



North Andover
Little League

Safety Manual

2017

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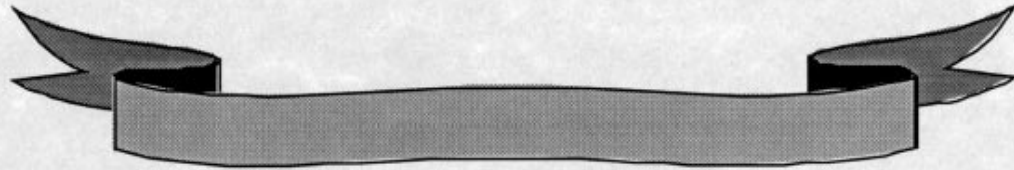
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NORTH ANDOVER LITTLE LEAGUE BASEBALL MISSION STATEMENT

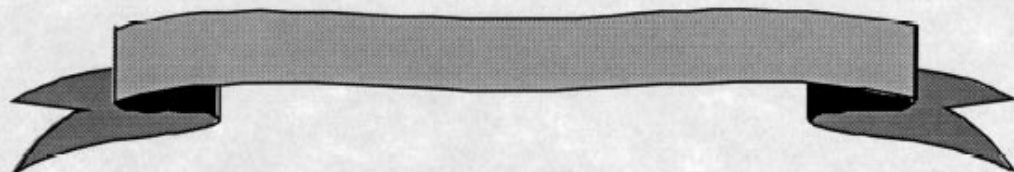
To provide the children of the Town of North Andover, Massachusetts with a healthy, safe and positive environment where the principles and ideals of good sportsmanship, fairness, honesty, character, courage, loyalty, respect for themselves and others, and respect for authority are taught, so that they may be well adjusted, stronger and happier children and will grow to be good, decent, caring, healthy and trustworthy adults. North Andover Little League is committed to providing safe fields, facilities, equipment, and playing conditions for all children, fans, coaches, and other administrators who participate in this program.

**A special thanks to Little League Baseball and the
Grenada Hills Little League for providing much of the
content of this manual.**

TEN COMMANDMENTS OF SAFETY



- I. BE ALERT!
- II. CHECK PLAYING FIELD FOR SAFETY HAZARDS
- III. WEAR PROPER EQUIPMENT
- IV. ENSURE EQUIPMENT IS IN GOOD SHAPE
- V. ENSURE FIRST AID IS AVAILABLE
- VI. MAINTAIN CONTROL OF THE SITUATION
- VII. MAINTAIN DISCIPLINE
- VIII. SAFETY IS A TEAM SPORT
- IX. BE ORGANIZED
- X. HAVE FUN!



Emergency Information

EMERGENCY

Police/Fire/EMT

Poison Control 800-682-9211

NON-EMERGENCY CONTACT NUMBERS

NA Police 978-683-3168

State Police 978-475-3800

Fire 978-688-9590

UTILITIES

Columbia Gas 800-525-8222

National Grid 800-322-3223

Public Works 978-685-0950

AREA HOSPITALS

Lawrence General 978-683-4000

1 General Street

Lawrence MA

Holy Family Hospital 978-687-0151

70 East Street

Methuen MA

Merrimack Valley Hospital 978-374-2000

140 Lincoln Avenue

Haverhill MA

NORTH ANDOVER LITTLE LEAGUE BOARD OF DIRECTORS

President Steve Vetere 617-285-0640

Secretary/Registrar/CIO Michael Rock 978-852-1170

Player Agent Joe Monahan 617-240-1098

Treasurer Jeff LaVolpicelo 978-258-5526

VP Instructional Division Peter Radulski 978-886-4788

VP Little League Rob Rossi 603-231-4417

VP-Juniors/Seniors Adam Lawrence 978-689-2366

Special Events Coordinator John Vincent 978-857-1717

Fundraising & Sponsorships Ed Lynch 978-557-5467

Coach & Player Development/

Safety Officer Brendan Salach 774-826-7718

FIELD LOCATIONS

Atkinson Elementary School (U8)

111 Phillips Brooks Road

North Andover, MA 01845

Franklin Elementary School (U8)

2 Cypress Terrace

North Andover, MA 01845

Atkinson Field (U8)

111 Phillips Brooks Road

North Andover, MA 01845

Carl Thomas Fields (8-12)

55 Dana Street

North Andover, MA 01845

Aplin Field (8-12)

Clarendon Street

North Andover, MA 01845

Lucent Fields 1 – 4 (8-12)

1600 Osgood Street

North Andover, MA 01845

Sharpner's Pond Fields (8-12)

Sharpner's Pond Road

North Andover, MA 01845

North Andover Middle School (13-16)

495 Main Street

North Andover, MA 01845

North Andover High School (13-16)

430 Osgood Street

North Andover, MA 01845

Grogan's Field (13-16)

Baldwin Street

North Andover, MA 01845

Brooks School (13-16)

1160 Great Pond Road

North Andover, MA 01845

Emergency Contact Procedures



Police



Fire



Rescue

The most important help you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these steps.

1) First dial 911. If calling from a cellular phone, dial the North Andover Police Department at 978-683-3168. Dialing from a cellular phone will connect you with the State Police who must transfer the call.

2) Give the dispatcher the necessary information. Answer any questions that he or she might ask.

