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Livingston American Little League Safety Plan

POLICY STATEMENT →

*Livingston American Little League
Is A Non-profit Organization
Run By Volunteers
Whose Mission
Is To Provide An Opportunity
For Our Community's Children
To Learn The Game Of Baseball
In A Safe And Friendly
Environment.*

Dear Managers and Coaches:

Welcome to another fun and exciting season of Livingston American Little League Baseball!

Livingston American Little League's Board of Directors have continued to succeed with safety goals by raising the necessary money and authorizing the many changes you will notice this year on the complex - some of which include:

We have significantly improved and expanded the batting practice area.

Our safety manual and all of the accident reporting forms, travel forms, medical forms and volunteer applications are now available on-line for anyone that has access to a computer.

We continue to inspect all equipment to ensure that we are in compliance with all mandated and recommended safety issues. As a result, most teams have new bats, batting helmets and catching equipment. LALL also replaced the majority of the volunteer umpire equipment so our umpires could be safe too.

The infield is new and the backstop pads are new.

In an effort to help our managers and coaches comply with our safety standards, the Board of Directors has put forth a mandate of safety rules to be followed as outlined in this manual. Each team manager and his designated coaches will make sure that the safety guidelines are met whether at practice or during a game.

The commitment to this Safety Manual is proof that we at LALL are dedicated to our cause. Please read it carefully, from cover to cover, as it will familiarize you with safety fundamentals. Then use the manual as a powerful reference guide throughout the season.

As you know, the Livingston American Little League has a Zero Tolerance Policy in effect, and this policy will be adhered to at all times. Refer to page 64 of this manual for the full copy of the policy.

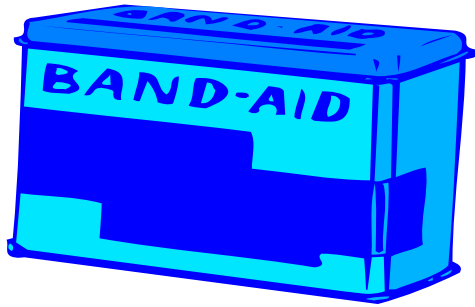
As you know, the Board of Directors passed a policy two (2) years ago ruling that managers and coaches could not receive tryout sheets or participate in tryouts without taking the First Aid/Safety Class. If you were unable to attend, you can watch a video that is available at the fieldhouse.

In closing, remember that safety rests with all of us, the volunteers of Livingston American Little League. Always use common sense, never doubt what children tell you, and report all accidents or safety infractions when they occur. Now, play ball and play it safe!

Very truly yours,

Pat Ippolito
President LALL

Laurie Dellosso
Safety Director LALL



SAFETY MANUAL AND FIRST AID KITS

Each team will be issued a Safety Manual and a First Aid Kit at the beginning of the season. The manager will acknowledge the receipt of both by signing in the space provided below when taking possession of these articles.

The concession stand will have a First Aid Kit and a Safety Manual in plain sight at all time. The Clubhouse will have a First Aid Kit, AED, and a Safety Manual in plain sight at all time.

The Safety Manual will include emergency, phone numbers for all Board of Directors, the Livingston Code of Conduct, Do's and Don'ts of treating injured players. This information will also be posted in the display cases outside the clubhouse.

The First Aid Kit will include the necessary items to treat an injured player until professional help arrives if need be (see First Aid section).

A First Aid Kit will be at all games and practices, especially those not held at Meadowbrook Field.

I have received my Safety Manual and it will be present at all practices, batting cage practices, games (season games and post-season games) and any other event where team members could become injured or hurt.

Print name of Manager

Team name and division

Signature of Manager

Date

Little League Phone Numbers

LALL Main Number	
Club House:	973- 992-1214
Field Concession Stand:	

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

First Aid/Fire Emergency..... **9-1-1**

Board of Directors:

President	Pat Ippolito	973-992-7617
Vice President	Skip Mofsenon	973-992-9056
Secretary	Dave McLaughlin	973-716-0652
Treasurer	Mike Sorrentino	973-597-9449
Umpire-in-Chief	Jim Laurita	973-994-1784
Player Agent	Larry Ringler	973-992-7607
Safety Director	Laurie Dellosso	973-992-1169
Building & Grounds	Paul Birnbaum	973-597-9430
Grounds	Mike Neary	973-992-7110

Chain Directors:

Yankees	Mike Duffy	973-716-9304
Angels	Evan Miles	973-992-8969
Blue Jays	John Silvestri	973-992-8131
Indians	Dave McLaughlin	973-716-0652
Tigers	Tom Forkan	973-992-2820

Board Members:

Tony Battista	973-535-5668	Chris Lynch	973-994-2047
Cary Bayer	973-716-9510		
Greg Bushwell	973-535-6155	Mike Madorsky	973-533-9187
Brian Bushwell	973-535-5032	Jim McCauley	973-535-5664
Shannon Cilenti	973-740-1604	Andy Nardone	973-992-3933
Kevin Conway	973-740-1944	Mike Neary	973-992-7110
Tom Cooney	973-533-9265	Ole Olson	973-992-2425
John Dinicola	973-535-1912	George Pantos	973-533-0384
Kevin Duffy	973-994-3663	Art Schnarr	973-994-4890
Steve Ehrich	973-994-7045	Kim Ricci	973-533-0320
Sarge Gardner	973-716-9512	Steve Santola	973-992-7253
Dan Giachin	973-716-9405	Steve Schoenbach	973-994-2944
Bob Gibbon	973-994-0829	Buddy Wolfe	973-535-6056
Bill Kimmel	973-740-8859	Damon Zuppa	973-740-1644

CODE OF CONDUCT: ⇒

The Board of Directors of Livingston American Little League has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and sign in the space provided below acknowledging that he or she understands and agrees to comply with the Code of Conduct.

Livingston American Little League Code of Conduct states that:

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

At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.

Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.

Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsman-like action.

Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.

Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.

Be guilty of the use of profane, obscene or vulgar language in any manner at any time.

Appear on the field of play, stands, or anywhere on the LALL complex while in an intoxicated state at any time. Intoxicated will be defined as an odor or behavior issue.

Be guilty of gambling upon any play or outcome of any game with anyone at any time.

Smoke on Twp. Property, IE: in the stands, on the playing field, in any dugout, or in the parking lot at any time.

Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.

As a manager or coach be guilty of mingling with or fraternizing with spectators during the course of the game.

Speak disrespectfully to any manager, coach, official or representative of the league.

Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.

Shall challenge an umpire authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game. (See Rules 4.07 and 9.7).

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

LALL SAFETY CODE: ⇒

The Board of Directors of Livingston American Little League has mandated the following Safety Code. All managers and coaches will read this Safety Code and then read it to the players on their team.

Responsibility for safety procedures belongs to every adult member of Livingston American Little League.

Each player, manager, designated coach, umpire shall use proper reasoning and care to prevent injury to him/herself and to others.

Only league approved managers and/or coaches are allowed to practice teams.

Managers, designated coaches and umpires will have mandatory training in First Aid.

First-aid kits and AED's will be located at concession stand at Meadowbrook field.

No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate. All people at the field will obey the lightning detector alarm.

Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.

Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as "in play

Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.

Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and designated coaches.

Foul balls batted out of playing area will not be thrown over the fence during a game, but should be returned to a Manager or coach in a dugout.

