomiting
5. Rapid, weak pulse
6. Muscle cramps

### HOW TO TREAT IT

1. Move to cooler location
2. Drink water
3. Take a cool shower or use cold compresses

## HEAT STROKE

### SYMPTOMS

1. Throbbing headache
2. No sweating
3. Body temp above 103°  
Red, hot, dry skin
4. Nausea, vomiting
5. Rapid, strong pulse
6. May lose consciousness

### HOW TO TREAT IT

1. Get emergency help
2. Keep cool until treated





# A Fact Sheet for COACHES

## HEADS UP CONCUSSION

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

### WHAT IS A CONCUSSION?

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

### HOW CAN I HELP KEEP ATHLETES SAFE?

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

#### Talk with athletes about the importance of reporting a concussion:

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

#### Create a culture of safety at games and practices:

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

[ INSERT YOUR LOGO ]



- Tell athletes that you expect good sportsmanship at all times, both on and off the playing field.

#### Keep up-to-date on concussion information:

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

#### Check out the equipment and sports facilities:

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

#### Keep emergency contact information handy:

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

## HOW CAN I SPOT A POSSIBLE CONCUSSION?

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

### SIGNS OBSERVED BY COACHES OR PARENTS:

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

### SYMPTOMS REPORTED BY ATHLETES:

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

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

## WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK FOR?

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

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

## CONCUSSIONS AFFECT EACH ATHLETE DIFFERENTLY.

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

## WHAT SHOULD I DO IF I THINK AN ATHLETE HAS A POSSIBLE CONCUSSION?

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

### REMOVE THE ATHLETE FROM PLAY.

When in doubt, sit them out!

### KEEP AN ATHLETE WITH A POSSIBLE CONCUSSION OUT OF PLAY ON THE SAME DAY OF THE INJURY AND UNTIL CLEARED BY A HEALTH CARE PROVIDER.

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

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

### INFORM THE ATHLETE’S PARENT(S) ABOUT THE POSSIBLE CONCUSSION.

Let them know about the possible concussion and give them the HEADS UP fact sheet for parents. This fact sheet can help parents watch the athlete for concussion signs or symptoms that may show up or get worse once the athlete is at home or returns to school.

### ASK FOR WRITTEN INSTRUCTIONS FROM THE ATHLETE’S HEALTH CARE PROVIDER ON RETURN TO PLAY.

These instructions should include information about when they can return to play and what steps you should take to help them safely return to play.

## WHY SHOULD I REMOVE AN ATHLETE WITH A POSSIBLE CONCUSSION FROM PLAY?

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

### SOME ATHLETES MAY NOT REPORT A CONCUSSION BECAUSE THEY DON'T THINK A CONCUSSION IS SERIOUS.

They may also worry about:

- Losing their position on the team or during the game.
- Jeopardizing their future sports career.
- Looking weak.
- Letting their teammates or the team down.
- What their coach or teammates might think of them.

## WHAT STEPS CAN I TAKE TO HELP AN ATHLETE RETURN TO PLAY?

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

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



### BASELINE:

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

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

### STEP 1:

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

### STEP 2:

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

### STEP 3:

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

### STEP 4:

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

### STEP 5:

An athlete may return to competition.

### REMEMBER:

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



[ INSERT YOUR LOGO ]

# Concussion

## INFORMATION SHEET



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


### What Is a Concussion?

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

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

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

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

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

### How Can I Spot a Possible Concussion?

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

#### Signs Observed by Parents or Coaches

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

#### Symptoms Reported by Children and Teens

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

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



## CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

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

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

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

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

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

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

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

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

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

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

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



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

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

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

- I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_

# Cardiac Chain Of Survival

If someone suddenly collapses, they may be having a cardiac arrest.

Get emergency help immediately.

Every minute delayed decreases the chance of survival by 10%.

EMS can take 6–12 minutes to arrive so you must begin assisting.

