



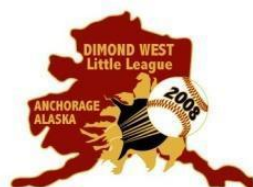
# DIMOND WEST LITTLE LEAGUE

P.O. Box 221323 Anchorage, Alaska 99522

<http://www.dwl.org>



## 2023 SAFETY MANUAL



# Managers, Coaches & Volunteers

League ID 402-01-27

# SAFETY MANUAL

## TABLE OF CONTENTS

Introduction	3
Little League Policy	3
Safety Responsibility	3
Dimond-West Little League Safety Code	3
Important Do's & Don'ts	5
Non-Emergency Phone Numbers	6
Requirements for Approved Safety Plan	6
Dimond-West Contact Numbers	7
Accident Reporting Procedures	8
What to Report	8
When to Report	8
How to Make a Report	8
League Safety Officer Responsibilities	8
Communicable Disease Procedures	9
Explanation of Insurance Coverage	9
How the Insurance Works	10
Filing a Claim	10
First Aid	11
What is First Aid	11
Know Your Limits	11
Calling 911	11
When to Call 911	11
Good Samaritan Laws	12
Permission to Give Care	13
Protection, Rest, Ice, Compression, Elevate, and Support	14
Prevention of Injuries	15
Earthquake Safety	15
Good Practice Procedures	17
Expectations of Managers, Coaches, Parents, and Players	18
Expectations of Managers and Coaches	18
Expectations of Parents	19
Expectations of Players	19
Responsibilities of the Team Manager	20
Pre-Season Responsibilities	21
Season Responsibilities	21
Pre-Game and Practice Responsibilities	22
During the Game Responsibilities	22
Post-Game Responsibilities	23

Pitch Counts	23
Warm Up Exercises	23
Concession Stands Safety	28
Concession Stand Requirements	29
Bicycle Safety	32
Safety Tips	32
Don't Forget Your Helmet	33
Little League Child Protection Program	35
Definition of Child Abuse	35
Myths and Stereotypes	36
Fact or Fiction?	36
Education and Prevention of Child Abuse	36
General Guidelines	37
Five Step Process to Rooting Out Child Abuse	38
Reporting and Enforcement of Child Abuse	39
Child Abuse: A Five Step Review	40
Coaches Code of Conduct	41



## **INTRODUCTION**

In 1995, ASAP (A Safety and Awareness Program) was introduced with the goal of re-emphasizing the position of Safety Officer “to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball”. This manual is distributed as a tool to place some important information at the fingertips of managers, coaches and other volunteers.

## **LITTLE LEAGUE POLICY**

One of the reasons for Little League’s wide acceptance and phenomenal growth is that it fills an important need in our free society. As our program expands, it takes, more and more, a major part in the development of young people. It instills confidence and an understanding of fair play and the rights of other people.

Many of the younger children who develop slower than others are given an opportunity not only to develop their playing skill but also to learn what competition and sportsmanship are all about. All who take part in the program is encouraged to develop a high moral code along with their improvement in physical skills and competition. These high aims of Little League are more for the benefit of the great majority of children rather than the few who would otherwise come to the top in any competitive athletic endeavor.

## **SAFETY RESPONSIBILITY**

The very fact that it is a basic principle of Little League to provide an opportunity for most of the youngsters who sign up for a team to receive these benefits, multiplies the exposure to accidental injury. Having accepted this large group of partly developed youngsters, we must also accept the moral responsibility for their safety. This obligation rests with every adult member of the league organization as well as with inactive parents who have entrusted their children to us.

## **DIMOND-WEST LITTLE LEAGUE SAFETY CODE**

The following Safety Code will be followed by all managers and coaches along with the use of the Official Little League Rules and Regulations, the Dimond-West Little League (DWLL) local rules, and the Alaska District 1 General Interleague Rules (if applicable).

1. All volunteers will fill out the Official Little League Volunteer Application, prior to being accepted into the league.
2. Each team will receive two (2) copies of the Official Rules and Regulations of Little League Baseball or Softball.
3. DWLL will publish and distribute a paper copy of the current year DWLL Safety Manual to all DWLL volunteers.
4. Responsibility for safety procedures should be that of every adult member of DWLL.

5. Each player, manager, designated coach, team safety officer, and umpire shall use proper reasoning and care to prevent injury to him/her and to others.

6. All teams will be provided with a first aid kit and will carry it to all practices and games.
7. Only league approved managers and/or coaches are allowed to practice teams.
8. Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
9. Managers, coaches and umpires will have mandatory training in first aid.
10. No games or practices will be held when weather or field conditions are deemed unplayable.
11. League Safety Officer is required to conduct an Annual Little League Facility Survey prior to the start of each season and submit a Qualified Safety Plan Registration Form.
12. Play area will be inspected before games and practices for holes, damage, rocks, glass, and other foreign objects.
13. Team equipment should be stored within the team dugout or behind screens and not within the area defined by the umpires as “in play”.
14. Responsibility for keeping bats and loose equipment off the field should be that of a player designated for this purpose or that of the team manager and/or coaches.
15. During practice and games, all players should be alert and watching the batter on each pitch.
16. During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
17. 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.).
18. Equipment is to be inspected regularly for the condition of the equipment as well as for proper fit. Contact the League Safety Officer about damaged equipment.
19. Little League has not made it mandatory for helmet facemask wear. Therefore, helmets with and without facemask will be issued to all teams. Although LL has not made facemask mandatory and is optional, DWLL highly encourages the use of facemask during play.
20. During sliding practice, bases should not be strapped down or anchored.
21. At no time should “horseplay” be permitted on the playing field.
22. Parents of players who wear glasses should be encouraged to provide “safety glasses” for their children.
23. Players must not wear watches, rings, pins or metallic items during games and practices.

24. The catcher must wear a catcher's helmet, mask, chest protector (appropriate to the level of play), shin guards and protective cup with athletic supporter at all times (males) for all practices and games. **NO EXCEPTIONS.**

25. Managers should encourage all male players to wear protective cups and supporters for all practices and games.
26. At a minimum, the catcher must wear a catcher's helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bullpen during games and practices.
27. Managers and coaches are allowed to warm up pitchers before or during a game.
28. No food or drink, at any time, is allowed in the dugouts. (Exception: water, Gatorade, or other sports drinks only)
29. Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public telephones.
30. No alcohol or drugs allowed on the premises at any time.
31. **NO MEDICATION** will be taken at any facility unless authorized and/or administered directly by the child's parents. This includes aspirin and Tylenol.

### **IMPORTANT DO'S and DON'TS**

#### **DO...**

1. Reassure and aid children who are injured, frightened, or lost.
2. Provide, or assist in obtaining, medical attention for those who require it.
3. Know your limitations.
4. Carry your first aid kits to all games and practices.
5. Keep your "Prevention and Emergency Management of Little League Baseball and Softball Injuries" booklet with your first aid kit.
6. Have your players' Medical Release Forms with you at all games and practices.
7. Assist those who require medical attention and when administering aid, remember to...

**LOOK** for signs of injury (Blood, black-and-blue deformity of joint, etc.).

**LISTEN** to the injured 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.

#### **DON'T...**

1. Administer any medications.
2. Provide any food or beverages (other than water, Gatorade, or other sports drinks) before or during games and practices.
3. Hesitate in giving first aid when needed.



