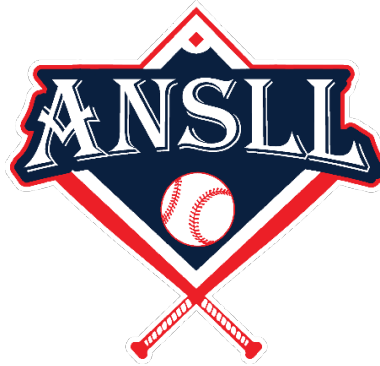


*Annandale-North Springfield Little League*



2024 Safety Manual



**Safety Officer**

James Jung  
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# ANSLLL 2024 Safety Manual

## PURPOSE

This safety plan, or “manual” is intended as a resource for managers, coaches, board members, and other league volunteers throughout the baseball season. It incorporates the 15 requirements for *A Safety Awareness Program* (ASAP), which were developed by Little League® Baseball, Inc., to encourage responsible best practices in support of a rewarding, and safer, Little League® experience.

Most Little League® rules have a basis in safety. Accordingly, this manual must be used in conjunction with current editions of the *Baseball Rulebook (Official Regulations, Playing Rules, and Operating Policies)*, and Annandale North Springfield Little League (ANSLLL) Local Rules.

Paper copies of this manual will be distributed to all managers and coaches at a mandatory meeting held at the beginning of each season. An electronic copy of this manual will be submitted for approval to Little League® Baseball, and also posted to ANSLLL.org for the use of board members, other volunteers, and parents/guardians of players.

## ASAP REQUIREMENTS SUMMARY

1. Have a safety officer on file at Little League International.
2. Make safety plan accessible to coaches, managers, board members, and any other volunteer in the league.
3. Post and distribute emergency and league officer phone numbers.
4. Conduct a nationwide background check for sex offender registry data and other criminal records for all managers, coaches, board members, and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to or contact with players or teams.
5. Provide fundamentals training.
6. Provide first-aid training.
7. Require field inspections before games and practices.
8. Complete the annual facility survey.
9. Post and utilize concession stand procedures. [ANSLLL does not have a concession stand.]
10. Regularly inspect and replace equipment as needed.
11. Have a procedure for reporting accidents and injuries.
12. Require first aid kits at all league events.
13. Enforce Little League® rules & regulations.
14. Submit league registration data for players, coaches and managers.
15. Complete survey question (about completion of online Abuse Awareness training) in the Little League® Data Center.

# ANSLI 2024 Safety Manual

<p><b>For serious injuries or other EMERGENCIES that require ambulance, fire, or police response, dial 911.</b></p> <ul style="list-style-type: none"> <li>Do not hang up until the dispatcher hangs up.</li> <li>Appoint someone to go to the street/parking lot, look for the emergency responders, and direct them to the injured person.</li> </ul>
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<b>60' Baseball Field Addresses for Emergency Responders</b>		
<b>Pine Ridge 1, 2 &amp; 3</b> 3401 Woodburn Rd Annandale, VA	<b>Howery 1, 2 &amp; 3</b> 5100 Glen Park Road Annandale, VA	<b>Americana Park (Micklewright)</b> 4301 Accotink Parkway Annandale, VA

<b>90' Baseball Field Addresses for Emergency Responders</b>		
<b>Annandale HS</b> 700 Medford Dr, Annandale, VA	<b>Bonnie Brae ES</b> 5420 Sideburn Rd, Fairfax, VA	<b>Frost MS</b> 4101 Pickett Road, Fairfax, VA
<b>Pimmit Hills Adult Education Center</b> 7510 Lisle Ave. Falls Church, VA	<b>Providence ES</b> 3616 Jermantown Rd, Fairfax, VA	<b>Robinson SS</b> 5035 Sideburn Rd, Fairfax, VA
	<b>Thomas Jefferson HS</b> 6560 Braddock Rd, Alexandria, VA	<b>Woodson HS</b> 9525 Main St, Fairfax, VA