During practice and games, all players should be alert and watching the batter on each pitch.

During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.

All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators, (i.e., playing catch, pepper, swinging bats etc.)

Equipment should be inspected regularly for its condition and as well as for proper fit.

Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games.

Except when a runner is returning to a base, headfirst slides are not permitted.

During sliding practice, bases should not be strapped down or anchored.

At no time should "horse play" be permitted on the playing field.

Parents of players who wear glasses should be encouraged to provide "safety glasses" for their children.

On-deck batters are not permitted.

Managers will only use the official Little League balls supplied by LALL. Once a ball has become discolored, it will be discarded.

All male players will wear athletic supporters or cups during games. Catchers must wear a cup. Managers should encourage that cups be worn at practices too.

Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector. Female catchers must wear long or short model chest protectors.

All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.

All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. Note: Skullcaps are not permitted.

Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible.

Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)

No food or drink, at any time, in the dugouts. (Exception: bottled water, Gatorade and water from drinking fountains)

Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size or weight consistent with protecting the hand.

Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher's gear and an athletic cup as described above. The catcher who is not the game catcher, a mask is appropriate.

Managers will never leave an unattended child at a practice or game.

No children under the age of 15 are permitted in the Concession Stand.

Never hesitate to report any present or potential safety hazard to the LALL Safety Director or any LALL Board Member immediately.

Speed Limit is 5 miles per hour in roadways and parking lots.

No alcohol or drugs allowed on the premises at any time.

No medication will be taken at the facility unless administered directly by the child's parent. This includes aspirin and Tylenol.

No playing in the parking lots at any time.

No playing in construction areas at any time. This includes the dirt bins.

No playing on and around lawn equipment, machinery at any time.

No smoking permitted.

No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.

No throwing rocks, climbing fences, or swinging on dugout roofs.

No pets are permitted on the premises at any time. This includes dogs, cats, horses, etc.

Observe all posted signs.

Players and spectators should be alert at all times for foul balls and errant throws.

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

Bicycle helmets must be worn at all times when riding bicycles on the premises as well as to and from the premises.

Use crosswalks when crossing roadways. Always be alert for traffic.

No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.

There is no running allowed in the bleachers.

RESPONSIBILITIES: ⇒

The President:

The President of LALL is responsible for ensuring that the policies and regulations of the LALL Safety Director are carried out by the entire membership to the best of his abilities.

LALL Safety Director:

The main responsibility of the LALL Safety Director is to develop and implement the League's safety program. This person will be on file with Little League HQ and is considered a member of the Executive Board of Directors.

The LALL Safety Director is the link between the Board of Directors of Livingston American Little League and its managers, coaches, umpires, players, spectators, and any other third parties on the complex in regards to safety matters, rules and regulations.

The LALL Safety Director's responsibilities include:

Keeping the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions (major, minor, training, tee ball, instructional), at what times, under what supervision.

Completing a Facility Survey to be submitted with the Safety manual on an annual basis.

Insuring that each Chain Director receives his Safety Manual

Installing a First-Aid Kit in the concession stand and re-stocking the kit as needed.

Make Little League's "no tolerance with child abuse" clear to all.

Scheduling a First-Aid/Safety class for all managers, designated coaches, player agents during the pre-season.

Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.

Tracking all injuries and near misses in order to identify injury trends.

Making sure that safety is a monthly Board Meeting topic, and allowing experienced people to share ideas on improving safety.

Making sure **all** volunteers have filled out a Volunteer Application form and performing background checks on these volunteers utilizing ChoicePoint.

The LALL Members: ⇒

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

Managers and Coaches: ⇒

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

(a) The Manager shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.

(b) The Manager is also responsible for the safety of his players. He/She is also ultimately responsible for the actions of designated coaches.

(c) If a Manager leaves the field, that Manager shall designate a Coach as a Substitute Manager and that person shall have the duties, rights and responsibilities of the Manager.

Pre-Season:

Managers will:

Attend a mandatory training session on First Aid/Safety given by LALL with his/her designated coaches. Those who are MD's, RN's, NP's, or PA's are exempt.

Attend a fundamental training session given by the Chain Directors and Board members. This training will include hitting, sliding, fielding, pitching, and anything else they deem necessary for the training. This training will be held at Meadowbrook Field on a date/time decided on by the Chain Directors and Board members. At least one (1) coach must also attend with the Manager.

Meet with all parents to discuss Little League philosophy and safety issues.

Cover the basics of safe play with his/her team before starting the first practice.

Teach players the fundamentals of the game while advocating safety.

Notify parents that if a child is injured or ill, he or she cannot return to practice unless they have a note from their doctor. This medical release protects you if that child should become further injured or ill. There are no exceptions to this rule.

Encourage players to bring water bottles to practices and games.

Tell parents to bring sunscreen for themselves and their child.

Encourage your players to wear mouth protection.

Season Play:

Managers will:

Make sure equipment is in first-rate working order.

Make sure that telephone access is available at all activities including practices. It is suggested that a cellular phone always be on hand.

Not expect more from their players than what the players are capable of.

Teach the fundamentals of the game to players:

❖ *Catching fly balls*

- ❖ *Sliding correctly*
- ❖ *Proper fielding of ground balls*
- ❖ *Simple pitching motion for balance*

Be open to ideas, suggestions or help.

Enforce that prevention is the key to reducing accidents to a minimum.

Have players wear sliding pads if they have cuts or scrapes on their legs.

Use common sense.

Pre-Game and Practice:

Managers will:

Make sure that players are healthy, rested and alert.

Make sure that players returning from being injured have a medical release form signed by their parent(s). Otherwise, they can't play.

Make sure players are wearing the proper uniform and catchers are wearing a cup.

Make sure that the equipment is in good working order and is safe.

Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching, and then have players do a light warm-up.

During the Game

Managers will:

Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.

Keep players alert.

Maintain discipline at all times.

Be organized.

Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.

Make sure catchers are wearing the proper equipment.

Encourage everyone to think Safety First.

Observe the "no on-deck" rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.

Keep players off fences.

Get players to drink often so they do not dehydrate.

Not play children that are ill or injured.

Attend to children that become injured in a game.

Not lose focus by engaging in conversation with parents and passerby's.

Post Game:

Managers will:

Do cool down exercises with the players.

Not leave the field until every team member has been picked up by a known family member or designated driver.

Notify parents if their child has been injured no matter how small or insignificant the injury is. There are no exceptions to this rule. This protects you, Little League Baseball, Incorporated and LALL.

Discuss any safety problems with the LALL Safety Director that occurred before, during or after the game.

If there was an injury, make sure the LALL Safety Director is notified within 24 hrs. and that an accident report form is filled out and given to LALL Safety Director.

Return the field to its pre-game condition.

If a manager knowingly disregards safety, he or she will come before the LALL Board of Directors to explain his or her conduct.

Umpires:

Pre Game:

The umpire shall:

Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.

Make sure catchers are wearing helmets when warming up pitchers.

Run hands along bats to make sure there are no splinters or major dents.

Make sure that bats have grips; NOT electrical tape.

Make sure there are foam inserts in helmets and that helmets meet Little League NOCSAE specifications and bear Little League's seal of approval.

Inspect helmets for cracks.

Walk the field for hazards and obstructions (e.g. rocks and glass).

Check players to see if they are wearing jewelry.

Check players to see if they are wearing metal cleats.

Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass

Secure official Little League balls for play from both teams. (3 in Majors and 2 in other divisions).

During the Game:

The umpire shall:

Govern the game as mandated by Little League rules and regulations.

Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.

Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.

Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.

Enforce the rule that no spectators shall be allowed on the field during the game.

Make sure catchers are wearing the proper equipment.

Continue to monitor the field for safety and playability.

Make the calls loud and clear, signaling each call properly.

Make sure players and spectators keep their fingers out of the fencing.

Evacuate field to fieldhouse/cars when lightning detector sounds.

Post Game

The umpire shall:

Check with the managers of both teams regarding safety issues.

Report any unsafe conditions to LALL Umpire-at-Large.

Equipment Manager:

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

Have parents fill out "driving permission slips" if transporting a child to a game or practice is necessary. (Photocopy sample in appendix)
Help managers and designated coaches give First-Aid if needed.

Act as a conduit between parents, managers, the LALL Safety Director and the kids.

Report an injury to the LALL Safety Director within 24 hours of the occurrence.

Track the First-Aid Kit inventory and ask the LALL Safety Director for replacements when needed.

Tell kids about the award certificate to the concession stand when they come up with safety ideas that are implemented at the ball park. (See the "Submit Your Safety Ideas" section later in this manual for details.

Post-Season Play

All Star Play:

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

Insurance Riders: ⇒

Insurance riders are needed if any practices, games or events' involving baseball, on the LALL complex takes place before or after the regularly scheduled season and "All Star" post season.

Insurance riders are also necessary if non-Little League teams practice, play games, or hold tournaments at the LALL facility.

SAFETY FIRST!

BE ALERT!

PLAYERS MUST WEAR PROPER EQUIPMENT

CHECK PLAYING FIELD FOR HAZARDS

ENSURE EQUIPMENT IS IN GOOD SHAPE

MAINTAIN CONTROL OF THE SITUATION

MAINTAIN DISCIPLINE

BE ORGANIZED

KNOW PLAYERS' LIMITS AND DON'T EXCEED THEM

MAKE IT FUN!

CONDITIONING & STRETCHING ⇒

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

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

Such drills also help develop the strength and stamina needed by the average youngster to compete with minimum accident exposure.

The purpose of stretching is to increase flexibility within the various muscle groups and prevent tearing from overexertion. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility.

Hints on Stretching:

- ▶ Stretch necks, backs, arms, thighs, legs and calves.

- ▶ Don't ask the child to stretch more than he or she is capable of.
- ▶ Hold the stretch for at least 10 seconds.
- ▶ Don't allow bouncing while stretching. This tears down the muscle rather than stretching it.
- ▶ Have one of the players lead the stretching exercises.

Hints on Calisthenics:

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

HYDRATION: ⇒

Good nutrition is important for children. Sometimes, the most important nutrient children need is water -- especially when they're physically active. When children are physically active, their muscles generate heat thereby increasing their body temperature. As their body temperature rises, their cooling mechanism - sweat - kicks in. When sweat evaporates, the body is cooled.

Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become overheated.

We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly.

It does not matter if it's January or July; thirst is not an indicator of fluid needs. Therefore, children must be encouraged to drink fluids even when they don't feel thirsty.

Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning. During any activity water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. Caffeinated beverages (tea, coffee, Colas) should be avoided because they are diuretics and can dehydrate the body further. Avoid carbonated drinks, which can cause gastrointestinal distress and may decrease fluid volume.

Hot Weather:

Precautions must be taken in order to make sure the players on your team do not dehydrate or hyperventilate.

1. Suggest players take drinks of water when coming on and going off the field between innings. (Drinking fountains are located in all dugouts)
2. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P.
3. If a player should collapse as a result of heat exhaustion, call 9-1-1 immediately. Get the player to a cooler area and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives. (See section on Hydration)

Ultra-Violet Ray Exposure:

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

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

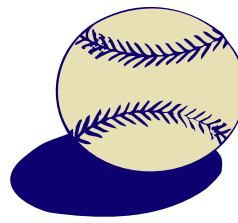
Therefore, LALL will recommend the use of sunscreen with a SPF (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light.

COMMON SENSE: ⇒

Playing safe relies on using common sense. Webster's Dictionary definition of common sense is: Native good judgment; sound ordinary sense. In other words, to use common sense is to realize the obvious. Therefore, if you witness something that is not safe, do something about it! And encourage all volunteers and parents to do the same.

For instance, if you witnessed a strange person walking around the LALL complex who looked like he/she didn't belong there you would report the incident to a Board Member. There will always be a Board Member on site (see the telephone number list in the beginning of this manual to identify them). The LALL Board Member, after hearing your concerns, would investigate the matter and have the person in question removed before anything could happen if, indeed, that person did not belong there.

Another example of common sense - You witness kids throwing rocks or batting rocks on the LALL complex. They are having fun but are unknowingly endangering others. Don't just walk on by figuring that someone else will deal with the situation. Stop and explain to the kids what they are doing wrong and ask them to stop.



EQUIPMENT: ⇒

The Equipment Manager is an elected LALL Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is

checked and tested when it is issued but it is the Manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice.

The LALL Equipment Manager will promptly replace damaged and ill-fitting equipment. Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

At the end of the season, all equipment must be returned to the LALL Equipment Manager. First-Aid kits and Safety Manuals must be turned in with the equipment.

Each team, at all times in the dugout, shall have seven (7) protective helmets that must meet NOCSAE specifications and standards. These helmets will be provided by LALL at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.

Each helmet shall have an exterior warning label. NOTE: The warning label cannot be embossed in the LALL Safety Manual 2001 helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.

- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player/base coach is mandatory.
- Use of a helmet by an adult base coach is optional.
- All male players must wear athletic supporters.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector. Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. NOTE: Skullcaps are not permitted.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.

- Only Official Little League balls will be used during practices and games.
- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Manager.
- Make sure helmets fit.
- Replace questionable equipment immediately by notifying the LALL Equipment Manager.
- Pitchers can wear a multi-colored glove as long as it is not white or light gray.

Make sure that players respect the equipment that is issued.



WEATHER: ⇒

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

Rain:

If it begins to rain:

1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
- 2 Evaluate the playing field as it becomes more and more saturated.

3. Stop practice if the playing conditions become unsafe -- use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.

Lightning:

The average lightning strike is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second.

The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour.

Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.

On average, the thunder from a lightning strike can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles!

The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

If the lightning detector alarm sounds all players, managers, coaches, and spectators are to leave the field immediately and take cover in cars or the clubhouse.

If you can HEAR, SEE OR FEEL a THUNDERSTORM:

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

EVACUATION PLAN: ⇒

Severe storms, lightning, and fire are all possible. For this reason, LALL must have an evacuation plan.

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

STORAGE SHED PROCEDURES: ⇒

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

LALL's President or Building & Grounds Manager will only issue keys to the equipment sheds. A record shall be kept of all individuals possessing keys.

Keys will be returned to the League President immediately once someone ceases to have responsibilities for equipment sheds.

All storage sheds will be kept locked at all times.

All individuals with keys to the equipment sheds are aware of their responsibility for the orderly and safe storage of heavy machinery, hazardous materials, fertilizers, poisons, tools, etc.

Before the use of any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment.

All chemicals or organic materials stored in storage sheds shall be properly marked and labeled and stored in its original container if available.