## Their life depends on your quick action!



### **Be Ready! Recognize It's Sudden Cardiac Arrest (SCA)**

- ▶ Victim is collapsed, unresponsive and not breathing
- ▶ Don't be fooled by gasping, gurgling or seizure-like activity
- ▶ SCA may also be caused by a hard blow to the chest



### **Call 9-1-1**

- ▶ Follow emergency dispatcher's instructions
- ▶ Call on-site emergency responders
- ▶ Ask anyone to retrieve an AED



### **Hands-Only CPR**

- ▶ Begin CPR immediately
- ▶ Push hard and fast in the center of the chest
- ▶ 2-inch compressions—about 100 per minute



### **Defibrillation**

- ▶ Know where to find your onsite AED
- ▶ Follow step-by-step audio instructions
- ▶ AED will not hurt the person, only help



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# Pediatric First Aid/CPR/AED

**READY REFERENCE**



# CHECKING AN INJURED OR ILL CHILD OR INFANT APPEARS TO BE UNCONSCIOUS

## TIPS:

- Use disposable gloves and other personal protective equipment whenever giving care.
- Obtain consent from parent or guardian, if present.

## AFTER CHECKING THE SCENE FOR SAFETY, CHECK THE CHILD OR INFANT:

### 1 CHECK FOR RESPONSIVENESS

Tap the shoulder and shout, "Are you OK?"

- For an infant, you may flick the bottom of the foot.



### 2 CALL 9-1-1

If **no** response, **CALL** 9-1-1 or the local emergency number.

- If an unconscious child or infant is face-down, roll face-up, supporting the head, neck and back in a straight line.

If **ALONE**—Give about **2** minutes of **CARE**, then **CALL** 9-1-1.

If the child or infant responds, **CALL** 9-1-1 or the local emergency number for any life-threatening conditions and obtain consent to give **CARE**. **CHECK** the child from head to toe and ask questions to find out what happened.



### 3 OPEN THE AIRWAY

Tilt head back slightly, lift chin.

### 4 CHECK FOR BREATHING

**CHECK** quickly for no more than **10** seconds.

- Occasional gasps are not breathing.
- Infants have periodic breathing, so changes in breathing pattern are normal for infants.



### 5 GIVE 2 RESCUE BREATHS

If no breathing, give **2** rescue breaths.

- Tilt the head back and lift the chin up.
- **Child:** Pinch the nose shut, then make a complete seal over child's mouth.
- **Infant:** Make complete seal over infant's mouth and nose.
- Blow in for about **1** second to make the chest clearly rise.
- Give rescue breaths, one after the other.



#### TIPS:

- If you witnessed the child or infant suddenly collapse, skip rescue breaths and start CPR (PANEL 7).
- If the chest does not rise with rescue breaths, retilt the head and give another rescue breath.



### 6 QUICKLY SCAN FOR SEVERE BLEEDING

#### WHAT TO DO NEXT

- IF THE CHEST STILL DOES NOT CLEARLY RISE AFTER RETILTING HEAD—Go to Unconscious Choking, PANEL 6.
- IF **NO** BREATHING—Go to CPR, PANEL 7 or AED, PANEL 8 (if AED is immediately available).
- IF BREATHING—Monitor breathing and for any changes in condition.

# CONSCIOUS CHOKING—CHILD

## CANNOT COUGH, SPEAK OR BREATHE

**TIP:** Stand or kneel behind the child, depending on his or her size.

**AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD, HAVE SOMEONE CALL 9-1-1 AND GET CONSENT FROM THE PARENT OR GUARDIAN, IF PRESENT.**

### 1 GIVE 5 BACK BLOWS

Bend the child forward at the waist and give **5** back blows between the shoulder blades with the heel of one hand.



### 2 GIVE 5 ABDOMINAL THRUSTS

- Place a fist with the thumb side against the middle of the child's abdomen, just above the navel.
- Cover your fist with your other hand.
- Give **5** quick, upward abdominal thrusts.



