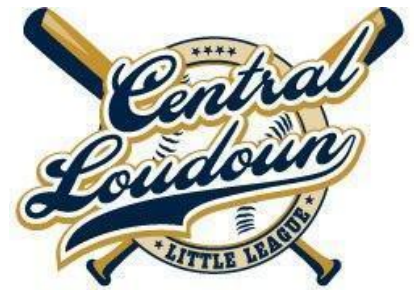


Central Loudoun Little League

Serving the families in the greater Leesburg area
Leesburg, VA 20176
Contact/Phone: Julie Majkowski/703-731-2800
E-Mail: mrsmajik8@gmail.com
Web: www.CLLL.org



2023 Safety Plan

Central Loudoun Little League:
American League: #03460309

Central Loudoun Little League:
National League: #03460316

CLLL Safety Officer:
Marie Wride

safety@cill.org

Submission Date: January 11, 2023



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Central Loudoun Little League (CLLL) Mission Statement

Central Loudoun Little League is a non-profit volunteer organization supported totally by league fees and donations. CLLL provides an opportunity for all youth within our boundaries to learn the game of baseball in a safe environment. CLLL provides an opportunity for all boys and girls to participate meaningfully in the sport of baseball/softball, to learn the rules and strategies of the game, to learn sportsmanship and respect for their fellow players and coaches and to have fun. The children of the Little League community will be exposed to 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. All Directors, Officers, and Members 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.

Little League Pledge

I trust in God,
I love my country,
And will respect its laws,
I will play fair,
And strive to win,
But win or lose,
I will always do my best.

The Little League Parent/Volunteer Pledge

I will teach all children to play fair and do their best.
I will positively support all managers, coaches and players.
I will respect the decisions of the umpires.
I will praise a good effort despite the outcome of the game.

CLLL Statement on Safety

CLLL stresses safety throughout all stages of its operations. CLLL leaders emphasize safety to its managers, coaches, parents, umpires, and volunteers on a regular and prominent basis. Safety is paramount in all we do at CLLL, from inauguration of new Board of Directors members, to the interview and selection process for our managers and coaches, and to the operations of our facilities. Safety is an unwavering part of the CLLL culture and a driving force behind all decisions we make about all aspects of our league, large or small. The CLLL Safety Program is aligned with requirements and recommendations given by Little League Internationals ASAP (A Safety Awareness Program).

Little League International's ASAP Mission:

We, Central Loudoun Little League, strive to increase awareness of the opportunities to provide a safer environment for kids and all Little League participants.

Safety Committee

CLLL has a Safety Committee, chaired by the Safety Officer (an official CLLL Board Member position as on file with Little League International's Data Center), that reviews safety programs and training to ensure that the league is doing all it can to ensure a sound and effective program is implemented. The committee develops the safety plan, reviews fields, facilities, and equipment for safety and to ensure applicable safety guidelines are being followed. **The committee consists of: CLLL Safety Officer, Vice President of AL and NL, Director of Facilities, Director of Equipment and other interested Board Members/Dedicated Volunteers.**

CLLL Personnel/Key Contacts

Member	Position	Main Responsibilities	Email Address	Phone #
Julie Majkowski	President	Overall league direction, management and operations	president@cill.org	(703) 731-2800
Adam Basford	Vice President-Scheduling	National League operations, League Scheduler	adam.c.basford@gmail.com	(703) 861-7282
Ryan Allen	Vice President-Rules	American League operations, Constitution and League's local rules	allen.ryan24@gmail.com	(703) 282-4280
Peter Fanous	Treasurer	CLLL Treasurer	treasurer@cill.org	(202) 321-8346
Alison Fincham	Secretary	CLLL Secretary/Director of Fundraising	secretary@cill.org	(703) 731-8278
Dale Flannagan	Player Agent	National League player registration, evaluations and draft	dale.flannagan@gmail.com	(703) 216-1308
Reid Hooper	Player Agent	American League player registration, evaluations and draft	reid.hooper@gmail.com	(619) 253-9212
Paul Karg	Player Agent	Big Field player registration, team assignments	paulkarg@yahoo.com	(703) 973-9117
Marie Wride	Safety Officer	Author and maintain CLLL Safety Plan, oversee safety programs & league safety training	safety@cill.org	(571) 723-1542
Sam Fincham	Coaching Coordinator	Manager & Coach identification and training	coachingcoordinator@cill.org	(571) 375-4750
Chuck Yeager	League Information Officer	Information Officer, Webmaster and Communications Coordinator	cillwebmaster@gmail.com	(571) 212-9149
Ryan Dlesk	Umpire In Chief	Overall management of adult & youth umpires including scheduling & training	umpireinchief@cill.org	(304) 215-3066
Scott Bellinger	Director of Special Events	All-Star programs, Opening Day ceremonies	specialevents@cill.org	(973) 525-4570
Mike Seidl	Director of Facilities	Responsible for GTP maintenance and upkeep	mike@seidlresidential.com	(703) 919-9398
Kenny Fagan	Director of Equipment	Uniforms, Team Equipment	kenneth.f.fagan@gmail.com	(571)334-9669

CLLL encourages all league members and participants to be active in the mission of safety. Parents can assist the league by communicating with Board Members and Team Managers if they witness ANY unsafe play, field condition(s) and/or situation(s). Any member can do this by contacting the appropriate member of the Board of Directors or at the Contact CLLL link on the main website. PLEASE REFER TO Page 28-29, CLLL Safety Procedures for important forms, AND/OR REPORTING & TRACKING of an Injury, Accident, or Unsafe Condition.

Throughout the season, CLLL will update and post new safety content on the website under the Safety menu. In addition, CLLL will broadcast emails to the membership that are pertinent to safety and other league business.

For even more information on baseball operations, news, and league safety, CLLL encourages all members to sign up for emails at: <http://www.littleleague.org/learn/JoinMailingList.htm>.

You can also access all of the safety newsletters distributed by Little League International by visiting the following site: http://www.littleleague.org/learn/newsletters/ASAP_Newsletter.htm.

Emergency Contact Information

EMERGENCY 911

Loudoun County Police/Fire/EMS: 911

AAPCC Poison Control Center: 1-800-222-1222

UTILITIES -EMERGENCY

Dominion Power 1-888-667-3000 (ALT: 1-888-366-4357)

Loudoun County Water Authority 571-291-7880 (ALT: 571-291-7878)

NON-EMERGENCY INFORMATION

Loudoun County Sherriff -Non-Emergency

703-777-1021

Loudoun County Fire Dept. -Non-Emergency

703-777-0637 (ALT: 703-777-0333)

