

# Enfield Little League



2021

SAFETY PLAN

for

Managers & Coaches



# Enfield Little League

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## COVID 19 & Enfield Little League Mitigation Plan

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This plan is intended to be used as guidance for players, parents, caregivers, coaches, umpires, league officials, families, and spectators. The guidance below is taken directly from littleleague.org and the CDC. It also contains Enfield Little League Specific guidelines we will follow whether practicing, playing at home or on the road. These guidelines will be in effect until the State of Connecticut says it is safe to resume activities without mitigation efforts. At that point Enfield Little Leagues' Board of Directors will convene to discuss how we go forward at that point. We are keenly aware of the various strains of Covid-19, including the new strain detected in the USA, plus the ongoing efforts to vaccinate the public. These guidelines may change based on any new information provided by the federal government and or the State of Connecticut. As of the current date these guidelines will help protect all stake holders to the best of our abilities.

### Wash Your Hands Often:

- Wash your hands often with soap and water for at least 20 seconds, or about the time it takes to recite the Little League Pledge twice, especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a hand sanitizer that contains at least 60 percent alcohol. Cover all surfaces of your hands and rub them together until they feel dry. Leagues are encouraged to provide handwashing stations and/or hand sanitizer, if possible.
- Avoid touching your eyes, nose, and mouth.
- Players are encouraged to bring their own hand sanitizer for personal use. Hand sanitizer should be placed in all common areas off-field for easy use.

### Cover Your Mouth and Nose with a Cloth Face Covering When Around Others:

- You could spread COVID-19 to others even if you do not feel sick.
- Everyone should wear a cloth face covering when they have to go out in public, for example in public areas around your Little League fields and parks.
- Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- The cloth face covering is meant to protect other people in case you are infected.
- Do NOT use a [facemask meant for a healthcare worker](#), as it is important for these facemasks are available for those professionals needing that personal protective equipment.

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- Continue to keep six feet between yourself and others. The cloth face covering is not a substitute for social distancing.

## Cover Coughs and Sneezes:

- If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- Throw used tissues in the trash immediately.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60 percent alcohol.

## Social Distancing:

- All players, coaches, volunteers, independent contractors, and spectators should practice social distancing of six feet wherever possible from individuals not residing within their household, especially in common areas. For situations when players are engaging in the sports activity, see On-Field Guidance below for more information.
- Avoid close contact with people who are sick.
- Stay home as much as possible.

## Self-monitoring and quarantine:

- All individuals should measure their body temperature to ensure that no fever is present prior to participating or attending each Little League activity. Anyone with symptoms of fever, cough, or worsening respiratory symptoms, or any known exposure to a person with COVID-19 should not attend any Little League activity until cleared by a medical professional (CDC: [Resource: If You Are Sick or Caring for Someone](#) | [PDF Download](#)).
- Any individual, including players, at risk for severe illness or with serious underlying medical or respiratory condition should only attend Little League activities with permission from a medical professional.”

## ENFIELD LITTLE LEAGUE COVID-19 SPECIFIC RULES GOVERNING:

- Winter Workouts
- Practices
- Home Games

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- Away games

**Winter Workouts** – At all winter workouts all players and coaches will do the following:

- All parents will be informed to keep their child home if they have any symptoms of a cold. The same goes for the coaches.
- All coaches and players will wear masks that cover their nose and mouth at all times.
- All coaches and players will have their temperatures taken before entering the building along with being asked how they are feeling.
- All coaches and players will have their hands sanitized before and after their workout.
- All players and coaches will maintain physical distancing as often as teaching permits.
- All players and coaches will use their own equipment and bring their own beverages.
- All players will setup an area for their equipment that is at least 6ft from another player's area.
- Anyone that uses a bathroom will also have their hands sanitized upon their return to practice.
- No more than 2 coaches and 12 players will be allowed to practice at any given time. No exceptions.
- Any team meeting held while at winter workouts will follow the 6 feet of social distancing guidelines.

**Practices** – At all outdoor practices all players and coaches will do the following:

- All participants will be asked how they are feeling. All coaches will write the team parents informing them that if their child is not feeling well in any way they should keep their child home and email their coach.
- All coaches and players will wear masks that cover their nose and mouth.
- All coaches and players will have their temperature taken prior to being admitted to practice along with being asked how they are feeling.
- All coaches and players will have their hands sanitized before and after practice.
- Once everyone is checked in, and at least 6ft of distance between coaches and players is achieved masks can be removed. Any time during instruction coaches must put on their masks if they get within 6ft of a player.
- All players and coaches will use their own equipment. If a coach has to fix something for a player or pick up something that belongs to a player they must sanitize their hands. Coaches should try to

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avoid picking up a player's equipment. If they have to handle a player's equipment then they should do so in a safe manner.

- An area, outside of the dugout, will be established that is strictly for players' chairs, beverages and equipment. No one besides that teams coaches and players are allowed in this dugout area. This will be clearly marked at the field and all players, coaches, family, and spectators will be made aware of these safety areas. At least one coach will make sure players are following the rules.
- Only coaches will be permitted in the dugouts in Enfield and wear masks when 6ft of distance can't be maintained. Players will be permitted to pass through the dugouts to gain access to the fields.
- Parents and spectators will be permitted, at state capacity levels, at practices but will be directed they can observe from the outfield areas beyond the fences. They should physical distance and wear a mask to protect themselves and others.

**Home Games** – At all games held in Enfield all of the following rules will be followed by the leagues Umpires, Coaches and Players, this goes for visiting teams as well.

- An announcement will be made, if possible, to remind all visitors of the safety areas setup for teams, coaches and umpires.
- All Enfield coaches, players and families will arrive to their game wearing a mask.
- All games in Enfield will have a clear boundary where ONLY umpires, coaches and players of that game will be permitted within. Within that area both teams will also have separate dugout spaces available that permit players to have 6 feet of space between themselves and a teammate.
- Visiting teams and their league Presidents will be made aware of Enfield's safety guidelines prior to the start of each season. Enfield Coaches will be encouraged to email visiting coaches to remind them of Enfield's safety program.
- Upon arrival all Enfield players and coaches will be asked how they are feeling, will have their temperature taken, and their hands sanitized. All players and coaches will keep their masks on until at least 6 feet of distance exists between all members of the team.
- Umpires will wear masks that cover their nose and mouth.
- Umpires will not handle any game balls. Each team will provide their own balls to their team and the Umpire will visually check whether the balls are approved for league use. Each team will go after their own baseballs that they can safely retrieve.
- Umpires can call balls & strikes from behind the pitcher or at home. This will depend on state guidance.
- Umpires will maintain 6 feet of distance from players. Obviously certain situations will arise that violate this rule. We understand that is part of the game. But physical distancing must be a goal for all participants.
- All players will be taught to exit the field while staying 6 feet apart.
- All Enfield players will put on their mask once they reach base. They will request time from the umps to do so.