4. Be afraid to ask for help if you're not sure of the proper procedures (i.e., CPR, etc.).

5. Transport injured individuals except in extreme emergencies.
6. Leave an unattended child at a practice or game.
7. Hesitate to report any present or potential safety hazard to the Safety Officer immediately.

### **EMERGENCY PHONE NUMBERS**

<b>EMERGENCY</b>	911
<b>POISON CONTROL</b>	(907) 261-3193 (800) 478-3193

### **NON-EMERGENCY PHONE NUMBERS**

#### **POLICE**

Anchorage	(907) 786-8500
Eagle River	(907) 694-2715

#### **FIRE**

Anchorage Fire Department	(907) 267-4900
---------------------------	----------------

#### **HOSPITALS**

Providence	(907) 562-2211
Alaska Regional	(907) 276-1131
Alaska Native Medical Center	(907) 563-5555

### **REQUIREMENTS FOR APPROVED SAFETY PLANS**

DWLL will submit league player registration data or roster data and manager and coach data to LittleLeague.org via the Little League Data Center.

DWLL will submit a qualified safety plan registration form with our ASAP Plan to LittleLeague.org via the Little League Data Center.

## **DIMOND-WEST LITTLE LEAGUE CONTACTS**

### **CONTACT NUMBERS**

#### **President**

Kimberly Caetao 360-820-4210

#### **Vice President Baseball**

Jason MacDonald 907-230-4142

#### **Vice President Softball**

Glenn Newkirk 907-227-6280

#### **Secretary**

Monica Severson 907-244-9873

#### **Treasurer**

Nate Seymour  
503-855-9099

#### **Safety Officer**

Dana Murphy 708-790-0554

#### **Coaches Coordinator**

Joel Estigo  
907-360-8489

#### **Player Agent**

Troy Engstrom 907-830-1852

#### **Equipment Coordinator**

Jason MacDonald 907-230-4142

#### **Uniforms Coordinator**

Jenna Crouse 907-529-6057

#### **Field Maintenance**

Jason MacDonald 907-230-4142

#### **Information Officer**

Lex Sargento 907-830-3121

#### **Umpire Coordinator**

Vacant xxx-xxx-xxxx

**Concessions Coordinator**

Vacant

xxx-xxx-xxxx

## **ACCIDENT REPORTING PROCEDURES**

**What to report** - An incident that causes any player, manager, coach, umpire or volunteer to receive medical treatment and/or first aid must be reported to the League Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

**When to report** – All such incidents described above must be reported to the League Safety Officer (LSO) within 48 hours of the incident.

### **Dimond-West Little League Safety Officer**

Chad Weiler  
907-952-0754  
[cweiler@rmconsult.com](mailto:cweiler@rmconsult.com)

**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:

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

Along with the initial contact, a Little League Preliminary Accident Report must be filled out and given to the League Safety Officer (LSO). A copy of the report is included in the forms section of this manual.

### **League Safety Officer Responsibilities**

Within 48 hours of receiving the incident report, the League Safety Officer will contact the injured party or the party's parents and (1) verify the information received; (2) obtain any other information deemed necessary; (3) check on the status of the injured party; and (4) 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 Dimond-West Little League's insurance coverage and the provisions for submitting any claims.

If the extent of the injuries is more than minor in nature, the LSO shall periodically call the injured party to (1) check on the status of any injuries, and (2) to check 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).

## **COMMUNICABLE DISEASE PROCEDURES**

While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood born infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

1. The bleeding must be stopped, the open wound covered and if there is an excessive amount of blood on the uniform it must be changed before the athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
7. Managers, coaches, umpires or other volunteers with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.
8. Contaminated towels should be properly disposed of/disinfected.
9. Follow anticipated guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.

## **EXPLANATION OF INSURANCE COVERAGE**

The AIG Little League Insurance Program is designed to afford protection to all participants in the Little League Program at an economical cost to the league. 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, Little League Insurance – which is purchased by the league, not the parent – takes over and provides benefits for eligible charges, 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.

## **HOW THE INSURANCE WORKS**

1. File claim initially under insurance carried by the family as available.
2. Should the family insurance plan not fully cover the injury treatment, the Little League Insurance Policy will help pay the difference, after a \$50 deductible per claim, up to the maximum stated benefits. This includes any deductibles or exclusions in your own insurance.
3. If your child is not covered by any family insurance, the Little League Insurance Policy becomes primary and will provide benefits for all covered injury treatment costs within Usual & Customary Guidelines of AIG, after a \$50.00 deductible per claim, up to the maximum benefit of the policy.
4. Treatment of dental injuries can extend beyond the normal 52-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 benefits are \$1,500.00 for eligible dental treatment after the normal 52-week period subject to the \$50.00 per claim deductible.

**Deferred Dental Treatment:** If the insured incurs injury to sound, natural teeth and necessary treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, including but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for deferred dental treatment is only covered if they are incurred on or before the insured's 23<sup>rd</sup> birthday.

## **FILING A CLAIM**

When filing a claim, all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's/guardians 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 League Safety Officer. He or She will forward them to Little League Headquarters. Claims must be filed no later than 20 days after the date the injury occurred.

Little League Baseball, Inc.  
P.O. Box 3485  
Williamsport, PA 17701  
Phone: (570) 327-1674

## **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, (911 paramedics). At no time should anyone administering First Aid go beyond his or her capabilities.

### **KNOW YOUR LIMITS!**

The average response time on 911 calls is 5 – 7 minutes. En-route Paramedics are in constant communication with the local hospital at all times 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.

### **CALLING 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. Be sure that you or another caller follows the following steps.

1. First dial **911**.
2. Give the dispatcher the necessary information. Answer any questions that he or she might ask.
3. Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
4. Continue to care for the victim until professional help arrives.
5. Appoint someone to go to the street and look for the ambulance and fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

When contacting an EMS dispatcher, give all information he or she asks for. Most dispatchers will ask:

1. The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc.
2. The telephone number from which the call is being made.
3. The caller's name.
4. What happened – for example, a baseball/softball related injury, bicycle accident, fire, fall, etc.



5. How many people are involved?

6. The condition of the injured person – for example, unconsciousness, chest pains, or severe bleeding.
7. What help (First Aid) is being given.

## **WHEN TO CALL**

If the injured person is unconscious, call 911 immediately. Sometimes a conscious victim will tell you not to call an ambulance, and may not be sure what to do. Call 911 anyway and request paramedics if the victim:

1. Is or becomes unconscious.
2. Has trouble breathing or is breathing in a strange way.
3. Has chest pain or pressure.
4. Is bleeding severely.
5. Has pressure or pain in the abdomen that does not go away. Is vomiting or passing blood.
6. Has a seizure, a severe headache, or slurred speech.
7. Appears to have been poisoned.
8. Has an injury to the head, neck, or back.
9. Has a possible broken bone.

If you have any doubt at all, call 911 and request paramedics. Also call 911 for any of these situations:

1. Fire or explosion
2. Downed electrical wires
3. Presence of poisonous gas
4. Vehicle collisions
5. Vehicle /Bicycle collisions
6. Victims who cannot be moved easily.

## **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:

1. Move a victim only if the victim's life was endangered.
2. Ask a conscious victim for permission before giving care.
3. Check the victim for life- threatening emergencies before providing further care.
4. Summon professional help to the scene by calling **911**.
5. 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 a "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.