LOCATION OF NEAREST HOSPITAL

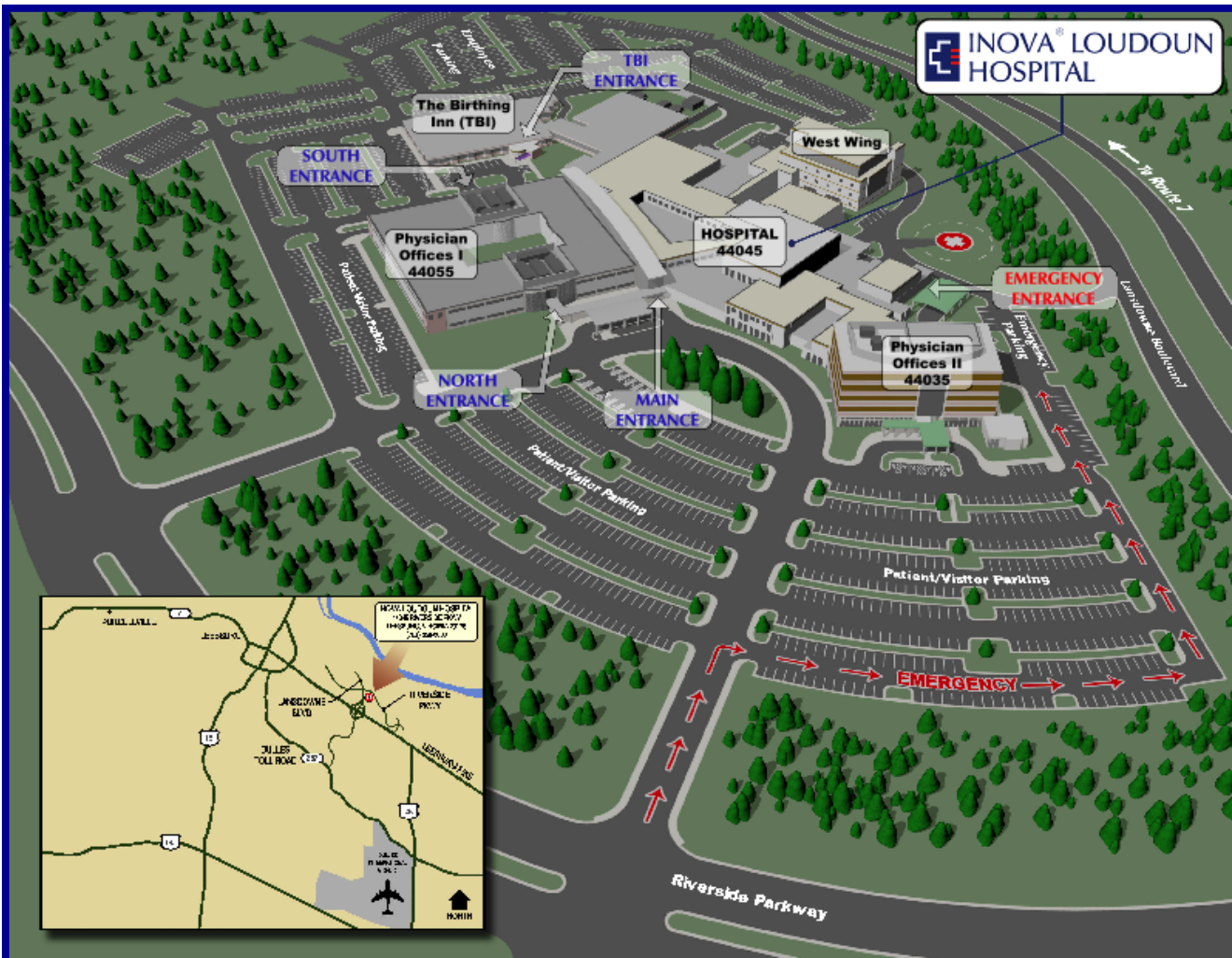
Inova Loudoun Hospital
44045 Riverside Parkway
Leesburg, Virginia 20176

Main Phone: 703-858-6000

Emergency Dept – Lansdowne Adult 703-858-6040

Emergency Dept – Lansdowne Pediatric 703-858-6048

Interactive Directions: [Map for Loudoun Hospital](#)



What To Do In Case of Emergency – Serious Injury

The most important help you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. Be sure that you or another caller follows these steps.

- First dial 9-1-1.
- Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask you to give the exact location or address of the emergency. The following is a listing of the various fields where CLLL plays and the physical addresses for you to give the dispatcher:

Belmont Ridge Middle School 19045 Upper Belmont Place Leesburg, VA 20176	Lucketts Elementary School 14550 James Monroe Highway Leesburg, VA 20176
Catoctin Elementary School 311 Catoctin Circle Southwest Leesburg, VA 20175	Lucketts Community Park 14550 James Monroe Highway Leesburg, VA 20176
Douglass Community Center 405 E. Market Street Leesburg, VA 20176	Philip Bolen Park (Fields #3, #5, #6, #7, & #8) 42405 Claudia Drive Leesburg, VA 20175
Evergreen Mill Elementary School 491 Evergreen Mill Road Southeast Leesburg, VA 20175	Robinson Park 345 Plaza Street Northeast Leesburg, VA 20176
Freedom Park: Huber Field and Reavis Field 101 Colonel Grenata Circle Southeast Leesburg, VA 20175	Seldens Landing Elementary School 43345 Coton Commons Drive Leesburg, VA 20176
Good Times Park: Barrett, Founders, and Bohince Fields 42918 Fort Evans Road Leesburg, VA 20176	Simpson Middle School Field #1 & Field #4 490 Evergreen Mill Rd Southeast Leesburg, VA 20175
Harper Park Middle School 701 Potomac Station Drive Northeast Leesburg, VA 20176	Smarts Mill Middle School 850 North King Street Leesburg, VA 20175
Heritage High School 520 Evergreen Mills Rd Leesburg, VA 20175	Tolbert Elementary School 691 Potomac Station Drive Northeast Leesburg, VA 20176
Leesburg Annex 102 North Street Northwest Leesburg, VA 20176	Tuscarora High School 801 N King Street Leesburg, VA 20176
Lucketts Community Center 42361 Lucketts Road Leesburg, VA 20176	

- Make sure you give the dispatcher the following information:
 - The telephone number from which the call is being made.
 - The caller’s name.
 - What happened — i.e., a baseball-related accident, bicycle accident, fire, fall, etc.

How many people are involved.

The condition of the injured person — i.e., unconscious, chest pains, or severe bleeding.

What help is being given (first aid, CPR, etc.).

- Do not hang up until the dispatcher hangs up. The dispatcher may be able to tell you how to best care for the victim.
- Continue to care for the victim until professional help arrives.
- Appoint someone to go to the street and look for the ambulance or fire engine and flag them down, if necessary.

What is the Good Samaritan Law?

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

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

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

Permission to Give Care

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

Volunteer Application, Approval, and Identification

- Requirements: A national background check is required for CLLL volunteers that provide regular service to the league or have repetitive access to. CLLL requires all such volunteers to complete the 2023 Little League Volunteer Form (Posted to the CLLL website under Coaches Corner) for submission to and review by the Safety Officer.
<https://www.littleleague.org/volunteer/>
- During registration CLLL collects applications from all prospective coaches, managers, umpires and board members and other volunteers requiring the background investigation.

- Applications must include a copy of a government issued photo identification card (driver's license, passport, military identification card, or other state or federally issued, valid identification).
- Applications must be received and approved by the Safety Officer/Committee prior to any potential volunteer having significant access to Little League players.
- Prior year applications and/or approval are not acceptable, in accordance with national Little League rules.
- Applications are verified/checked against the Department of Justice sex offender listings and/or the First Advantage Background check system provided as a service by Little League International.
- Once the application information is checked against the database(s), the individual is informed whether their application is approved or denied. The CLLL database is updated accordingly.

Volunteer Manager/Assistant Coach Safety/First Aid Training

With nearly 1,000 children participating in the league and approximately 85-90 teams, it is imperative that CLLL provide its managers, coaches, Board Members and all volunteers with the appropriate training to provide a safe environment and fruitful experience to the children. Developmental training for managers/coaches and general safety and first-aid training are a very important part of our league safety program, and, as such, managers, coaches, and team safety representatives must receive Little League-required first responder training. Each year CLLL provides training for its BOD, managers, coaches, umpires, and other interested parties each year.

CLLL SAFETY AND FIRST AID TRAINING WILL BE HELD ON Wednesday, March 15, 2023 AT HARPER PARK MIDDLE SCHOOL IN LEESBURG, VA*. MEMBERS OF THE LOUDOUN COUNTY VOLUNTEER FIRE AND RESCUE DEPARTMENT WILL CONDUCT THE SAFETY TRAINING.

PAPER COPIES OF THIS SAFETY PLAN WILL BE DISTRIBUTED TO ALL MANAGERS.

*A representative from each team (manager or coach) is required to attend this session. Attendance will be taken.

The Safety Training Session may include the following areas:

Field Maintenance and Safety

Calling games or practices due to bad weather or darkness is a safety issue CLLL takes seriously as we do not want anyone being injured due to darkness or bad weather. In all of the situations listed below, CLLL umpires, managers, and coaches will err on the side of safety and cancel/postpone a game or practice until safe conditions are present. (Managers/coaches are responsible for following these rules during their practices. The rules are the same at practices as they are at games. No exceptions.)