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- All coaches will wear their masks until they reach the base coaching boxes. If no one is on base, coaches will not need their masks up. Once a baserunner is on base, all Enfield base coaches will pull up their masks.
- We will not be doing handshakes or high fives in Enfield. Enfield teams will line up along the baselines, remove their hats, and say “Good Game” to their opponents.
- Post-game team meetings will follow the 6 feet of physical distance rules.
- There will be no blowing on your hand on the mound by pitchers.
- While on defense players can wear their masks if they want to.
- Enfield players will bring and use their own chair, equipment, and beverages. Our coaches should remind visiting teams of these needs as well as the dugout rules.
- The water fountains will be turned off. Please inform visiting teams.
- At the end of each game, all Enfield players and coaches will have the hands sanitized a second time before leaving.
- All dugouts in Enfield are not to be used except by a team’s coaches and only for players to pass through on their way to the field. No exceptions. All coaches will inform/remind opposing teams’ coaches of this rule.
- If a coach has to pick up a player’s equipment they should do so by using a cloth or gloves and grab the equipment from an area that is less likely to be touched by the player.
- While at bat, batters do not need to wear their masks. But they certainly can wear one if they want.
- The use of the concession stand will have to be revisited as we get closer to the start of the season. At this point there won’t be any preparation of any food or drink. Prepackaged items availability will have to be discussed further. Anyone that might end up working the concession stand will have to wear a mask and sanitize their hands.

**Away games** – All Enfield teams will follow Enfield rules when visiting another team’s field. If the rules at an away game surpass our measures, then Enfield teams will follow those rules on top of the rules Enfield is following. If a coach feels the behavior of another team, coach, or umpire endangers our players and families the coach will reach out to our League President to get further guidance on how to proceed.

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In 1995, Little League Incorporated introduced ASAP (A Safety Awareness Program) to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League and with the goal of re-emphasizing the primary importance of safety to local little leagues around the United States. In order to be an ASAP compliant league, a Little League approved Safety Plan that meets certain acceptance criteria must be filed before the start of each season. Enfield Little League annually fulfills this requirement.

## Little League Safety Plan

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The purpose of the Enfield Little League Safety Plan is to develop guidelines for increasing the safety of activities, equipment, instruction and facilities through education, compliance, and reporting. In support of this goal, Enfield Little League also commits itself to providing the necessary organizational structure and focus to develop, monitor, and enforce compliance with all aspects of the plan.

The Safety Plan includes the Code of Conduct and Safety Code adopted by the Enfield Little League Board of Directors. These documents outline specific safety related policies and procedures of the League. All participants, volunteers, employees, spectators, and guests are bound by the guidelines set forth in these documents.

## League Safety Officer & Committee

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The League Safety Officer is an elected Member of the Enfield Little League Board of Directors. This individual acts as the Enfield Little League primary point of contact for the safety issues and is responsible to review, modify and communicate the League's Safety Plan each year. The plan is presented to the Board for approval and ratification in February or March prior to each upcoming season.

The League President and Safety Officer have primary responsibility for ensuring compliance with the Safety Plan. However, the entire Enfield Little League Board of Directors, elected League Officers, and Board Approved Managers and Coaches share in the responsibility to ensure awareness and compliance with the Safety Plan relative to their respective position or office.

### **The Safety Officer:**

**The Safety Officer** of Enfield Little League is mainly responsible for the development and implementation of the League's safety program. The Safety Officer is the link between the Board of Directors of Enfield Little League and its managers, coaches, umpires, team safety officers, players, spectators, and any other third parties on the complex in regards to safety matters, rules and regulations.

**The Enfield Safety Officer and the Safety Committees' responsibilities include:**



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- Coordinating with the individual Team Managers/Coaches & Officers in order to provide the safest environment possible for all.
- Assisting parents and individuals with insurance claims and will act as the liaison between Little League International, the insurance company and the parents and individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Keeping the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions (major, coast, minors, and tee ball), at what times, and who was under what supervision at the time of the injury.
- Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future.
- Ensuring that each team receives its Safety Manual and its First-Aid Kit at the beginning of the season.
- Re-stocking the first aid kits as needed.
- Make Little League's "no tolerance with child abuse" clear to all.
- Checking fields with the Managers and listing areas needing attention.
- Scheduling a Safety Clinic for all managers, designated coaches, umpires, player agents and team safety officers during the pre-season.
- Creating and maintaining all signs at the ball fields, including No Parking signs, No Smoking signs, No Pets Allowed, batting cage rules, cautionary signs etc....
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
- Making spot checks at practices and games to make sure all managers have their First-Aid Kits and Safety Manuals.
- Tracking all injuries and near misses in order to identify injury trends and report to Little League District Eight and Little League International and insurers.
- Making sure that safety is a monthly Board Meeting topic, allowing experienced people to share ideas on improving safety with the board, coaches, volunteers and members, and keeping current on safety equipment.

## **The Safety Committee:**

For 2021, the Enfield Little League will maintain a League Safety Committee comprised of the League Safety Officer, President, Exec VP Baseball and Softball, the Umpire in Chief, Field Services, and the Equipment Managers for Baseball and Softball. This committee will have the primary responsibility for the initial annual review of the Safety Plan and to monitor the number of injuries and accidents that occur during the season. The Safety Committee will recommend courses of action regarding any safety issues that may present itself to the League. For example, it is envisioned that this committee will meet to assist the League Safety Officer in preparing revisions and updates to the League Safety Plan, which will then be distributed to the Board for comment. The 2021 League Safety Committee consists of the following members:

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League Safety Officer– Timothy J. Norris (860)874-6154	President – Mark Cekala (860) 478-1947
Exec. VP Baseball – Sean King (203) 410-1669	Field Manager – Len Whitten (860) 944-0445
Equipment Manager – John Thompson (860) 978-6805	

## Rules Committee

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Each year, the Enfield Little League Local Rules and Policies are reviewed and amended with the input of the Rules Committee, chaired by the Executive VP's of Baseball and Softball, respectively. The Local Rules as amended have been approved by a vote of the Board of Directors. Areas such as competitive balance, player participation, pitch count, speed of play, and safety are discussed, and any changes or additions are presented to the Board for discussion and/or ratification. Each year, these committees evaluate the Local Rules and consider necessary changes, additions and/or improvements.

## Volunteer Application

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Enfield Little League requires that all of the following personnel have annually submitted a fully completed official "Little League Volunteer Application" (located on [www.Enfieldlittleleague.org](http://www.Enfieldlittleleague.org)) and a copy of valid government issued photograph identification to the President or Safety Officer for conducting a national background check that at a minimum includes: review of sex offender registries, child abuse and criminal history records for approval of such volunteer, prior to the applicant assuming his/her duties for the current season: Board of Director members, Umpires, Managers, Coaches, and any other persons, volunteers or hired workers, who provide regular service to the league and/ or have repetitive access to, or contact with, players or teams. Failure to submit a completed Little League Volunteer Application for the current year with a copy of valid government issued photograph identification and social security number as required by the league and upon request makes that adult unable to maintain ELL membership and that adult or child volunteer is unable to volunteer in any capacity with ELL. The "Little League Volunteer Application" must be maintained by the president of the Enfield Little League's board of directors for all personnel named above, for a minimum of the duration of the applicant's service to the league for that year. Failure to comply with this regulation by ELL may result in the suspension or revocation of tournament privilege.