Paragraph (a) of the State of Alaska Good Samaritan Law states that *"a person at a hospital or any other location who renders emergency care or emergency counseling to an injured, ill, or emotionally distraught person who reasonably appears to the person rendering aid to be in immediate need of emergency aid in order to avoid serious harm or death is not liable for civil damages as a result of an act or omission in rendering emergency aid."*

Paragraph (d) of the State of Alaska Good Samaritan Law states that *"this section does not preclude liability for civil damages as a result of gross negligence or reckless or intentional misconduct."*

## **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 victim could respond, he or she would agree to care.

## PROTECTION

Protect the injured part of the body; for example, by using crutches for an ankle or knee injury.

## REST

Have the player rest and avoid using the injured part. There are different degrees of rest that are appropriate for different injuries at different stages of recovery. Usually, rest initially means avoiding the activity that created the injury.

## ICE

Ice not only makes your player more comfortable by easing pain, it reduces swelling and inflammation. Ice should initially be applied for 20 – 30 minutes out of each hour. Instead of changing over to heat after the first few days, continue to use ice for any soreness that persists.

Heat used any time following an injury may increase swelling, and should be used cautiously.

## COMPRESSION

Compression should be applied carefully to keep swelling to a minimum. You must be cautious with elastic bandages, though. They must not be applied so tightly that they cause more swelling below where they are placed. The ideal technique is to wrap the entire exposed limb, from the most distant point to well above the injury site. For example, for an ankle injury, wrap all the way from the tip of the toes to just below the knee.

## ELEVATION

Elevation of the injured part decreases pooling of blood and other fluids in the area, thereby helping to keep down the swelling. The most effective elevation is with the injured part higher than the heart. For example, in treating an ankle injury, the ankle should be higher than the knee, and the knee should be higher than the heart. Remember, water runs downhill!

## SUPPORT

Support the injured part as necessary with taping or some type of functional bracing to guard against reinjury.

## **PREVENTION OF INJURIES**

The following are techniques that will help you prevent Little League Baseball and Softball injuries.

**Pre-participation health screening.** Players should be encouraged to see their physicians for regular medical check –ups.

**Proper maintenance of the playing site.** This should include not only fields where you play your games, but also practice sites.

**Pay close attention to playing conditions.** Coaches and managers should always be aware of hot/cold weather as well as potential hazards posed by severe weather.

**Make sure the players know the basics of good nutrition.** This means not only the nutritional role-played by food, but also the extreme need for water replacement during physical activity.

**Proper athletic conditioning.** This includes stretching, strengthening, and endurance work, as well as drills to improve coordination and agility.

**Avoid over-use.** This means paying special attention to the hours your players spend outside of organized games and practices. Remember the role of appropriate rest in preventing overuse injury.

**Consistent and proper use of all protective gear.**

**Close coaching supervision and organization of warm-ups, practices, and games.** Always emphasize proper playing techniques.

**Careful compliance with all Little League rules having to do with safety.**

## **EARTHQUAKE SAFETY**

### **BE PREPARED**

As residents of Alaska, we know the potential of being in an earthquake is high. More major earthquakes occur in Alaska than anywhere else in the United States. With this in mind, are you prepared for a potential disaster?

The following fact pages prepared by the Federal Emergency Management Agency (FEMA) will help prepare you in case of an earthquake.

### **AT THE BALL FIELD**

What if an earthquake strikes during a baseball or softball game? The following are some suggestions to avoid potential panic and/or injury.

### **DURING AN EARTHQUAKE**

1. Get your players out of the dugouts and away from buildings, power lines, and

automobiles.

2. Keep your players in a group on the playing field.
3. Do not let them run on their own.
4. Instruct the parents of your players to join them on the field. Having their families with them will help calm young children.
5. Be aware of potential aftershocks and do not return to dugouts until instructed.
6. Make sure all players are accounted for after the earthquake has stopped.

## HELPING CHILDREN COPE

Earthquakes are traumatic events for all of us, but they are especially frightening for children who may have to leave their homes and all that is familiar to them. A child does not usually understand such events and feels anxious, confused, and frightened. Fear is a normal reaction to any danger that threatens life or well-being.

After an earthquake, a child's fears are those of reoccurrence, injury, death, or of being alone, separated from the rest of the family. Aftershocks can increase this fear.

Parents sometimes ignore the emotional needs of a child once assured of their physical safety. A child's persistent fears may generate disruptive behavior, surprising and frustrating a parent who is trying to continue with the daily family routine. How a parent can help:

1. Keep the family together. This provides immediate reassurance to a child; fears of being abandoned and unprotected are alleviated.
2. Reassure children by words as well as actions. Emphasize the positive: "We are all together and nothing has happened to us," or "You don't have to worry, we will look after you."
3. Encourage the child to talk. It can also be helpful to include other family members, neighbors, and their children in a talk about reactions to the earthquake.
4. Include the child in family activities. There will be important concerns and things to do after an earthquake: checking on the damage, cleaning up broken glass and fallen furniture. Whenever possible, a child can and should be included in these activities.
5. At bedtime, a child may have difficulty falling asleep. The child may wake up during the night, and have nightmares for weeks or months after the earthquake. These situations may be dealt with by allowing the child to move into a room with another child or to sleep on a mattress in the parent's room, or simply by a parent spending a little extra time in the child's room giving reassurance.

## MAKE YOUR OWN DISASTER PLAN

**Pick two (2) places to meet:** (1) Right outside your home. (2) Outside your neighborhood in case you are not able to return home. Everyone must know the address and phone number. **Ask an out-of-state friend to be your "family contact."** After a disaster, it's often easier to call long distance. Other family members should call this person and tell them where they are. Everyone



must know your contact's phone number. A family disaster plan should contain the following information:

1. Emergency Meeting Place (outside the family home).
  2. Meeting Place (outside your neighborhood).
  3. Meeting Place phone number.
  4. Meeting Place address.
  5. Outside of State Family Contact.
6. Outside Family contact phone number(s)

### **GOOD PRACTICE PROCEDURES**

The following checklist is part of the *Little League Education Program for Managers and Coaches*. Always teach the fundamentals of baseball and softball to all players, regardless of their skill level. The better the fundamental skills are learned, the safer a player will become. This begins at practice and a solid practice plan will make the teaching process easier for you and more fun for all your players.

#### **Practice Plan Checklist**

1. Take time to plan the practice.
2. Plan each part of the practice with safety in mind.
3. Keep each practice to a maximum of 90 minutes.
4. Start practices on time with warm-up exercises.
5. Include a team meeting to outline your plan.
6. Incorporate hustle into every practice.
7. Teach a new skill at every practice.
8. Constantly look for ways to reinforce good effort and improvement.
9. Every practice should include throwing and catching drills.
10. Every practice should include a fun game-like component.
11. Keep the hitting practice to a maximum of 30 minutes.
12. End every practice with a "Test" either verbal or by demonstration to see the skill taught was understood.

13. Always send the player home with something to work on at home.

### **EXPECTATIONS OF MANAGERS, COACHES, PARENTS, and PLAYERS**

In Little League, it is very important that we work together to create the best possible experience for players, managers, coaches, and parents. The following checklist outlines many of the responsibilities. We cannot be perfect in our approach, but we expect we will make every effort to meet our expectations and those of others directly involved in Little League.