Lightning Procedures

At the first observance of threatening skies all umpires, managers, coaches, and other officials are to closely monitor the weather for lightning and thunder.

Managers and coaches should ensure that their players keep all their gear together in case they must leave the field for weather/lighting.

Play will immediately be suspended when any of the following are observed by an umpire, manager, coach, or other league official...thunder is heard with or without lightning being observed and/or any lightning is observed (cloud-to-cloud or cloud-to-ground or distant lightning or "heat" lightning).

When in doubt err on the side of safety and clear the field.

At Good Times Park, if a game is suspended on one field then it must be suspended on all fields.

Fields will be cleared and all players, managers/coaches, umpires, and spectators will move to a vehicle for a minimum of 30 minutes.

During game suspension no one is allowed to be on any fields, standing around the concession stand or other facilities and must be inside their vehicles. The only exception to this is that on fields with a concession stand or equipment shed, League Officials, coaches and umpires will gather inside the concession stand/shed to monitor the conditions.

All concession stands and scorer booths will be closed upon suspension of play.

If lightning/thunder is observed or the detector indicates lightning again then play will be suspended for another 30 minutes from the subsequent observance.

Games will be canceled if the suspension will result in a more than a 45 minute delay (see examples below)

Example 1:

First observance/detection of lightning/thunder within 10 miles takes place at 6:00 -the earliest that play may resume is 6:30.

Lightning/thunder within 10 miles is observed/detected at 6:10 -the earliest play can now resume is 6:40.

Lightning/thunder within 10 miles is observed/detected at 6:15 this game would be ended as the game could not resume until 6:45, for a total of 45 minutes of delay.

Example 2:

First observance/detection of lightning/thunder within 10 miles takes place at 6:00 -the earliest that play may resume is 6:30.

Lightning/thunder within 10 miles is detected/observed at 6:10 the earliest play can now resume is 6:40.

No further Lightning/thunder within 10 miles is observed -play may resume at 6:40 with the approval of the home plate umpire, based on field conditions.

Inclement Weather Procedures

The home plate umpire, in consultation with league officials and coaches, may call a game which is in progress or has not yet started if in their opinion the conditions present an unsafe condition and that the conditions will not improve to allow safe play to continue.

Darkness

The umpire's judgment shall prevail for games played at fields. In general, games should be called for darkness when it is deemed unsafe for play to continue. Home plate umpires may consult with base umpires, and team managers about calling a game for darkness.

Pre-Game walk of the facility

Determine any field-specific items that would require adjustments to the field of play (i.e. hole(s) in fence, no foul pole, etc.)

Equipment Operations (no one is allowed to operate field maintenance equipment without approval from the Director of Facilities)

The operation of the CLLL tractor/mower is prohibited unless the volunteer has been expressly trained by a member of the CLLL Board of Directors.

General Baseball Safety

- Proper sliding techniques are to be demonstrated and practiced by all players.
- No sliding HEAD FIRST, unless you are “returning to a base”.
- Helmets are to be worn by all batter/runners.
- Helmets may NOT have any stickers or painting on them unless specifically authorized by the manufacturer, which must be in writing.
- No player of the OFFENSIVE team may enter the field of play without wearing a properly fitted helmet; this includes players “retrieving” the bat.
- Offensive players must keep their helmets on until they are in the dugout
- Players serving as base coaches must wear helmets.
- All non-wooden bats must be on the Little League approved listing as found on the Little League website, no other non-wooden bats may be used in practices or games. (Manager/ coaches are to check all bats and have unauthorized bats removed.)
- No one is to have a bat in his or her hand in the dugout except the person leaving the dugout to bat.
- Bats must be kept in the bat holders until they are being used.
- Absolutely no swinging bats in dugouts.
- There is NO ON DECK hitting or swinging allowed.
- Batters may take practice swings at the plate at the direction of the umpire.
- Batters must maintain control of their bats and not allow them to be “thrown” while batting.
- Catchers and umpires or T-Ball players at any level where a batter is hitting off of a tee must stand so that, while the batter is swinging, they are facing the batter (standing opposite the batter’s face).
- Players must remain behind the opening of any dugout gate/opening and, if available at the field, under the covered dugout roof.
- While in the dugout, players are not allowed to stand out from under the covered portion of any dugout.
- On fields without a covered dugout, players must remain on the benches behind their respective side of the home plate area fence.
- Players are to be shown how to take a “bad pitch” by turning away from the throw and not facing it.
- All catchers must wear a protective cup (highly recommended for all players).

- Reduced impact balls must be used for the Rookie Machine Pitch (previously Coach Pitch), and T-Ball divisions.
- All catchers must be educated and coached on the proper stance/squatting position to provide maximum protection to their hands, wrists, legs, etc.
- The only offensive players allowed outside of the dugout are: current batter, runners on base, individual retrieving the bat (after the play is over), players serving as base coaches (all must wear helmets).
- No “bat boy” or “bat girl” is allowed.
- Coaches must monitor batting warm-ups.
- During batting practice at any batting cage managers should closely monitor "on deck" batters to prohibit swings outside of cage unless under the supervision of another coach and away from other players.

Baseball Equipment: Field Equipment

Any questions concerning other equipment/devices should be directed to CLLL Safety Officer or your league Equipment director.

Batting Cages

- Cages must conform to applicable local county or school district requirements.
- Managers, Coaches, and Team Safety Reps are to inspect all batting cages prior to use to ensure there are no holes, openings, or other safety considerations with the cages.
 - If any holes, etc. are found they must be fixed prior to batting practice or they cannot be used. Notify Safety Officer listed in the Contact section of this plan.
 - Netting must go all the way to the ground and cover the top completely. Netting must “bunch” at the bottom in order to catch any balls hit into it.
- Only adults supervised by CLLL managers/coaches may pitch in the batting cage.
- Only one player is allowed in the cage while batting practice is in progress and they must be wearing a Little League approved helmet.
- Other players may enter the cage, once cleared by the manager/coach, and the player taking batting practice has placed their bat on the ground. No one is allowed to have a bat in their hand when others are in the cage.
- Managers/coaches must use the pitchers screen and stay behind it for added safety. They may also wear a helmet, if they so choose.
- No player/by-stander is allowed to lean on the cage or enter the cage during batting practice.
- Managers/Coaches must ensure that others are standing away from cages prior to throwing pitches. This is extremely important in soft-sided/netted cages.
- On cages with gates, the gates must be closed during batting practice.
- Managers/coaches must closely monitor players waiting to take batting practice and prohibit practice swings outside of the cage area.

Pop-Up Nets

- The use of pop-up nets for batting practice is authorized for CLLL teams. They are a team/individual item and are not issued or maintained by CLLL.
- Teams must use safety balls or wiffle balls when using pop-up nets. No hard balls.
- Nets must be placed in an area to prevent any wayward balls from hitting unprotected players/by-standers/pedestrians.
- Only managers/coaches may soft-toss to players.
- Players hitting into the net must wear a helmet.

Hitting Stick

- The use of a hitting stick is authorized.
- Players hitting must wear a helmet.
- Managers/coaches should be the ones using the hitting stick with the batter; however other players may do this as long as they wear a helmet and are supervised.
- All other players/by-standers must stay at least 10 feet away from the area where a hitting stick or soft-toss net is being used.

Motorized Pitching Machines

- The use of a pitching machine is authorized.
- Pitching machines shall only be operated by an adult.
- Speeds of pitching machines shall be set commensurate with the age and ability of the players.

Safety (softer and restricted flight) Balls and Wiffle Balls

- When possible, especially with the increased possibility of injury in batting practice, managers/coaches should consider using these “safer” balls.
- Managers/coaches must weigh the training effect against the increased safety of using these balls when selecting practice baseballs
- Reduced impact balls MUST be used for the Rookie Machine Pitch (previously Coach Pitch), and T-Ball divisions.