Enfield Little League will conduct an annual national background check on all personnel that are required to complete a "Little League Volunteer Application" prior to the applicant assuming his/her duties for the current season. Enfield Little League shall not permit any person to participate in any manner, whose background check reveals a conviction or guilty plea for any crime involving or against a minor. Enfield Little League may prohibit any individual from participating as a volunteer or hired worker if the league deems the individual unfit to work with minors. Enfield little league must conduct a search of the applicable government operated statewide sex offender registry and nationwide sex offender registry. Failure to comply with this regulation may result in the suspension or revocation of tournament privileges and/or if Enfield Little League becomes aware of information, by any means whatsoever, that an individual

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including, by not limited to, volunteers, players and hired workers, has been convicted of or pled guilty to any crime involving or against a minor, the local league must contact the applicable government agency to confirm the accuracy of the information. Upon confirmation of a conviction for, or guilty plea to, a crime against or involving a minor, the local league shall not permit the individual to participate in any manner.

Additionally, no individual may serve as ELL treasurer or have any ELL bank or other financial account signor authority or status who has any history of any criminal conviction for theft, forgery, conversion of property, possession of stolen property, robbery, burglary, moral turpitude, other similar misdemeanor, or felony conviction history.

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## Managers & Coaches Responsibilities

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### Managers and Coaches:

**The Manager** is a person selected through a manager selection committee and appointed by the President of ELL to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

- **The Manager** shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
- **The Manager** is also responsible for the safety of his/her players. He/She is also ultimately responsible for the actions of designated coaches.
- If a **Manager** leaves the field, that **Manager** shall designate a **Coach** as a substitute and such **Substitute Manager** shall have the duties, rights, and responsibilities of the **Manager**.

### Managers Must:

- Take possession of this Safety Manual, the Player Expectation Manual and the First-Aid Kit supplied by ELL and bring each to all practice or games.
- Make sure that *telephone access* is available at all activities including practices. It is required that a *cellular phone* always be on hand for emergencies.
- Attend a **mandatory training session** on Safety, concussion/head injuries, injury prevention and First Aid given by ELL. At least one team representative is required to attend each year (either coach or manager)
- Attend the fundamentals training (at least one coach or manager) from each team must attend annually (training qualifies the volunteer for three years but one team representative must attend annually)
- Teach players the **fundamentals** of the game while advocating safety, including but not limited to:
  - Catching fly balls
  - Sliding correctly
  - Proper fielding of ground balls
  - Simple pitching motion for balance, mechanics, and technique
  - Batting positioning, loading, swinging, ball contact and safety
- Not expect more from their players than what the players are capable of.
- Notify parents that if a child is injured, sustains a suspected concussion, or ELL, he or she can not return to practice unless they have a note from their doctor. This **medical release** protects you if that child should become further injured or ELL. **There are no exceptions to this rule.**

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- Encourage players and volunteers to bring *water bottles* to practices and games. Also, strongly encourage parents that they bring ***sunscreen*** for themselves and their child.
- Insure all their coaches and volunteers have submitted completed current year volunteer application forms accompanied by social security number and government issued picture identification to the Safety Officer for background checks and not permit anyone to assist with practice or games or have substantial contact with ELL children who have not complied with this requirement.
- Ensure all Concussion Information, Medical Release, and Parent/Player Code of Conduct forms are executed by players and parents and supplied to you before a player may attend practice or games with Enfield Little League.

## Prior to the Game Managers will:

- Work with the umpire to walk the field prior to the game for hazards. Look for rocks, glass, holes etc. and correct if feasible. It is the coach/managers ***responsibility*** to assure the players safety during the game. If there is a facility issue, report it to the Division Director, Field Manager and Safety Officer.
- Work with the umpire to inspect the player's equipment before use. If a player has bad equipment: it is recommended it be made unusable to stop the player from "saving" it from waste.
- Ensure the players warm up prior to the game, are ready to play, are not injured or sick
- Make sure there is a phone and a first aid kit immediately available.

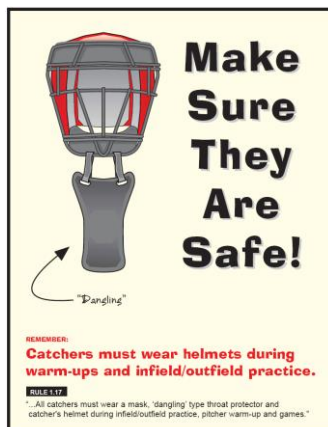


## During the Game Managers will:

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

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- Keep players **alert** and maintain **discipline** at all times.
- Be **organized**. Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the **proper equipment**.
- Encourage everyone to think **Safety First**.
- Observe the **"no on-deck"** rule for batters and always keep players behind the screens. No player should handle a bat in the dugouts at any time.
- Keep players off the fences. No one should be climbing the fences; this is a preventable injury.
- Get players to **drink** often so they do not dehydrate. Get players to apply a generous amount of sunscreen.
- **Never allow children to play if they have sustained or you suspect concussion or head injury or are injured.**
- Do not allow players to use poor fitting or defective equipment, it is highly recommended that the player's equipment is made unusable to prevent a player from "saving" their equipment from discard. If it is league owned, arrange to have it replaced by the equipment manager.
- Always attend to children that become injured in a game. You must **notify parents if their child has been injured** no matter how small or insignificant the injury is. **There are no exceptions to this rule.** This protects you, Little League Baseball, Incorporated and ELL. If there was an injury, make sure all accident report forms are filled out and promptly provide the forms and information to the ELL Safety Officer.
- Supervise ejected, ill or injured players until released to the parent, guardian, or person the parent or guardian designates.
- Discuss any safety problems that occurred before, during or after the game with the ELL Safety Officer.
- Ensure players utilize baseball/softball equipment appropriate for age, division, and ability as allowed under Little League Baseball and Enfield Little League local rules. (This is intended to encompass all Little League rules on composite bat restrictions and managers are to keep themselves updated on website updates during the season for such).



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## Code of Conduct

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The Enfield Little League Code of Conduct has been adopted by the Board of Directors. This Code is enforced by the League Safety Officer, the League President, the League's Vice Presidents, League Managers, and Umpires. All league officers, coaches, participants, members, parents, and volunteers are required to abide by this code. Based on input and feedback, the League Safety Officer will suggest revisions or modifications to this Code of Conduct from year to year, as necessary. In the 2009 season, a Parental Code of Conduct was implemented and approved by the Board. For 2019, this was adjusted to include players, and Board approved as a mandatory form to be signed by players and parents/guardians. Coaches/Managers are also expected to sign this form.

### Code of Conduct:

- Speed Limit 5 mph in roadways and parking lots while attending any Enfield Little League function. Watch for small children around parked cars.
- No Alcohol allowed in any parking lot, field, or common areas within any Enfield Little League complex or venue.
- No playing in parking lots at any time, use Crosswalks when crossing roadways and always be alert for traffic.
- All gates to the field must always remain closed. After players have entered or left the playing field, all gates should be closed and secured.
- During games respect umpires and their authority and do not question, discuss, or confront them on any of their calls or decisions.
- Only team Managers and Coaches can coach players during games. Managers and Coaches are not to be questioned or confronted during games or practices and are to be spoken with at an agreed time and place. Preferably the day after a game or practice.
- Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Use of profanity or unsportsmanlike conduct at Little League venues will not be tolerated.
- No throwing balls against dugouts or against backstop. Catchers must be used for all batting practice sessions.
- No throwing baseballs at any time within the walkways and common areas of an Enfield Little League complex. Also, no rock throwing.
- Do not allow children or players to climb fences or backstops.
- Pets are not permitted at games or practices.
- Observe all posted signs. Players and spectators must be on alert for foul balls and errant throws. Do not retrieve balls or other items from private property.
- During game, players must always remain in the dugout in an orderly fashion.