#### **LITTLE LEAGUE EXPECTATIONS OF MANAGERS and COACHES**

Make every effort to...

1. Create a safe and caring environment for players to learn, practice and play.
2. Become familiar with current coaching and teaching techniques.
3. Be kind and approachable.
4. Provide all players the opportunity to learn and to play.
5. Demonstrate good health habits and physical fitness.
6. Make every player feel an important part of the team.
7. Be knowledgeable of the rules of the game.
8. Set clear and reasonable expectations.
9. Set reachable goals.
10. Be courteous and polite.
11. Use good judgment as to when and how to discipline.
12. Teach the fundamentals of the game.
13. Be positive in situations where there seems to be failure.
14. Be fair to all players.
15. Share ideas and expertise with other managers in the league.
16. Demonstrate poise, self-control, and self-confidence.
17. Ensure that all the players are instructed on safety.
18. Warm-up the players before every practice and game.
19. Support the work of the league organizers and volunteers.

20. Be honest to your players and don't be afraid to admit your mistakes.
21. Maintain the dignity of the person you may be in conflict with.
22. Be open-minded.
23. Model good-sportsmanship.
24. Understand that progress and growth often comes one small step at a time.
25. Understand that players improve at different rates.
26. Communicate appropriately with players and parents.
27. Be a good role model.
28. Model a high level of respect for volunteers and umpires.
29. Remember that the game is for the players.

### **LITTLE LEAGUE EXPECTATIONS OF PARENTS**

Make every effort to...

1. Attend your child's games.
2. Be a supportive parent for the manager and team.
3. Communicate with the manager in appropriate ways.
4. Cheer for all players on the team.
5. Be there when your child is successful or when struggling for success.
6. Respect and support volunteers and umpires.
7. Understand that the game is very difficult to learn and play.
8. Look for opportunities to work with your child on the skills of the game.
9. Be positive and supportive when the team wins or loses.
10. Model good sportsmanship.

### **LITTLE LEAGUE EXPECTATIONS OF PLAYERS**

Make every effort to...

1. Do your best in practices and games.

2. Be early for practices.
3. Develop a sharing attitude.
4. Listen and learn from your manager and teammates.
5. Maintain you're cool when you make a mistake.
6. Cheer on and support your teammates.
7. Hustle on and off the field.
8. Understand and follow the safety rules of the game.
9. Lend a helping hand.
10. Be a good sport at all times.
11. Show respect for the umpires and volunteers.
12. Develop self-control.
13. Respect yourself, teammates, and opponents.
14. Wear your uniform with pride.
15. Understand and follow the rules of the game.
16. Take responsibility for yourself.
17. Learn from losing as well as from winning.
18. Get fit and stay fit.
19. Be dependable.
20. Always be positive and have fun.
21. Be a kind and caring person.

### **RESPONSIBILITIES OF THE TEAM MANAGER**

All team Managers are appointed by the President of Dimond-West Little League and are approved for their position by the Board of Directors. The Manager is responsible for the actions on the field of their team and represents the team in all communications with the umpires and opposing team.

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

2. The Manager is also responsible for the safety of his/her players. They are also ultimately responsible for the actions of designated coaches.
3. If the Manager leaves the field, they shall designate a Coach as a substitute and such substitute shall have the duties, rights, and responsibilities of the Manager.

### **PRE-SEASON RESPONSIBILITIES**

1. Obtain a copy of the Safety Manual and a First Aid Kit from the league.
2. Attend required Emergency Management and First Aid training.
3. Attend required manager/coach training
4. Hold a team meeting with all players and parents to discuss Little League philosophy and safety issues.
5. Teach players the fundamentals of the game while advocating safety.
6. Teach players how to slide before the season starts. If assistance in training is needed, contact a league representative.
7. Notify parents that when a player misses more than seven (7) continuous days of participation for an illness or injury, a physician or other accredited medical provider must give written permission for a return to full baseball/softball activity. (Regulation III (d) of the Little League Rule Book.)
8. Encourage players to bring water bottles to practices and games.
9. Encourage players to wear mouth protection.

### **SEASON RESPONSIBILITIES**

1. Make sure that all equipment (league, personal, and player) is in proper working condition for use.
2. Make sure that telephone access is available at all activities including practice. Have a cellular phone available at all times.
3. Teach the fundamentals of the game:
4. Catching fly balls.
5. Sliding correctly.

6. Proper fielding of ground balls.
7. Simple pitching motion for balance.
8. Be open to ideas, suggestions, or help.
9. Instill the knowledge that prevention is the key to reducing accidents to a minimum.
10. Always have Safety Manual and First Aid Kit on hand.
11. USE COMMON SENSE.

### **PRE-GAME AND PRACTICE RESPONSIBILITIES**

1. Make sure players are healthy, rested and alert.
2. Make sure players follow Regulation III (d) when returning from injury or illness.
3. Make sure catchers are wearing a cup and recommend this practice to all players.
4. Make sure all equipment is in good condition and is safe.
5. Agree with the opposing manager on the fitness of the playing field. If the two managers cannot agree, then the President or a duly delegated representative shall make the determination.
6. Make sure all players have stretched properly prior to games and practices. (See Conditioning following Responsibilities.)
7. Have players do a light jog around the field before starting throwing warm-ups. Follow this order:
  - a. Light tosses from short distance, medium distance, and then long distance.
  - b. Medium tosses and regular tosses from medium distance.
  - c. Field ground balls.
  - d. Field fly balls.

### **DURING THE GAME RESPONSIBILITIES**

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

1. Keep players alert.
2. Maintain discipline at all times.
3. Be organized.

4. 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.
5. Make sure catchers are wearing the proper equipment.
6. Encourage everyone to think SAFETY FIRST.
7. Observe the "no on-deck" rule (in applicable levels) for batters and keep players behind screens at all times. No player should handle a bat in the dugout at any time.
8. Keep players off fences.
9. Get players to drink often so they do not dehydrate.
10. Do not play children who are ill or injured.
11. Attend to children that become injured in a game.
12. Do not lose focus by engaging in conversation with parents and passerby's.

### **POST-GAME RESPONSIBILITIES**

1. Do cool down exercises with the players.
2. Pitchers, catchers, and those who throw regularly should ice their shoulders and elbows.
3. Catchers should ice their knees.
4. Do not leave the field until every member of the team has been picked up by a known family member or designated driver.
5. Notify parents if their child has been injured no matter how small or insignificant the injury is. **There are no exceptions to this rule.**
6. Discuss any safety problems with the Safety Officer that occurred before, during or after the game.
7. If there was an injury, make sure an accident report was completely filled out and given to the Dimond-West Safety Officer.
8. Return the field to its pre-game condition.

### **PITCH COUNTS**

1. Little League has changed the pitching regulation for 2007. Instead of keeping track of innings pitched, a pitch count will now limit how long a player may pitch and the amount of rest required between games.
2. Recently, researchers and medical professionals in the field of sports medicine have determined that the actual number of pitches thrown (i.e. pitch count) is a safer way to regulate pitching in youth baseball. Little League has a rich history of pioneering baseball safety innovations. As the world's largest organized youth sports program, Little League is again taking a leadership role in youth sports safety.