Most dispatchers will ask:

- **The exact location or address of the emergency?** Include the name of the city or town, nearby intersections, landmarks, etc. as well as the field name and location of the facility, if applicable.

Our address is:

Cross-streets are:

-
- **The telephone number from which the call is being made?**
 - **The caller's name?**
 - **What happened** — i.e., a baseball-related accident, bicycle accident, fire, fall, etc.?
 - **How many people are involved?**
 - **The condition of the injured person** — i.e., unconscious, chest pains, or severe bleeding?
 - **What help is being given** (first aid, CPR, etc.)?

3) Do not hang up until the dispatcher hangs up.

The dispatcher may be able to tell you how to best care for the victim.

4) Continue to care for the victim until professional help arrives.

5) Appoint someone to go to the street and look for the ambulance or fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

CODES OF CONDUCT

North Andover Little League Baseball is concerned about the physical and emotional well being of all children playing in this league. We are concerned about the conduct of all coaches, officials, players and fans during practices and games at all levels. The North Andover Little League wants to ensure that all games are a fair, positive and enjoyable experience for all of the children and adults involved. The games should be friendly and unifying – a spirited social and athletic occasion for players, coaches, officials and spectators.

Because of the concern for the safety of the children, North Andover Little League has adopted both a Coaches Code and a Parents Code of Conduct. Making everyone associated with North Andover Little League aware of and adhere to these rules and regulations as well as any other aspect of this Safety Manual, is the first step to making the North Andover Little League a safe and enjoyable experience for all children.

Coach's Code Of Conduct

Revised: March 2009 kmb

The NALL is concerned about the conduct of all coaches, officials, players and fans during practices and games at all levels. The NALL wants to ensure that games are fair, positive and an enjoyable experience for all of the children and adults involved. The games should be friendly and unifying – a spirited social and athletic occasion for players, coaches, officials and spectators.

The NALL expects all coaches to conform to this code of conduct. Coaches are to adhere to this code at all times when coaches are with their players such as games, practices or field trips.

1. First and foremost, as coach it is your responsibility to ensure that you create a positive environment of learning, fun and reinforcement.
2. The coach will treat all of his/her Players fairly and with respect at all times.
3. The coach will communicate his/her expectations to the players and their parents as clearly, consistently, and as early as possible.
4. The coach is expected to advise parents and/or guardians of the players on his/her team to be timely and responsible in dropping off and picking up their children for all practices and games. NALL wants to insure the safety of all children in the program at all times.
5. The coach is to be an example of dignity, patience and positive spirit before, during and after the Game.
6. Before the game, introduce yourself to the opposing coaches and to the umpires.
7. The coach is responsible for the sportsmanship of the players during the game. If one of your players is disrespectful, irresponsible, or overly aggressive, take the player out of the game at least long enough for him/her to calm down.
8. The coach is also responsible for the conduct of the parents of his/her players during the game. It is imperative to explain acceptable player and parent behavior in a preseason meeting. Encourage parents to applaud and cheer good plays by either team. Clearly, forcefully, and directly discourage them from being derisive toward officials or opposing players.
9. The coach is responsible for the conduct of spectators rooting for his/her team during the game.
10. During the game, the coach will not address the official(s) of the game inappropriately. If there is an issue or dispute, discuss it with the official calmly and patiently. If the complaint is unresolved, or if the coach thinks the official was unfair, biased, unfit or incompetent, the coach should report his/her opinion in writing to the league commissioner. The coach's reactions will be considered seriously if they are presented objectively.
11. After the game, thank the umpires, opposing players, and coaches. Ask your players to do the same.
12. Coaches are required to familiarize themselves with NALL by-laws pertinent to their responsibilities and to adhere to the requirements of those by-laws and to

conduct all practices and games in strict conformance with the NALL published playing requirements and related guidelines.

The example of a coach is powerful. If you insist on fair play, support the officials, and focus on the Players' enjoyment of the game and their overall long-term development, your players and their parents will notice.

Coaches who do not follow the expectations described above will be disciplined or removed in accordance with NALL by-laws.

By signing below, the coach agrees to abide by this code of conduct.

Coach Name (print): _____

Signature: _____ Date: _____

Parents Code of Conduct

The NALL is committed to the physical and emotional well-being and safety of all of the children in its program, as well as to its managers, coaches, umpires, volunteers, and parents and fans attending NALL events including games, practices and any other league sponsored and/or affiliated events.

The NALL adheres to essential elements of character-building and ethics in sports embodied in the concept of sportsmanship and the core principles of: respect, trustworthiness, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these “six pillars of character.”

The NALL has modeled its Parent Code of Conduct on that promulgated by the Massachusetts Governor’s Committee on Physical Fitness and Sports and the National Youth Sports Safety Foundation, Inc. The NALL has adopted its Parent Code of Conduct, inclusive of a Zero Tolerance Policy, which must be adhered to at all times, both in substance and intent, by all parents without exception as follows:

I agree that:

1. I will not force my child to participate in sports;
2. I will remember that children participate in sports to have fun and develop friendships and that the game is for youth, not adults;
3. I will inform the manager or coach of any physical disability or ailment that may affect the safety of my child or the safety of others in a timely manner;
4. I will endeavor to learn the rules of the game and the policies of the league;
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, managers, coaches, umpires, officials, parents and spectators at every game, practice, or other league sponsored and/or affiliated events;
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any players, managers, coaches, umpires, officials, parents and spectators including, but not limited to, physically and/or verbally harassing, taunting, booing and otherwise in any way demeaning or insulting; refusing to shake hands; using profane or crude language and/or gestures; any other inappropriate behavior;
7. I will not exhibit and/or display any behaviors, language and/or other practices that would, or even potentially could, endanger the physical and/or emotional health, well-being and/or safety of any players, managers, coaches, umpires, officials, parents and spectators;
8. I will teach my child to play by the rules and to resolve conflicts in a safe and respectful manner without resorting to hostility or violence;

9. I will demand that my child treat other players, managers, coaches, umpires, officials, parents and spectators with respect regardless of race, creed, color, sex, religion, age, or ability;
10. I will teach my child that trying and 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, just for participating;
12. I will never ridicule, yell at, berate, antagonize and/or otherwise degrade my child or any other participant for making a mistake or losing a competition;
13. I will emphasize skill development and practices and how they benefit my child over winning;
14. I will deemphasize games and competition in the lower age groups, and place them in the proper perspective in all other groups;
15. I will promote the emotional and physical well-being of the players ahead of any personal desire I may have for my child and/or his/her team to win;
16. I will respect the umpires and other officials and their authority during games and practices and will never question, discuss, and/or confront umpires, officials, managers and/or coaches at the game field, and will take the time to speak in a respectful and civil manner to officials, managers and/or coaches at an agreed upon time and place;
17. I will demand a sports environment for my child that is free from drugs, alcohol and tobacco, and I will refrain from their use at all games and practices;
18. I will refrain from coaching and/or instructing my child or any other players during games and practices, unless I am one of the official managers or coaches of the team;
19. I will not incite, participate in and/or otherwise condone any unsportsmanlike conduct at any time;
20. I will accept all decisions of umpires and game officials as being fair and judged to the best of their ability, regardless of whether I agree with same;
21. I will act as an adult and strive to set a positive role model and example for my child and other players;
22. I will not do or say anything that will cause my child to feel embarrassed, shamed, belittled, or disrespected.

I also understand and acknowledge that the NALL has adopted a Zero Tolerance Policy and agree that if I fail to abide by any of the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to, the following:

- Verbal warning by umpire, official, manager, coach, Personnel Officer and/or President of the NALL;
- Written warning;
- Immediate ejection from games, practices and any other league sponsored and/or affiliated events;
- Parental suspension with written documentation of incident kept on file by the NALL;
- Game forfeit through umpire, official and/or manager;
- Parental season suspension;
- Any other action consistent with the By-Laws and rules and regulations of the NALL.

This Parent Code of Conduct is strictly enforceable at the sole discretion of the NALL or its duly authorized representatives.

BACKGROUND CHECKS

Providing a safe atmosphere for kids to enjoy themselves is the priority for the North Andover Little League. Having parents know they can trust the people who are involved in training their children is central to the league's success.

North Andover Little League strictly follows Little League regulations regarding background checks and requires the league to annually, at a minimum, check the state's Sex Offender Registry against "all managers, coaches, Board of Directors members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with players or teams." Having individuals fill out the Little League Volunteer Application with picture Id verification and conduct a background check will allow the league to screen applicants who have committed offenses in any state and allow the league to bar them from contact with children.

In order to provide the best safety for your children, North Andover Little League takes this regulation one step further.

In addition to background checks for sex offenders, North Andover Little League has teamed up with First Advantage to do criminal background checks as well. The First Advantage National Criminal File database contains more than 350 million records which include criminal records and sex offender registry records across 50 states and the District of Columbia. However, the Mississippi Sex Offender registry data is no longer included in the database. As a result of Mississippi sex offender registry records data no longer being included, the First Advantage National Criminal Record File no longer meets the Little League minimum requirements of the Little League Regulations. To meet the requirements, a separate Mississippi State Sex Offender registry search must be conducted. This can be done by accessing the state website <http://state.sor.dps.ms.gov>.

A Copy of the 2017 Volunteer Application can be found on the Home Page of the North Andover Little League website: <http://www.nayouthbaseball.org> under Quick Links, and is included on the next page of this manual.



Little League Volunteer Application - 2017

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 _____

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory with First Advantage) _____

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.): _____

Do you have a valid driver's license: Yes ☐ No ☐

Driver's License#: _____ State _____

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor? Yes ☐ No ☐

If yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? Yes ☐ No ☐ If yes, describe each in full: _____

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 ☐ Coach ☐ Umpire ☐ Field Maintenance ☐

Manager ☐ Scorekeeper ☐ Concession Stand ☐ 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:

<http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

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 First Advantage or another provider that is comparable

*First Advantage ☐ Sex Offender Registry Data along with a National Criminal Records check of at least 281 million records ☐

**Please be advised that if you use First Advantage 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 directly from LexisNexis 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.

NORTH ANDOVER LITTLE LEAGUE BOARD OF DIRECTORS

The North Andover Little League Board of Directors is a 10-member board which oversees the day to day function of little league baseball in the town of North Andover. The North Andover Little League Board of Directors consist of the following positions:

President
Treasurer
Secretary/Registrar/Chief Information Officer
Player Agent
Coach and Player Development/Safety Officer
Chairman, Fundraising & Sponsorships
Vice President of Instructional Division (VP Tee Ball, Instructional, A & AA)
Vice President of Little League (VP AAA & Majors))
Vice President of Juniors/Seniors (VP 13-16)
Special Events Coordinator

These positions are two year elected positions. Voting is held in September of each year and is voted on by the parents of the North Andover Little League. Each year there are five member slots open for election. No Board Member can serve more than three consecutive terms on the Board.