Other Baseball Training Devices/Equipment

- Managers/coaches must use all safety precautions and follow directions provided with any such equipment.
- Managers and coaches must inspect equipment prior to use to ensure it is properly working and not use any items that are not operating properly.

Baseball Equipment: Player Equipment

Each season, CLLL’s Director of Equipment inventories all league distributed equipment, including but not limited to, bats, balls, catcher’s gear, helmets, pitching machines and player uniforms. The Director of Equipment inspects all equipment for viable use for the upcoming season. He/she discards all unsafe and unusable equipment. A large portion of the CLLL budget is associated with the procurement, repair, cleaning and training of the necessary equipment for the upcoming

season. If for some reason, equipment needs to be repaired or replaced during a season, the Director of Equipment has the authority to acquire new pieces if not already stocked in the league's inventory.

Helmets

- All players (batters/runners) must wear an approved batting helmet, with or without a face shield. Although not required, face guards/shields are a proven way to reduce injury. CLLL recognizes that many players have their own helmets. We would encourage players with their own helmets to install face guards/shields.
- Helmets cannot contain stickers, painting, or other markings unless they were an original item when the helmet was purchased or the manufacturer has given written permission to add stickers or markings on the helmet. (This does not prevent the player from placing their name inside the helmet.)
- CLLL will provide all teams with a helmet equipped with a protective face shield for those players wishing to use it. If a player prefers such a helmet but the league provided helmet does not fit properly, please contact the equipment manager to obtain a fitting helmet.

Protective Cups/Pelvic Guards

- It is recommended that all players use a protective cup (or pelvic guards for female players) while playing baseball.
- All male catchers MUST wear a protective cup/pelvic guard.

Mouth Guards

- It is recommended that all players use a protective mouth guard, especially infielders, while playing baseball.

Catchers

- All catchers must wear an approved catcher's mask, chest protection, and shin guards.
- The catcher's mask must have a "DANGLING" throat protector, during all warm-ups, infield/outfield practices, and games.

Catcher's helmets without any type of "dangling" throat protector, as well as throat protectors secured so tightly to the lower frame bar that they cannot move or "dangle" to protect the catcher's throat are NOT ALLOWED.

Throat protectors must not stick straight out at a 90-degree angle, as they provide no protection for the catcher's throat area.

The "dangling" throat protector should be properly and securely attached so that when the catcher looks up or his/her head is tilted upward that the throat protector will be able to remain down so that the catcher's throat area has some protection.

A ball (from a foul or from a pitch in the dirt) or even a bat could possibly come up under the catcher's helmet and cause a severe injury.

To be properly attached, the "dangling" type throat protector should be securely attached from one-fourth of an inch to no more than three-fourths of an inch below the lowest bar or frame of the catcher's mask.

The throat protector should swing freely and smoothly under the mask when tapped with a finger while holding the catcher's mask/helmet in the hand.

The "dangling" style throat protector is required on any and all types of catchers' helmets/masks in all divisions of Little League Baseball and Softball.

No matter the type of frame used (standard frame, extended frame, hockey style, etc.); the "dangling" throat protector is required.

- Catchers must use a catcher's mitt and not a first baseman's mitt or regular fielder's glove.
- Catchers may "warm up" a pitcher wearing only the mask and using a catcher's mitt, as long as they have on a protective cup.

Bats

- **All bats must be Little League approved.** As of January 1, 2018, the [USA Baseball Bat Standard](#) will be implemented. Beginning with the 2018 season, non-wood and laminated bats used in the Little League (Majors) and below, Intermediate (50-70) Division, Junior League divisions, and Challenger division shall bear the [USA Baseball logo](#) signifying that the bat meets the **USABat – USA Baseball's Youth Bat Performance Standard**.
- **All BPF – 1.15 bats will be prohibited beginning with the 2018 season.** Additionally, starting in 2018, the bat diameter shall not exceed $2\frac{5}{8}$ inches for these divisions of play. Additional information is available at LittleLeague.org/batinfo.
- **NOTE:** Solid one-piece wood barrel bats do not require a USA Baseball logo.
- **NOTE 1:** Wiffle ball type bats are permissible in all Challenger Divisions.
- **NOTE 2:** The traditional batting donut is not permissible.
- **NOTE 3:** Tee Ball bats may be used in the Challenger Divisions. Under the USABat standard, certified Tee Ball bats (26" and shorter) will feature the USA Baseball mark and text which reads ONLY FOR USE WITH APPROVED TEE BALLS. All Tee Ball bats must feature the USA Baseball mark and accompanying text. Tee Ball bats that were produced and/or purchased prior to the implementation of the new standard can be certified using an Approved Tee Ball Sticker via the USA Baseball Tee Ball Sticker Program (USABaseballShop.com) beginning September 1, 2017.
- **NOTE 4:** Non-wood bats may develop dents from time to time. Bats that have cracks or sharp edges, or that cannot pass through the approved Little League bat ring for the appropriate division must be removed from play. The $2\frac{1}{4}$ -inch bat ring must be used for bats labeled $2\frac{1}{4}$. The $2\frac{5}{8}$ -inch bat ring must be used for bats labeled for $2\frac{5}{8}$.
- **NOTE 5:** An illegal bat must be removed. Any bat that has been altered shall be removed from play.
- For more information on the USABat standard and a complete list of bats approved through the USABat Standard, [visit usabat.com](http://visit.usabat.com). Other non-wood bats will not be used in games or practices.

Balls

- Only Little League approved balls are to be used during games/practices.
- T-ball must use approved Little League-approved T-Balls.

First Responder/First Aid and Critical Timing

Much has been written over the years about sports injury management and ongoing treatment. There's a lot of information about what to do in the first 48 to 72 hours after an injury, and without a doubt, the most effective, initial treatment for soft tissue injury is the R.I.C.E.R. regime. (This involves the application of (R) rest, (I) ice, (C) compression, (E) elevation and obtaining a (R) referral for appropriate medical treatment.)

Most people would agree that the R.I.C.E.R. regime is the first place to start, but what about the moment after the injury occurs? Those first few vital minutes, before you even think about applying the R.I.C.E.R. regime.

Very little has been written about those crucial moments just after an injury occurs.

First Three Minutes

Imagine this...You're the sports trainer for a local youth team (or maybe you're a concerned parent). It's early on a cold morning and the team has been on the field for only a few minutes. You turn your back for a second as two player's race for the ball and collide heavily. One goes down hard and groans loudly. You turn back to see one of your players lying motionless on the ground. You race onto the field, heading straight for the injured player. There's no time to waste, your 3 minutes have already started. What do you do next?

What you do in the next 3 minutes will have more of an effect on the seriousness of the injury, and the player's ability to recover quickly, than what happens in the next 48 to 72 hours. You better not mess this up!

Your First Priority: Do No Further Damage! Quick! Check to see if the injured player is in any further danger. If so, you need to control it; preferably by removing the danger (i.e. stopping the game) or alternatively removing the player.

Once there is no more danger to the player, you need to get a response from them. Ask if they can hear you, can they open their eyes, do they know what their name is? If you can't get a response, call an ambulance or doctor immediately. Then check their airway, breathing and circulation.

If you can get a response apply the S.T.O.P. regime. (This involves (S) stop, (T) talk, (O) observe, (P) prevent further damage).

Stop

Stop the injured player from moving! They must stay as still as possible to prevent further damage and allow you to assess the injury.

Talk

Ask the injured player what happened; how did it happen; what did you feel; where does it hurt; does it hurt anywhere else; and have you injured this part before?

Observe

While talking to the injured player, take a mental note of what the player is doing. Are they holding themselves in a strange way? Are they lying in an unusual position?

Is there swelling or bleeding at the injury site? Is the injured area deformed or out of shape? Is there a difference when compared to the other limb or side? Is it sore or tender to touch? Can the player move the injured part?