Any witnessed loose chemicals or organic materials within these sheds should be cleaned up and disposed of immediately to prevent accidental poisoning.

Keep products in their original container with the labels in place.

Use poison symbols to identify dangerous substances.

Dispose of outdated products as recommended.

Use chemicals only in well-ventilated areas.

Wear proper protective clothing, such as gloves or a mask when handling toxic substances.

Under no circumstances are children to be in the storage shed.

MACHINERY: ⇒

Tractors, mowers and any other heavy machinery will:

Be operated by appointed staff only.

Never be operated under the influence of alcohol or drugs (including medication)

Not be operated by any person under the age of 16.

Never be operated in a reckless or careless manner.

Be stored appropriately when not in use with the brakes in the on position, the blades retracted, the ignition locked and the keys removed.

Never be operated or ridden in a precarious or dangerous way (i.e. riding on the fenders of a tractor).

Never left outside the tool sheds or appointed garages if not in use.

GENERAL FACILITY: ⇒

- Each year an Annual survey will be completed and kept of file at the field house.
- All bleachers will have safety rails.
- All dugouts will have bat racks.
- The backstops will always be padded and painted for the safety of the catcher.
- The dugouts will be clean and free of debris at all time.
- Dugouts and bleachers will be free of protruding nails and wood splinters.
- Home plate, batter's box, bases and the area around the pitcher's mound will be checked periodically for tripping and stumbling hazards.
- Materials used to mark the field will consist of a non-irritating white pigment (no lime).
- Chain-link fences will be checked regularly for holes, sharp edges, and loose edges and will be repaired or replaced accordingly.
- All score booths will have a working P.A. system with an emergency alarm.
- "Caution, Children Crossing" signs will be posted by the bathrooms and concession stand.

ACCIDENT REPORTING PROCEDURE: ⇒

What to report -

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

All such incidents described above must be reported to the LALL Safety Director within 24 hours of the incident. The LALL Safety Director, Laurie Delloso, can be reached at the following:

Day Phone: (973) 992-1169

Cell: (973) 464-5638

Fax: (973) 992-4206

Email: blackbeltmom07@verizon.net

How to make a report -

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

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

The Manager will fill out the LALL Accident Report and submit it to the LALL Safety Director within 24 hours of the incident. (LALL Accident Reports can be found in the Concession stand.)

Accidents occurring outside the team (i.e., spectator injuries, concession stand injuries and third party injuries) shall be handled directly by the LALL Safety Director.

Within 24 hours of receiving the LALL Accident Report, the LALL Safety Director will contact the injured party or the party's parents and;

- Verify the information received;
- Obtain any other information deemed necessary;
- Check on the status of the injured party; and
- In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Livingston American Little League's insurance coverage and the provision for submitting any claims.

If the extent of the injuries are more than minor in nature, the LALL Safety Director shall periodically call the injured party to:

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

INSURANCE POLICIES: ⇒

Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated.

Livingston American Little League (Majors), Minor League and Tee Ball participants shall not participate as a Little League (Majors), Minor League and Tee Ball team in games with other teams of other programs or in tournaments except those authorized by Little League Baseball, Incorporated.

Livingston American Little League (Majors), Minor League and Tee Ball participants may participate in other programs during the Little League (Majors), Minor League and Tee Ball regular season and tournament provided such participation does not

disrupt the Little League (Majors), Minor League and Tee Ball season or tournament team.

Unless expressly authorized by the Board of Directors of LALL, games played for any purpose other than to establish a League champion or as part of the International Tournament are prohibited. (See IX - Special Games, pg. 15 in the Rule Book for further clarification)

Explanation of Coverage:

The CNA Little League's insurance policy (see in Appendix) is designed to afford protection to all participants at the most economical cost to LALL. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, CNA Little League insurance - which is purchased by the LALL, not the parent - takes over and provides benefits, after a \$50 deductible per claim, for all covered injury treatment costs up to the maximum stated benefits.

This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is in force at all times during the season.

Livingston American Little League Insurance Policy is designed to supplement a parent's existing family policy.

How the insurance works:

1. First have the child's parents file a claim under their insurance policy;
2. Should the family's insurance plan not fully cover the injury treatment, the Little League CNA Policy will help pay the difference, after a \$50 deductible per claim, up to the maximum stated benefits.
3. If the child is not covered by any family insurance, the Little League CNA Policy becomes primary and will provide benefits for all covered injury treatment costs, after a \$50 deductible per claim, up to the maximum benefits of the policy.
4. Treatment of dental injuries can extend beyond the normal fifty-two week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at the time treatment is given, even though it may be some years

later. Maximum dollar benefit is \$500 for eligible dental treatment after the normal fifty-two week period, subject to the \$50 deductible per claim.

Filing a Claim:

When filing a claim, (see claim forms in appendix) all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of Group or Employer insurance must accompany a claim form.

On dental claims, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant, or parent(s)/guardian(s), if claimant is a minor. "Accident damage to whole, sound, normal teeth as a direct result of an accident" must be stated on the form and bills. Forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, League ID, and year of the injury on the form.

Claims must be filed with the LALL Safety Director. He/she forwards them to Little League Baseball, Incorporated, PO Box 3485, Williamsport, PA, 17701. Claim officers can be contacted at (570) 327-1674 and fax (717) 326-1074. Contact the LALL Safety Director for more information.

Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball

CONCESSION STAND SAFETY: ⇒

No person under the age of fifteen will be allowed behind the counter in the concession stand.

People working in the concession stand will be trained in safe food preparation. Training will cover safe use of the equipment. The Concession Stand Manager will provide this training.

Cooking equipment will be inspected periodically and repaired or replaced if need be.

Natural gas will be turned off at the grill and at the valve after use. Food not purchased by LALL to sell in its concession stands will not be cooked, prepared, or sold in the concession stands.

Cooking grease will be stored safely in containers away from open flames.

Cleaning chemicals must be stored in a locked container.

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

All concession stand workers are to be instructed on the use of fire extinguishers.

A fully stocked First Aid Kit will be placed in the Concession Stand.

The Concession Stand main entrance door will not be locked or blocked while people are inside.

SAFETY TRAINING FOR CHILDREN:⇒

Livingston American Little League now has a TV and a VCR in the clubhouse. The primary purpose of this is to show safety and instructional videos.

We are adding to our library of safety and instructional videos this year and hope to have many more to choose from next season.

Bicycling, skateboarding and rollerblading are not allowed on any concrete surface near the bleachers, concession stands or bathrooms. Bicycling, skateboarding and rollerblading are only allowed on asphalt surfaces and only if a helmet is worn.

Managers and/or Coaches do not leave the field before all children are picked up.

CHILD ABUSE: ⇒

Volunteers:

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

Big Brothers/Big Sisters of America defines child sexual abuse as "the exploitation of a child by an older child, teen or adult for the personal gratification of the abusive individual." So abusing a child can take many forms, from touching to non-touching offenses.

Child victims are usually made to feel as if they have brought the abuse upon themselves; they are made to feel guilty. For this reason, sexual abuse victims seldom disclose the victimization. Consider this:

Big Brothers/Big Sisters of America contend that for every child abuse case reported, ten more go unreported. Children need to understand that it is never their fault, and both children and adults need to know what they can do to keep it from happening.

Anyone can be an abuser and it could happen anywhere. By educating parents, volunteers and children, you can help reduce the risk it will happen at Livingston American Little League.