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- During games, there is to be no food or snacks consumed in the dugouts or on the field of play.
- **No tobacco product use by coaches, managers, or players at any time on field or in dugout.**
- After each game, each team must clean up trash in dugout and around stands.
- There is ZERO tolerance for child physical, emotional, or sexual abuse.
- Sexual harassment or discrimination based on race, color, gender, ethnicity, national origin, or sexual orientation will not be tolerated by ELL.

***Failure to comply with this Code of Conduct may result in expulsion from practice, games, playoffs, All Star play and or any fields ELL uses for such.***

## Safety Code

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The Board of Directors has adopted the Enfield Little League Safety Code. All league officers, participants, members, and volunteers are required to abide by this code. On game day and during practices it is expected that team managers and umpires will take actions necessary to comply with this code. The League Safety Officer will monitor compliance and make revisions to the Safety Code from year to year, as necessary.

### **Enfield Little League Safety Code:**

- Little League Rules and the Safety Manual will be enforced during all league activities.
- A comprehensive survey shall be conducted each year for all fields used by Enfield Little League, and the results documented on appropriate forms.
- To contact emergency medical services access to a fixed or mobile telephone is required for every league activity. Such arrangements should be confirmed prior to starting all games and practices.
- Managers, coaches, and umpires will be provided with basic training in first aid, concussion and head injury detection and issues, proper mechanics/fundamentals, and the Little League philosophy. More advanced training is available to coaches and teams upon request.
- First-aid kits are issued to each team manager and shall be present at each Little League game or practice.
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Managers and/or umpires shall walk the fields and inspect for hazards prior to using the field. Play area should be inspected frequently for holes, damage, rocks, glass, and other foreign objects that could cause injury.
- All team equipment should be stored within the team dugout, or behind screens, and not within areas defined by the umpires as "in play".
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and coaches.



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- Procedure should be established for retrieving foul balls batted out of playing area. Do not retrieve balls from private property.
- During practice and games, all players should be alert and watching the batter on each pitch.
- Only a player on the field called to bat by the umpire may swing a bat (Age 5 - 12). No on deck position or swings are permitted. And only when called to bat by an umpire may a player pick up a bat, proceed to the batter's box and take a couple of practice swings along the way. At all times, players need to be alert of the area around them when swinging bats.
- No swinging bats at any time within the walkways, common areas, on deck position and dugouts.
- During warm-up drills, establish enough space between players so that no one is endangered by wild throws or missed catches.
- Equipment should be inspected regularly for condition, proper fit, and compliance with Little League Baseball rules and regulations.
- Batters must wear Little League approved protective helmets during batting practice and games.
- Catcher must wear catcher's helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter (males) always for all practices and games. NO EXCEPTIONS. Managers will encourage all other male players to wear protective cups and supporters for practices and games.
- The Catcher must wear a catcher's helmet and mask with a throat guard while warming up pitchers. This applies to before games, between innings and in the bullpen during all games and practices. NO EXCEPTIONS.
- Managers and Coaches may not catch for a pitcher before or during a game, this includes standing at the backstop during practice as informal catcher for batting practice.
- Except when runner is returning to a base, headfirst slides are not permitted.
- During sliding practice, bases should not be strapped down or anchored.
- Breakaway bases only are placed on Major and Minor (Coast) level league fields. Anchored bases are not allowed.
- At no time should "horse play" be permitted on the playing field.
- Parents of Players who wear glasses should be encouraged to provide "safety glasses".
- Parents of all players and players should be encouraged to have players use mouth guards and batting helmets with face guards.
- Remove watches, rings, pins or other jewelry during games and practices.
- Pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus, endanger spectators (i.e., playing catch, pepper, swinging bats, etc.).
- Reduced impact balls are to be used for T-ball, A, and AA level play and considered for practice use at the start of the season in AAA play level.
- Players are to be encouraged to drink water, or sports drinks in moderation during practice and games.

# Enfield Little League

- No children under the age of 16 are to be permitted unaccompanied in the concession stands without approval of the Concession's manager, Sales Manager or ELL Executive board member.

Remember, safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the League Safety Officer or another board member immediately. Do not play on a field that is not safe or with unsafe playing equipment. Be sure your players are always fully equipped, especially catchers and batters. Also, check your team's equipment often.

# Enfield Little League

## Guidelines for Use of Batting Cages

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Enfield Little League has implemented the following guidelines for use of batting cages:

- Adult supervision is always required when the batting cage is in use.
- If a pitching machine is used to deliver the balls, the pitching machine must be operated by an adult.
- Pitching machine, dimpled balls, are the only balls allowed to be used with pitching machine.
- Only one batter and one pitcher/pitching machine operator are allowed in the cage at a time.
- The pitcher/pitching machine operator must use an “L” fence protector or screen.
- If possible, always lock/secure the batting cage when not being used by the league.
- Enforce helmet and cup use for everyone in the batting cage, hitters and pitchers.
- Place second fence around the batting cage at a safe distance or give verbal warnings to those too close to keep people from being struck by balls hit into the netting and causing the netting to flare out.
- The only one to hold a bat will be the batter in the cage; all others will leave the bats on the ground, i.e. no swinging bats outside the batting cage.

# Enfield Little League

## Reporting Accidents & Injuries

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All managers, coaches, parents, umpires, and volunteers should use the following procedures for reporting injuries.

### Emergency Phone numbers

**Call 9-1-1 in any emergency or for urgent medical assistance.** Cell phone callers will be connected to the Enfield Police dispatcher depending on which field you're calling from. Stay on the line and provide information requested by the dispatcher including the location of the field or practice area you are calling from.

For non-emergency calls contact:

- Enfield Police Dept: (860) 763-6400
- Saint Francis Care: (860) 714-2750 | 7 Elm St, Enfield 06082
- Johnson Memorial Hospital:(860) 684-4251 | 201 Chestnut HELL Rd, Stafford Springs 06076
- Baystate Hospital: (413) 794-0000 | 759 Chestnut St., Springfield, MA, 01199

### Field Addresses for Emergency dispatch

Veterans Field	South Rd. Enfield CT 06082
Asnuntuck Community College	170 Elm St Enfield CT 06082
Powder Hollow Park	Dust House Rd Enfield CT 06082
Enfield Annex	124 North Maple St., Enfield, CT 06082
Parkman Elementary	165 Weymouth Rd Enfield CT 06082
Prudence Crandall School	150 Brainard Rd Enfield CT 06082
Hazardville Memorial	68 N Maple St Enfield CT 06082
Osborn	192 S Water St East Windsor CT 06088
Pesci	Center St. Windsor Locks CT 06096
Somers	600 Main St Somers CT 06071
Welch Park	45 Niles Rd Windsor CT 06095
Christian Field	555 Hale Suffield CT 06078
John Fitch Park	157 Bloomfield Ave Windsor CT 06095
BELL Lee Field 3	75 Rockwell Ave Bloomfield CT 06002
Salmon Brook Park 2	215 Salmon Brook St Granby CT 06035
Ellington	CT-140 Ellington CT 06029

# Enfield Little League

South Windsor	138 Ayers Rd South Windsor CT 06074
Tolland 1	167 Rhodes Rd Tolland CT 06084
Tolland 2	64 Cider MELL Road Tolland CT 06084
Vernon	Henry Park Vernon CT 06066
Stafford Springs	289 East Street Stafford CT 06076
Windsor Locks	117 Center St Windsor Locks CT 06096

## What to Report

Any incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the Director of Safety. The terms "medical treatment and/or first aid" include any injury that (a) causes a player to miss any practice or game time; or (b) any event that has the potential to require the medical assistance of a physician for evaluation and diagnosis must be reported promptly.