Prevent further damage

It's time to make an assessment of the seriousness of the injury. Is it a minor injury? Is it a bump or a bruise that does not impair the player's physical performance? If so, play on. Provide a few words of encouragement; monitor the injury and apply the R.I.C.E.R. regime just to be on the safe side.

Is it a less severe injury? Is it a sprain, strain or severe bruise that impairs the player's ability to play on? If so, get the player off the field and apply the R.I.C.E.R. regime as soon as possible.

Is it a severe injury? Does the injury affect the head, neck, face or spinal cord? Does it involve shock, excessive bleeding, or bone fractures and breaks? The treatment of these types of injuries goes way beyond the relatively simple soft tissue injury treatment. Seek professional help immediately.

Well done! Your 3 minutes are up and you've successfully prevented any further damage to the injured player, you've assessed the injury and prescribed the recommended treatment strategy.

Animal Bites

Flush the wound area with water and then wash with soap and water for at least five minutes. Cover with a clean dressing or cloth. Immediately seek care at a hospital or with a physician.

Asthma

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.

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

Black Eye

As soon as possible following the injury, dip a cloth in ice water and hold next to the area for at least 10 minutes. A "black eye" is essentially a bruise around the eye that will cause pain and swelling and will gradually fade in time. If the bruise does not fade or if there is a change in vision, consult a physician.

Broken Bones/Fractures

Stop any bleeding and cover wound with clean dressing. If it is a simple fracture, set it in a splint (wood, corrugated cardboard, rolled-up blanket, pillow, etc.) supported with cloth or rope ties. Do not move patient if back or neck injury is suspected. Keep person warm and treat for shock (see next column). Call for emergency help.

Burns

Minor

Immediately cool the burn area by putting it under cool running water or in a sink filled with cool water for at least five minutes or until the pain subsides. Never apply butter, grease or ointment. Don't open blisters or remove dead skin. Cover with gauze. If blisters break, apply a clean dressing. If the burn is on the face, covers an area bigger than your hand or if it blisters, call the doctor or emergency number.

Severe

Have victim lie down and cover him or her. Never remove clothing or clean the burns. Call for emergency help.

Chemical

Quickly flush area with water for at least five minutes, cover with gauze and call for emergency help.

Convulsion/Seizure

Gently prevent person from hurting him or herself on nearby objects. Loosen clothing after jerking subsides. Have person lie down. Help keep the airway open. Turn head to the side in case of vomiting to prevent choking on inhaled vomit. If breathing stops, administer mouth-to-mouth resuscitation or CPR. After seizure, allow patient to rest. Seek medical attention.

Cuts

Minor

Wash wound area with soap and water, not alcohol; cover with a sterile gauze bandage.

Major

If blood appears to be gushing or spurting, follow these instructions and call for help.

Take a clean cloth or towel and press hard on the cut for 10 minutes. Do not remove pressure to see if it's working. If possible, raise the cut above the level of the chest. After 10 minutes, if the bleeding has stopped, cover the cut with a bandage. If the bleeding hasn't stopped, try pressing harder for five more minutes and seek medical help.

Dental Injuries

Professionally-made, properly fitted custom mouthguards greatly reduce the risk and severity of mouth injuries.

Mouthguards are recommended injury prevention equipment for all at-risk sports.

- Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
- If debris is on tooth, gently rinse with water.
- If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert and conscious.
- If unable to re-implant: Best -Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth." 2nd best -Place tooth in milk. Cold whole milk is best, followed by cold 2% milk. 3rd best -Wrap tooth in saline-soaked gauze. 4th best -Place tooth under athlete's tongue. Do this ONLY if athlete is conscious and alert. 5th best -Place tooth in cup of water.
- Time is very important. Re-implantation within 30 minutes has the highest degree of success rate. TRANSPORT IMMEDIATELY TO DENTIST.

Three Positions

Extruded Tooth

Upper tooth hangs down and/or lower tooth raised up. Reposition tooth in socket using firm finger pressure. Stabilize tooth by gently biting on towel or handkerchief. TRANSPORT IMMEDIATELY TO DENTIST.

Lateral Displacement

Tooth pushed back or pulled forward. Try to reposition tooth using finger pressure. Athlete may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief. TRANSPORT IMMEDIATELY TO DENTIST.

Intruded Tooth

Tooth pushed into gum looks short. Do nothing -avoid any repositioning of tooth. TRANSPORT IMMEDIATELY TO DENTIST.

Half-Broken Tooth

If tooth is totally broken in half, save the broken portion and bring to the dental office. Stabilize portion of tooth left in mouth by gently biting on towel or handkerchief to control bleeding. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete. Save all fragments of fractured tooth. IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENT(S) TO DENTIST.

Tooth Fragments to Dentist

The Academy for Sports Dentistry, a professional organization dedicated to the dental needs of athletes at risk to sports injuries, recommends that every sports medicine team include a dentist knowledgeable in sports dentistry.

Electric Shock

Turn off electricity if possible. If not possible, pull victim from the electrical contact with a dry rope, wooden pole or cloth. Do not touch victim until contact with electric current is broken. Administer CPR. Call for emergency help.

Eye Injuries***Chemicals***

Have person turn head so injured side is down. Flood eye with water for at least 15 minutes. Cover eye with clean cloth and seek professional help.

Foreign particle

Do not rub the eye that may cause deeper injury. Try to locate the object; if it is in the pupil, or seems embedded in the white of the eye, go immediately to the emergency room. If the object is floating in the liquid surface, you can try to remove it. Hold the lower lid open, look up, and using the edge of a clean cloth, brush the matter quickly off the eye's surface. If you can't see an object, pull the upper lid down and over the lower lid and let it slide back up. This may dislodge the particle. If pain and tearing persist, seek medical help.

Fainting

Lay patient on his or her back and raise both legs above the heart. Check airway to be certain it is clear. Loosen tight clothing and apply cold cloths to the face. If fainting lasts more than a minute or two, keep patient covered and seek medical help.

Falls

Stop any bleeding and cover wounds with clean dressings. Keep victim comfortably warm to prevent shock. If you suspect broken bones, do not move person unless absolutely necessary (such as in case of fire). Call for emergency help.

Fractures/Breaks

Stop any bleeding and cover wound with clean dressing. If it is a simple fracture, set it in a splint (wood, corrugated cardboard, rolled-up blanket, pillow, etc.) supported with cloth or rope ties. Do not move patient if back or neck injury is suspected. Keep person warm and treat for shock. Call for emergency help.

Head Injury/Concussion:

All managers/coaches are REQUIRED to take the CDC offered Heads Up Online Training Course. Endorsed by Little League International, this course is free of charge and available at <https://www.cdc.gov/headsup/youthsports/training/index.html>. In addition, there is a resource center available for further information and materials to aide coaches in dealing with possible concussions. **CLL cares about our athletes and encourages all managers/coaches to remain vigilant to the signs of concussions and the precautions necessary to avoid serious injury.**

The Facts

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without loss of consciousness.
- Concussions can occur in any sport.
- Recognition and proper management of concussions when they first occur can help prevent further injury or even death.

What is a concussion?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

The potential for concussions is greatest in athletic environments where collisions are common.

Recognizing a possible concussion

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head. -and-
2. Any change in the athlete’s behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

Signs and symptoms observed by coaches/parents

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

Symptoms reported by the athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness

Double or blurry vision
Sensitivity to light
Sensitivity to noise
Feeling sluggish, hazy, foggy, or groggy
Concentration or memory problems
Confusion
Does not “feel right”

Athletes who experience any of these signs or symptoms after a bump or blow to the head should be kept from play until given permission to return to play by a healthcare professional with experience in evaluating for concussion and with written consent from their parent/guardian. Signs and symptoms of concussion can last from several minutes to days, weeks, months, or even longer in some cases.

Remember, you can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. If you have any suspicion that your athlete has a concussion, you should keep the athlete out of the game or practice.