The following is a brief overview of each position on the board. For a complete outline of the responsibilities of the members of the Board of Directors, can be found on the North Andover Little League website at www.nayouthbaseball.org under the “Docs” tab at the top of the home page and selecting “NAYBA” By-Laws.

President – The president presides at league meetings, and assumes full responsibility for the operation of the local league. The president receives all mail, supplies, and other communications from the Little League Headquarters.

Treasurer - The treasurer signs checks co-signed by another officer or director (or as directed by the local league’s constitution), dispenses league funds as approved by the board of directors, reports on the status of league funds, keeps local league books and financial records, prepares budgets, and assumes the responsibility for all local league finances.

Secretary/Registrar/Chief Information Officer – This officer maintains a register of members and directors, records the minutes of meetings, is responsible for sending out notice of meetings, issues membership cards and maintains a record of league’s activities. The secretary also maintains the leagues website. This officer also manages the online registration process and ensures that league rosters are

maintained on the site, assigns administrative rights to league volunteers and teams, collects, posts and distributes important information on League activities including direct dissemination of fund-raising and sponsor activities to Little League International, district, public, league members and media, serves as primary contact person for Little League and active.com regarding optimizing use of the Internet for league administration and for distributing information to league members and to Little League International, and displays enthusiasm for using the Internet for league administration, for sharing information and for creating a more enjoyable and efficient Little League experience.

Player Agent – The Player Agent oversees the well being of all players in the league. The Player Agent settles disputes between league personnel. The player agent conducts annual evaluations/tryouts, is in charge of player selection, assists the president in checking birth records and eligibility of players and generally supervises and coordinates the transfer of players to or from the Minor Leagues according to provisions of the regulations of Little League Baseball.

Coach and Player Development/Safety Officer– The Coach and Player Development Officer is responsible for organizing coaching clinics and other events to provide managers and coaches training in the fundamentals of running efficient and enjoyable practices for the players. This officer organizes player clinics to improve skills at the lower divisions (T-Ball, Instructional, and A). This officer also coordinates all safety activities including supervision of the safety program, ensures safety in player training, ensures safe playing conditions, coordinates reporting and prevention of injuries, solicits suggestions for making conditions safer, and reports suggestions to Little League International through the Safety Program System. The active Safety Officer, Brendan Salach is on file with Little League International.

Chairman, Fundraising & Sponsorships – The fundraising officer is responsible for organizing events, functions, promotions and the solicitation of sponsorships to raise income for North Andover Little League that provides funds to offset operating expenses, reduce registration fees and finance field improvements.

Vice Presidents –The vice presidents work with other officers and committee members, ex-officio member of all committees, and carries out such duties and assignments as delegated by the president. The Vice presidents of North Andover Little League are chosen to oversee three individual divisions within the league.

Special Events Coordinator - This officer coordinates all special events sponsored by North Andover Little League including the Opening Day Parade.

"SAFETY DOESN'T HAPPEN BY ACCIDENT"

North Andover Little League Rules and Regulations

Every member of the North Andover Little League is responsible to ensure that the league operates in a safe manner. To comply with this mandate, The North Andover Little League has created Safety Rules and Regulations that each member must follow. These rules cover common safety practices, equipment safety, field safety, player safety, umpire safety, spectator safety, and concession safety. It is our hope that providing these tools will give each member of this league a sense of ownership in the Safety of our children. The Safety Manual is distributed to all commissioners, managers, coaches and others involved in the administration and operation of North Andover Little League. A copy of this manual can be found on the Home Page of the North Andover Little League website at www.nayouthbaseball.org under "Quick Links". The annual budget for North Andover Little League includes funding for safety improvements for fields, equipment, and general facilities.

League Safety Guidelines

- ★ Do not hesitate to report any present or potential safety hazard immediately to the Safety Officer, other Board of Directors, or a Commissioner.
- ★ Players, Managers, Coaches and Spectators should stay alert at all times of foul balls and errant throws.
- ★ It is up to the Managers, Coaches, and Umpires to ensure that proper reasoning and care is used to prevent injury.
- ★ Only league approved managers and/or coaches are allowed on the field.
- ★ **All managers must go through the League sponsored Safety Meeting and First Aid Training on April 5, 2017, from 7:00 PM to 8:00 PM at the North Andover Middle School Auditorium. At least one coach or the manager of each team must attend this meeting.**
- ★ **At least one representative from each team (coach or manager) must participate in at least one fundamentals training session each season and all coaches and managers must attend at least one every 3 years. The training session will be held on April 12, 2017 in the gym at North Andover High School. Training will be provided by the North Andover High School Varsity Baseball Coach.**
- ★ A Manager or Coach from each team shall go to the League sponsored Safety class.

