

Bullock Creek Little League



2023 Safety Plan

A Common Sense Safety Plan



A.S.A.P.
A Safety Awareness Program

Bullock Creek Little League
Important Phone Numbers

Emergency:	Police, Fire, or Ambulance	9-1-1
Local Hospitals:	MyMichigan Medical Center 4000 Wellness Drive Midland, MI 48670	989-839-3000
	Covenant Healthcare E.R. 700 Cooper Saginaw, MI 48602	989-583-6121
	McLaren Bay Region 1900 Columbus Ave Bay City, MI. 48708	989-894-3000
Urgent Care Facilities:	MyMichigan Urgent Care Midland 3009 N Saginaw Rd. Midland, MI. 48640 Open Mon.-Sun. 8am-7pm	989- 633-1350
	Midland Express Urgent Care 600 Cambridge St. Suite 1 Midland, MI. 48640 Mon.-Fri. 5:30-9:30pm	989-708-9074
	New Hope Urgent Care 728 W Wackerly Suite 101 Midland, MI. 48640 Mon.-Fri. 10am-8pm, Sat. & Sun. 10am-6pm	989- 631-9900
Poison Control:		1-800-222-1222

Bullock Creek Little League Board Positions

<i>Bullock Creek Little League Board Positions</i>		
Role	Name	Email
President	TJ Rhynard	trhynard@gmail.com
Vice President	Vacant	
Treasurer	Christina Richardson	christinas88@live.com
Secretary	Aricka Schweitzer	aabartle@svsu.edu
Sponsorship/Fundraising	Brittanie Keyser	brittanie.keyser@wilsonhcg.com
Safety and Equipment	Beth McGuire	mogui1ba@cmich.edu
Umpire-in-Chief	Christina Richardson	christinas88@live.com
Information/Registration Officer	Kayla Mickler	kmickler@dow.com
Uniform/Apparel Manager	Kari Weideman	Kbecker20@yahoo.com
Concessions Manager	Erika Rumsey	eloboyle@gmail.com
Facilities Director(s)	Tom Cronkright Tim McDonald	t.l.cronkright@dow.com & tmcdonald61@gmail.com
Scheduler	Amanda Hornung	amandahornung@charter.net
Softball Coaching Coordinator & Player Agent	Brett Rohn	brohn@dow.com
Baseball Coaching Coordinator & Player Agent	Patrick McGuire	patmcguire@rocketmail.com
Tball Coaching Coordinator & Player Agent	Adam Hamilton	adam.hamilton53@gmail.com