Prevention and Preparation

As a coach, you can play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your athletes and the team:

- ✓ Educate athletes and parents about concussion. Talk with athletes and their parents about the dangers and potential long-term consequences of concussion.
- ✓ Insist that safety comes first.
- ✓ Teach athletes safe playing techniques and encourage them to follow the rules of play.
- ✓ Encourage athletes to practice good sportsmanship at all times.
- ✓ Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- ✓ Review the athlete fact sheet with your team to help them recognize the signs and symptoms of a concussion.
- ✓ Check with your youth sports league or administrator about concussion policies. Concussion policy statements can be developed to include the league's commitment to safety, a brief description of concussion, and information on when athletes can safely return to play following a concussion (i.e. an athlete with known or suspected concussion should be kept from play until evaluated and given permission to return by a healthcare professional). Parents and athletes should sign the concussion policy statement at the beginning of the sports season.
- ✓ Teach athletes and parents that it's not smart to play with a concussion. Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let athletes persuade you that they're “just fine” after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.
- ✓ Prevent long-term problems. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. This more serious condition is called second impact syndrome. Keep athletes with known or suspected concussion from play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating for concussion. Remind your athletes: “It's better to miss one game than the whole season.”

Coaches' action plan for potential concussions

1. Remove the athlete from play. Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion should not be allowed to return to play. When in doubt, keep the athlete out of play.
2. Ensure that the athlete is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:

Cause of the injury and force of the hit or blow to the head

Any loss of consciousness (passed out/knocked out) and if so, for how long

Any memory loss immediately following the injury

Any seizures immediately following the injury

Number of previous concussions (if any)

3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion. Make sure they know that the athlete should be seen by a health care professional experienced in evaluating concussions.
4. Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion and with consent from their parent/guardian. A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare second impact syndrome by delaying the athlete's return to the activity until the player receives appropriate medical evaluation and approval for return to play. If you think your athlete has sustained a concussion... take him/her out of play, and seek the advice of a health care professional experienced in evaluating for concussion.

For laws and regulations specific to Virginia, visit:

<https://www.littleleague.org/player-safety/concussions-youth-athletes/>

For more information and to order additional materials free-of-charge, visit:

<https://www.cdc.gov/headsup/youthsports/index.html>

Extreme Heat

Conditions of extreme heat are defined as summertime temperatures that are substantially hotter and/or more humid than average for location at that time of year. Humid or muggy conditions, which add to the discomfort of high temperatures, occur when a "dome" of high atmospheric pressure traps hazy, damp air near the ground. Extremely dry and hot conditions can provoke dust storms and low visibility. Droughts occur when a long period passes without substantial rainfall. A heat wave combined with a drought is a very dangerous situation.

During Hot Weather

To protect your health when temperatures are extremely high, remember to keep cool and use common sense. The following tips are important:

Drink Plenty of Fluids

During hot weather you will need to increase your fluid intake, regardless of your activity level. Don't wait until you're thirsty to drink. During heavy exercise in a hot environment, drink two to four glasses (16-32 ounces) of cool fluids each hour.

Warning: If your doctor generally limits the amount of fluid you drink or has you on water pills, ask how much you should drink while the weather is hot.

Don't drink liquids that contain alcohol, or large amounts of sugar—these actually cause you to lose more body fluid. Also avoid very cold drinks, because they can cause stomach cramps.

Replace Salt and Minerals

Heavy sweating removes salt and minerals from the body. These are necessary for your body and must be replaced. If you must exercise, drink two to four glasses of cool, non-alcoholic fluids each hour. A sports beverage can replace the salt and minerals you lose in sweat. However, if you are on a low-salt diet, talk with your doctor before drinking a sports beverage or taking salt tablets.

Wear Appropriate Clothing and Sunscreen

Wear as little clothing as possible when you are at home. Choose lightweight, light-colored, loose-fitting clothing. Sunburn affects your body's ability to cool itself and causes a loss of body fluids. It also causes pain and damages the skin. If you must go outdoors, protect yourself from the sun by wearing a wide-brimmed hat (also keeps you cooler) along with sunglasses, and by putting on sunscreen of SPF 15 or higher (the most effective products say "broad spectrum" or "UVA/UVB protection" on their labels) 30 minutes prior to going out. Continue to reapply it according to the package directions.

Pace Yourself

If you are not accustomed to working or exercising in a hot environment, start slowly and pick up the pace gradually. If exertion in the heat makes your heart pound and leaves you gasping for breath, STOP all activity. Get into a cool area or at least into the shade, and rest, especially if you become lightheaded, confused, weak, or faint.

Use a Buddy System

When working in the heat, monitor the condition of your co-workers and have someone do the same for you. Heat-induced illness can cause a person to become confused or lose consciousness. If you are 65 years of age or older, have a friend or relative call to check on you twice a day during a heat wave. If you know someone in this age group, check on them at least twice a day.

Monitor Those at High Risk

Although anyone at any time can suffer from heat-related illness, some people are at greater risk than others. Infants and young children are sensitive to the effects of high temperatures and rely on others to regulate their environments and provide adequate liquids.

People 65 years of age or older may not compensate for heat stress efficiently and are less likely to sense and respond to change in temperature.

People who are overweight may be prone to heat sickness because of their tendency to retain more body heat. People who overexert during work or exercise may become dehydrated and susceptible to heat sickness.

People who are physically ill, especially with heart disease or high blood pressure, or who take certain medications, such as for depression, insomnia, or poor circulation, may be affected by extreme heat. Visit adults at risk at least twice a day and closely watch them for signs of heat exhaustion or heat stroke. Infants and young children, of course, need much more frequent watching.

Adjust to the Environment

Be aware that any sudden change in temperature, such as an early summer heat wave, will be stressful to your body. You will have a greater tolerance for heat if you limit your physical activity until you become accustomed to the heat. If you travel to a hotter climate, allow several days to become acclimated before attempting any vigorous exercise, and work up to it gradually.

Do Not Leave Children in Cars

Even in cool temperatures, cars can heat up to dangerous temperatures very quickly. Even with the windows cracked open, interior temperatures can rise almost 20 degrees Fahrenheit within the first 10 minutes. Anyone left inside is at risk for serious heat-related illnesses or even death. Children who are left unattended in parked cars are at greatest risk for heat stroke, and possibly death. When traveling with children, remember to do the following:

Never leave infants, children or pets in a parked car, even if the windows are cracked open.

To remind yourself that a child is in the car, keep a stuffed animal in the car seat. When the child is buckled in, place the stuffed animal in the front with the driver.

When leaving your car, check to be sure everyone is out of the car. Do not overlook any children who have fallen asleep in the car.

Use Common Sense

Remember to keep cool and use common sense:

Avoid hot foods and heavy meals—they add heat to your body.

Drink plenty of fluids and replace salts and minerals in your body. Do not take salt tablets unless under medical supervision.

Dress infants and children in cool, loose clothing and shade their heads and faces with hats or an umbrella.

Limit sun exposure during mid-day hours and in places of potential severe exposure such as beaches.

Do not leave infants, children, or pets in a parked car.

Provide plenty of fresh water for your pets, and leave the water in a shady area.

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.

Recognizing 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. Have someone call 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.

Recognizing Heat Exhaustion

Warning signs of heat exhaustion include the following:

Heavy sweating

Paleness

Muscle cramps

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, nonalcoholic 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.

Recognizing 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.

Do 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.

Heat Rash

Heat rash is a skin irritation caused by excessive sweating during hot, humid weather. It can occur at any age but is most common in young children.

Recognizing Heat Rash

Heat rash looks like a red cluster of pimples or small blisters. It is more likely to occur on the neck and upper chest, in the groin, under the breasts, and in elbow creases.

What to Do:

The best treatment for heat rash is to provide a cooler, less humid environment. Keep the affected area dry. Dusting powder may be used to increase comfort.

Treating heat rash is simple and usually does not require medical assistance. Other heat-related problems can be much more severe.