- ★ Every Manager shall make sure that first aid kits are at each practice and game.
- ★ Every Manager must make sure that the Emergency Information form is with them at all times.
- ★ It is the responsibility of the Managers and/or Umpires, in the case of a game, to thoroughly inspect the field to ensure a safe field before practicing or playing a game. Play area should be inspected frequently for holes, damage, stones, glass, or other foreign objects.
- ★ Games or Practices should never be held during inclement weather or poor field conditions.
- ★ Team equipment must be stored in the dugouts or behind the fence. Equipment shall never be placed in the field of play.
- ★ Only players, managers, coaches, and umpires are allowed in the dugouts during a game.
- ★ It is the Managers, Coaches, Umpires responsibility to ensure that the only player with a bat in his or her hand is the batter at the plate.
- ★ There is no on-deck person allowed in this league.
- ★ Managers and coaches are responsible to ensure that there is a safe distance between all players during warm up drills.
- ★ Warm up drills can only be preformed in the field and not outside the field to ensure safety for spectators and other players.
- ★ Any player on the base paths or at the plate must wear a league-approved helmet.
- ★ It is the Managers/coaches responsibility to periodically check the condition of all equipment and report to the Safety Officer any damaged equipment.
- ★ All male players should wear a protective cup. No Male player will be allowed to play the catchers position without one.
- ★ All catchers must wear a catcher's mitt, long model chest protectors, shin guards, and catcher's helmet and mask with hanging throat protector.
- ★ Jewelry is not allowed to be worn during games. It can become a distraction to the hitter.
- ★ Head First sliding is only permitted when returning back to a base. You may never slide headfirst when trying to advance to the next base.
- ★ Once the game or practice has started, all gates must be closed.
- ★ Horseplay is never allowed.

EQUIPMENT SAFETY

North Andover Little League strictly adheres to the Little League rules regarding equipment. All equipment is inspected prior to distribution to managers and coaches each season, and any defective or worn equipment is replaced. Equipment is continually inspected by managers and umpires during the season, and any defective equipment is removed from play and replaced with equipment that meets safety standards. The following are League Guidelines for Bats, Helmets, Catching Equipment, and Bases.

BAT REQUIREMENTS

Rule 1.10 in the Baseball and Challenger Division Rule Books

The bat must be a baseball bat which meets Little League specifications and standards as noted in this rule. It shall be a smooth, rounded stick and made of wood or of material and color tested and proved acceptable to Little League standards.

Little League (Majors) and below: it shall not be more than thirty-three (33) inches in length nor more than two and one-quarter ($2\frac{1}{4}$) inches in diameter. Non-wood bats shall be *labeled* with a BPF (bat performance factor) of 1.15 or less.

EXCEPTION: *For Little League (Majors) and below, for regular season play and Tournament, composite bats are prohibited unless approved by Little League International. A list of approved and licensed composite bats can be found on the Little League website at www.littleleague.org/learn/equipment/baseballbatinfo/batrules.htm*

Junior League: it shall not be more than 34 inches in length; nor more than $2\frac{5}{8}$ inches in diameter, and if wood, not less than fifteen-sixteenths ($\frac{15}{16}$) inches in diameter ($\frac{7}{8}$ inch for bats less than 30") at its smallest part. *All composite bats shall meet the Batted Ball Coefficient of Restitution (BBCOR) performance standard, and such bats shall be so labeled with a silkscreen or other permanent certification mark. The certification mark shall be rectangular, a minimum of a half-inch on each side and located on the barrel of the bat in any contrasting color.*

Senior League: it shall not be more than 36 inches in length, nor more than 2 5/8 inches in diameter, and if wood, not less than fifteen-sixteenths (15/16) inches in diameter (7/8 inch for bats less than 30”) at its smallest part. The bat shall not weigh, numerically, more than three ounces less than the length of the bat (e.g., a 33-inch-long bat cannot weigh less than 30 ounces). *All bats not made of a single piece of wood shall meet the Batted Ball Coefficient of Restitution (BBCOR) performance standard, and such bats shall be so labeled with a silkscreen or other permanent certification mark. The certification mark shall be rectangular, a minimum of a half-inch on each side and located on the barrel of the bat in any contrasting color. Aluminum and composite bats shall be marked as to their material makeup being aluminum or composite. This marking shall be silkscreen or other permanent certification mark, a minimum of one-half-inch on each side and located on the barrel of the bat in any contrasting color.*

In all divisions, wood bats may be taped or fitted with a sleeve for a distance not exceeding sixteen (16) inches (18 inches for Junior/Senior baseball) from the small end. A non-wood bat must have a grip of cork, tape or composition material, and must extend a minimum of 10 inches from the small end. Slippery tape or similar material is prohibited.

NOTE 1: Junior/Senior League: The 2¾ inch in diameter bat is not allowed in any division.

NOTE 2: The traditional batting donut is not permissible.

NOTE 3: The bat may carry the mark “Little League Tee Ball.”

NOTE 4: Non-wood bats may develop dents from time to time. Bats that cannot pass through the approved Little League bat ring for the appropriate division must be removed from play. The 2¼ inch bat ring must be used for bats in the Tee Ball, Minor League, and Little League Baseball divisions. The 2 5/8-inch bat ring must be used for bats in the Junior and Senior divisions of baseball.

NOTE 5: *An illegal bat must be removed. Any bat that has been altered shall be removed from play. Penalty – See Rule – 6.06(d).*

Summary and Implementation: For the 2012 season, language was added prohibiting the use of composite bats for the Major division unless approved and licensed by Little League International and modified the Junior and Senior League bats regulation noting the new BBCOR bat standard.