## When to Report

All such incidents described above must be reported to Tim Norris, League Safety Office with in 48 hours of incident. Contact information is:

- Mobile: (860) 874-6154
- Email/Scan to: [tnorris3535@gmail.com](mailto:tnorris3535@gmail.com)
- Please include the Who, What, Where, When, Why, & How in your email.
- Use the Safety Awareness Incident Injury Tracking Form further down in this ASAP or from the Enfield Little League Safety page on the website.

## When completing the form make sure the following information is provided:

- Our League name is Enfield Little League
- The name and phone number of the individual involved (and their parents).
- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the individual reporting the incident.

## Safety Office Responsibility for injury reporting:

The League Safety Officer will receive this injury report and will enter it into the league's safety database. Within 48 hours of receiving the incident report, the 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

# Enfield Little League

party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Enfield Little League's insurance coverage's and the provisions for submitting any claims for reimbursement. The League Safety Officer will forward the completed Accident Notification Form to the President, Little League District 8 who will file a copy of the notice and forward it to appropriate League Official(s) for processing.

If the extent of the injuries are more than minor in nature, the League Safety Officer may periodically call the injured party to check on the status of any injuries and to check if any other assistance is necessary such as submission of insurance forms, the medical release form, etc. or 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).

## **Returning to Play Following Injury or illness:**

According to Little Baseball National Headquarters Regulation III (D) for all levels of baseball and softball: "When a player misses more than seven (7) continuous days of participation for an illness or injury, the team Manager must receive written permission given by a physician or other medical provider for a return to full baseball/softball activity."

Physician or other medical provider permission must also be secured following a concussion or head injury as outlined in the Concussion Information Sheet parents and players are required to review and sign in the registration process before play with the league and as attached.

# Enfield Little League

## Injured Player Guidelines

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### Some important do's and don'ts

#### Do ...

- Reassure and aid children who are injured, frightened, or lost.
- Provide, or assist in obtaining, medical attention for those who require it.
- Know your limitations.
- Carry your first-aid kit to all games and practices.
- Keep your "Prevention and Emergency Management of Little League Baseball and Softball Injuries" booklet with your first-aid kit.
- 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.
- Have your players' Medical Clearance Forms with you at all games and practices.
- Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

#### Don't ...

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedures (i.e. CPR, etc.)
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazard to the League Safety Officer immediately.
- Be alone with a child not your own, but instead always have your child at least and another parent or coach stay until the child's parent arrives.

# Enfield Little League

## Head Injuries

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- An informed consent must be signed by parents and youth athletes acknowledging the risk of head injury prior to practice or competition
- A youth athlete who is suspected of sustaining a concussion or head injury must be removed from play – “when in doubt, sit them out”
- A youth athlete who has been removed from play **must receive written clearance from a licensed health care provider prior to returning to play**

### THE FACTS

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

### WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a foul pole, even if they do not directly hit their head.

The potential for concussions is greatest in athletic environments where collisions are common. Concussions can occur, however, in **any** organized or unorganized sport or recreational activity. As many as 3.8 million sports and recreation-related concussions occur in the United States each year.

### RECOGNIZING A POSSIBLE CONCUSSION

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

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



# Enfield Little League

## Signs and Symptoms Observed by Coaching Staff

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

## Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

Athletes who experience any of these signs or symptoms after a bump or blow to the head should be kept from play until given permission to return to play by a **health care professional** (see Licensed Health Care Provided list below) with experience in evaluating for concussions. Signs and symptoms of concussion can last from several minutes to days, weeks, months, or even longer in some cases.

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

## Prevention and Preparation

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

- **Educate athletes and parents about concussion.** Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. For more information on long-term effects of concussion, view the following online video clip: [http://www.cdc.gov/ncipc/tbi/Coaches\\_Tool\\_Kit.htm#Video](http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm#Video). Or <http://www.cdc.gov/concussion/HeadsUp/youth.html>. Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches. Pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs.
- **Insist that safety comes first.** Teach athletes safe playing techniques and encourage them to follow the rules of play. Encourage athletes to practice good sportsmanship at all times. Make sure athletes wear the right protective equipment for their activity (such as cups, mouth guards, catching gear). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly. Review the athlete fact sheet with your team to help them recognize the signs and symptoms of a concussion.
- **Teach athletes and parents that it's not smart to play with a concussion.** Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let athletes persuade you that they're "just fine" after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.
- **Prevent long-term problems.** A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. This more serious condition is called second impact syndrome. Keep athletes with known or suspected concussion from play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating for concussion. Remind your athletes: "It's better to miss one game than the whole season."

## ACTION PLAN

### WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

- Remove the athlete from play. Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion must not be allowed to return to play. When in doubt, keep the athlete out of play.
- Ensure that the athlete is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury.
  - Cause of the injury and force of the hit or blow to the head
  - Any loss of consciousness (passed out/knocked out) and if so, for how long
  - Any memory loss immediately following the injury
  - Any seizures immediately following the injury
  - Number of previous concussions (if any)
- Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion. Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.
- Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion. A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare second impact syndrome by delaying the athlete's return to the activity until the player receives appropriate medical evaluation and approval for return to play.

## Licensed Health Care Providers

What licensed health care providers are trained in the evaluation and treatment of concussions/brain injuries and authorized to allow the athlete to return to play?

- Medical Doctors (MD)
- Doctor of Osteopathy (DO)
- Advanced Registered Nurse Practitioner (ARNP)
- Physician's Assistant (PA)
- Licensed Certified Athletic Trainers (ATC)

Research is currently being done to determine which other licensed health care providers may have sufficient training to qualify to authorize return to play.

**If you think your athlete has sustained a concussion...take him/her out of play and have the parent/guardian seek the advice of a health care professional experienced in evaluating for concussion.**

## General Health

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### Physical Exams

With regard to the general health of its participants, Enfield Little League includes the following wording in its Registration Booklet:

***"While physical exams are not required by league policy, National Little League strongly recommends that participants be in good general health. If your child has a physical impairment that the league should be aware of, PLEASE note the information on the registration form, and contact your leagues' Player Agent. Items such as allergies, eye problems, diabetes, etc., will be kept confidential, except that your child's manager and coach will be aware of any potential problem."***

## **Medical Approval and Release**

Although not required, a **Medical Approval and Release form** is provided to all managers. This form contains vital information regarding the child's current general health, the child's doctor's name, address, and phone number, and any other special medical considerations (i.e. allergies, etc.). Managers are strongly encouraged to obtain a completed Release for each of the players on their team and are instructed to have these forms with them for every practice and game.

## **Concussion Information Sheet**

It is required that the Concussion Information Form is provided to all managers and coaches. Managers are required to obtain a completed and signed Concussion Information Form from each of the players on their team and must keep such for the duration of the season.