Insect Bites and Stings

Bee or wasp sting – Try to remove stinger by gently scraping with a clean knife blade. Cleanse with soap and water and apply an ice compress to reduce swelling. If person has an allergic reaction (will happen within 30minutes), hives, itching all over, wheezing, vomiting or a history of allergic reaction, follow directions on bee sting kit, if available. Call for emergency help.

Itchy bites – Use hydrocortisone cream, calamine lotion or rubbing alcohol.

Nosebleed

The following procedure is recommended by the American Academy of Otolaryngology--Head and Neck Surgery for minor nosebleeds caused by head/neck injury:

- Stay calm.
- Breathe through the mouth, not the nose.
- Sit up and bend the head slightly forward.
- Pinch both nostrils shut using a thumb and forefinger. Apply steady pressure for 15 minutes.
- At the same time, apply cold compresses (such as ice in a soft cloth) to the area around the nose. Spit out any blood that collects in the mouth.
- If bleeding has not stopped after 15 minutes of applied pressure, pinch the nostrils for 15 more minutes. Keep breathing through the mouth.
- If the nosebleed is due to a person being hit in the face with an object be very careful that their head and neck are not moved.
- CALL 911 if you suspect ANY HEAD/NECK INJURY
- If there is a “clear” fluid running from the nose with or without blood, after being hit by an object, CALL 911.

Poisoning

Don't force to vomit immediately. Call poison control. Tell them what substance and how much was swallowed. Take the bottle or package to the phone when you call. Directions on the container may not be up to date. Always follow the

instructions given by the poison control center. Do not give the patient fluids or cause to vomit if unconscious or in convulsions. Call for emergency help.

Shock

Have person lie down, loosen clothing and cover to prevent loss of body heat. Be cautious not to overheat. Check pulse rate and seek professional help.

Splinters

Tweezers remove most splinters easily, but a physician should remove deeply embedded splinters. If the length of the splinter is visible under the skin, use a sterilized needle to slit the skin over the splinter and pullout the splinter with the tweezers. Clean the wound.

Sprains

Sprain happens when the ligament is violently stretched. This would include pain, swelling, joint bruising, or tenderness. Sprain often occurs in the knees, ankles, or the feet's arches. Sprained ligaments are painful and swell fast. Usually, the more severe the sprain is, the greater the pain. Minor sprains can be treated with P.R.I.C.E -protect injured limb, rest it, ice the injury, compress the area, and elevate the injured limb. However, one should call for emergency medical assistance once a popping sound was heard when the joint got injured, or the joint is not functioning. This can mean that the ligament was totally torn apart. Apply COLD/ICE pack while waiting for emergency unit to arrive.

Strains

Strain happens when there is an injury to the tendon or muscle. This would be pain when one moves or stretches the affected muscles. The amount of local bleeding in the muscles or swelling needs to be managed early through applying packs of ice and keeping the strained muscles in stretched position. One can also apply heat when swelling lessens. However, early heat application can worsen pain and swelling. Protect the injured muscle from any more injury. After first aid has been done to the injured muscle, self-care at home can be performed through the R.I.C.E method -rest, ice, compression, and elevate. Seek medical attention as needed.

Sunburn

Sunburn should be avoided because it damages the skin. Although the discomfort is usually minor and healing often occurs in about a week, more severe sunburn may require medical attention.

Recognizing Sunburn

Symptoms of sunburn are well known: the skin becomes red, painful, and abnormally warm after sun exposure.

What to Do:

Consult a doctor if the sunburn affects an infant younger than 1 year of age or if these symptoms are present:

Fever

Fluid-filled blisters

Severe pain

Also, remember these tips when treating sunburn:

Avoid repeated sun exposure.

Apply cold compresses or immerse the sunburned area in cool water.

Apply moisturizing lotion to affected areas. Do not use salve, butter, or ointment.

Do not break blisters.

Unconsciousness

When person cannot be aroused, lie in a flat position and make sure the victim's airway is clear. Check pulse rate. If no pulse is felt, begin administering CPR. Keep the person comfortable and warm. Never give an unconscious person food or liquid. If vomiting occurs, turn head to the side to prevent choking on inhaled vomit. Call for medical help.

DISCLAIMER: THE ABOVE WERE ONLY SOME OF THE ITEMS THAT YOU MAY EXPERIENCE WHILE BEING A MANAGER/COACH IN CLLL. THIS LISTING IS ONLY SOME OF THE MORE COMMON ITEMS.

Philips HeartStart OnSite – AED

Sudden Cardiac Arrest (SCA) is a medical emergency that occurs when there is an abrupt loss of heart function. When the heart loses function, it is no longer able to pump blood to the rest of the body, in which 95% of the time, results in death. SCA differs from a heart attack. (A heart attack occurs when there is an interruption of blood flow to the heart, which deprives the heart muscle of necessary oxygen.) During SCA, the electrical impulses in the heart become either rapid (ventricular tachycardia, aka "VT"), or chaotic (ventricular fibrillation, aka "VF"), or both. These irregular heart rhythms are called arrhythmias, which prevent the heart from pumping blood to the brain and other vital organs, and leads to an immediate cessation. Death can be prevented by taking certain measures and by being prepared.

Signs and Symptoms of Sudden Cardiac Arrest (SCA)

- Sudden collapse
- No pulse
- No breathing
- Loss of consciousness

Treatment for SCA

By being fully prepared and trained for SCA, death can be prevented. For any chance of recovery, immediate cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED) are essential for someone who is experiencing SCA. Although CPR is an important link in the survival process, it cannot save someone from SCA. Only defibrillation has the potential to save a victim's life.

What is defibrillation?

Defibrillation (use of an AED) consists of sending an electric shock to the affected heart, in order to terminate the arrhythmia, and restore natural rhythm. Because the diagnosis of treatable rhythms is automated, the advantage of AEDs is that they allow lay responders or bystanders to successfully conduct the procedure with little or no training at all. These devices are fail-safe and will not cause injury to the user, nor deliver a shock if not required. Survival rates can be as high as 90 percent if the victim's heart is defibrillated within the first minute after he/she collapses. The chance for survival drops 10 percent every minute defibrillation is delayed. If



defibrillation is not completed within 10 minutes, the victim's chance of survival is less than 2 percent. If his/her heart is not re-started within the first 4-6 minutes after the arrest, he/she may sustain irreversible brain damage.

The quicker treatment is delivered, the greater the chances for survival.

To this end, CLLL has purchased a Phillips HeartStart Onsite unit that is available at Good Times Park by the Concession stand. It is housed in a safe storage unit indoors along with both the adult and child pads and instructions.

Volunteer Manager/Assistant Coach Baseball Skills/Fundamentals Training

CLLL will conduct multiple fundamentals/baseball skills-oriented training sessions for all of its managers and assistant coaches. A representative from each team (manager or coach) is required to attend this session. Attendance will be taken.

CLLL will host the next session on Wednesday, March 15, 2023 @ Harper Park Middle School in Leesburg, VA.

CLLL Umpire Training

CLLL will conduct multiple fundamentals/baseball skills-oriented training sessions for all of its adult and youth umpires. All youth umpires are required to attend at least one session. A portion of the time during the training session will be used to review the League Safety Plan to ensure that all volunteer umpires are aware and adhere to the safety-related policies and procedures. Attendance will be taken and verified. CLLL will host two sessions at Good Times Park, with dates and times to be determined.

CLLL will host sessions on the following dates:

CLLL will hold periodic Umpire Training Classes, with the next scheduled date on March 14, 2022 at Good Times Park.

Concession Stand Operations and Cooking

12 Steps to Safe and Sanitary Food Service Events

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, poultry parts should be cooked to 165°F. Most food borne illnesses from temporary events can be traced back to lapses in temperature control.
3. **Reheating.** Rapidly reheat potentially hazardous foods to 165°F. Do not attempt to heat foods in crockpots, steam tables, over Sterno units or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.
4. **Cooling and Cold Storage.** Foods that require refrigeration must be cooled to 41°F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of food borne illness.