### 3 CONTINUE CARE

Continue sets of **5** back blows and **5** abdominal thrusts until the:

- Object is forced out.
- Child can cough forcefully or breathe.
- Child becomes unconscious.



### WHAT TO DO NEXT

- IF CHILD BECOMES UNCONSCIOUS—**CALL 9-1-1**, if not already done. Carefully lower the child to the ground and give **CARE** for an unconscious choking child, beginning with looking for an object (PANEL 6, Step 3).

# CONSCIOUS CHOKING—INFANT

## CANNOT COUGH, CRY OR BREATHE

**AFTER CHECKING THE SCENE AND THE INJURED OR ILL INFANT, HAVE SOMEONE CALL 9-1-1 AND GET CONSENT FROM THE PARENT OR GUARDIAN, IF PRESENT.**

### 1 GIVE 5 BACK BLOWS

Give firm back blows with the heel of one hand between the infant's shoulder blades.



### 2 GIVE 5 CHEST THRUSTS

Place two or three fingers in the center of the infant's chest just below the nipple line and compress the breastbone about 1½ inches.

**TIP:** Support the head and neck securely when giving back blows and chest thrusts. Keep the head lower than the chest.



### 3 CONTINUE CARE

Continue sets of **5** back blows and **5** chest thrusts until the:

- Object is forced out.
- Infant can cough forcefully, cry or breathe.
- Infant becomes unconscious.

### WHAT TO DO NEXT

- IF INFANT BECOMES UNCONSCIOUS—**CALL** 9-1-1, if not already done. Carefully lower the infant onto a firm, flat surface and give **CARE** for an unconscious choking infant, beginning with looking for an object (PANEL 6, Step 3).

# UNCONSCIOUS CHOKING—CHILD AND INFANT

## CHEST DOES NOT RISE WITH RESCUE BREATHS

**AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD OR INFANT:**

### 1 GIVE RESCUE BREATHS

Retilt the head and give another rescue breath.



### 2 GIVE CHEST COMPRESSIONS

If the chest still does not rise, give **30** chest compressions.

**TIP:** Child or infant must be on firm, flat surface. Remove CPR breathing barrier when giving chest compressions.



### 3 LOOK FOR AND REMOVE OBJECT IF SEEN



### 4 GIVE 2 RESCUE BREATHS

#### WHAT TO DO NEXT

- IF BREATHS DO NOT MAKE THE CHEST RISE—Repeat steps 2 through 4.
- IF THE CHEST CLEARLY RISES—**CHECK** for breathing. Give **CARE** based on conditions found.

# CPR—CHILD AND INFANT

## NO BREATHING

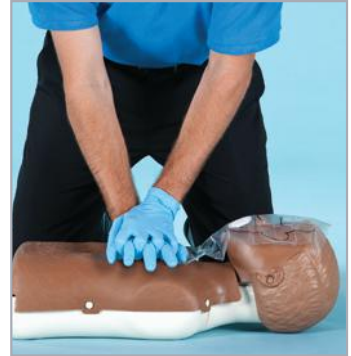
**AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD OR INFANT:**

### 1 GIVE 30 CHEST COMPRESSIONS

Push hard, push fast in the middle of the chest.

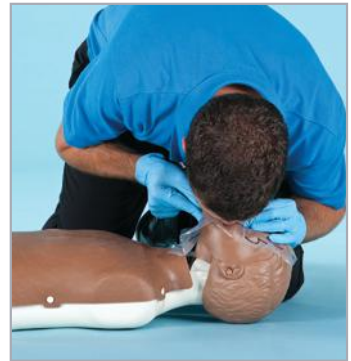
- Child: Push about **2** inches deep.
- Infant: Push about **1½** inches deep.
- Push fast, at least **100** compressions per minute.