Like all safety issues, prevention is the key. Livingston American Little League has a three-step plan for selecting caring, competent and safe volunteers.

Application:

Include residence information, employment history and three personal references from non-relatives. All potential volunteers must fill out the 2006 Volunteer Application form that clearly asks for information about prior criminal convictions. The form also points out that all positions are conditional based on the information received back from a background check.

The LALL Safety Director, who will then sign off in the space provided on the form, will conduct the background check utilizing ChoicePoint.

Reference Checks:

Make sure the information given by the applicant is corroborated by references.

Reporting:

In the unfortunate case that child sexual abuse is suspected, you should immediately contact the LALL President, or a LALL Board Member if the President is not available, to report the abuse. LALL along with district administrators will contact the proper law enforcement agencies.

Investigation:

LALL will appoint an individual with significant professional background to receive and act on abuse allegations. These individuals will act in a confidential manner, and serve as the League's liaison with the local law enforcement community. Little League volunteers should not attempt to investigate suspected abuse on their own.

Suspending/Termination:

When an allegation of abuse is made against a Little League volunteer, it is our duty to protect the children from any possible further abuse by keeping the alleged abuser away from children in the program. If the allegations are substantiated, the next step is clear -- assuring that the individual will not have any further contact with the children in the League.

Immunity From Liability:

According to Boys & Girls Clubs of America, "Concern is often expressed over the potential for criminal or civil liability if a report of abuse is subsequently found to be unsubstantiated." However, we want adults and Little Leaguers to understand that they shouldn't be afraid to come forward in these cases, even if it isn't required and even if there is a possibility of being wrong. All states provide immunity from liability to those who report suspected child abuse in "good faith." At the same time, there are also rules in place to protect adults who prove to have been inappropriately accused.

Make Our Position Clear:

Make adults and kids aware that Little League Baseball and LALL will not tolerate child abuse, in any form.

The Buddy System: ⇒

It is an old maxim, but it is true: There is safety in numbers. Encourage kids to move about in a group of two or more children of similar age, whether an adult is present or not. This includes travel, leaving the field, or using the restroom areas. It is far more difficult to victimize a child if they are not alone. a central point within the facility. Individuals should not be allowed to wander through the area without the knowledge of the Managers, Coaches, Board Directors or any other Volunteer.

Access:

Controlling access to areas where children are present -- such as the dugout or restrooms -- protects them from harm by outsiders. It's not easy to control the access of large outdoor facilities, but visitors could be directed to

Lighting:

Child sexual abuse is more likely to happen in the dark. The lighting of fields, parking lots and any and all indoor facilities where Little League functions are held should be bright enough so that participants can identify individuals as they approach, and observers can recognize abnormal situations.

Toilet Facilities:

Generally speaking, Little Leaguers are capable of using toilet facilities on their own, so there should be no need for an adult to accompany a child into rest room areas. There can sometimes be special circumstances under which a child requires assistance to toilet facilities, for instance when the T-Ball and Challenge divisions, but there should still be adequate privacy for that child. Again, we can utilize the "buddy system" here.

TRANSPORTATION: ⇒

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

- Have a valid New Jersey Driver's License.
- Submit a Photostat copy of his or her Driver's License to the LALL Player Agent so the driving record can be checked.
- Submit a Photostat copy of proof of insurance to the LALL Player Agent. (Must have Uninsured Motorist coverage)
- Notify the LALL Player Agent of who is driving and when at least 24 hours prior to departure.
- Obtain signed permission slips from parents before children are transported.
- Not carry more children in their vehicle than they have seat belts for.
- Make sure that the vehicle is in good running order.
- Not drive in a careless or reckless manner and obey all traffic laws and speed limits at all times.
- Not drive under the influence of alcohol, drugs, or medication.
- Never transport a child without returning him/her to the point of origin.

HEALTH AND MEDICAL - Giving First-Aid

What is First-Aid?

First-Aid means exactly what the term implies -- it is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should anyone administering First-Aid go beyond his or her capabilities. Know your limits!

The average response time on 9-1-1 calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all time preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

First Aid-Kits

First Aid Kits are kept at both Meadowbrook and Monmouth Court.

The LALL Safety Director's name and phone number are taped on the inside lid of all First-Aid Kits.

A manger or coach should have a cell phone in the event of an emergency.

To replenish materials in the First Aid Kit, contact the LALL Safety Director. (See contact information and address in phone # section of this Safety Manual or on First Aid Kit)

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

Good Samaritan Laws:

There are laws to protect you when you help someone in an emergency situation. The Good Samaritan Laws give legal protection to people who provide emergency care to ill

or injured persons. When citizens respond to an emergency and act as a reasonable and prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim's injury. For example, a reasonable and prudent person would --

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

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the "Good Samaritan use common sense and a reasonable level of skill, not to exceed the scope of the individual's training in emergency situations". They assume each person would do his or her best to save a life or prevent further injury.

People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer's response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

Permission to Give Care ⇒

If the victim is conscious, you must have his/her permission before giving first-aid. To get permission you must tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care.

Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

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

Treatment At Site

Do . . .

- Access the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- Know your limitations.
- Call 9-1-1 immediately if person is unconscious or seriously injured.
- Look for signs of injury (blood, black-and-blue, deformity of joint etc.).
- Listen to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- Feel gently and carefully the injured area for signs of swelling or grating of broken bone.
- Talk to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

Don't . . .

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

- Transport injured individual except in extreme emergencies.

9-1-1 EMERGENCY NUMBER: ⇒

The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. If someone is sent to call **9-1-1**, be sure to have him/her return after calling. Be sure that you or another caller follows these four steps:

First Dial 9-1-1.

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

- The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc.
- The callers name and the number he/she is calling from.
- What happened (for example, a baseball related injury, bicycle accident, fire, fall, etc.) and how many people are injured.
- The condition of the injured person (for example, unconsciousness, chest pains, or severe bleeding) and what first aid is being given.
- 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 till professional help arrives.
- Appoint somebody to go to the street and look for the police, ambulance and / or fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

When to call:

If the injured person is unconscious, call **9-1-1** immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call **9-1-1** anyway and request paramedics if the victim -

- Is or becomes unconscious.
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Is bleeding severely.
- Has pressure or pain in the abdomen that does not go away.
- Is vomiting or passing blood.
- Has seizures, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has an injury to the head, neck or back.
- Has possible broken bones.

If you have any doubt at all, call 9-1-1.

Also Call 9-1-1 for any of these situations:

- Vehicle Collisions
- Vehicle/Bicycle Collisions
- Fire or explosion
- Downed electrical wires
- Swiftly moving or rapidly rising water
- Victims who cannot be moved easily
- Presence of a poisonous gas

Checking the Victim ⇒

Conscious Victims:

If the victim is conscious, ask what happened.

Look for other life-threatening conditions and conditions that need care or might become life threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed. This check has two steps:

- 1) Talk to the victim and to any people standing by who saw the accident take place.
- 2) Check the victim from head to toe, so you do not overlook any problems.