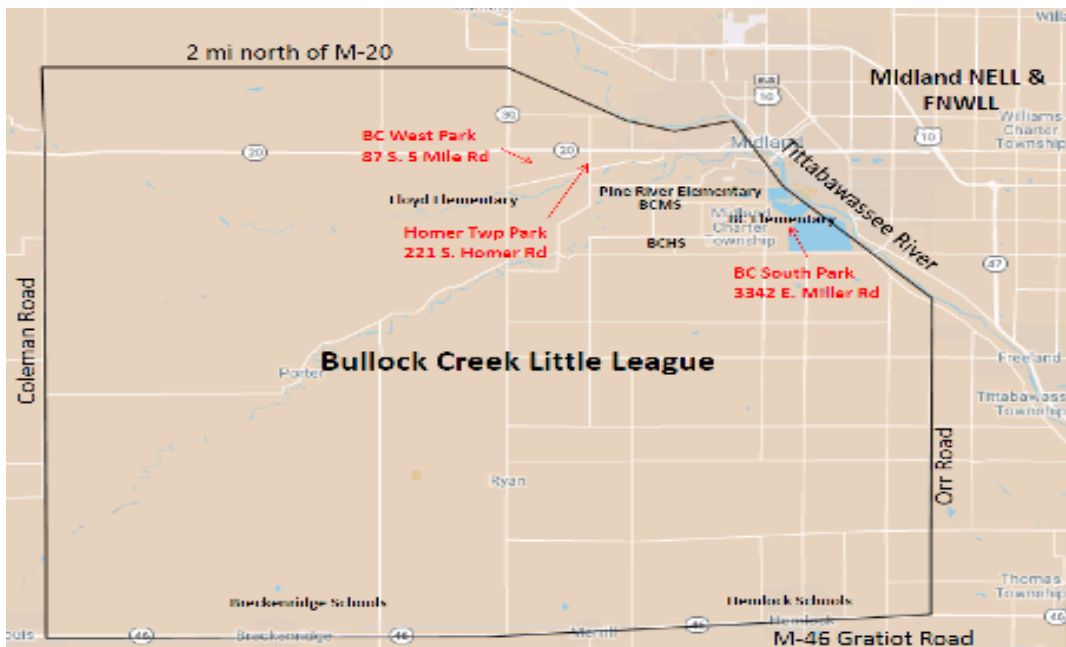
BCLL South Park – 3342 E. Miller Road



Homer Twp Park – 221 S. Homer Road



BCLL West Park – 87 S. 5 Mile Road





Bullock Creek Coaches meeting: 4-3-2023 (Planned)

6 P.M.

Miller Road Pole Barn

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Safety Plan: This plan has been filled in as required by Little League International (LLI).

Volunteer Screening: It is **MANDATORY** that all League personnel who have repetitive or frequent access to players fill out a Volunteer Application form annually and also pass a criminal background check. Anyone refusing to complete either of these screenings is ineligible to be a League member.

Abuse Prevention Training: Bullock Creek Little League provides coaches' training during the annual coaches meeting. The training covers the abuse prevention training topic, expected behaviors and warning signs.

Coaches Training: Bullock Creek Little League provides coaches' training during the annual coaches meeting. This clinic was held at the Miller Road Pole Barn located by the Bullock Creek Little League South Fields in Midland and we requested that all coaches be present.

First Aid Training: Training may be requested at any time by contacting the Safety Officer. Coaches should have a cell phone on their person to call 911 should any serious injury occur.

First Aid Kits: First aid kits will be available at all practices and games. They were put in each of the coach's equipment bags. Replacement supplies (cold packs, band-aids, etc) can be obtained from the Safety Officer or concession stand. A limited amount of replacement supplies will be available at the concession stand. Note: cold packs are only to be used for impact injuries and are **not** intended for "icing down" pitchers' arms.

AED (Automated Electronic Defibrillator): An AED is not available at our park.

Accident Reports: Verbal accident reports for incidents that require first aid should be made within 24 hrs to the Safety Officer. Follow-up written reports (*copies attached at the end of the manual*) are due within 3 days. Wherever possible, be sure to obtain the names of witnesses to the incident. Additional forms can be obtained from the Safety Officer or any League Officer

Supervision: To ensure adequate supervision, two adults (at a minimum) should be in attendance at each practice or games. Parents/guardians should be cautioned to not drop off children until at least one coach is present. Likewise, coaches must not leave the field after the practice/game until all players have been picked up. Players who are ejected, ill, or injured shall remain under supervision until released to the parent/guardian.

Field and Equipment Inspections: Prior to any practice or game, Managers are required to walk the fields looking for hazards (rocks, glass, holes, etc). All garbage should be collected and placed in the trash barrels provided. Any serious deficiencies that cannot be resolved must be reported to the Safety Officer or any league official. The League Safety Officer and members of the board will conduct a facility survey of the Bullock Creek Little League complex prior to the beginning of the season. This survey will identify areas in need of repair and possible safety improvements. This survey will be recorded and sent to Little League International as part of the annual safety program registration.

Equipment Inspections: Managers and coaches are responsible for inspecting all equipment prior to use. Damaged equipment (cracked helmets, helmets missing padding, dented bats, etc.) should be removed from play **IMMEDIATELY & DESTROYED**. Little League International has imposed a moratorium on certain composite bats. Only officially approved composite bats may be used. The official Little League approved bat list will be used as a reference to determine if a bat can be used.

Lightning/Thunder/Inclement Weather: At the first sighting of lightning or sound of thunder, play shall be halted. All players, coaches, and spectators are to be removed from the fields to a safe area (cars, buildings). A representative from any team that witnesses lightning or hears thunder shall immediately proceed to the concession stand and/or locate the Umpire In Charge (UIC). The decision to halt play shall be the responsibility of the UIC. The UIC upon seeing lightning/hearing thunder or being advised of a lightning sighting/hearing thunder shall signal the halt of play on all fields by discharging an audible warning. **Play shall not be resumed until 30 minutes passes from the last sighting of lightning and/or hearing thunder. The UIC shall make the final decision as to when to resume play.** Managers and coaches should make every effort to clear not only their field but also any neighboring fields when lightning is seen and/or thunder is heard during practices. Player and volunteer safety is paramount – we can always re-schedule games and practices.