## Non-Emergency Contact Numbers

- Fairfax County Police/Fire/Ambulance/Flooding**..... (703) 691-2131
- Virginia Child Protective Services** ..... (800) 552-7096
- Fairfax County Department of Family Services** ..... (703) 324-7500
- Dominion Energy Fairfax (Electric Company)**..... (866) 366-4357
- Fairfax Water**..... (703) 698-5800
- Fairfax County Gang & Graffiti hotline**..... (703) 691-2131

## Hospitals

- INOVA Fairfax Hospital**.....(703) 776-4001  
 3300 Gallows Road, Falls Church, Virginia 22042
- INOVA Alexandria Hospital**.....(703) 504-3000  
 4320 Seminary Road, Alexandria, VA 22304

<b>ANSLI Officers</b>			
<b>Position</b>	<b>Name</b>	<b>Phone Number</b>	<b>Email</b>
President	Gary Arrans	(703) 608-1122	President@ansll.org
Vice President	Kevin Kropf	(412) 760-9412	VP@ansll.org
Player Agent (Juniors/Majors/Minors)	Shane Wolfanger	(703) 216-6374	PlayerAgent@ansll.org
Player Agent (Farm/Coach Pitch/Tee Ball)	Dale Nellor	(703) 283-4913	LLPPlayerAgent@ansll.org
Safety Officer	James Jung	(646) 662-7950	Safety@ansll.org

# ANSL 2024 Safety Manual

## CONTENTS

<b>Purpose</b> .....	2
<b>A Safety Awareness Program (ASAP)</b> .....	2
<b>Emergency and Non-Emergency Phone Numbers</b> .....	3
<b>First Aid Guidelines</b> .....	5
<b>AED Use</b> .....	5
<b>A Coach’s Guide to First Aid</b> .....	5
<b>Communicable Disease Procedures</b> .....	8
<b>Reporting Accidents and Injuries, Return to Play</b> .....	8
<b>Accident Insurance</b> .....	9
<b>The Safety Officer’s Role</b> .....	9
<b>Safety Responsibilities of Other Volunteers</b> .....	10
<b>Child Protection Program</b> .....	11
<b>Lightning Safety Guidelines</b> .....	12
<b>Safety Code for Little League</b> .....	13
<b>Location of AED and First Aid Kits at 60’ Fields</b> .....	14
<b>Incident/Injury Tracking Report</b> .....	16
<b>Accident Notification Form</b> .....	17

# ANSLL 2024 Safety Manual

## FIRST AID GUIDELINES

Be sure to have the player's medical release onsite or easily accessible so anyone who may treat the player is aware of any allergies or special conditions. Location of AEDs and First Aid equipment at 60' field can be found at the end of this manual.

### AED USE

ANSLL maintains Automated External Defibrillators (AEDs) in the equipment sheds at Pine Ridge, Howery, and Micklewright baseball facilities. Each AED is stored with instructions for its use. Managers should ensure sheds containing AEDs are unlocked during all league activities. Managers should brief all volunteers on AED locations to enable rapid response in the event of an emergency.

*Linked below is a video from CPRcertified.com on how to use an AED:*

#### [How to use an AED Video](#)

<https://www.bing.com/videos/search?q=how+to+operate+an+aed&&view=detail&mid=24B69F47538CA39A8DC824B69F47538CA39A8DC8&&FORM=VRDGAR&ru=%2Fvideos%2Fsearch%3Fq%3Dhow%2Bto%2Boperate%2Ban%2Baed%26FORM%3DHDRSC3>

*The following general instructions are from RedCross.org:*

These AED steps should be used when caring for a non-breathing child aged 8 or older who weighs more than 55 pounds, or an adult.

After checking the scene and ensuring that the person needs help, you should ask a bystander to call 911 for help, then:

1. Turn on the AED and follow the visual and/or audio prompts.

2. Open the person's shirt and wipe his or her bare chest dry. If the person is wearing any medication patches, you should use a gloved (if possible) hand to remove the patches before wiping the person's chest.

3. Attach the AED pads, and plug in the connector (if necessary).

4. Make sure no one, including you, is touching the person. Tell everyone to "stand clear."

5. Push the "analyze" button (if necessary) and allow the AED to analyze the person's heart rhythm.

6. If the AED recommends that you deliver a shock to the person, make sure that no one, including you, is touching the person – and tell everyone to "stand clear." Once clear, press the "shock" button.