**TIP:** Child or infant must be on firm, flat surface.



### 2 GIVE 2 RESCUE BREATHS

- Tilt the head back and lift the chin up.
- Child: Pinch the nose shut, then make a complete seal over child's mouth.
- Infant: Make complete seal over infant's mouth and nose.
- Blow in for about **1** second to make the chest clearly rise.
- Give rescue breaths, one after the other.



### 3 DO NOT STOP

Continue cycles of CPR. Do not stop CPR except in one of these situations:

- You find an obvious sign of life, such as breathing.
- An AED is ready to use.
- Another trained responder or EMS personnel take over.
- You are too exhausted to continue.
- The scene becomes unsafe.

**TIP:** If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.

### WHAT TO DO NEXT FOR CHILD AND INFANT

- IF AN AED BECOMES AVAILABLE—Go to AED, PANEL 8.
- IF BREATHS DO NOT MAKE CHEST RISE—Give **CARE** for unconscious choking (PANEL 6).

# AED-CHILD AND INFANT YOUNGER THAN AGE 8 OR WEIGHING LESS THAN 55 POUNDS

## NO BREATHING

**TIP:** When available, use pediatric settings or pads when caring for children and infants. If pediatric equipment is not available, rescuers may use AEDs configured for adults.

### AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD OR INFANT:

#### 1 TURN ON AED

Follow the voice and/or visual prompts.



#### 2 WIPE BARE CHEST DRY

#### 3 ATTACH PADS

If pads risk touching each other, use front-to-back pad placement.



#### 4 PLUG IN CONNECTOR, IF NECESSARY



## 5 STAND CLEAR

---

Make sure no one, including you, is touching the child or infant.

- Say, “EVERYONE, STAND CLEAR.”



## 6 ANALYZE HEART RHYTHM

---

Push the “analyze” button, if necessary. Let AED analyze the heart rhythm.

## 7 DELIVER SHOCK

---

IF A SHOCK IS ADVISED:

- Make sure no one, including you, is touching the child or infant.
- Say, “EVERYONE, STAND CLEAR.”
- Push the “shock” button, if necessary.



## 8 PERFORM CPR

---

After delivering the shock, or if no shock is advised:

- Perform about **2** minutes (or **5** cycles) of CPR.
- Continue to follow the prompts of the AED.

### TIPS:

- *If two trained responders are present, one should perform CPR while the second responder operates the AED.*
- *If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.*

# CONTROLLING EXTERNAL BLEEDING

**AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:**

## **1** COVER THE WOUND

Cover the wound with a sterile dressing.

## **2** APPLY DIRECT PRESSURE UNTIL BLEEDING STOPS



## **3** COVER THE DRESSING WITH BANDAGE

Check for circulation beyond the injury (check for feeling, warmth and color).



## **4** APPLY MORE PRESSURE AND CALL 9-1-1

If the bleeding does not stop:

- Apply more dressings and bandages.
- Continue to apply additional pressure.
- Take steps to minimize shock.
- **CALL 9-1-1** if not already done.

**TIP:** Wash hands with soap and water after giving care.



# BURNS

**AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:**

## **1 REMOVE FROM SOURCE OF BURN**

---

## **2 COOL THE BURN**

---

Cool the burn with cold running water at least until pain is relieved.



## **3 COVER LOOSELY WITH STERILE DRESSING**

---



## **4 CALL 9-1-1**

---

**CALL 9-1-1** or the local emergency number if the burn is severe or other life-threatening conditions are found.

## **5 CARE FOR SHOCK**

---

# POISONING

## AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:

### 1 CALL 9-1-1 OR POISON CONTROL HOTLINE

For life-threatening conditions (such as if the child or infant is unconscious or is not breathing or if a change in the level of consciousness occurs), **CALL** 9-1-1 or the local emergency number.

OR

If conscious and alert, **CALL** the National Poison Control Center (PCC) hotline at 1-800-222-1222 and follow the advice given.

### 2 PROVIDE CARE

Give **CARE** based on the conditions found.