Darkness: The plate umpire has the responsibility and authority to call the game whenever poor visibility threatens player safety. As with other judgment calls, this decision is final and not subject to appeal or argument.

Rules: Know your rules – many are based on sound safety practices. It is recommended that Managers and Coaches periodically review the rulebook to ensure understanding. Questions about specific rules/interpretations should be directed to the Umpire in Chief.

Field Site Map: A site map of the fields will be located at the concessions stand. All fields will have a clearly visible number (1 – 6) affixed to their backstop. All volunteers should make themselves familiar with numbering of the ball fields and the location of concessions stand and entrance points to the fields. This information will prove valuable should emergency services be needed.

Player Data: League player data or player roster data, coach, and manager data will be submitted via the Little League Data Center. This is mandatory requirement for an approved ASAP plan.

Player Safety

Responsibility for safety belongs to every adult member of Bullock Creek Little League.

- **Cell Phones.** All managers and coaches are encouraged to have a cell phone available at all practices and games. A cell phone can be used to call 911 in the event of an emergency.
- **Pitcher Warm Up:** Warm pitchers up in a safe area.
- **Catchers.** Catchers **must** wear a catcher's helmet (with face mask and dangling throat guard in any division above CP), chest protector and shin guards. Male catchers must wear a protective supporter and cup. Players must wear at least a catcher's helmet with face mask and dangling throat guard while warming up a pitcher between innings or in a bullpen.
- **Helmets.** Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games. Use of a helmet by a player is mandatory.
- **Mouth guards.** Although not required, it is recommended that all players wear mouth guards for both practices and games.
- **Protective Cups** While these are only required for catchers, it is strongly recommended that all players wear protective cups.
- **Shoes.** Shoes with metal spikes or cleats are **not** permitted. Shoes with molded cleats are permissible.
- **Safety Glasses.** Due to the risk of eye injury from shattered glasses, parents are encouraged to provide "safety glasses".

- **Jewelry.** Players must not wear watches, rings, earring (studs included), pins, necklaces or other metallic objects (including other body piercing). The only acceptable jewelry item is a necklace or bracelet containing medical emergency information.
- **Sliding – General.** Although there is no absolute ‘must slide’ rule, players have the option of either sliding or attempting to avoid a defensive player with the ball waiting to make the tag. ‘Crashing’ the catcher (or any other player waiting to make the tag) will not be tolerated and will result in immediate ejection. Ejected players must also sit out the following game.
- **Head First Slides.** As noted in the Rule Book, this is prohibited unless returning to the base. Any player sliding head first while advancing to a base will be called **OUT** by the umpire.
- **On Deck Batters.** Horseplay around the bench with bats is not to be tolerated. Coaches shall also enforce this policy during practices.
- **Warm-up drills.** During warm up drills players should be spaced so that errant balls endanger no one. Only players, managers, coaches and umpires are allowed on the playing field during practices or games
- **Thrown equipment.** Thrown equipment poses a danger to spectators, umpires, and other players. It will not be tolerated. Any player adjudged by the umpire to have thrown equipment in anger will be ejected from the game. As with all other ejections, the player will also sit out the next game and must be in uniform on the bench.
- **Bats.** Bats with dents, or that are fractured in any way, must be discarded. If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired. **Important note: Little League International has imposed a moratorium on certain composite bats. Only officially approved composite bats may be used. The official Little League approved bat list will be used as a reference to determine if a bat can be used.**
- **Batting cage.** The batting cage is to be used under adult supervision only. All players shall wear a batting helmet while in the cage. Bystanders should not be allowed to be in contact with the cage netting and every effort should be made to protect spectators from balls exiting the cage. If the cage netting becomes damaged to the point that the safety of players and spectators is jeopardized, the batting cage shall be closed and not used until proper repairs can be made.

- **COVID Guidelines** – BCLL will follow and adhere to the guidelines set forth by the State of Michigan and Midland County (where applicable) in terms of public gatherings, organized youth sports, and sporting events for guidelines related to COVID safety and precautionary measures. The measures change with time and so are not explicitly written in this ASAP plan but will be monitored closely and shared with the BCLL Board, Coaches and Parents when changes occur. <http://www.michigan.gov/coronavirus>

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** 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. Give the dispatcher the necessary information including the field number where the incident is located.
- **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 their best to save a life or prevent further injury.