- 3) Do not ask the victim to move, and do not move the victim yourself.
- 4) Examine the scalp, face, ears, nose, and mouth.
- 5) Look for cuts, bruises, odd bumps, or depressions. Think of how the body usually looks - if you are not sure if something is out of shape, check it against the other side of the body.
- 6) Watch for changes in consciousness.
- 7) Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
- 8) Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray. Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- 9) Ask the victim again about the areas that hurt.
- 10) Ask the victim to move each part of the body that doesn't hurt.
- 11) Check the shoulders by asking the victim to shrug them.
- 12) Check the chest and abdomen by asking the victim to take a deep breath.
- 13) Ask the victim if he or she can move the fingers, hands, and arms.
- 14) Check the hips and legs in the same way.
- 15) Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
- 16) Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim, care to give for that problem, and who to call for help.

17) When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.

18) When the victim feels ready, help him or her stand up.

Unconscious Victims:

If the victim does not respond to you in any way, assume the victim is unconscious.

Call **9-1-1** and report the emergency immediately.

Checking An Unconscious Victim:

1) Tap and shout to see if the person responds. If no response, look, listen and feel for breathing for about 5 seconds.

2) If there is no response, position victim on back, while supporting head and neck. Tilt head back, lift chin and pinch nose shut. (See breathing section to follow)

3) Look, listen, and feel for breathing for about 5 seconds. If the victim is not breathing, give 2 slow breaths into the victim's mouth.

4) Check pulse for 5 to 10 seconds.

5) Check for severe bleeding.

When treating an injury, remember:

Protection

Rest

Ice

Compression

Elevation

***Muscle, Bone, or Joint Injuries* ⇒**

Symptoms of Serious Muscle, Bone, or Joint Injuries:

Always suspect a serious injury when the following signals are present:

- Significant deformity
- Bruising and swelling
- Inability to use the affected part normally
- Bone fragments sticking out of a wound
- Victim feels bones grating; victim felt or heard a snap or pop at the time of injury
- The injured area is cold and numb
- Cause of the injury suggests that the injury may be severe.

If any of these conditions exists, call **9-1-1** immediately and administer care to the victim until the police and EMS arrive.

Remember: Do not move the injured unless the scene is unsafe!

Treatment for muscle or joint injuries:

- If ankle or knee is affected, do not allow victim to walk. Loosen or remove shoe; elevate leg.
- Protect skin with thin towel or cloth. Then apply cold, wet compresses or cold packs to affected area. Never pack a joint in ice or immerse in icy water.
- If a twisted ankle, do not remove the shoe -- this will limit swelling.
- Consult professional medical assistance for further treatment if necessary.

Treatment for fractures / broken bones:

Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, twigs, bats,

etc. Once you have established that the victim has a broken bone, and you have called 9-1-1, all you can do is comfort the victim, keep him/her warm and still and calm.

Remember: Do not move the injured unless the scene is unsafe!

Concussion: ⇒

Concussions are defined as any blow to the head. They can be fatal if the proper precautions are not taken.

- 1) If a player, remove player from the game.
- 2) See that victim gets adequate rest.
- 3) Note any symptoms and see if they change within a short period of time.
- 4) If the victim is a child, tell parents about the injury and have them monitor the child after the game.
- 5) Urge parents to take the child to a doctor for further examination.
- 6) If the victim is unconscious after the blow to the head, diagnose head and neck injury. **DO NOT MOVE the victim and call 9-1-1 immediately.**

Head And Spine Injuries: ⇒

When to suspect head and spine injuries:

- A person found unconscious for unknown reasons.
- A fall from a height greater than the victim's height.
- Any bicycle, skateboarding, rollerblade mishap.
- Any person thrown from a motor vehicle.
- Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.
- Any person struck by a motor vehicle.

- Any injury that penetrates the head or trunk, such as impalement.
- Any injury in which a victim's helmet is broken, including a motorcycle, batting helmet, industrial helmet.
- A motor vehicle crash involving a driver or passengers not wearing safety belts.
- Any incident involving a lightning strike.

Signals of Head and Spine Injuries:

- Changes in consciousness
- Heavy external bleeding of the head, neck, or back. Blood or other fluids in the ears/nose.
- Severe pain or pressure in the head, neck, or back
- Seizures
- Impaired breathing or vision as a result of injury
- Nausea or vomiting
- Tingling or loss of sensation in the hands, fingers, feet, and toes
- Partial or complete loss of movement of any body part
- Unusual bumps or depressions on the head or persistent headache
- Loss of balance
- Bruising of the head, over the spine especially around the eyes and behind the ears

General Care for Head and Spine Injuries:

- 1) Call 9-1-1 immediately.
- 2) Minimize movement of the head and spine.
- 3) Maintain an open airway.
- 4) Check consciousness and breathing.
- 5) Control any external bleeding.
- 6) Keep the victim from getting chilled or overheated till paramedics arrive and take over care.

Chest Trauma / Contusion to Sternum: ⇒

Contusions to the Sternum are usually the result of a line drive that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed and the victim dies. Do not downplay the seriousness of this injury.

- 1) If a player is hit in the chest and appears to be all right, urge the parents to take their child to the ER to be checked out.
 - 2) If a player complains of chest pains after being hit, call **9-1-1 IMMEDIATELY** and care for the player until EMS arrives.
-

Sudden Illness: ⇒

When a victim becomes suddenly ill, he or she often looks and feels sick.

Symptoms of sudden illness include:

- Paralysis or inability to move
- Light-headed, dizzy, confused, or weak
- Seizures
- Nausea or vomiting
- Changes in skin color (pale or flushed skin), sweating
- Slurred speech
- Impaired vision
- Severe headache
- Breathing difficulty
- Persistent pressure or pain
- Diarrhea
- Changes in consciousness

Care For Sudden Illness:

- 1) Call **9-1-1** immediately.
- 2) Make the victim comfortable.
- 3) Prevent heat-gain or heat-loss
- 4) Reassure victim on an ongoing basis.
- 5) Watch for changes in consciousness and breathing.
- 6) Do not give victim anything to eat or drink.

If the victim should:

Faint: position him/her on the back and elevate the legs 8 - 10 inches if you do not suspect a head or back injury.

Vomit: place the victim on his/her side.

Have a seizure: Call **9-1-1** immediately. Do not hold or restrain the victim or place anything between his/her teeth. Remove any nearby objects that could cause harm and cushion the head with folded clothing or a small pillow.

If the victim is having a diabetic emergency, call **9-1-1** and monitor him/her for changes consciousness.

Breathing Problems/Emergency Breathing: ⇒

If the Victim is not breathing:

CALL 9-1-1

- 1) Position victim on back while supporting head and neck.
- 2) Tilt victim's head back by lifting the chin and give 2 slow breaths into his/her mouth. (If the first aid kit has a disposable mask that is the preferred method for breathing for a victim.) Breathe in just until the chest rises.
- 3) Continue until EMS arrives.
- 4) Check for a carotid pulse (on the side of the neck to the right or left of the throat). If pulse is present but the victim is not breathing, give 1 breath every 5 seconds and continue for about 1 minute.

If the victim is not breathing and air won't go in, re-tilt the head and try again. If air still will not go in, place the heel of your hand on the victim's abdomen between the navel and sternum and give 5 abdominal thrusts.

Look into the victim's mouth, and sweep out any foreign objects **if they are visible**. Try to give 2 breaths. Repeat process until breaths go in and you can see the chest rise.

If victim does not have a pulse, begin CPR (described next under heart attack).

Heart Attack: ⇒

A heart attack is commonly felt in the center of the chest and can spread to the shoulder, arm, jaw, or back. Some people describe it as a "heavy pressure" or a "crushing" sensation.