HELMET REQUIREMENTS

Each team shall have four protective helmets, which must meet NOCSAE specifications and standards. The League will provide these helmets, at the beginning of the season. If

players decide to use their own helmets, they must meet NOCSAE specifications and standards. Each helmet shall have an exterior warning label. Four Helmets with protective cages shall be provided for the T-Ball, Instructional, A and AA Divisions. Helmets with protective cages must be worn at all times in these divisions.

NOTE:

- The warning label can be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.
- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player/base coach is mandatory
- Use of a helmet by an adult base coach is optional.
- Any helmet with stress cracks must be discarded
- Any helmet with damaged foam must be discarded
- Any helmet with broken strap snaps must be discarded.
- Helmets with protective cages are required in the Instructional and “A” Divisions.

CATCHER’S EQUIPMENT

Each Team from the A Division up shall be given one complete set of catcher's equipment at the start of the season. It is up to the individual manager to ensure that the equipment continues to stay in good condition. Any defects should be brought to the Safety Officer’s attention for replacement.

NOTE:

- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- Junior/Senior catchers must wear approved long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards, and catcher’s helmet, all of which must meet Little League specifications and standards.
- All catchers must use an approved catcher’s mitt. Fielding gloves are not allowed to be used.
- All catchers must wear a mask, “dangling” type throat protector and catcher’s helmet during practice, pitcher warm-up, and games. Throat guards (dangling type) must be attached to all masks including ones that have molded throat protection.
- Skullcaps are not permitted.

INFIELDERS EQUIPMENT

Infielders are encouraged to wear protective cups and mouth guards to protect themselves from injury from batted balls and base runners.

BASE REQUIREMENT

Rule 1.06: First, second and third bases shall be marked by white canvass or rubber covered bags securely attached to the ground. Leagues must ensure that first, second and third bases will disengage their anchors. North Andover Little League Baseball does not use bases that are permanently anchored to the ground.

FIRST AID

First Aid Kits will be furnished to each team at the beginning of the season. The First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or post-season) and any other Little League event where children's safety is at risk.

To *replenish materials* in the Team First Aid Kit, the Manager, must contact the Safety Officer.

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

The First Aid Kit will come in a plastic white box and include the following items:

- 1. One Instant Cold Pack (2 additional individually wrapped cold packs are provided separately)**
- 2. 1 Large Wound Pad**
- 3. Antiseptic Wipes**
- 4. Large Bandages 2"x4"**
- 5. Large Non-stick Bandages**
- 6. Assorted size Band-Aids"**
- 7. 1 Cloth Athletic Tape**
- 8. 1 Roll of Gauze**
- 9. 4 Pairs of Latex Gloves**

If you are missing any of the above items, contact the Safety Officer

FIELDS

Preseason Inspection

All Little league fields shall go through a preseason ASAP Facility Survey. This program allows the league to evaluate each field individually with regards to safety of the field and the surrounding areas. Results of the surveys can be found on the Home Page of the North Andover Little League website at www.nayouthbaseball.org under the “Quick Links” tab on the right side of the page.

During the Season Safety Inspection

Regular safety inspection of the field, permanent and temporary structures, ball playing equipment and personal protective equipment is the best way to determine which unsafe conditions require correction. The managers and grounds keepers should work together to insure serious accident exposures are corrected promptly! It is good experience for safety training to have the players take part in the procedure. The following list will be of assistance in determining conditions that cause accidents. Prompt action must be taken on all serious hazards. Some examples are:

1. Unsafe field conditions such as holes, ditches, rough or uneven spots, slippery areas, and long grass.
2. Foreign objects like stones, broken glass, old boards, pop bottles, rakes, etc.
3. Incomplete or defective screen, including holes, sharp edges, and loose edges.
4. Wire or link fencing should be checked regularly for similar defects, which could injure a participant.
5. Bat rack and should be behind the screen.
6. The backstop should be padded and painted green for the safety of the catcher.
7. The dugout should be clean and free of debris.
8. Dugouts and bleachers should be free of protruding nails, wood splinters, and sharp metal edges.
9. Home plate, batter's box, bases, and the area around the pitcher's rubber should be checked periodically for tripping and stumbling hazards.
10. Material used to mark the field should be a nonirritating white pigment (not lime).
11. The tops of outfield (4' high) and dugout fences (4' high) are protected with yellow plastic fence topping to protect players from injury on the chain link fencing. The fence topping is to be inspected and any damage reported to the Safety Officer.

Below is the Field Maintenance Procedures that is posted at each field and is to be adhered to by all Managers and Coaches of NALL.



FIELD MAINTENANCE PROCEDURES

- Fields shall be inspected by the managers and/or coaches before the start of a practice or game, and any safety concerns satisfactorily addressed before playing on the field.
- At the conclusion of all practices and games, the infield clay, including the pitcher's mound, home plate area, and base paths shall be raked and/or dragged with a steel drag mat. **CLAY SHALL NOT BE RAKED INTO THE GRASS, AS THIS CREATES BERMS.** Rake the clay along the base paths so there are no low spots across the width of each base path, and material does not build up at the grass interface.
- All magnetic bases, rakes, shovels, brooms, chalkers/liners and all other equipment shall be placed in the shed at the field at the end of the evening or last practice/game of the day, and the shed locked.
- Tarps shall be placed on the pitcher's mound and home plate area at the end of the evening or last practice/game of the day at each field (Carl Thomas #1 and #2, & Grogan's) that has this equipment. Tarps shall be installed such that the adjacent grass is not covered and there is no interference with the irrigation system.
- All safety concerns shall be reported to the Safety Officer and/or Fields Coordinator.
- On days where rain has fallen, or standing water exists in the clay infield, the following steps shall be taken.
 1. Tarps shall be removed from the pitcher's mound and home plate areas by folding the tarp over on itself and removing it. Other removal methods may be utilized, but the goal is to limit the amount of water that drains on the clay.
 2. **Standing water in the clay shall be raked out or broom swept. WATER AND CLAY SHALL NOT BE RAKED OR SWEPT INTO THE GRASS.**
 3. 50 LB bags of TURFACE GAME SAVER will be available at most fields and will be stored in the shed at the field. Game Saver is used as moisture