7. Begin CPR after delivering the shock. Or, if no shock is advised, begin CPR. Perform 2 minutes (about 5 cycles) of CPR and continue to follow the AED's prompts. If you notice obvious signs of life, discontinue CPR and monitor breathing for any changes in condition.

### A COACH'S GUIDE TO FIRST AID

*From: <https://www.nays.org/sklive/for-coaches/a-coach-s-guide-to-first-aid/>*

One of the most difficult jobs of a coach is deciding whether a child can or cannot return to a game following an injury, or if they require evaluation by a healthcare professional. The following is not a replacement for trained evaluation of an injury by a medical professional. It is meant to be a general guideline in helping you to assess illness and injury.

# ANSL 2024 Safety Manual

When in doubt about the seriousness of any injury, you should always have the child assessed by a healthcare professional before allowing them to return to the game or even to leave the facility at the end of a game. A child with any significant injury should not be permitted to return to the activity without a medical release from a physician. It is better to miss one game than to miss an entire season or worse. Remember, a minor cannot consent to a treatment and therefore cannot refuse said treatment. When a parent or legal guardian is not present, you have (or should have) his or her medical consent. That makes you the decision maker, not the child.

**Head Injuries.** Much research has surfaced over the past several years regarding the seriousness of concussions and head injuries in the sports community. They can have ramifications for many years following the injury. They can also be very difficult to assess at the time of the incident. For this reason, careful evaluation is a must. When in doubt, always err on the side of caution and have the child be evaluated by a healthcare professional. Any significant blow to the head should result in the removal of the child from the activity to be immediately evaluated by a healthcare professional.

### If the Child is Unconscious:

- Immediately call for emergency medical services (EMS).
- Evaluate if there are signs of shock or skull fracture - look for bleeding around the eyes, nose or ears. Observe for the length of time that unconsciousness lasts.
- Immobilize the child to prevent any further damage to the brain, spinal cord or neck. Wait for EMS to arrive.

### If the Child is Conscious:

- Check for alertness and orientation - assess whether or not the child knows where they are or what day it is.

- Assess for numbness, tingling or weakness of any extremity.
- Check for dizziness, or general weakness. If the child is unable to stand, allow him/her to assume a position of comfort and summon EMS.
- Check for slurred speech, ringing in the ears, a full feeling in the head, or memory loss.

If any of the above result in a Positive finding the child must be transported to a hospital and be evaluated by a medical professional. Contact EMS and remain with the child until they arrive. If a concussion is left untreated it can lead to what is called Second-Impact Syndrome (SIS). Second-Impact Syndrome occurs when a player has sustained a second head injury before the symptoms of the first injury have subsided. This syndrome is life-threatening and causes brain swelling or herniation and death.

**Bleeding** from cuts and scrapes are very common injuries in any sport. Remember that blood is potentially infectious which means that the child must be removed from the practice/game until the bleeding has been stopped and the wound has been cleaned and covered. This is done to protect the other children from potentially infectious exposure. Most bleeding is not considered an emergency and can be controlled rather efficiently by the coach.

An athlete who is bleeding, has an open wound, has any amount of blood on his/her uniform, or has blood on his/her person, shall be directed to leave the activity (game or practice) until the bleeding is stopped, the wound is covered, the uniform and/or body is appropriately cleaned, and/or the uniform is changed before returning to activity.

*From: Baseball Rulebook (Official Regulations, Playing Rules, and Operating Policies)*

**Fractures.** Even though most of the time they are not life-threatening injuries, they can be very

# ANSLL 2024 Safety Manual

serious in children because they can affect the bones' ability to grow over time. All fractures in children should be taken seriously until proven otherwise by a healthcare professional. In the case of fractures of the upper leg, they can be life threatening and require immediate attention, especially if there has been any injury to the femoral artery.

**Sprains and Strains.** While not generally considered medical emergencies, they can be very painful. Do not allow the child to bear weight on the injured limb. He/she should be assisted off the field.

Most sprains and/or strains can be treated with RICE - Rest, Ice, Compression, and Elevation.

If there is any doubt about whether the injury represents a sprain/strain or a fracture, then it should always be treated as a fracture until proven otherwise by an x-ray.