Signs and symptoms may include:

- Persistent chest pain unrelieved by resting or medications
- Difficulty breathing - can be noisy, short of breath, or faster than normal.
- Pulse rate will be faster, slower, irregular, or absent (which means cardiac arrest).
- Skin may look blue, pale, or gray.
- Victim may be sweating profusely

The number one indicator that someone is having a heart attack is he/she will be in denial because they don't want to die. By denying the heart attack, they are denying death.

Care for a heart attack:

- Call **9-1-1**
- Look for the signs/symptoms
- Make sure the victims stops their activity and rests
- Make the victim comfortable
- Monitor for any changes in his/her condition.
- Be prepared to begin CPR if the victim's heart stops beating.

CPR: ⇒

CPR is a lifesaving measure a victim needs when his/her heart stops beating. At that time, that person is clinically dead and without the efforts of Good Samaritans, police, EMS, and paramedics he/she would stay dead.

During CPR, there is a chance that you could crack the victim's ribs - do not be concerned. The "Good Samaritan" laws protect you.

Steps for CPR: ****CALL 911****

1. Make sure patient is on his/her back on a hard, flat surface and position yourself to one side.
2. Place your hand on the victim's sternum just above the notch and compress 15 times.
3. Return to the head and administer 2 slow breaths.
4. Repeat the 30:2 cycle four (4) times - about 1 minute. Check for pulse - if no pulse resume 30:2 cycle and continue until police, EMS, paramedics arrive; someone else who knows CPR arrives to help; or you just can't do it anymore.

There is an AED at Meadowbrook field and members of the Board and Managers are trained to use it.

Choking: ⇒

If the victim is choking, but has good air exchange, he/she might be forcefully coughing and a wheezing sound may be heard. **If so, leave him/her alone; do not attempt to interfere.**

If the victim is conscious, but not coughing, he/she has a complete airway obstruction and you must attempt to clear it by following these steps:

- 1) Stand behind the victim and reach around under his/her arms.
 - 2) Place thumb side of fist against the abdomen between the sternum and the navel. Grasp fist with other hand.
 - 3) Give 5 quick upward thrusts. Do so until the object is expelled or the victim becomes unconscious.
-

Bleeding: ⇒

Before attempting to stop bleeding, protect yourself by using the gloves that are in the first aid kit.

If a victim is bleeding:

- 1) Call **9-1-1**.
- 2) Have the victim lie down; apply direct pressure over the wound with a sterile bandage. If a bone is not suspected to be broken, elevate area that is bleeding above the heart.
- 3) If direct pressure stops the bleeding, bandage the wound firmly. Check pulse to make sure bandage is not too tight.
- 4) Keep victim comfortable.

Note: if the wound is a deep cut that bleeds through the bandage, wrap more bandages **over the existing ones** while putting pressure on the area. Never try to remove soaked bandages. Make sure 9-1-1 has been called because he/she may require stitches. Stitches will help the wound close and heal better to prevent a scar.

Nosebleed:

Have the victim lean forward and pinch the nostrils together until the bleeding stops. Sometimes applying an icepack to the bridge of the victim's nose may help.

Bleeding Inside or Outside of the Mouth:

To control bleeding inside the mouth/cheek, place a folded dressing inside against the wound. Have the victim hold it there if possible. If the victim is not able to hold the dressing, you will have to do so until help arrives.

To control bleeding outside the mouth/cheek, apply pressure using sterile dressings, and then bandage the area.

***Splinters:* ⇒**

Splinters are foreign objects lodged under the skin and can be pieces of wood, bone, glass, or metal. If a splinter is in the eye, **DO NOT** remove it. Secure it with sterile bandages and call **9-1-1**.

Symptoms of a splinter may include pain, redness, and/or swelling. If the end of a splinter is sticking up, try to remove it. However, if the splinter is bone, glass, or metal bandage it and call **9-1-1**.

Insect Stings: ⇒

Baseball season is also the season for insect stings. For some people, stings are just bothersome, but for others they can be deadly. These people are allergic and need medical attention immediately. These people usually carry emergency medication in a case that resembles a pen that is an injectable. The victim must have a Doctor's order for this Epi-Pen and should be carrying it at all times.

This Epi-Pen is for the victim only and is to be administered by the victim, a family member, or EMS.

Signs of an Allergic Reaction:

- Nausea and/or vomiting
- Swelling around the site and/or throat
- Difficulty breathing
- Bluish color around the lips, mouth, and fingernails
- Change in level of consciousness or unconsciousness

Treatment:

- Call **9-1-1**
 - Monitor for changes in breathing - be prepared to start rescue breathing if needed.
 - Be prepared to start CPR if needed
 - If victim is not allergic and are showing mild to moderate symptoms, wash the area with soap and water.
 - Remove stinger or venom sac by gently scraping with a fingernail or business card. *DO NOT use tweezers.*
 - For multiple stings, soak area in cool water. Add one (1) tablespoon baking soda for every quart of water.
 - Monitor victim for beginnings of an allergic reaction.
-

Dental Injuries: ⇒

There are several dental emergencies, but in all of them the victim needs to get to the dentist immediately.

Avulsion: The entire tooth is knocked out.

1. Place a sterile dressing in the space where the tooth was and have the victim bite down.
2. Rinse tooth with water (if debris is present) and save tooth in a plastic bag.
3. **TRANSPORT IMMEDIATELY TO THE DENTIST.**

Luxation: The tooth is in the socket, but is in the wrong position. There are three (3) types of luxations.

1. Extruded Tooth - upper tooth hangs down and/or lower tooth rises up.
2. Lateral Displacement - Tooth is pushed back or pulled forward
3. Intruded Tooth - Tooth is pushed into gum and may look short.

Treatment for all these is to get the victim to the dentist immediately

Fractured Tooth: If a tooth is broken, save the broken part and bring to dentist.

Burns: ⇒

Care for burns involves the following 4 steps:

1. Call **9-1-1**.
2. **Stop** the burn: put out the flames or move the victim from the area burning.
3. **Cool** the burn: use large amounts of cool water on the burned area. **DO NOT USE ICE OR ICE WATER!**
4. **Cover** the burn: Covering the burn helps keep dirt and debris out, reduce pain, and prevents infection. Use a dry, sterile dressing or a clean cloth to loosely cover the burn. If a large portion of the body is burned, cover it with clean, dry sheets or towels.

Chemical Burns:

1. Remove contaminated clothing
2. Flush burned area with cool water for at least 5 minutes.
3. Treat as above.

If the burned area involves an eye, follow these steps:

1. Immediately flood face, inside of eyelid, and eye with cool running water for at least 15 minutes away from uninjured side.
2. If a dry chemical has burned the eye, gently lift loose particles off with the corner of a sterile dressing.
3. Cover BOTH eyes with sterile dressings, bandage in place.

Sunburn:

If a victim has been sunburned, follow these steps:

1. Cool the victim as rapidly as possible by using cool, damp clothes, or immersing him/her in cool water.
 2. If conscious, give cool fluids to drink.
 3. For severe sunburn, call **9-1-1**.
-

Dismemberment: ⇒

Dismemberment is when a part of the body is torn or cut off the body. If this happens call **9-1-1 immediately** and try to find the part and wrap it in sterile gauze or any clean material. Place in a plastic bag and rest it on ice, but **do not freeze**.