- **Permission to Give Care.** If the victim is conscious, you must have their 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. All Little League parents signed a medical release form at registration. This form provides valuable medical information as well as the parent's permission to treat their child in their absence. **Managers and Coaches should have the "Medical Release" forms with them at all times.**
- **Assess the situation.** Stay calm and determine what needs to be done. 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.
- **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
- **Bleeding.** The best treatment for bleeding is applying direct pressure with a clean dressing. If bleeding continues, to apply new dressings over the original dressing, do not remove the original dressing. If the wound is from an arm or leg, raise the arm or leg so that it is higher than the chest while you continue to put pressure on the wound. **DO NOT raise the arm or leg if movement causes pain to the child.** If there is significant bleeding or it cannot be stopped call 911.

Bee Stings. Check with parents to see if the child is allergic to be stings. If child is allergic this can be a medical emergency - - CALL 911.

- **Eye Injuries.** Cover the eye with a patch or a dressing and call 911. Do not attempt to force open or close the eyelid.
- **Nosebleed.** Have the child lean forward. With a tissue or clean cloth press both sides of the child's nostrils while the child leans forward. Place constant pressure on both sides of the nostrils for a few minutes. DO NOT ask the child to lean his head back. DO NOT use an icepack on the nose or forehead.

- **Mouth Injuries.** Look for tooth fragments. Send the tooth or teeth with the child to the medical care facility. If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down. Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly. Avoid additional trauma to tooth while handling. Place tooth in milk if possible, if not, sterile water or water can be used. To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.
- **Comotio Cordis:** While rare, blunt force trauma to the sternum/chest, especially from a batted or thrown hardball, can cause cardiac arrest. Comotio Cordis is a syndrome that results from a blunt impact to the chest, which leads to cardiac arrest. It is a poorly recognized and underreported event that happens to healthy young athletes as a result of a low-energy, non-penetrating blow to the chest. Comotio Cordis does not result solely from the force of a blow. It is largely the result of the unfortunate timing of the blow during the heart cycle. Young athletes (even those wearing chest protectors) are especially at risk because of the pliability of their chest walls. Time is a critical factor after the onset of the event. Early cardiopulmonary resuscitation and early defibrillation is essential.
- **Blunt Force Trauma:** Blunt force trauma to a player's chest, abdomen, or back from a batted or thrown ball must always be closely monitored. Though Comotio Cordis may be the most traumatic result of blunt force trauma events, other serious internal injuries may occur. A player may not initially shows signs or symptoms of a serious abdominal injury. Coaches and league volunteers should closely monitor an injured player and immediately call 911 if a player's condition declines. Subtle changes in a player's actions or behavior may indicate the need for professional medical attention. **When in doubt, always error on the side of safety.**
- **Strains and Sprains.** The most common and effective method of treatment is **RICE**. A physician should assess the child.

Rest - Stop further activity and keep injured area in a relaxed position.
Do not try to straighten an injured part!

Ice - Apply ice to injured area to prevent or slow swelling. Use a bag of ice if possible. You can use a chemical cold pack but it is not as cold as a regular bag of ice. Put a towel between the ice bag and the skin. Every 20 minutes take off the ice pack for about 5 minutes.

Compression - Apply pressure and wrap the injured area.

Elevation - Raise the injured area to minimize swelling.

- **Muscle, Bone, or Joint Injuries.** If the ankle or knee is affected, do not allow the victim to walk. Loosen or remove shoe; elevate leg. Protect skin with a thin towel or cloth. Then apply cold, wet compresses or cold packs to the affected area. Never pack a joint in ice or immerse in icy water. A physician should assess the child.
- **Broken Bones / Fractures.** 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 them warm and still and treat for shock if necessary (see “Shock” section).
- **Concussions.** Concussions are defined as any blow to the head. They can be fatal if the proper precautions are not taken. Remove the player from the game. See that the victim gets adequate rest. Note any symptoms and see if they change within a short period of time. If the victim is a child, tell parents about the injury and have them monitor the child after the game.

Urge parents to take the child to a doctor for further examination.