## **Communicable Disease Procedures**

While the risk of one participant infecting another with HIV/AIDS during league activities is small, there is a remote risk other blood borne infectious disease can be transmitted. Managers and coaches should anticipate such a situation to arise during practice or games and gloves are provided in the safety kit issued to each team. Procedures for reducing the potential for transmission of infectious agents should include, but not limited to the following:

- Bleeding must be stopped, the open wound covered and if there is any excess amount of blood on the uniform, it must be changed before an athlete may participate.
- Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
- Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
- Clean all blood-contaminated surfaces and equipment with a solution made from a proper dilution of household bleach or other disinfectant before competition resumes.
- Practice proper disposal procedures to prevent injuries caused by needles and other sharp instruments or devices.
- 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.
- Managers, coaches, umpires, and volunteers with bleeding or oozing skin should refrain from all direct athletic activity and team contact until condition is resolved.
- Contaminated towels should be disposed of or disinfected properly.
- Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings and other articles containing body fluids.

## Some Gentle Reminders

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Make sure all coaches, managers, volunteers, and umpires have correctly filled out the current year Volunteer Application form and provided a copy of a valid government issued picture identification such as a driver license that is cleared through a national background check such as LexusNexus at least and may also be cleared with local agencies such as the Washington State Patrol for youth sports activities. (If you need more forms, contact the Safety Officer or any League Officers or secure from the ELL website.)

- Enfield Little League goes to great lengths to provide as much training and instruction as possible.
- Check your "Mail Box" and the League's website: [www.Enfieldlittleleague.org](http://www.Enfieldlittleleague.org) regularly for league updates, events, information, resources and special notices.

## Storage Shed Procedures

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The following applies to all the storage sheds used by Enfield Little League and apply to anyone who has been issued a key by Enfield Little League to use those sheds.

- All individuals with keys/combinations to the Enfield Little League equipment sheds (i.e., Managers, Umpires, etc.) are aware of their responsibilities for the *orderly and safe storage of rakes, shovels, bases, etc.*
- Before you use any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment. There will be no child utilization, riding on or operation of such equipment in any manner.
- All chemicals or organic materials stored in Enfield Little League sheds shall be properly marked and labeled as to its contents.
- All chemicals or organic materials (i.e., lime, fertilizer, etc.) stored within these equipment sheds will be separated from the areas used to store machinery and gardening equipment (i.e., rakes, shovels, etc.) to minimize the risk of puncturing storage containers.
- Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of as soon possible to prevent accidental poisoning.

## Lightning Evacuation Procedures

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When anywhere near the vicinity of the field:

- Stop Game/Practice immediately.
- Stay away from metal fencing, bleachers (including dugouts) !!

- Do not hold a metal bat.
- Walk, do not run to car, and wait for an official Umpire decision on whether or not to continue the game or coach determination to continue practice.
- Websites to check for assistance:
  - [NOAA National Weather Service](#)
  - [NOAA Lightning Safety](#)
  - [NOAA Severe Weather Photos](#)
  - [NOAA Storm Watch](#)

## **Annual Facility Survey**

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Each year the Enfield Little League Facility Manager conducts the annual facility survey to identify and correct any facility safety concerns. The Little League Facility Survey will be submitted to the Little League and kept on file by the Safety Officer for future reference.

## **Concession Stand Safety Procedures**

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The following applies to all the concessions run by Enfield Little League either during League play, playoffs or District Eight Tournaments held on any Enfield Little League operated, leased, or utilized fields.

The Sales Director oversees all ELL Concessions stands, establishes the standard operating procedures. The concessions manager will train and provide guidance to day-to-day operations. Those volunteers or assignees operating any ELL concession stand will operate such with the approval and under the supervision of the ELL President, Safety Officer, Sales Director and Concessions Manager. All volunteers will have the standard required background check performed.

All unpackaged food must be handled with paper towels or plastic wrap. Staff members may wear plastic/rubber gloves while working. All staff members must wash their hands on a frequent basis and/or use sanitizer.

The concession stand shall be cleaned at the end of each day, shall have a fully stocked First Aid Kit and no glass containers shall be sold at the concession stand.

Only working staff will be allowed in the concession stand. No coach, staff, or others shall loiter in the area. At no time should there be more than 3 individuals be in the concession stand. No eating or drinking is authorized by assistants under the age of 16 in the concession stand.

All trash shall be removed from the concession stand at the end of each day. Rubber gloves may be worn by staff while handling the trash.

At least one fire extinguisher will be placed in the concession stand in a visible and unblocked location when any hot food is served. All staff shall be instructed on the use of the fire extinguishers prior to working in the stand.

A list of emergency numbers and key league personnel phone numbers shall be available in the concession stand for emergency use.

## 2021 Enfield Little League Board

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Mark Cekala	Cekala_ell@yahoo.com	8604781947	President
Sean King	sking@tylerequipment.com	2034101669	VP
Michael Monteforte	Mmonteforte1@gmail.com	8607985440	Director of Operations
Mark DeBonee	mdebonee@gmail.com	8608883570	Treasurer
Brittany King	Brittyk621@hotmail.com	8603947110	Secretary
Jason Stanhope	Jss1111678@yahoo.com	8606801534	Player Agent 2
Joshua Santos	Joshua.w.santos@gmail.com	8607780813	Player Agent 1/Coaching Coordinator
Timothy J. Norris	tnorris3535@gmail.com	8608746154	Safety Officer/ Player Development/ Director Majors & 50/70
Gina Cekala	Gina61879@yahoo.com	8606554529	Sales Director
Emily Kaiser	Ekaiser.ell@gmail.com	8608496798	T Ball Director
Steve Pierce	Spierce986@gmail.com	8609167790	Double A Director/ Uniforms
John Thompson	jjt1320@gmail.com	8609786805	Equipment Manager
Jon LeBlanc	jonleblanc009@gmail.com	8608780251	Sponsorship Manager
Becky Feliciano	Rjudd1@cox.net	8608697321	Scheduling Coordinator
Jay Golden	researchracing@hotmail.com	8608056904	Website Admin/Communications Mgr.
Sabrina Stanhope	Sabrina.stanhope@gmail.com	8603946090	Fundraising Coordinator
Paul Wellspeak	wellspr@hotmail.com	8609902785	Concessions Manager
Len Whitten	LEN.WHITTEN@yahoo.com	8609440445	Fields Manager
Rob Petrone	rpetronejr@gmail.com	8608334502	Triple A Director

## Safety Plan Forms

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Medical Release, Concussion Information, Little League Baseball Accident Notification, Parent code of Conduct, 2021 Background Check and Accident Tracking forms are attached and available to download and print from the Safety Section of the League's website or Little League International Website.