5. Hand Washing. Frequent and thorough hand washing remains the first line of defense in preventing food borne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing! Purell hand disinfectant is also made available at concession areas.
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 is not allowed in the food concession area. Workers must wear clean outer garments and not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.
7. Food Handling. Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.
8. Dishwashing. Use disposable utensils for food service. Keep your hands away from food contact surfaces and never reuse disposable dishware. Ideally, dishes and utensils should be washed in a four-step process:
 - a) Washing in hot soapy water;
 - b) Rinsing in clean water;
 - c) Chemical or heat sanitizing; and
 - d) Air drying.
9. Ice. Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause food borne illness.
10. Wiping Cloths. Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and ½ teaspoon of chlorine bleach). Change the solution every two hours. Well-sanitized work surfaces prevent cross contamination and discourage flies.
11. Insect Control and Waste. Keep foods covered to protect them from insects. Store all pesticides away from foods and food preparation areas. 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 food stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food. Clean Hands for Clean Foods. Since the staff at concession stands may not be professional food workers, it is important that they be thoroughly instructed in the proper method of washing their hands. The following may serve as a guide:
 - Use soap and warm water.
 - Rub your hands vigorously as you wash them.
 - Wash all surfaces including the backs of hands, wrists, between fingers and under fingernails.
 - Rinse your hands well.
 - Dry hands with a paper towel.
 - Turn off the water using a paper towel, instead of your bare hands.
 - **Wash your hands in this fashion:**
 - Before you begin work and frequently during the day, especially after performing any of these activities.
 - After touching bare human body parts other than clean hands and clean, exposed portions of arms.
 - After using the restroom.

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

Top Six Causes of Illness

From past experience, the US Centers for Disease Control and Prevention (CDC) list these circumstances as the most likely to lead to illness. Check this list to make sure your concession stand has covered these common causes of foodborne illness.

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

CLLL Safety Procedures

Medical Release Form

- Each year parent(s)/guardian(s) are required to complete a medical release form for each player.
- These forms are provided to the manager of the team the player is assigned to.
- Managers must maintain these forms and are required to have them with them at all practices and games.
- These forms provide crucial medical information on the player which will help emergency medical personnel that are responding to an emergency and also provide authority to treat the player during an emergency if the parent(s)/guardian(s) are not available.
- Managers must maintain the security of the forms and privacy of information on the forms. They often contain sensitive and personal information. Managers should use extreme discretion in sharing any information related to the medical history of the players (only share with coaches, practice coaches only the information that may be required to address emergency situations).
- Parent(s)/guardian(s) must inform the manager of any changes to the player's medical condition/form as they happen.
- These forms can be downloaded from http://www.littleleague.org/Assets/forms_pubs/asap/Medical_Release_Form.pdf; <http://www.clll.org/> or in the attachments to this safety plan.

Reporting and Tracking of Injury, Accident, Near Miss, and Unsafe Condition

All injuries and accidents must be reported to the CLLL Safety Officer. This includes injuries to any player, manager, coach, umpire, spectator, or other person at a CLLL game or practice. All "near misses" and unsafe conditions should be reported as well. Reporting these near misses and unsafe conditions may help prevent future accidents and injuries. Any player seeking professional medical treatment must provide a non-restrictive medical release before being allowed to participate in a practice or game. Managers are to provide a copy to the Safety Officer to file with the accident report.

Necessary Forms

- Forms must be completed and provided to the Safety Officer within 48 hours of the occurrence of the injury.
Forms are available at <https://leagueathletics.com/Documents.asp?n=39244&org=CLLL.ORG> OR <http://www.littleleague.org/learn/forms.htm#insurance>
<https://www.littleleague.org/downloads/incident-injury-tracking-form/>
<https://www.littleleague.org/downloads/accident-claim-form/>
<https://www.littleleague.org/downloads/medical-release-form/>
- When completing the form use the following league numbers:
American League: 03460309
National League: 03460316
- Forms are to be returned to the CLLL Safety Officer by dropping them off at Good Times Park Concession Stand
- For injuries resulting in anyone being transported to the hospital, managers, coaches, or safety reps should contact the following personnel **immediately:**
League President – Julie Majkowski
Safety Officer – Marie Wride
Vice President of National League – Adam Basford
Vice President of American League – Ryan Allen
- The CLLL Safety Officer will track all injuries and review trends to determine what, if anything, can be done to improve the safety of our operations.
- An accident wrap-up report will be provided to the BOD at the end of each season, outlining types of injuries, locations, and other information that may be used to create a safer league.

Pregame/pre-practice inspections

CLLL Managers and umpires will inspect and monitor CLLL game facilities prior to the start of the first games of the day and throughout the course of the day. The managers and umpires should conduct a pregame (and, for managers, pre-practice) inspection of the fields and other player areas to identify potential hazards and maintenance issues. This will include inspection for loose or jagged fencing, rocks and other hazards such as broken glass in the playing area, holes, stray equipment (baseball and maintenance), insect nests, dangerous plants, etc. Hazards should either be addressed (e.g., rocks removed, holes filled, etc.) or reported to umpires, the Safety Officer, and the Director of Facilities. For issues that cannot be fixed, the managers will work with umpires and coaches to determine if play can safely proceed and if temporary measures (restricting player contact with/exposure to hazard) will suffice. The bottom line, please use common sense and if you have any doubt about playing conditions, stop until the hazard can be corrected.

First-Aid Kits and Other Safety Equipment

First-aid kits will be given to all coaches at the beginning of the season. These kits are an important part of our safety program and coaches should bring them to all practices and games. These kits are provided and maintained by the

Safety Officer and anyone using items from these kits must inform the safety officer of what was used and complete an accident report for each accident. In addition, team managers are provided with ice packs at the beginning of the season.

CLLL Field Survey

In 2022, CLLL conducted its field survey and posted the results online at the LL website. This will be annually reviewed each spring.

CLLL Field Inventory and Insurance

CLLL utilizes fields located at Good Times Park (GTP), and also fields (hereinafter referred to as “These Fields”) that are provided to Central Loudoun Little League through Loudoun County Parks and Recreation and Community Services (PRCS), and Loudoun County Public Schools (LCPS). CLLL maintains insurance coverage with American Insurance Group (AIG) through Little League International to provide Liability and Accident coverage for both GTP and “These Fields”.

“These fields”, “LCPS”, and “PRCS” fall under the supervision of Loudoun County. Both, “LOUDOUN COUNTY”, and the “TOWN OF LEESBURG” are officially listed as Additional Insureds on CLLL Insurance policy obtained through Little League International.

“These fields” provided through PRCS, include those located at : Belmont Ridge Middle School, Bolen Park, Catoctin Elementary, Douglass Community Center, Evergreen Mill Middle School, Freedom Park, Harper Park Middle School, Lansdowne Park, Lucketts Community Center, Lucketts Park, Lucketts Elementary School, Seldens Landing Elementary School, Simpson Middle School, Smarts Mill Middle School, The Worship Center, Tolbert Elementary School.

2023 Safety Plan Registration Process Information

In order to comply with the 2022 Little League ASAP Safety Program requirements, CLLL will complete and submit the following to Little League International, P.O. BOX 3485, Williamsport, PA 17701.

- Completed 2023 League Safety Plan
- Completed 2023 Qualified Safety Plan Registration Form
- 2023 Little League Facilities Survey

In addition to the information mentioned above, CLLL will provide player registration data and coach/manager data via the Little League Data Center at www.LittleLeague.org

2023 CLLL Safety Plan Distribution

CLLL will maintain a copy of the 2023 Safety Plan in the Documents section on our website, www.CLLL.org. Additionally, a printed copy of the current League Safety Plan will be available at Good Times Park Concession Stand for onsite reference. CLLL will print copies of the League Safety Plan and have them available at our Manager Safety Training session. We will also encourage all volunteers to print out/have available a copy of the Safety Plan for reference at league sponsored events.