The player can return to play when he/she can run figure eights without pain or limp and can hop on the injured foot.

**Abdominal Pain.** If abdominal pain is present without any injury, then the child should be evaluated for dehydration and heat exhaustion/heat stroke. Abdominal pain following injury should be evaluated with a careful assessment of the presenting symptoms.

Abdominal injuries can range in severity from simple muscle strains to internal bleeding and can potentially be as dangerous as a head injury. Signs and symptoms include tenderness, rigidity, and bruising of the abdomen. Obtain medical attention for the child if conditions worsen.

**Heat Exhaustion and Heat Stroke.** Both are very serious medical emergencies and can be prevented during sporting events.

An increase in body temperature and a decrease in the body's ability to get rid of the heat are complicated by dehydration and loss of electrolytes. Heat exhaustion begins with profuse sweating, cramping of the extremities and the abdomen (sometimes referred to as heat cramps), nausea/vomiting, headache, dizziness, and cool, clammy skin. If left untreated it will quickly progress to Heat Stroke, which is a life-threatening emergency.

Heat Stroke is characterized by the body's inability to deal with its increasing temperature. The skin becomes hot and dry because the body can no longer sweat. The patient begins to have difficulty breathing, becomes agitated and confused, and sometimes loses consciousness. This can quickly lead to irreversible brain damage and even death.

Prevention of dehydration is key to preventing heat stroke and heat exhaustion. Children should always remain hydrated. They should be drinking plenty of water and taking frequent breaks on hot days. Everyone should be drinking water during non-playing times. You should remember that even on a day that doesn't feel hot to us, if you are coaching a sport that requires protective gear such as football, the body heat can be trapped and become exaggerated. If it is a hot day, players should be switched frequently to provide rest and to replenish fluids.

Treatment is aimed at cooling the child down. Interventions such as removing clothing, applying cool water to the skin, and placing ice packs to their underarms and groin should assist with reducing their temperature. HEAT STROKE is an extreme emergency and requires emergency medical treatment at a hospital. EMS should be summoned immediately if a heat stroke is suspected.

# ANSL 2024 Safety Manual

## **COMMUNICABLE DISEASE PROCEDURES**

Proper precautions are needed to minimize the potential risk of the spread of communicable disease and skin infections during athletic competition.

During times of outbreaks, follow the guidelines set forth by the CDC as well as state and local Health Departments.

See *Baseball Rulebook (Official Regulations, Playing Rules, and Operating Policies)* for more information on Communicable Disease Procedures.

## **REPORTING ACCIDENTS AND INJURIES, AND RETURN TO PLAY**

*Reference: LittleLeague.org*

If a player is injured during a game, practice, or other league-approved activity that may or may not require medical attention, league officials (manager/coach, Safety Officer, Player Agent, etc.) should follow these steps:

- Contact the player's parent or legal guardian if they are not onsite at the time of the incident.
- Contact the league safety officer.

Any incident that causes a player, volunteer, umpire, or observer to receive medical treatment or first aid must be reported to the safety officer within forty-eight (48) hours of the incident. This includes passive treatments such as the evaluation of injuries and/or any injury necessitating rest, or any event that causes a player to cease participation in a game or practice.

Incidents may initially be reported by e-mail or phone. At a minimum, the initial notification should include the following information:

- Name, phone number and team affiliation of

the injured person.

- Date, time and location of the incident.
- As detailed a description of the incident as possible.
- Preliminary estimation of the extent of injuries.
- Name and phone number of person reporting the incident.

- Document the incident with as much detail as possible using the Incident/Injury Tracking Report (Page 16), and submit completed report to the league safety officer.

- If medical attention is needed, be sure to have Accident Notification Forms (Page 17) on hand to provide to the family and explain the local league's Accident Insurance.

- If a player misses seven (7) or more continuous days of participation, a physician or other accredited medical provider must give written permission for a full return to baseball/softball activity.

- In cases involving a possible concussion, the league must adhere to their respective state law with respect to removal of the player and return to play protocols after being released by a physician. It is recommended a player suspected of sustaining a concussion be removed for at least the remainder of that day and then comply with their respective state law for return to play guidelines.