Make sure the part goes to the hospital with the patient, as the doctors may be able to reattach it.

Penetrating Objects: ⇒

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

1. Call **9-1-1**.
2. **DO NOT REMOVE IT!** Place several bulky dressings around the object to stabilize it. Bandage the dressings in place.

3. If the object penetrates the chest and the victim complains of discomfort or pressure, quickly loosen the bandage **on one side** and reseal. Watch closely for recurrence and repeat as needed.

Poisoning: ⇒

Call **9-1-1** immediately, then do the following:

1. If the victim is unconscious, perform rescue breathing.
 2. If the victim is convulsing, protect from further injury and loosen tight or restrictive clothing if possible.
 3. If the victim is conscious, **DO NOT** induce vomiting.
 4. If possible, obtain the container the poison was in to send to the hospital.
-

Heat Exhaustion: ⇒

Symptoms may include: fatigue, irritability, headache, faintness, weak or rapid pulse, shallow breathing, cold and clammy skin, and profuse sweating.

Treatment:

1. Have victim lay down in a cool, shaded area or in an air-conditioned room. Elevate the feet and massage legs toward the heart.
2. If victim is conscious, give small sips of cool water.
3. Place cool clothes on head and armpits.
4. Even if victim feels fully recovered, use caution when sitting up.
5. Monitor for any changes and if needed, call **9-1-1**.

Heat Stroke (Sunstroke): ⇒

Symptoms may include:

- Body temperature of 106 F or higher
- Hot, red, dry skin
- Absence of sweating
- Rapid pulse
- Convulsions
- Unconsciousness

Treatment:

1. Call **9-1-1** immediately.
 2. Lower body temperature quickly by placing victim in partially filled tub of cool water. Briskly sponge body until temperature is reduced, then towel dry. (If a tub is not available, wrap victim in cold, wet sheets or towels or use air-conditioners/fans.)
 3. **DO NOT** give caffeinated drinks such as coffee, tea, or soda. If anything, give small sips of water but only if the victim is alert and conscious.
-

Moving an Injured Person: ⇒

If an injury has a suspected neck or back injury, **DO NOT** move the victim unless his/her life is in danger. Wait for EMS to arrive.

If the victim must be moved, pull the victim lengthwise by sliding a blanket under him/her. Drag the victim head first, keeping the back as straight as possible.

If the victim must be lifted:

Position a person at the victim's head to stabilize it. Supporting each part of the body, get the victim onto a board, tabletop, or anything firm to keep the body as straight as possible.

Make sure 9-1-1 has been called.

Prescription Medication: ⇒

Administering any prescription medication is the sole responsibility of the parents/guardian, or if called EMS. **DO NOT** under any circumstances administer any prescription medication, including Aspirin, Tylenol, etc.

Asthma & Allergies: ⇒

Many children suffer from asthma and/or allergies. Allergy symptoms can look like the child has a cold or flu, whereas a child with asthma will have breathing problems when active.

Allergies are usually treated with prescription or OTC medication. If a child is allergic to insect stings/bites, or certain food ingredients every Manager/Coach must know about it because it could be a potentially life threatening situation. For this reason, parents **must** fill out the medical history forms. (A copy can be found in the appendix). These children must be watched.

A child with asthma must also be watched. If a child starts to have an asthma attack, have him/her stop playing immediately and try to calm the child down. If the child's parent(s) is (are) present, have them administer an inhaler (if prescribed by a doctor). If the attack worsens, call **9-1-1** immediately.

It is important for Managers and coaches to know their kids!

Colds & Flu: ⇒

The baseball season usually coincides with the cold & flu season. Recognize that a child has a cold or flu and should be home resting not playing baseball. The key here is prevention: don't be afraid to tell parents to keep their child home.

Parental Concerns About Safety: ⇒

The following are some of the most common questions and concerns asked by parents regarding the safety of their children during the baseball season. We have included appropriate answers.

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

Little League has rules concerning the ages of players on T-ball, Minor, Major, and Senior teams. Livingston American Little League observes those rules and places children on teams according to their skills and abilities based on their try-out ratings at the start of the season. If for some reason you do not think your child belongs in a particular division, please contact the LALL Player Agent and share your concerns.

Should my child be pitching as many innings per game?

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

Do mouth guards prevent injuries?

A mouth guard can prevent serious injuries such as concussions, cerebral hemorrhages, unconsciousness, jaw fractures, and neck injuries by helping to avoid situations where the lower jaw gets jammed into the upper jaw. Mouth guards are effective in moving soft tissue in the oral cavity away from the teeth preventing lip and cheek laceration and bruising. This is especially important for those children wearing orthodontic appliances.

How do I know that I can trust that the volunteer managers and coaches aren't child molesters?

Livingston American Little League runs background checks on all board members, managers, and designated coaches before appointing them. Volunteers are required to fill out applications that give LALL the information and permission it needs to complete a thorough investigation. If the League receives inappropriate information on a potential volunteer, he/she will be removed from that position and banned from the facility.

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

You can contact the LALL Player Agent or any LALL Board member. Their names and telephone numbers are listed in the front of this manual. The complaint will be brought to the LALL President's attention immediately and will be investigated.

Will that helmet my child is wearing really protect him while at bat or running bases?

The helmets used at LALL must meet NOCSAE standards as evidenced by the exterior label. These helmets are certified by Little League Incorporated and are the safest protection for your child. The helmets are checked for cracks at the start of every game and replaced if needed.

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

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

Submit Your Ideas For Safety:

Your safety ideas are welcome at LALL. Please submit them in writing and either give them to a Board member or mail them. The LALL Safety Director will pick all suggestions up and read through them.

If your safety idea is something to look into, you will be contacted. Safety ideas that are implemented at Meadowbrook will appear in 2006's Safety Manual in the Safety section and you will receive credit.

If a child has a safety idea that is implemented at Meadowbrook, he/she will get a certificate for the concession stand.

Livingston American Little League

ZERO TOLERANCE POLICY

As it is continuing responsibility and charge of the Livingston American Little League to provide the best environment possible for our participants, the Board has adopted *Zero Tolerance Policy*. This policy will be strictly enforced.

This policy is intended to eliminate all aspects of negative in order to foster a positive environment through good sportsmanship that will serve as an example for our children to follow.

Therefore, the Livingston American Little League Board of Directors states that the following behavior will not be tolerated:

- Abusive language;
- Poor sportsmanship;
- Intimidation of umpires either physically or verbally;
- Other acts deemed inconsistent with the objectives of the League

This policy applies to managers, coaches, players, umpires, snack bar and field maintenance workers, parents, grandparents, siblings, and all others who visit our complex.

This policy also applies to practices and games involving participants in our program that take place outside of our facility.

Failure to abide by this policy will result in an immediate suspension from the program. The violator(s) will be asked to appear before the Zero Tolerance Committee for a meeting to discuss the incident.

Based on the aforementioned meeting, the Zero Tolerance Committee will make a recommendation to the full Board regarding reinstatement, term of suspension or permanent expulsion for the offender.

The Board will notify the violator of the decision in writing.



APPENDIX ⇒

COMMONLY USED FORMS

MEDICAL RELEASE

VOLUNTEER APPLICATION

CNA INSURANCE POLICY

CNA CLAIM FORM

LIVINGSTON ACCIDENT REPORT