# SEIZURE

## AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:

### 1 CALL OR HAVE SOMEONE CALL 9-1-1

### 2 REMOVE NEARBY OBJECTS

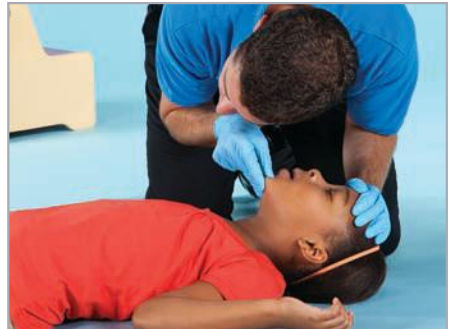
- DO NOT hold or restrain the child or infant.
- DO NOT place anything between the teeth or in the mouth.

### 3 AFTER SEIZURE PASSES

Monitor breathing and for changes in condition.

### WHAT TO DO NEXT

- Comfort and reassure the child or infant. If fluids or vomit are present, roll the child or infant to one side to keep the airway clear.
- Provide **CARE** based on conditions found.





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# Adult First Aid/CPR/AED

**READY REFERENCE**



# CHECKING AN INJURED OR ILL ADULT

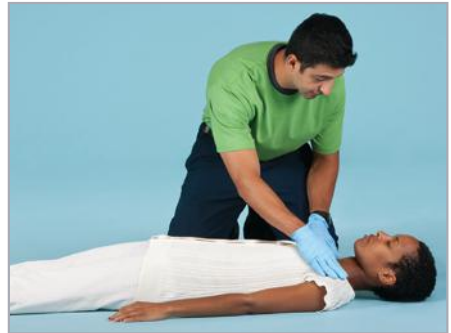
## APPEARS TO BE UNCONSCIOUS

**TIP:** Use disposable gloves and other personal protective equipment and obtain consent whenever giving care.

**AFTER CHECKING THE SCENE FOR SAFETY, CHECK THE PERSON:**

### **1** CHECK FOR RESPONSIVENESS

Tap the shoulder and shout, "Are you OK?"



### **2** CALL 9-1-1

If **no** response, **CALL 9-1-1** or the local emergency number.

- If an unconscious person is face-down, roll face-up, supporting the head, neck and back in a straight line.

If the person responds, obtain consent and **CALL 9-1-1** or the local emergency number for any life-threatening conditions.

**CHECK** the person from head to toe and ask questions to find out what happened.

### **3** OPEN THE AIRWAY

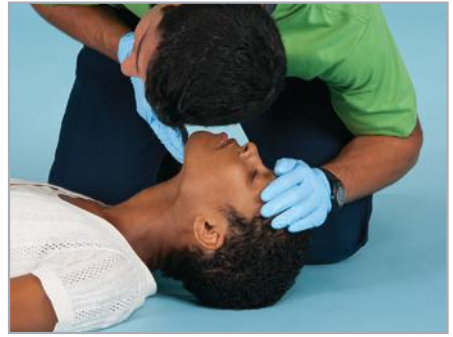
Tilt head, lift chin.

## 4 CHECK FOR BREATHING

---

**CHECK** quickly for breathing for no more than **10** seconds.

- Occasional gasps are not breathing.



## 5 QUICKLY SCAN FOR SEVERE BLEEDING

---

### WHAT TO DO NEXT

---

- Give **CARE** based on conditions found.
- IF NO BREATHING—Go to PANEL 6 or PANEL 7 (if an AED is immediately available).
- IF BREATHING—Maintain an open airway and monitor for any changes in condition.

# CONSCIOUS CHOKING

CANNOT COUGH, SPEAK OR BREATHE

**AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON, HAVE SOMEONE CALL 9-1-1 AND GET CONSENT.**

## 1 GIVE 5 BACK BLOWS

Give **5** back blows.

- Bend the person forward at the waist and give **5** back blows between the shoulder blades with the heel of one hand.