<http://www.Enfieldlittleleague.org> or <http://www.LittleLeague.org>

# Volunteer Application



## Little League® Volunteer Application - 2019

Do not use forms from past years. Use extra paper to complete if additional space is required.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE **ATTACHED TO COMPLETE THIS APPLICATION.**

Name  Date   
First Middle Name or Initial Last

Address

City  State  Zip

Social Security # (mandatory)

Cell Phone  Business Phone

Home Phone:  E-mail Address:

Date of Birth

Occupation

Employer

Address

Special professional training, skills, hobbies:

Community affiliations (Clubs, Service Organizations, etc.):

Previous volunteer experience (including baseball/softball and year):

- Do you have children in the program? Yes  No   
If yes, list full name and what level?
  - Special Certification (CPR, Medical, etc.)? (list) Yes  No
  - Do you have a valid driver's license? Yes  No   
Driver's License#:  State
  - Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes  No   
If yes, describe each in full:
  - Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes  No   
If yes, describe each in full:   
(Answering yes to question 5, does not automatically disqualify you as a volunteer.)
  - Do you have any criminal charges pending against you regarding any crime(s)? Yes  No   
If yes, describe each in full:   
(Answering yes to question 6, does not automatically disqualify you as a volunteer.)
  - Have you ever been refused participation in any other youth programs? Yes  No   
If yes, explain:
- In which of the following would you like to participate? (check one or more.)
- League Official    Umpire    Manager    Concession Stand  
 Coach    Field Maintenance    Scorekeeper    Other

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: [LittleLeague.org/BgStateLaws](http://LittleLeague.org/BgStateLaws)

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature  Date

If Minor/Parent Signature  Date

Applicant Name (please print or type)

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

### LOCAL LEAGUE USE ONLY:

Background check completed by league officer   
on

System(s) used for background check (minimum of one must be checked):  
Regulation I(c)(9) Mandates all checks include criminal records and sex offender registry records

\* JDP  Sex Offender Registry Data and National Criminal   
Records check, as mandated in the current season's  
official regulations

\*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this application.

Last Updated: 11/20/2019



# Incident Injury Tracking Report

## 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   |
| <input type="checkbox"/> Base Path: <input type="checkbox"/> Running <i>or</i> <input type="checkbox"/> Sliding  | <input type="checkbox"/> Seating Area       | <input type="checkbox"/> Travel:   |
| <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched <i>or</i> <input type="checkbox"/> Thrown <i>or</i> <input type="checkbox"/> Batted | <input type="checkbox"/> Parking Area       | <input type="checkbox"/> Car <i>or</i> <input type="checkbox"/> Bike <i>or</i> |
| <input type="checkbox"/> Collision with: <input type="checkbox"/> Player <i>or</i> <input type="checkbox"/> Structure                                      | C.) Concession Area                         | <input type="checkbox"/> Walking   |
| <input type="checkbox"/> Grounds Defect  | <input type="checkbox"/> Volunteer Worker   | <input type="checkbox"/> League Activity                                       |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Customer/Bystander | <input type="checkbox"/> Other: _____  |

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

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: \_\_\_\_\_

\*\* EMAIL COMPLETED FORM TO Tim Norris: [tnorris3535@gmail.com](mailto:tnorris3535@gmail.com) \*\*

## Little League® Baseball and Softball

# Medical Release

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NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

League Name: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In case of emergency contact:

\_\_\_\_\_  
Relationship to Player Name Phone

\_\_\_\_\_  
Relationship to Player Name Phone

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder):

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Medical Diagnosis Medication Dosage Frequency of Dosage:

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_

Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball. Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference

.my documents/league supplies/2005/medical release form rev. 2/05.1

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

# Parents Should Know About Little League Insurance

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The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a \$50.00 deductible per claim, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident.

A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.

2. Itemized bills, including description of service, date of service, procedure, and diagnosis codes for medical services/supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.

3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.

4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.

5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:

(a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.

(b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of:

1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment. Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or

before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.

No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.

Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this summary has been helpful in a better understanding of an important aspect of the operation of the

Little League endorsed insurance program.

# Parent Code of Conduct

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We, the Enfield Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents, guardians, managers and coaches and players should read or have read to them, understand, and sign this form prior to their children participating in our league. Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

## **Preamble**

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these “six pillars of character.”

The goals of Enfield Little League include firmly implanting ideals of good sportsmanship, trustworthiness, respect, responsibility, fairness, caring, good citizenship, courage, and respect for authority in the children of our community. Parents, guardians, managers, coaches, umpires, and adult spectators are role models for children in attaining these goals. Winning games is secondary to the primary goals of embracing the values and ideals of good citizenship. All umpires have the authority and discretion to eject from the field of play any manager, coach, parent/guardian or player for violation of the Enfield Little League Code of Conduct and any unsportsmanlike conduct. Umpires additionally have the authority to suspend play until league officials or coaches can deal with unruly spectators.

## ***I therefore agree:***

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.

child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice, or other sporting event.

6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, umpire, manager, coach, player, parent, or spectator such as booing and taunting; unwanted touching or assault. refusing to shake hands; or using profane language or gestures.

7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.

8. I will and will teach my child to play by the rules and to resolve conflicts without resorting to hostility, intimidation or violence.

9. I will, and demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.

10. I will teach my child that doing one’s best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.

11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.

12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.

13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.

14. I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire I may have for my child to win.

15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.

16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.

5. I (and my guests) will be a positive role model for my

17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

18. I will abide by the final decision of the Enfield Little League Board of Directors on the consequences of any violation of this Code of Conduct, which may include multiple game suspensions, or forfeiture of game/practice attendance or coaching privileges.

#### ENFIELD LITTLE LEAGUE CODE OF CONDUCT ACKNOWLEDGEMENT

I acknowledge that I have read or had read to me, understand, and will comply with the Enfield Little League Code of Conduct. I understand that compliance with this Code of Conduct is an essential part of the sport of baseball/softball and is a condition of participation of participation in Enfield Little League games and activities.

\_\_\_\_\_  
Player Name/ Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name/ Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name/ Signature

\_\_\_\_\_  
Date

Note: All parents/guardians of players in ELL are encouraged to sign up for Little League E-News for latest updates on play, rules and safety issues directly from Little League International

# Concussion Information Sheet

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Adapted from the CDC and the 3rd International Conference on Concussion in Sport. Document created 6/15/2009

A concussion is a brain injury, and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

## Symptoms may include one or more of the following:

- Headaches
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light or noise
- Feeling foggy or groggy
- Change in sleep patterns
- “Don’t feel right”
- Nervousness or anxiety
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment
- “Pressure in head”
- Neck pain
- Blurred, double, or fuzzy vision
- Feeling sluggish or slowed down
- Drowsiness
- Amnesia
- Fatigue or low energy
- More emotional
- Confusion
- Irritability
- Sadness

## Signs observed by teammates, parents and coaches include:

- Appears dazed
- Confused about assignment
- Is unsure of game, score, or opponent
- Answers questions slowly
- Slurred speech
- Can’t recall events prior to or after hit
- Vacant facial expression
- Forgets plays
- Moves clumsily or displays incoordination
- Shows behavior or personality changes
- Any change in typical behavior or personality
- Seizures or convulsions

Loses consciousness

### **What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion must be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student athlete's safety.

### **If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion must be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time" **and**

"...may not return to play until the athlete is evaluated by a licensed health care provider

trained in the evaluation and management of concussion and received written clearance to

return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/> and [http://www.cdc.gov/traumaticbraininjury/ctk\\_video\\_wm\\_bb.html](http://www.cdc.gov/traumaticbraininjury/ctk_video_wm_bb.html) video at

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Student-athlete Name Printed	Student-athlete Signature	Date
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Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date
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# Additional Helpful Handouts

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We have included some helpful handouts that might be of help during the game. These include:

Warm Up Drills

Strains and Sprains

Broken Bones

Broken Tooth

Nose Bleeds

Quick Check Card for Concussions

# Suggestions for Warm-up Drills



## Heel Cord Stretches

Lean up against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Slightly bend the leg that's closer to the wall. Lean forward. You should feel the stretch along the back of your calf. Repeat with the other leg.