3. The American Sports Medicine Institute (ASMI) was commissioned by USA Baseball Medical & Safety Advisory Committee to survey the opinions of orthopedic surgeons and coaches to determine pitch counts and recovery times.
4. The ASMI supports the belief that youth pitchers do not throw enough. **THROW, NOT PITCH.** So even though they should be given rest after a pitching outing, they should continue to play catch at home with dad or their friends and at practice.
5. What is too much? A lot has to do with common sense. As parents, coaches, or both, you must educate your children/players in many ways. Tell these young pitchers (or position players too) that if their arm hurts, they must tell their parents or coach **IMMEDIATELY.** Usually a little rest will take care of it, but continuing to throw or pitch when the arm hurts is going to lead to a bigger injury and maybe a long-term one.

**REMEMBER: WE ARE DEALING WITH A WORK IN PROGRESS. A CHILD OF LITTLE LEAGUE AGE IS CONTINUALLY GROWING AND THEIR MUSCLES NEED TIME TO RELAX AS THEY GROW, WITHOUT PLACING EXCESS STRAIN ON THEM.**

Some observations and comments from those surveyed are:

1. The number of pitches thrown is more important than the number of innings.
2. The maximum number of pitches allowed in one outing should increase with age.
3. Compared to younger pitchers, older pitchers can throw more pitches given the same number of days rest.
4. The participation in multiple leagues should be figured into rest and recovery.
5. A child can start throwing a fastball at 8, a change-up at 10 and a curve ball at 14.
6. Improper technique is a major factor in injury.
7. Conditioning of the arm and the entire body can reduce injury.

AGE	MAXIMUM PITCHES PER DAY
7-8	50
9-10	75
11-12	85
13-16	95

8. While the number of pitches should be limited, the young pitcher should be encouraged to throw.
9. When symptoms of arm discomfort or fatigue arise, longer periods of rest are recommended.



**REQUIRED DAYS OF REST BASED ON NUMBER OF PITCHES THROWN**

<b>AGE</b>	<b>0 DAYS REST</b>	<b>1 DAYS REST</b>	<b>2 DAYS REST</b>	<b>3 DAYS REST</b>	<b>4 DAYS REST</b>
14 & under	1-20 Pitches	21-35 Pitches	36-50 Pitches	51-65 Pitches	66 or more pitches
15 to 16	1-30 Pitches	31-45 Pitches	46-60 Pitches	61-75 Pitches	76 or more pitches

**RECOMMENDED AGE FOR LEARNING VARIOUS PITCHES**

- FASTBALL 8
- CHANGE-UP 10
- CURVE BALL 14
- KNUCKLER 15
- FORKBALL 18



## **WARM-UP EXERCISES**

Players should warm up before they play at home, at a practice, or before a game. Start every practice or game with a team warm-up routine so that players build the habit at an early age.

The warm-up should not last more than 8– 10 minutes. As a team, jog out to the outfield and form a circle for the exercises. Once you have taught the team the series of exercises, have each player take on a leadership role by leading one of the exercises during the team warm-up.

### **JUMPING JACKS**

1. Start with feet together, hands at side, legs slightly flexed.
2. On 1<sup>st</sup> jump, hands go above the head and feet wide apart.
3. On 2<sup>nd</sup> jump, return to beginning position.
4. Repeat without stopping 10 to 20 times.

### **TOE TOUCHES**

1. Feet wide apart, legs slightly flexed, upper body bent over with eyes looking at the ground.
2. Arms straight out from shoulders.
3. Keeping head still, rotate arms to one up and one down position. Repeat 20 to 30 times.

### **WALKING PUSHUPS**

1. Feet wide apart standing in upright position.
2. On command, players walk out on hands to pushup position, do one (1) pushup and walk back to standing position without moving feet.
3. 2<sup>nd</sup> time out do two (2) pushups, then three (3). Etc.

### **ARM CIRCLES**

1. Feet comfortably apart, begin to rotate arms forward with no bend in the elbows, and then rotate them backward.
2. Do 10 to 15 times.

### **ELBOW PULLS**

1. Bring one elbow in front of neck with hand on opposite shoulder.
2. Take free hand, grab behind the elbow and pull for a 5 second count.
3. Three (3) times each way for a 5 second count.

## **ELEPHANT STRETCH**

1. Feet comfortably apart, lock hands out front with reversed grip.
2. Stretch arms and hands over and behind the head, if possible, and squeeze elbows together.
3. Then lean side to side at the waist for a full body stretch.
4. Repeat 4 – 5 times.

## **STANDING THIGH STRETCH**

1. Stand on one foot and grab your other foot with either hand.
2. When in the proper stretch, the knee of the bent leg will point to the ground.
3. Three (3) times each leg, holding for a 5 second count.

## **ROCKING SIT-UPS**

1. From a sitting position, rock back on your shoulders and bring knees up to the chest.
2. In one continuous motion, rock back to a sitting position and straddle your legs.

## **CORK SCREW TWIST**

1. While sitting with outstretched legs, lift one leg and place it on the opposite side of the other knee.
2. Hook with the opposite side elbow putting pressure on the bent knee and turn your body to face backwards.
3. Place the other hand behind you for balance.
4. Three (3) times each way, holding for a 5 second count.

## **LIGHT BULB TURN**

1. Standing on tiptoes and stretching as high as possible with one arm.
2. Pivot at the waist doing a toe touch each way. Repeat at least 10 times.

## **MOUNTAIN CLIMBER**

1. Move to a pushup position with thumbs touching and stretch one leg straight back, the other is bent and both are on the ball of the feet.
2. Point the bent knee outside the same elbow.
3. On command “switch”, reverse positions of the legs.
4. After 4 switches, repeat 10 times without stopping.

5. Use a turning in and out motion 10 times each way.
6. Work both arms.

## CONCESSION STANDS SAFETY

### 12 STEPS to SAFE & SANITARY FOOD SERVICE EVENTS

1. **Menu** – Keep your menu simple and keep potentially hazardous foods (meats, eggs, dairy products, salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods and leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. *Complete control over your food, from source to service, is the key to safe, sanitary food service.*
2. **Cooking** – Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41 degrees F or below (if cold) or 140 degrees F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155 degrees F, poultry parts should be cooked to 165 degrees F. *most foodborne illnesses from temporary events can be traced back to lapses in temperature control.*
3. **Reheating** – Rapidly reheat potentially hazardous foods to 165 degrees F. Do not attempt to heat foods in crock pots, steam tables, over steno units or other holding devices. *Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.*
4. **Cooling and Cold Storage** - Foods that require refrigeration must be cooled to 41 degrees F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. *Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of food borne illness.*
5. **Hand Washing** – *Frequent and thorough hand washing remains the first line of defense in preventing food borne disease.* The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!
6. **Health and Hygiene** – Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession stand. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints if recommended to prevent hair ending up in the food.
7. **Food Handling** – Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. *Touching food with bare hands can transfer germs to food.*
8. **Dishwashing** – Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Ideally, dishes and utensils should be washed in a four-step process:
  - o Washing in hot soapy water;

- o Rinsing in clean water;
- o Chemical or heat sanitizing; and Air-drying.

9. **Ice** – Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice, never use the hands. *Ice can become contaminated with bacteria and viruses and cause food borne illnesses.*
10. **Wiping Cloths** – Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon water and ½ teaspoon of chlorine bleach). Change the solution every two (2) hours. *Well sanitized work surfaces prevent cross-contamination and discourage flies.*
11. **Insect Control and Waste.** Keep foods covered to protect them from insects. Store pesticides away from food. Place garbage and paper wastes in a refuse container with a tight fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.
12. **Food Storage and Cleanliness.** Keep foods stored off the floor at least six (6) inches. After your event is finished, clean the concession area and discard unusable food.