## 2 GIVE 5 ABDOMINAL THRUSTS

- Place a fist with the thumb side against the middle of the person's abdomen, just above the navel.
- Cover your fist with your other hand.
- Give **5** quick, upward abdominal thrusts.



## 3 CONTINUE CARE

Continue sets of **5** back blows and **5** abdominal thrusts until the:

- Object is forced out.
- Person can cough forcefully or breathe.
- Person becomes unconscious.



## WHAT TO DO NEXT

- IF THE PERSON BECOMES UNCONSCIOUS—**CALL 9-1-1**, if not already done, and give care for an unconscious choking adult, beginning with looking for an object (PANEL 5, Step 3).

# UNCONSCIOUS CHOKING

## CHEST DOES NOT RISE WITH RESCUE BREATHS

**AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:**

### 1 GIVE RESCUE BREATHS

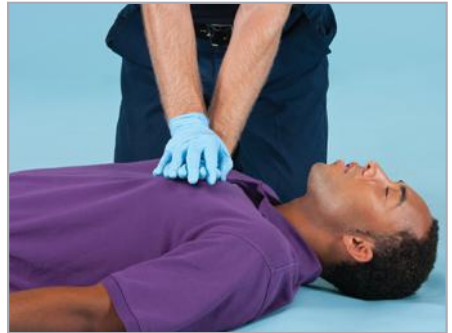
Retilt the head and give another rescue breath.



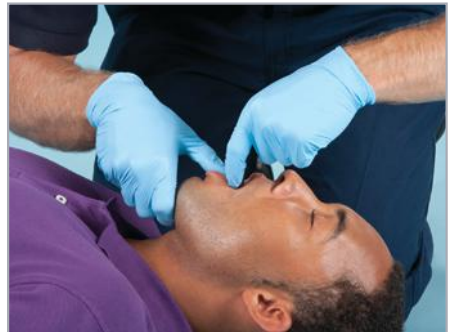
### 2 GIVE 30 CHEST COMPRESSIONS

If the chest still does not rise, give **30** chest compressions.

**TIP:** Person must be on firm, flat surface.  
Remove CPR breathing barrier when giving chest compressions.



### 3 LOOK FOR AND REMOVE OBJECT IF SEEN



### 4 GIVE 2 RESCUE BREATHS

#### WHAT TO DO NEXT

- IF BREATHS DO NOT MAKE THE CHEST RISE—Repeat steps 2 through 4.
- IF THE CHEST CLEARLY RISES—**CHECK** for breathing. Give **CARE** based on conditions found.

# CPR

## NO BREATHING

**AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:**

### 1 GIVE 30 CHEST COMPRESSIONS

Push hard, push fast in the middle of the chest at least **2** inches deep and at least **100** compressions per minute

**TIP:** Person must be on firm, flat surface.



### 2 GIVE 2 RESCUE BREATHS

- Tilt the head back and lift the chin up.
- Pinch the nose shut then make a complete seal over the person's mouth.
- Blow in for about **1** second to make the chest clearly rise.
- Give rescue breaths, one after the other.

**Note:** If chest does not rise with rescue breaths, retilt the head and give another rescue breath.



### 3 DO NOT STOP

Continue cycles of CPR. Do not stop CPR except in one of these situations:

- You find an obvious sign of life, such as breathing.
- An AED is ready to use.
- Another trained responder or EMS personnel take over.
- You are too exhausted to continue.
- The scene becomes unsafe.

### WHAT TO DO NEXT

- IF AN AED BECOMES AVAILABLE—Go to AED, PANEL 7.
- IF BREATHS DO NOT MAKE THE CHEST RISE— AFTER RETILTING HEAD—Go to Unconscious choking, PANEL 5.

**TIP:** If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.



# AED—ADULT OR CHILD OLDER THAN 8 YEARS OR WEIGHING MORE THAN 55 POUNDS

## NO BREATHING

**AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:**

**TIP:** Do not use pediatric AED pads or equipment on an adult or child older than 8 years or weighing more than 55 pounds.