If the victim is unconscious after the blow to the head, a head and neck injury should be assumed. DO NOT MOVE the victim. Call 9-1-1 immediately. (See below on how to treat head and neck injuries)

- **Head and Neck Injuries.** If you suspect a head or neck injury, **Call 9-1-1 immediately.** Minimize movement of the head and spine. Maintain an open airway. Check consciousness and breathing. Control any external bleeding. Keep the victim from getting chilled or overheated until paramedics arrive and take over care.
- **Diabetes and Low Blood Sugar.** Look for a change in the child’s behavior such as confusion or irritability, sleepiness or even unresponsiveness. The child may complain of hunger, thirst, or weakness and they may appear to be sweating and have pale skin color. Treatment for a diabetic condition: Give the child something containing sugar to eat or drink. This can be fruit juice, a packet of sugar or soda. Do not use diet soda because it does not contain sugar.
- **Heat Exhaustion.** Symptoms may include: fatigue; irritability; headache; faintness; weak, rapid pulse; shallow breathing; cold, clammy skin; profuse perspiration. Treatment for heat exhaustion: Instruct victim to lie down in a cool, shaded area or an air-conditioned room. Elevate feet. Massage legs toward heart. Only if victim is conscious, give cool water or electrolyte solution every 15 minutes. Use caution when letting victim first sit up, even after feeling recovered.

- **Shock.** Shock is likely to develop in any serious injury or illness. Signals of shock include:
 - Restlessness or irritability
 - Altered consciousness
 - Pale, cool, moist skin
 - Rapid breathing
 - Rapid pulse.

Caring for shock involves the following simple steps:

1. Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
2. Control any external bleeding.
3. Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
4. Try to reassure the victim.
5. Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave them lying flat.

- **Heat Stroke.** Symptoms may include: extremely high body temperature (106 degrees F or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness. Treatment for heat stroke: **Call 9-1-1 immediately.** Lower body temperature quickly by placing victim in partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold, wet sheets or towels in well-ventilated room or use fans and air conditioners until body temperature is reduced. **DO NOT** give stimulating beverages (caffeine beverages), such as coffee, tea or soda.
- **CPR.** Most people who experience cardiac arrest at home, work, or in a public location die because they don't receive immediate CPR from someone on the scene. As a bystander, don't be afraid. Your action can only help.
- **How To Give Hands Only CPR.** If you see a teen or adult suddenly collapse, call 911 and push hard and fast in the center of the chest to the beat of the classic disco son "Stayin Alive." CPR can more than double a person's chances of survival, and "Stayin Alive" has the right beat for Hands only CPR.

Concession Stand

These operating procedures for the concession stand at the Bullock Creek Little League Fields are also posted in the concession stand.

- Workers must wear disposable gloves when serving food that is not wrapped.
- At least 1 adult shall be in the concession stand at all times when open.
- Children shall not be allowed to congregate in the Concession Stand.
- The fire extinguisher in the stand must be checked based on manufacturer guidelines.
- A first aid kit is provided for both concessions and player use.
- All workers must be aware of the electrical breaker box location.
- Any injuries must be reported within 24 hrs to the Safety Officer.
- Ensure that the Heimlich maneuver poster (choking first aid) is displayed on the outside of the concession stand door.
- All Health Department guidelines shall be followed.
- In the absence of the UIC a member who is working the concession stand shall be responsible for signaling the halt of play on all fields by discharging an audible warning for reports of lightning or severe weather.

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 (5-8)_Minor (7-12)_Major (9-12)_Junior (13-14)_Senior (14-16)_Big League (16-18)
C.) Tryout_Practice_Game_Tournament_Special Event_Travel to_Travel from_
Other (Describe): _____

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

D.) Batter_Baserunner_Pitcher_Catcher_First Base_Second_
Third_Short Stop_Left Field_Center Field_Right Field_Dugout_
Umpire_Coach/Manager_Spectator_Volunteer_Other: _____

Type of injury:

Was first aid required? ☐ Yes ☐ No If yes, what: _____

Was professional medical treatment required? ☐ Yes ☐ No

If yes, what: _____

(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

Type of incident and location:

A.) On Primary Playing Field
B.) Adjacent to Playing Field D.) Off Ball Field_Base Path: Running or Sliding_Seating Area_Travel: Hit by
Ball: Pitched or Thrown or Batted_Parking Area_Car or Bike or Collision with: Player or Structure
C.) Concession Area_Walking_Grounds Defect_Volunteer Worker_League Activity_Other: _____
Customer/Bystander_Other: _____

Please give a short description of incident:

Witnesses: _____

Could this accident have been avoided?

How: _____

This form is for Little League purposes only, to report 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 claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

Prepared By/Position: _____ Phone Number: () _____

Signature: _____ Date: _____

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 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.