The United States Center for Disease Control and Prevention (CDC) lists the following circumstances as the most likely to lead to illness.

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

Make sure your concession stand has covered these common causes of food borne illnesses.

### **CONCESSION STAND REQUIREMENTS**

1. No person under the age of 14 will work in the concession stand.
2. A certified fire extinguisher must be in plain sight at all times.
3. A fully stocked first aid kit will be in each concession stand.
4. Cooking equipment will be inspected periodically and repaired or replaced if needed.
5. Propane tanks will be turned off at the grill and tank after use.
6. Cooking grease will be stored safely in containers away from open flames.
7. Workers will be trained on fire extinguisher use, safe food handling and equipment use.
8. Cleaning chemicals will be stored in a locked container.

# Volunteers Must Wash Hands

## HOW



## WHEN

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

### Wash after you:

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

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

Use gloves, tongs, deli tissue or other serving utensils.  
Remove all jewelry, nail polish or false nails unless you wear gloves.

### Wear gloves.

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

### If you wear gloves:

- ▶ wash your hands before you put on new gloves

### Change them:

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

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



## WASH YOUR HANDS!



BEFORE STARTING WORK



AFTER USING TOILET



AFTER ANY WORK BREAK



WHEN SOILED BY WORK

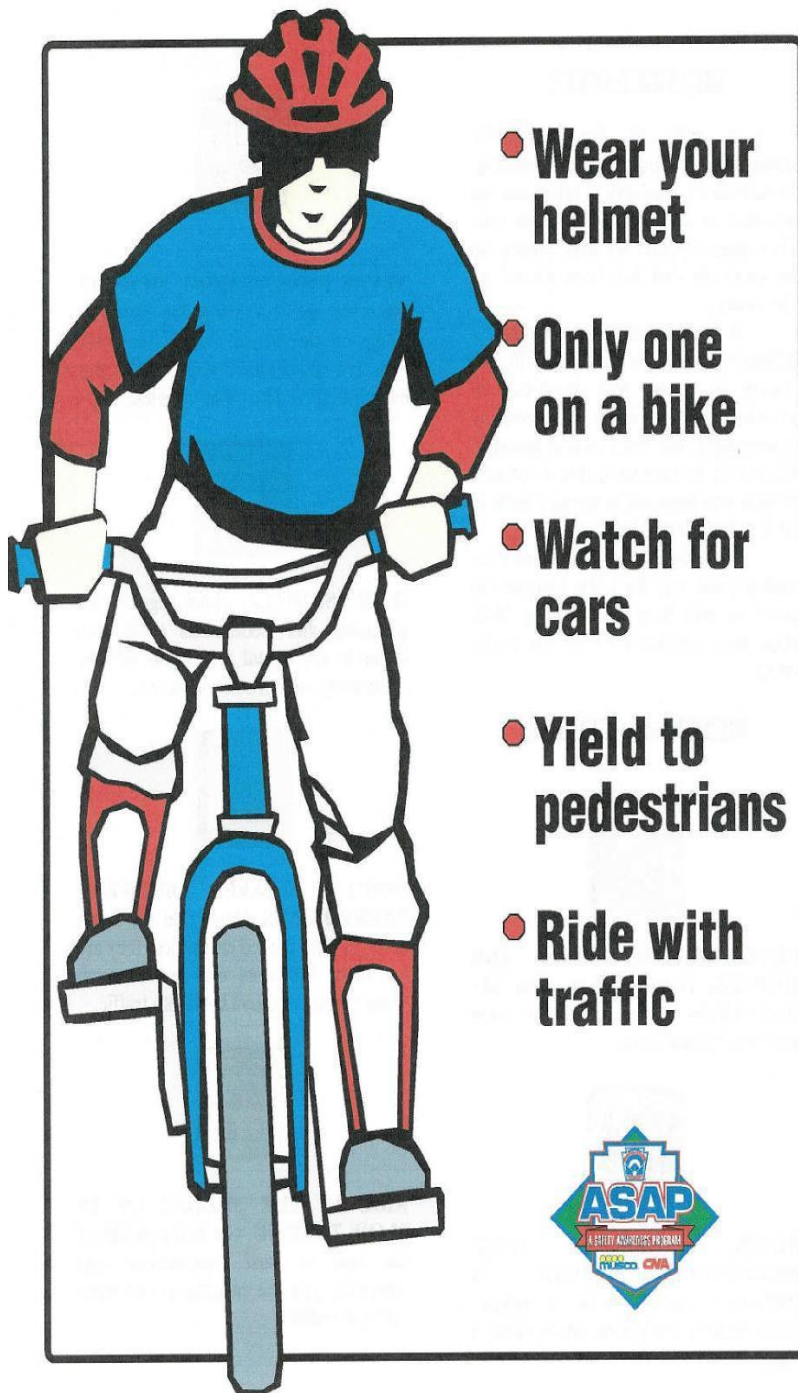


BEFORE PUTTING ON CLEAN GLOVES

**PROTECT YOUR FELLOW WORKERS,  
YOUR CUSTOMERS, YOUR JOB**

Another Service From Your  
HIGHLAND COUNTY  
HEALTH DEPARTMENT  
200 Hobart Drive • Hillsboro, Ohio 45133  
(937) 393-1941





- **Wear your helmet**

- **Only one on a bike**

- **Watch for cars**

- **Yield to pedestrians**

- **Ride with traffic**



## **BICYCLE SAFETY**

In spite of the nationwide increase in the popularity of bicycling, the number of accidents to riders has not increased as rapidly as is the case with other types of traffic accidents, thanks to the emphasis that has been placed on bike safety.

It is estimated there are over 57 million bike riders in America. Still, our country is faced with hundreds of fatalities and thousands of disabling injuries each year from bicycle mishaps. We should be concerned that 4 out of 5 of these accidents are to young people in the 5 to 15 year age bracket.

Since bike riding is generally the most popular way for Little Leaguers to travel to and from the playing field, place more emphasis on bicycle traffic safety.

### **SAFETY TIPS**

**OBEY TRAFFIC SIGNS AND SIGNALS.** Bicycles must drive like other vehicles if they are to be taken seriously by motorists.

**NEVER RIDE WITH HEADPHONES; WEAR A HELMET.** Always wear a helmet. Never wear a headphone while riding a bike.

**NEVER RIDE AGAINST TRAFFIC.** Motorists aren't looking for bicyclists riding on the wrong side of the road. State law and common sense require that bicyclists drive like other vehicles.

**HAND SIGNALS.** Hand signals tell motorists and pedestrians what you intend to do. Signal as a matter of law, of courtesy, and of self-protection.

**DON'T WEAVE BETWEEN PARKED CARS.** Don't ride out to the curb between parked cars unless they are far apart. Motorists may not see you when you try to move back into traffic.

**RIDE IN THE MIDDLE OF IN SLOW TRAFFIC.** Get in the middle of the lane at busy intersections and whenever you are moving at the same speed as traffic.

**FOLLOW LANE MARKINGS.** Don't turn left from the right lane. Don't go straight in a lane marked "right-turn only."

**SCAN THE ROAD BEHIND.** Learn to look back over your shoulder without losing your balance. Some riders use rear-view mirrors.