control to absorb water, and shall be dumped and raked into muddy, torn-up portions of the infield clay to improve footing and allow competition to continue through wet playing conditions. Turface does not break down and works over and over to keep the field playable after rain.

4. TURFACE GAME SAVER SHALL BE USED SPARINGLY DUE TO THE COST (OVER \$14/BAG). ONLY USE AS MUCH PRODUCT AS NECESSARY. DO NOT DUMP OUT ALL THE PRODUCT FOR THE SAKE OF USING THE ENTIRE BAG. THIS PRODUCT IS NOT TO BE SPREAD INTO LARGE AMOUNTS OF STANDING WATER.
5. FIELD MAINTENANCE IS THE RESPONSIBILITY OF ALL MANAGERS, COACHES, AND PLAYERS. MAKE THIS PART OF YOUR TEAM'S DAILY ROUTINE.

DUTIES AND RESPONSIBILITIES

Managers/Coaches

Coaches Code of Conduct – All managers/coaches must fill out and sign the coach's code of conduct as mentioned previous in this manual. No Manager/coach will be allowed on the field without a signed copy on file with the Safety Officer.

Background Checks – All managers/coaches, League Officials and volunteers must fill out and sign a league background form as mentioned previous in this manual. **No Manager/coach will be allowed on the field without an approved signed copy on file with the Safety Officer.** The 2017 Volunteer Application can be found on the North Andover Little League website at www.nayouthbaseball.org under the “Quick Links” tab on the right side of the home page.

NOTE:

The Safety Officer will visit each team during the season to verify all coaching staff has adhered to these rules. If a person is on the field without both forms completed, they will be asked to leave the playing field immediately and cannot return until the forms are completed.

KNOW YOUR SURROUNDINGS

- It is the goal of North Andover Little League to ensure that all players thrive in a safe environment. It is up to the Board of Directors, Commissioners, Managers, and Coaches to keep the children safe when they are at the playing field. This not only includes what goes on between the lines but also at the field s and surrounding areas. Know the fields where you practice and play. By knowing your surroundings, you can help eliminate the potential of injury or abuse to a child. At the end of practice, **make sure that every child gets back to a parent. No child is to be left alone.**

WEATHER

Weather safety is everyone's responsibility. Listed below are the guidelines for Weather Safety for North Andover Little League.

Rain:

During the Spring Months in Massachusetts, rain is a constant threat to the field's playability and to the safety of the Children. It is up to the Board of Directors, the Commissioners, Managers, and Coaches to evaluate these conditions and make sound decisions to protect the safety of the Children. Here are a few guidelines to use when determining condition and player safety with respect to rain.

- Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
- Determine the direction the storm is moving. Is it moving away or towards the field?
- Evaluate the playing field as it becomes more and more saturated.
- Stop practice if the playing conditions become unsafe -- use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.

Lightning:

According to the weather services the average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps and flows in less than a tenth of a second. The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour. Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.

On average, the thunder from a lightning stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity, and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind; the storm can be less than 3 miles away!

If you can HEAR, SEE OR FEEL a THUNDERSTORM:

- Suspend all games and practices immediately.
- Stay away from metal including fencing and bleachers.
- Do not hold metal bats.
- Get players to walk, not run to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.
- If a player's parent is not attending the game, the Manager will take responsibility for evacuating that child.
- A game or practice cannot commence or resume within ½ hour of the last visible lightning.

HEAT

Good nutrition is important for children. Sometimes, the most important nutrient children need is water – especially when they're physically active. When children are physically active, their muscles generate heat thereby increasing their body temperature. As their body temperature rises, their cooling mechanism - sweat – kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become overheated. We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the spring months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. It does not matter if it's January or July; thirst is not an indicator of fluid needs. Therefore, children must be encouraged to drink fluids even when they don't feel thirsty. During any activity water is an excellent fluid to keep the body well hydrated.

Here are a few suggestions

- Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning.
- If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P.

- If a player should collapse as a result of heat exhaustion, call (***Calling the North Andover Police Department at 978-683-3168 connects you directly to emergency personnel; dialing from a cellular phone will connect you to the State Police who must transfer the call***). Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives.

PITCHING RULES FOR 2017

The following is the text of the Pitch Count Regulation for all levels of Little League Baseball.
(The rule for use in the International Tournament is similar, and also is printed below.)

REGULAR SEASON – BASEBALL ONLY

REGULATION VI -- PITCHERS

(a) Any player on a regular season team may pitch.