# ANSLI 2024 Safety Manual

ANSLI will follow this paragraph from the Code of Virginia § 22.1-271.5., *Guidelines and policies and procedures on concussions in student-athletes*:

*“Require a student-athlete suspected by that student-athlete's coach, athletic trainer, or team physician of sustaining a concussion or brain injury in a practice or game to be removed from the activity at that time. A student-athlete who has been removed from play, evaluated, and suspected to have a concussion or brain injury shall not return to play that same day nor until (i) evaluated by an appropriate licensed health care provider as determined by the Board of Education and (ii) in receipt of written clearance to return to play from such licensed health care provider.”*

Reference: <https://law.lis.virginia.gov/>

- During Little League games, if a player sustains an injury and is removed from the game, a team manager is not permitted to return said player to the game without first having a medical professional at the game site clear the player. If the player does return to the game after being removed due to injury, he/she is required to complete mandatory play, if applicable.

## ACCIDENT INSURANCE

The Little League Player Accident Policy, underwritten by National Union Fire Insurance Company (a member company of AIG), is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. The policy is subject to a \$50 deductible that is the responsibility of the claimant. If a covered injury requires necessary treatment in the form of medical services or supplies provided by a physician, nurse, therapist, or other medical professional within 30 days after the date of the accident the Company

will pay the reasonable expenses incurred.

Such reasonable expenses must be incurred within 52 weeks after the date of the injury to be considered (subject to any deferred benefits). The maximum accident medical expense benefit is \$100,000 for any one injury to any one Insured.

This accident insurance covers eligible participants (players, appointed/approved managers and coaches, volunteer umpires, scorekeepers, player agents, and safety officers) while traveling directly, without delay, to and from the field as well as during Little League practice sessions and games. Coverage also extends to league volunteers involved in authorized league activities. No coverage is in effect until the league has submitted their Charter Application and Insurance Enrollment form and the premium has been paid in full.

## THE SAFETY OFFICER’S ROLE

The safety officer is responsible for creating safety awareness and educating the league on the opportunities to provide a safer environment for children and all participants of Little League®. Promoting compliance of safety procedures is a key component of the safety officer’s duties. This is done by establishing and promoting a culture of safety within the league.

In order to carry out these responsibilities, the safety officer will:

1. Annually prepare a safety manual/plan (A Safety Awareness Program, or ASAP) and submit to Little League® for approval.
2. Provide copies of the safety plan to coaches, managers, board members, and any other volunteer in the league.
3. Ensure the safety plan is posted to ANSLI.org.
4. Order and track completion of background checks on all managers, coaches, board

# ANSLI 2024 Safety Manual

members, and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to or contact with players or teams. Provide regular updates on background check status to the ANSLI Board of Directors.

5. Ensure at least one coach or manager from each team is trained in baseball fundamentals and first aid.

6. Complete the annual facility survey.

7. Establish procedures for reporting accidents and injuries. Assist managers and parents with insurance questions and paperwork using the handout, *WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE*.

8. Purchase, inspect, and (as required) restock first aid kits for each team.

9. Inspect and maintain the league's Automated External Defibrillators (AEDs).

10. Track report and report to Little League® Baseball the number of volunteers who have completed online Abuse Awareness Training.

## **SAFETY RESPONSIBILITIES OF OTHER VOLUNTEERS**

1. The coaching coordinator will identify candidates to serve as managers and coaches, and submit a list of prospective volunteers for approval by the ANSLI Board of Directors. The coaching coordinator will identify all volunteers selected as managers and coaches to the safety officer for the purpose of initiating background checks.

2. Team managers will identify to the safety officer all volunteers associated with their individual team for the purpose of ordering background checks. Managers will only allow adults who have completed background checks to serve as volunteers.

3. All managers and coaches will also:

a. Attend fundamentals and first aid training provided by ANSLI.

b. Take online *Abuse Awareness for Adults* training provided by SafeSport and inform the safety officer when complete. Link found on littleleague.org website.

c. Take online *HEADS UP Concussion Training for Youth Sports Coaches* provided by the Centers for Disease Control (CDC).