## Head and Neck Circles

Make a circle with your head, going around first in one direction five times. Then reverse and make five circles in the opposite direction.



## Low Back Stretches

Lie on your back, bring one knee up, and pull the knee slowly toward your chest. Hold and repeat three times. Switch legs and repeat.



## Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.



## Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.



## Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.



## Thigh Stretches #1

Sit on the floor. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on your knees. You should feel the stretch along the backs of your legs.

## Thigh Stretches #2

Sit on the floor with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.



# Strains and Sprains

What's the difference between a strain and a sprain? Sprains involve a stretch or partial tear of ligaments (which connect two bones) or tendons (which connect muscle to bone). The ankle is where sprains occur most commonly.

## What to Expect:

- pain
- difficulty moving the injured part
- decreased strength
- swelling and bruising



## What to Do:

1. Stop activity right away.
2. Think R.I.C.E. for the first 48 hours after the injury:
  - Rest:** Rest the injured part until it's less painful.
  - Ice:** Wrap an ice pack or cold compress in a towel and place over the injury immediately. Continue for no more than 20 minutes at a time, four to eight times a day.
  - Compression:** Support the injury with an elastic compression bandage for at least 2 days.
  - Elevation:** Raise the injured part above heart level to decrease swelling.
4. The doctor will prescribe an exercise program to prevent stiffness.



## Seek emergency medical care if the child has:

- severe pain when the injured part is touched or moved
- trouble bearing weight and the child can't walk more than 4 steps after an injury
- increasing bruising
- numbness or a feeling of "pins and needles" in the injured area
- a limb that looks "bent" or misshapen
- signs of infection (increasing warmth, redness, streaks, swelling, and pain)
- a strain or sprain that doesn't seem to be improving after 5 to 7 days

## Think Prevention!

Teach children to warm up properly and to stretch before participating in any sports activity, and make sure they always wear appropriate protective equipment.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Kate Cronan, MD Date reviewed: June 2007

# Broken Bones



Broken bones are not uncommon in children – especially after a fall. A broken bone requires emergency medical care.



## The child may have a broken bone if:



- you or the child heard a "snap" or a grinding noise during the injury
- there is swelling, bruising, tenderness, or a feeling of "pins and needles"
- it's painful to bear weight on the injured area or to move it



## What to Do:

1. Remove clothing from the injured part.
2. Apply a cold compress or ice pack wrapped in cloth.
3. Keep the injured limb in the position you find it
4. Seek medical care, and don't allow the child to eat, in case surgery is needed.

### Do not move the child – and call for emergency medical care – if:

- the child may have seriously injured the head, neck, or back
- a broken bone comes through the skin (apply constant pressure with a clean gauze pad or thick cloth, and keep the child lying down until help arrives; do not wash the wound or push in any part of the bone that is sticking out)

## Think Prevention!

Prevent injuries as children grow: use safety gates at bedroom doors and at the top and bottom of any stairs for toddlers, make sure children playing sports always wear helmets and safety gear, and use car seats or seatbelts at all ages.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

# Nosebleeds

Although they can be scary, nosebleeds are common in children ages 3 to 10 years and usually aren't serious. In fact, most nosebleeds stop on their own and can be treated safely at home.

## Did You Know?



If a child's bed is near a heater – in the wintertime, especially – the membranes inside the nose can become dry and itchy, causing the child to pick at his or her nose and further irritate the nasal tissue.



## What to Do:

1. Have the child sit up with his or her head tilted slightly forward. Do not have the child lean back (this may cause gagging, coughing, or vomiting).
2. Pinch the soft part of the nose (just below the bony part) for at least 10 minutes.

### Call a doctor if the child:

- has frequent nosebleeds
- may have put something in his or her nose
- tends to bruise easily, or has heavy bleeding from minor wounds
- recently started a new medication

### Seek emergency medical care or call the child's doctor if bleeding:

- is heavy, or is accompanied by dizziness or weakness
- continues after two attempts of applying pressure for 10 minutes each
- is the result of a blow to the head or a fall

## Think Prevention!

Most childhood nosebleeds are caused by dryness and nose picking. To help combat dryness, use saline (salt water) nasal spray or drops (or put petroleum jelly on the inside edges of the child's nostrils) and use a humidifier in the child's room. To help prevent damage from nose picking, keep the child's fingernails short.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: [Larissa Hirsch, MD](#) Date reviewed: June 2007

# Knocked-Out Tooth

A knocked-out permanent tooth is a dental emergency. Baby teeth do not need to be put back in, but quickly putting a permanent tooth back in its socket is key to preserving the tooth.

## WATCH THE CLOCK!



Every minute a tooth is out of its socket means the less chance that it will survive. A tooth has the best chance of survival if replaced within 30 minutes.



## What to Do:

1. Find the knocked-out permanent tooth. If you're not sure whether it's a baby or permanent tooth (a baby tooth has a smooth edge), call a dentist or doctor or go to your local emergency room immediately.
2. Handle the tooth only by its crown (the top part), never by the root.
3. Gently rinse (don't scrub) the tooth immediately with saline solution or milk. (Tap water should only be used as a last resort; it contains chlorine, which may damage the root.)
4. Keep the tooth from drying out until you see the dentist by:
  - inserting the tooth back into its socket in the child's mouth if he or she is old enough to hold it in place
  - storing the tooth in milk (not water), or
  - placing the tooth between your cheek and lower gum
5. See the child's dentist or go to your local emergency room right away.

## Think Prevention!

Children often lose teeth from playing contact sports such as football or ice hockey, from riding bikes, or from being in a motor vehicle crash. Children should wear mouth guards and protective gear when playing a contact sport. They should also always be buckled up in an age-appropriate car seat, booster seat, or seatbelt when in a motor vehicle.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: [Larissa Hirsch, MD](#) Date reviewed: June 2007

# Pocket SCAT2



FIFA®



Concussion should be suspected in the presence of **any one or more** of the following: symptoms (such as headache), or physical signs (such as unsteadiness), or impaired brain function (e.g. confusion) or abnormal behaviour.

## 1. Symptoms

Presence of any of the following signs & symptoms may suggest a concussion.

- Loss of consciousness
- Seizure or convulsion
- Amnesia
- Headache
- "Pressure in head"
- Neck Pain
- Nausea or vomiting
- Dizziness
- Blurred vision
- Balance problems
- Sensitivity to light
- Sensitivity to noise
- Feeling slowed down
- Feeling like "in a fog"
- "Don't feel right"
- Difficulty concentrating
- Difficulty remembering
- Fatigue or low energy
- Confusion
- Drowsiness
- More emotional
- Irritability
- Sadness
- Nervous or anxious

## 2. Memory function

Failure to answer all questions correctly may suggest a concussion.

*"At what venue are we at today?"*

*"Which half is it now?"*

*"Who scored last in this game?"*

*"What team did you play last week / game?"*

*"Did your team win the last game?"*

## 3. Balance testing

Instructions for tandem stance

*"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."*

Observe the athlete for 20 seconds. If they make more than 5 errors (such as lift their hands off their hips; open their eyes; lift their forefoot or heel; step, stumble, or fall; or remain out of the start position for more than 5 seconds) then this may suggest a concussion.

**Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed medically, should not be left alone and should not drive a motor vehicle.**

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