**CHOOSE THE BEST WAY TO TURN LEFT.** Two (2) choices: (1) Like an automobile – signal, move into the left turn lane, and turn left. (2) Like a pedestrian – ride straight to the far side crosswalk and walk your bike across.

**AVOID ROAD HAZARDS.** Watch out for parallel-slat sewer grates, gravel, ice, or debris. Cross railroad tracks at right angles.

**DON'T PASS ON THE RIGHT.** Motorists may not look for or see a bicycle passing

on the right. Learn to scan the road behind you while riding. Look back over your

shoulder without swerving, or use a rear-view mirror.

**MAKE EYE CONTACT WITH DRIVERS.** Assume that other drivers don't see you until you are sure that they do. Eye contact is important with any driver that might pose a threat to your safety.

**KEEP BOTH HANDS READY TO BRAKE.** You may not stop in time if you brake one-handed. Allow extra distance for stopping in the rain, since brakes are less efficient when wet.

**USE LIGHTS AT NIGHT.** The law requires a white headlight (visible from at least 500 feet ahead) and a rear reflector or taillight (visible up to 300 feet from behind).

**DRESS APPROPRIATELY.** In rain, wear a poncho or waterproof suit. Dress in layers so you can adjust to temperature changes. Wear a sturdy helmet to protect your head. Wear bright colored clothing.

**KEEP BIKE IN GOOD REPAIR.** Adjust your bike to fit you and keep it working properly. Check brakes and tires regularly. Routine maintenance is simple and you can learn to do it yourself.

## **DON'T FORGET YOUR HELMET**

Every year about 800 people die in the U.S. from bicycle crashes. Most of them die from head injuries. Many more suffer severe brain damage. Brain damage can cause learning disabilities, personality changes, and rob your child of the ability to think clearly.

Hospital emergency room studies show that a helmet can help prevent almost 85 % of possible head injuries from accidents.

So you don't want your child riding a bike without a helmet. No matter if they ride on the sidewalk, around your block, or on a bike trail, the fall is from the same height.

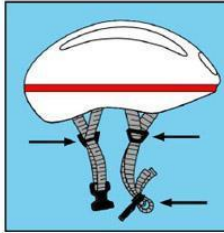
### **MAKE SURE YOUR HELMET FITS**

Helmets are not hats! They must be level on your head and strapped on securely to be protective in a crash.

1. Helmet should be level on the head, not tilted back or sideways.
2. Fitting pads inside should be touching all the way around.
3. Chinstrap should be comfortably snug.
4. With the strap fastened you should not be able to get the helmet off with any combination of twisting and tugging.
5. Helmet should not bump on glasses or sunglasses in the front.
6. Helmet should fit comfortably enough to forget that it is on your head.
7. It will take some time to get it to feel this way.



Wear the helmet flat on the head, not tilted back at an angle!



Make sure the helmet fits snugly and does not obstruct the field of vision. Make sure the chin strap fits securely and that the buckle stays fastened.

## **LITTLE LEAGUE CHILD PROTECTION PROGRAM**

The entire Little League family, from the headquarters staff to the volunteers, knows that the greatest treasure we have is our children. As adults, we want to insure that these young people 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. They are our future, and an endless source of joy.

Unfortunately, there are those among us who would seek to do harm to these children, to rob them of their right to feel safe and grow up in a free and healthy environment. These are child abusers, and although it isn't an easy or pleasant topic for any of us to think about, the fact remains that child abuse happens.

Like many national youth organizations, Little League Baseball seeks to attract the most qualified and enthusiastic volunteers to assist our programs. At the same time, we must be aware that this could make us a target for child abusers, since statistics show that the largest numbers of sexually abused children range in age from 8 to 11 years. Clearly, dealing with child abuse is a major concern for everyone involved in Little League Baseball.

Since Little League Baseball couldn't exist without the time and effort that volunteers and parents donate, it is important to communicate directly with the volunteers. For that reason, this statement on the Little League Child Protection Program should be freely copied and distributed to all adults in the local league.

Defining child abuse is the first step in battling it. Child abuse can take several different forms, and it is important for us to make clear right at the start what the prevention goal of the Little League Child Protection Program is.

The National Center for Missing and Exploited Children, a leading national child protection advocacy group, defines child abuse as "the physically or emotional injury of a child (17 years old and younger) by a person who is responsible for the child's welfare." Although Little League Baseball recognizes emotional abuse as a serious offense that should never be tolerated within the organization, the primary objective of this program is more specific: the protection of Little Leaguers from child sexual abuse, as well as the protection of all adults in the organization from being placed in difficult or uncomfortable situations with the children in their care.

### **DEFINITION OF CHILD SEXUAL ABUSE**

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." This form of abuse could involve a range of sexual activities, from touching to non-touching offenses, and may also include acts that are considered nonsexual, but are done for the gratification of the abuser. This might include talking to a child in a sexually explicit way, voyeurism, or exposure of genitalia to a victim and/or victim's exposure of his or her genitalia.

The second step in stopping child abuse before it happens is knowing who might be a child abuser, and where child abuse might happen. For better or worse, the answer to each question is simple. Where can it happen? Anywhere. Who could be a child abuser? Anyone. However, we

needn't feel that this makes our task impossible.

## MYTHS & STEREOTYPES

Child abuse knows no social, economic or geographical boundaries, but there are a number of statistics at our disposal to help us identify warning signals. What we need to do is separate these facts from the stereotypes that have surrounded child abuse for many years. Let's take a look at some of the fiction and fact, as compiled by Big Brothers/Big Sisters of America.

### FACT or FICTION?

**“Sex abusers are dirty old men.”** Not true. While sex abusers cut across socioeconomic levels, educational levels and race, the average of a sex offender has been established at 32.

**“Strangers are responsible for most of the sexual abuse.”** Not true again. Fact: 80 – 85% of all sexual abuse cases in the U. S. are perpetrated by an individual familiar to the victim. Less than 20% of all abusers are strangers.

**“Most sex abusers suffer from some form of serious mental illness or psychosis.”** Not true. The actual figure is more like 10%, almost exactly the same as the figure found in the general population of the United States.

**“Most sex abusers are homosexuals.”** Also not true. Most are heterosexual.

**“It only happens to girls.”** While females do comprise the largest number of sexual abuse victims, it is now believed that the number for male victims is much higher than reported.

This last item on our list points to one of the greatest obstacles in identifying sexual abuse cases: Sexual abuse is shrouded in secrecy. This is because often abusers scare children into silence by saying things like: “This must be our secret...if you tell, something awful will happen.”

Child victims are made to feel as though they've brought the abuse upon themselves; they're made to feel guilty.

For these reasons, 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. Clearly, there is a need within our organization for education on the subject of sexual abuse. Children need to understand that it's never their fault, and both children and adults need to know what they can do to keep it from happening.

## EDUCATION and PREVENTION of CHILD ABUSE

Education is the most important tool for both our children and our adults. It empowers them to recognize potentially compromising situations, and it places a barrier between abusers and their victims. Here are a few education and prevention suggestions for our Little League volunteers and children.