URL: <https://heads-up.cdc.gov/>

d. Distribute, collect, and maintain (at all practices and games) medical releases for all assigned players.

e. Ensure a first aid kit is available at all games and practices. Regularly inspect first aid kits and notify the safety officer if replacement is needed.

f. Ensure other team volunteers know the location of the AED at each field, and that the shed containing the AED is unlocked.

g. Be capable of contacting emergency medical services in the event of an accident or emergency.

h. Provide first aid to injured persons, to include use of AED, if warranted.

i. Inspect fields and eliminate safety hazards before practices and games. Report to the ANSLI facilities manager any problems that cannot be resolved on the spot.

j. Regularly inspect team equipment and do not allow use of damaged or defective team or personal equipment by players. Obtain replacements, if needed, from the equipment manager.

k. Teach and reinforce injury prevention by emphasizing safe techniques, including for throwing, catching, fielding, base running, sliding, and making force-outs and tag-outs.

l. Know and enforce all Little League® and

# ANSL 2024 Safety Manual

local rules.

m. Report accidents and injuries per the procedures established in this manual.

n. When conditions warrant, designate a parent to monitor the weather for lightning.

o. Suspend or terminate activities, as appropriate, in response to darkness, lightning and other environment-related safety threats.

4. Plate umpires must wear mask, shin guards, and chest protector. Male umpires must wear protective cup. Plate umpires must attach a “dangling” type throat protector to their mask.

5. The equipment manager will order and distribute sufficient equipment (helmets, bats, catcher’s gear) for all teams and ensure all equipment is in compliance with Little League® regulations and in good working order.

6. The facilities manager will ensure timely repair of any safety hazards on ANSL baseball fields or facilities, including batting cages.

## CHILD PROTECTION PROGRAM

Refer to <https://www.littleleague.org/player-safety/child-protection-program/>

The safety and well-being of all participants in the Little League® program is paramount. As adults, we want to ensure that the young people playing in the Little League program are able to grow up happy, healthy and, above all, safe. Whether they are our children, or the children of others, each of us has a responsibility to protect them.

All local Little Leagues are required to conduct background checks on managers, coaches, board of directors members and any other persons, volunteers or hired workers, who provide regular services to the league and/or have repetitive

access to, or contact with, players or teams.

ANSL uses an online provider contracted by Little League® Baseball, called J.D. Palatine. JDP has access to more than 600 million records, including criminal records and sex offender registry records across 50 states and the District of Columbia. Little League® recommends utilizing the JDP QuickApp, which allows local league volunteers to complete their own volunteer application and background check on a secure site separate from the player registration process. Leagues must still verify that the information on the Little League Volunteer Application is correct by reviewing the potential volunteer’s government-issued photo ID.

If a local league becomes aware of information, by any means whatsoever, that an individual, including, but not limited to, volunteers, players, and hired workers, has been convicted of, pled guilty, pled no contest, or admitted to any crime involving or against a minor, the local league must contact the applicable governmental agency to confirm the accuracy of the information. Upon confirmation of a conviction for, guilty plea, no contest plea, or admission to, a crime against or involving a minor, the local league shall not permit the individual to participate in any manner.

Federal law established a nationwide standard duty to report suspected child abuse. The “Protecting Young Victims from Sexual Abuse and Safe Sport Act of 2017” mandates that all amateur sports organizations, which participate in an interstate or international amateur athletic competition and whose membership includes any adult who is in regular contact with an amateur athlete who is a minor must report suspected child abuse, including sexual abuse, within 24 hours to law enforcement. An individual who is required, but fails, to report suspected child sexual abuse is subject to criminal penalties. If an individual suspects a case of abuse within their league, they should report it to the appropriate

# ANSL 2024 Safety Manual

child services organization and/or local law enforcement as well as, their League President District Administrator, and Little League International Security Manager.

Code of Virginia § 63.2-1509

*Requirement that certain injuries to children be reported by physicians, nurses, teachers, etc.; penalty for failure to report.*

*A. The following persons who, in their professional or official capacity, have reason to suspect that a child is an abused or neglected child, shall report the matter immediately to the local department of the county or city wherein the child resides or wherein the abuse or neglect is believed to have occurred or to the Department's toll-free child abuse and neglect hotline:*

*16. Any athletic coach, director or other person 18 years of age or older employed by or volunteering with a private sports organization or team*

<https://law.lis.virginia.gov/>

before rain begins. Lightning can strike over 10 miles away from a thunderstorm, so action needs to be taken before the wet weather arrives.