### 1 TURN ON AED

Follow the voice and/or visual prompts.



### 2 WIPE BARE CHEST DRY

**TIP:** Remove any medication patches with a gloved hand.

### 3 ATTACH PADS



## 4 PLUG IN CONNECTOR, IF NECESSARY

---



## 5 STAND CLEAR

---

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

- Say, “EVERYONE, STAND CLEAR.”



## 6 ANALYZE HEART RHYTHM

---

Push the “analyze” button, if necessary. Let AED analyze the heart rhythm.

## 7 DELIVER SHOCK

---

If SHOCK IS ADVISED:

- Make sure no one, including you, is touching the person.
- Say, “EVERYONE, STAND CLEAR.”
- Push the “shock” button, if necessary.



## 8 PERFORM CPR

---

After delivering the shock, or if no shock is advised:

- Perform about **2 minutes** (or **5 cycles**) of CPR.
- Continue to follow the prompts of the AED.

### TIPS:

- *If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.*
- *If two trained responders are present, one should perform CPR while the second responder operates the AED.*

# CONTROLLING EXTERNAL BLEEDING

**AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:**

## **1 COVER THE WOUND**

Cover the wound with a sterile dressing.

## **2 APPLY DIRECT PRESSURE UNTIL BLEEDING STOPS**



## **3 COVER THE DRESSING WITH BANDAGE**

Check for circulation beyond the injury (check for feeling, warmth and color).



## **4 APPLY MORE PRESSURE AND CALL 9-1-1**

If the bleeding does not stop:

- Apply more dressings and bandages.
- Continue to apply additional pressure.
- Take steps to minimize shock.
- **CALL 9-1-1** or the local emergency number if not already done.

**TIP:** Wash hands with soap and water after giving care.

# BURNS

**AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:**

## **1 REMOVE FROM SOURCE OF BURN**

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## **2 COOL THE BURN**

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Cool the burn with cold running water at least until pain is relieved.



## **3 COVER LOOSELY WITH STERILE DRESSING**

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## **4 CALL 9-1-1**

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**CALL** 9-1-1 or the local emergency number if the burn is severe or other life-threatening conditions are found.

## **5 CARE FOR SHOCK**

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# POISONING

**AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:**

## 1 CALL 9-1-1 OR POISON CONTROL HOTLINE

For life-threatening conditions (such as if the person is unconscious or is not breathing, or if a change in the level of consciousness occurs), **CALL** 9-1-1 or the local emergency number.

OR

If the person is conscious and alert, **CALL** the National Poison Control Center (PCC) hotline at **1-800-222-1222** and follow the advice given.

## 2 PROVIDE CARE

Give **CARE** based on the conditions found.

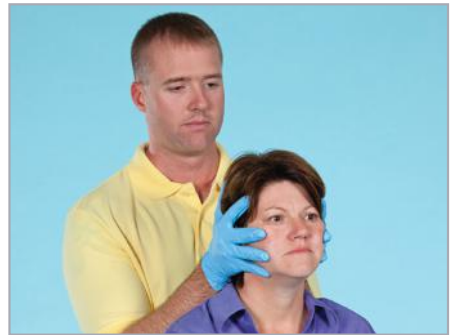
# HEAD, NECK OR SPINAL INJURIES

**AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:**

## 1 CALL 9-1-1 OR THE LOCAL EMERGENCY NUMBER

## 2 MINIMIZE MOVEMENT

Minimize movement of the head, neck and spine.



## 3 STABILIZE HEAD

Manually stabilize the head in the position in which it was found.

- Provide support by placing your hands on both sides of the person's head.
- If head is sharply turned to one side, **DO NOT** move it.

# STROKE

FOR A STROKE, THINK F.A.S.T.

**AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:**

## 1 THINK F.A.S.T.

- Face**— Ask the person to smile.  
Does one side of face droop?
- Arm**— Ask the person to raise both arms.  
Does one arm drift downward?
- Speech**— Ask the person to repeat a simple sentence (such as, “The sky is blue.”). Is the speech slurred?  
Can the person repeat the sentence correctly?
- Time**— **CALL 9-1-1** immediately if you see any signals of a stroke. Try to determine the time when signals first appeared. Note the time of onset of signals and report it to the call taker or EMS personnel when they arrive.



## 2 PROVIDE CARE

Give **CARE** based on the conditions found.

# Concession Stand Tips

## SAFETY FIRST

### Requirement 9

*12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.*

#### 1. Menu.

Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

#### 2. Cooking.

Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.

#### 3. Reheating.

Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices.

Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

#### 4. Cooling and Cold Storage.

Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

#### 5. Hand Washing.

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

#### 6. Health and Hygiene.

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

#### 7. Food Handling.

Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil

to serve food. Touching food with bare hands can transfer germs to food.

#### 8. Dishwashing.

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

1. Washing in hot soapy water;
2. Rinsing in clean water;
3. Chemical or heat sanitizing; and
4. Air drying.

#### 9. Ice.

Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

#### 10. Wiping Cloths.

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

#### 11. Insect Control and Waste.

Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

#### 12. Food Storage and Cleanliness.

Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

#### 13. Set a Minimum Worker Age.

Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

*Safety plans must be postmarked no later than May 1st.*

# Volunteers Must Wash Hands

## HOW

**Wet**  
warm water



**Wash**  
20 seconds  
Use soap

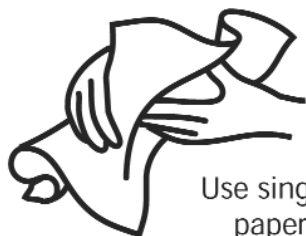


**Rinse**



**Dry**

Use single-service  
paper towels



**Gloves**



## WHEN

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

**Wash after you:**

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

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

Use gloves, tongs, deli tissue or other serving utensils.

Remove all jewelry, nail polish or false nails unless you wear gloves.

**Wear gloves.**

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

**If you wear gloves:**

- ▶ wash your hands before you put on new gloves

**Change them:**

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

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



**UMASS  
EXTENSION**



## 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

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)
Address of Claimant		Address of Parent/Guardian, if different			

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

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

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

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

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

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

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

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.

<b>POSITION WHEN INJURED</b>	<b>INJURY</b>	<b>PART OF BODY</b>	<b>CAUSE OF INJURY</b>
<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
------	---------------------------

League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Incident Date: \_\_\_\_\_

Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Parent's Name (If Player): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

**Incident occurred while participating in:**

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

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

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

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

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

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

**Type of incident and location:**

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

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

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

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

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

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



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

AT251 \_\_\_\_\_ Volunteer/VCA \_\_\_\_\_  
 ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type \_\_\_\_\_

Volunteer \_\_\_\_\_  
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) \_\_\_\_\_

#### Contributing Agency Information:

Madera National Little League \_\_\_\_\_ 26909 \_\_\_\_\_  
 Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_

PO Box 1272 \_\_\_\_\_ Tony Sablan \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_

Madera \_\_\_\_\_ CA  93639 \_\_\_\_\_ 559-296-5080 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

#### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Other Name: (AKA or Alias) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Suffix \_\_\_\_\_

Sex  Male  Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
 Billing Number 160489 \_\_\_\_\_  
 (Agency Billing Number)

Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Misc. Number \_\_\_\_\_  
 (Other Identification Number)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State  ZIP Code \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service:  DOJ  FBI  
OCA Number (Agency Identifying Number) (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: \_\_\_\_\_  
 (Must provide proof of rejection) Original ATI Number

#### Employer (Additional response for agencies specified by statute):

Employer Name \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_

City \_\_\_\_\_ CA  \_\_\_\_\_ ZIP Code \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_  
 State \_\_\_\_\_

#### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_