1. **Meet with them.** Since Little League Baseball operates with a number of volunteers, our membership changes from year to year. Thus, it's important to hold regular meetings in which both volunteers and parents can talk about child abuse, and ask questions.
2. **Make our position clear.** Little League Baseball has a clear defined policy for dealing with child abuse, as spelled out in this policy statement. Make adults and kids aware that Little League Baseball will not tolerate child abuse in any form.
3. **Stress the role of adults.** Children should be encouraged to take an active role in protecting themselves, but ultimately the responsibility for ensuring their safety rests with us, the grown-ups. We are better able to identify the potentially uncomfortable situations, for ourselves as well as for them. The welfare of our Little Leaguers is the highest priority in any situation.
4. **Encourage the "Buddy System".** It's an old maxim, but it's true: there is safety in numbers. Encourage our kids to move about in groups of two or more children of similar age, whether an adult is present or not. This includes travel, leaving the field, or using the rest room areas. It's far more difficult to victimize a child if they're not alone.

## GENERAL GUIDELINES

In addition, the basic safety procedures that Little League Baseball follows as a general rule can also be applied specifically to the identification and prevention of child abuse situations. Adhered to properly, these guidelines can enable children and adults to better protect themselves.

**Rides** – Children dropped off too early or picked up late are targets. Little League parents and volunteers should be encouraged to pick up and drop off on time. Children should be warned about strangers; about not riding with them and about telling someone if strangers approach them.

**Access** – Controlling access to areas where children are present (such as the dugout or locker rooms) protects them from harm from outsiders. It's not easy to control the access of large outdoor facilities, but visitors could be directed to a central point within the facility. Individuals should not be allowed to wander through the area without the knowledge of the Little League volunteers.

**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.

**Travel** – When traveling with the team, make sure that children are sharing rooms with Little Leaguers of the same age. Girl's rooms should not be adjacent to boy's rooms, and rooms should not have adjoining access, either between children or children and adults.

**Shower and toilet facilities** – Generally, 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

restroom areas. There can sometimes be special circumstances under which a child requires assistance to toilet facilities, for instance within the Tee-Ball and Challenger divisions, but there should still be adequate privacy for that child. Again, we can utilize the “buddy system” here.

### **A Five-Step Screening Process to Rooting out Child Abuse**

Once we know what child abuse is, and where to look for it, we are better able to prevent potential child abusers from entering the ranks of Little League Baseball. Another aspect of this prevention is screening all applicants who wish to be Managers, Coaches, Board of Directors and any other persons, volunteers and/or hired workers who provide regular services to the league and/or have repetitive access to, or contact with, players or teams.

The term “volunteer and/or hired worker” in this context refers to every person in the organization coming in contact with the kids (program workers, coaches, bus and car-pool drivers, maintenance workers, etc.). The goal is to find caring, competent individuals who can provide a safe, positive climate for Little Leaguers.

Little League Baseball requires a Five-Step Process for selecting individuals to fill these positions:

1. **Application** – All local leagues are required to use the Official Little League Volunteer Application for all Managers, Coaches, Board of Directors and any other persons, volunteer and/or hired workers who provide regular service to the league and/or have repetitive access to, or contact with, players or teams. A copy of valid government-issued photo identification must be attached to the application.

#### **All Dimond-West Little League volunteers will fill out the Official Little League Volunteer Application.**

2. **Background Check** – A background check in compliance with Regulation I (c) 8 and 9 must be conducted on every individual that is required to complete a volunteer application. The individual is required to consent to a background check on the volunteer application. The process for background checks can differ from state to state; so local league officials will want to be certain of how their state governs such action. Information regarding background checks is available at [www.littleleague.org](http://www.littleleague.org).
3. **Interview** – The applicant should be made fully aware of the position of Little League Baseball regarding child abuse. No person who is a known child sex offender shall be given access to children in the Little League program.
4. **Reference Checks** – This is important to determine if any information from the references differs from that garnered from the employment application and/or during the course of the interview.
5. **Exclusion of Certain Individuals** Any individual who has been convicted of and plead guilty to a crime against minors must be excluded from participating in any manner in the league. The league president should inform parents of all children who have had contact through the league with the excluded individual of any Public Record information that is the basis of the league’s decision to exclude the individual. Public Records are documents received from a governmental body/agency that are available to

the general public.

Volunteers are important to the operation of the local leagues of Little League Baseball, Incorporated. However, to protect the children involved in the local leagues, it is necessary to require the volunteers to complete a volunteer application and consent to a background check. In order to protect the privacy of volunteers, the following procedure has been established:

1. The local league president shall retain the volunteer application and any attached documents on file for the year of service.
2. The local league president shall only share any personal non-public record information contained in the volunteer application or attached documents with other league officers in order to make personnel decisions.
3. After the local league has completed operation for a season the league president shall dispose of the volunteer applications and all attached documents from that year except those the league has taken action or made a decision based upon the information contained in the volunteer application or attached documents.
4. If the local league has taken action or made a decision based upon the information in the application or attached documents, the league president shall retain those volunteer applications and attached documents on file.

### **REPORTING and ENFORCEMENT OF CHILD ABUSE**

Sadly, no matter how much education and prevention we put in place to stop child abuse, it can still happen. In the unfortunate instance that a case of child sexual abuse is suspected and/or reported, specific steps should be in place to deal with the situation. Let's look at these.

**Reporting** – Although child abuse reporting laws vary from state to state, there is some consistency to them and their general intent is to encourage reporting suspected child abuse to child protective services, including law enforcement agencies. If an individual suspects a case of abuse within their league, they should go through their League President and District Administrator, who will forward them to the proper law enforcement agency.

**Investigating** – An individual and alternate with significant professional background should be chosen by the league from the community 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/Terminating** – When an allegation of abuse is made against a Little League volunteer, it is the duty of the organization 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. The Nonprofit Risk Management Center urges Little League organizations to develop policies on suspension and termination of volunteers with a lawyer who can advise about their effects on the rights of the alleged abuser.

**Immunity from liability** – According to Boys and 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 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.

## **CHILD ABUSE: A FIVE STEP REVIEW**

**Know what it is, and where to look.** Defining child abuse, and separating the truth from the myths, better enables us all to spot potentially dangerous situations.

**Educate parents, volunteers and children.** They need to be supplied with the information necessary to protect everyone. Let the children know that it’s never their fault.

**Follow safety procedures.** Employing basic rules, such as the “buddy system”, can keep child abuse from happening in the first place.

**Screen applicants carefully.** An effective three-step plan can keep potential child abusers out of our Little League programs, and keeps our kids safe.

**Don’t be afraid to speak out.** Both Little League children and adults need to feel safe to come forward. If an individual honestly feels something is wrong, the laws are in place to protect them.

## **STATE OF ALASKA CHILD ABUSE REPORTING**

### **CALL 911 IF LIFE THREATENING**

Police contact phone numbers are listed on page 7 of this manual under the Non-Emergency Phone Numbers.

National Child Abuse Hotline	(800) 422-4453
STAR Crisis Line	(800) 478-8999
Sexual Assault Response Team (SART)	(907) 264-1408
Child Abuse Prevention Anchorage	(907) 269-4000
Office of Children’s Services (OCS) Anchorage	(907) 269-4000

# Coaches Code of Conduct

## CODE OF CONDUCT – Coaches are Role Models

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

**George Colby**  
Easton, Conn., Little League, District 2

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

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

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

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

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

**No Playing on and around law/maintenance equipment.**

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

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

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

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

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

**Observe all posted signs.** Players and spectators should be a lot at all times for foul balls and errant throws.

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

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

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

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

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