If you hear thunder or observe threatening skies, immediate action is required! It is not safe to be outside when lightning is in your area. Dugouts and pavilions do not provide safe cover during thunderstorms, and never seek shelter under a picnic shelter, under bleachers, or in a shed.

When lightning threatens, seek safety in a sturdy building that has plumbing and electricity. If this isn't an option, seek shelter in a hard-topped vehicle with the windows up. While in the vehicle, don't touch anything metal, or any electronics.

It is safe to head back to the field 30 minutes after the thunder and lightning come to an end.

See also "Lightning Safety Guidelines" in *Baseball Rulebook (Official Regulations, Playing Rules, and Operating Policies)*.

## LIGHTNING SAFETY

<https://www.littleleague.org/university/articles/saying-safe-from-lightning-at-the-field/>

Lightning poses a serious threat during the Little League® regular and tournament seasons. In the United States, lightning activity picks up during the spring and peaks during the summer. Having a plan and knowing what to do when lightning approaches is important for player and fan safety.

This starts with being "weather aware" by staying on top of the latest forecast from a trusted, local meteorologist. It's helpful to use a smartphone app at the field to monitor rain and thunderstorms approaching your area.

Lightning can strike long before it starts raining! In fact, many lightning strike victims are hit

# ANSL 2024 Safety Manual

## LITTLE LEAGUE SAFETY CODE

From *Baseball Rulebook (Official Regulations, Playing Rules, and Operating Policies)* & some of these only apply to Majors and below.

- Responsibility for safety procedure should be that of an adult member of Annandale-North Springfield Little League.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, coaches, and umpires should have some training in first aid. First-aid kits should be available at the field.
- No games or practice should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Play area should be inspected frequently for holes, damage, glass, and other foreign objects.
- Dugouts and bat racks should be positioned behind screens.
- Only players, managers, coaches, and umpires are permitted on the playing field during play and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose.
- Procedure should be established for retrieving foul balls batted out of the playing area.
- During practice sessions 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 errant balls.
- Equipment should be inspected regularly. Make sure it fits properly.
- Pitching machines, if used, must be in good working order (including extension cords, outlets, etc.) and must be operated only by adult managers and coaches.
- Batters must wear protective NOCSAE helmets during practice, as well as during games.
- Catchers must wear catcher's helmet (with face mask and throat guard), chest protector, and shin guards. Male catchers must wear a protective supported and cup at all times.
- Except when a runner is returning to a base, head first slides are not permitted.
- During sliding practice, bases should not be strapped down.
- 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."
- Players must not wear watches, rings, pins, jewelry, hard cosmetic, or hard decorative items.
- Catchers must wear catcher's helmet, face mask and throat guard in warming up pitchers. This applies between innings and in bullpen practice. Skull caps are not permitted.
- Batting/catcher's helmets should not be painted unless approved by the manufacturer.
- Regulations prohibit on-deck batters. This means no batter should handle a bat, even while in an enclosure, until it is his/her time to bat.
- Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.

# ANSL 2024 Safety Manual

## LOCATION OF AED AND FIRST AID KITS AT 60' FIELDS

### Pine Ridge Fields



AED and 1<sup>st</sup> Aid equipment found in sheds behind AAA field backstop

### Micklewright Field



AED and 1<sup>st</sup> Aid equipment found in shed behind backstop



# ANSL 2024 Safety Manual

## Howery Fields



AED and 1<sup>st</sup> Aid equipment found in shed next to field

## Wakefield Park



# ANSL 2024 Safety Manual

## For Local League Use Only

### Activities/Reporting

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

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

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

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

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

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

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

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

#### Incident occurred while participating in:

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

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

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

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

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

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

#### Type of incident and location:

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

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

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

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

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



# ANSL 2024 Safety Manual



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

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

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

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

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

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

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

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

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

Check all applicable responses in each column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	(Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE(9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

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

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

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