EXCEPTION: *any player, who has played the position of catcher in four (4) or more innings in a game, is not eligible to pitch on that day.*

(b) A pitcher once removed from the mound cannot return as pitcher. **Junior and Senior League Divisions only:** A pitcher remaining in the game, but moving to a different position, can return as a pitcher anytime in the remainder of the game, but only once per game.

(c) The manager must remove the pitcher when said pitcher reaches the limit for his/her age group as noted below, but the pitcher may remain in the game at another position:

13-16	95 pitches per day
11-12	85 pitches per day
9-10	75 pitches per day
7-8	50 pitches per day

Exception: If a pitcher reaches the limit imposed in Regulation VI (c) for his/her league age while facing a batter, the pitcher may continue to pitch until any one of the following conditions occurs: 1. That batter reaches base; 2. That batter is put out; 3. The third out is made to complete the half-inning. **Note 1: A pitcher who delivers 41 or more pitches in a game cannot play the position of catcher for the remainder of that day.** **Note 2: Any player who has played the position of catcher in four or more innings in a game is not eligible to pitch on that calendar day.**

(d) Pitchers league age 14 and under must adhere to the following rest requirements:

- If a player pitches 66 or more pitches in a day, four (4) calendar days of rest must be observed.
- If a player pitches 51 - 65 pitches in a day, three (3) calendar days of rest must be observed.
- If a player pitches 36 - 50 pitches in a day, two (2) calendar days of rest must be observed.
- If a player pitches 21 - 35 pitches in a day, one (1) calendar days of rest must be observed.
- If a player pitches 1-20 pitches in a day, no (0) calendar day of rest is required.

Pitchers league age 15-16 must adhere to the following rest requirements:

- If a player pitches 76 or more pitches in a day, four (4) calendar days of rest must be observed.
- If a player pitches 61 - 75 pitches in a day, three (3) calendar days of rest must be observed.
- If a player pitches 46 - 60 pitches in a day, two (2) calendar days of rest must be observed.
- If a player pitches 31 - 45 pitches in a day, one (1) calendar days of rest must be observed.
- If a player pitches 1-30 pitches in a day, no (0) calendar day of rest is required.

(e) Each league must designate the scorekeeper or another game official as the official pitch count recorder.

(f) The pitch count recorder must provide the current pitch count for any pitcher when requested by either manager or any umpire. However, the manager is responsible for knowing when his/her pitcher must be removed.

(g) The official pitch count recorder should inform the umpire-in-chief when a pitcher has delivered his/her maximum limit of pitches for the game, as noted in Regulation VI (c). The umpire-in-chief will inform the pitcher's manager that the pitcher must be removed in accordance with Regulation VI (c). However, the failure by the pitch count recorder to notify the umpire-in-chief, and/or the failure of the umpire-in-chief to

notify the manager, does not relieve the manager of his/her responsibility to remove a pitcher when that pitcher is no longer eligible.

(h) Violation of any section of this regulation can result in protest of the game in which it occurs. Protest shall be made in accordance with Playing Rule 4.19.

(i) A player who has attained the league age of twelve (12) is not eligible to pitch in the Minor League. (See Regulation V – Selection of Players)

(j) A player may not pitch in more than one game in a day:

Minor League, and Little League-A player may not pitch in more than one game in a day;

Junior League and Senior League-A player may be used as a pitcher in up to two games in a day. (Exception: If the player pitched 31 or more pitches in the first game, that player may not pitch in the second game of that day);

1. The withdrawal of an ineligible pitcher after that pitcher is announced, or after a warm-up pitch is delivered, but before that player has pitched a ball to a batter, shall not be considered a violation. Little League officials are urged to take precautions to prevent protests. When a protest situation is imminent, the potential offender should be notified immediately.

2. Pitches delivered in games declared “Regulation Tie Games” or “Suspended Games” shall be charged against pitcher’s eligibility.

3. In suspended games resumed on another day, the pitchers of record at the time the game was halted may continue to pitch to the extent of their eligibility for that day, provided said pitcher has observed the required days of rest.

Example 1: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on the following Thursday. The pitcher is not eligible to pitch in the resumption of the game because he/she has not observed the required rest.

Example 2: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on Saturday. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game because he/she has observed the required rest.

Example 3: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes two weeks later. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game, provided he/she is eligible based on his/her pitching record during the previous four days.

Note: The use of this regulation negates the concept of the “calendar week” with regard to pitching eligibility.

EIGHT ESSENTIALS OF POST-PITCHING RECOVERY

BY JIM RONAI MS, PT, ATC, CSCS

The institution of the pitch count in Little League Baseball represents a positive step towards ensuring that the game of baseball is safer both in the present and future careers of young pitchers.

As an adjunct to this new pitch count regulation and in an attempt to protect the health and safety of youth baseball pitchers, the following post-performance suggestions are offered. Since most youth baseball pitchers are typically removed from the mound, but not necessarily from the game, these suggestions are intended for post-game or for a time when the pitcher is considered done for the day.

- Children learn most effectively with a consistent routine. All athletes need to have a routine that they perform both pre- and post-game. The routine needs to be monitored and consistent. Athletes need to know that the routine needs to be completed correctly before they will be permitted to participate in subsequent game or practice play.
- Perform a “cool down activity.” Have pitchers jog for four to six minutes, to the point when they start to sweat. This increases general blood flow throughout the body and prepares the body for a post-performance flexibility routine. Increasing blood flow allows the body to circulate oxygenated blood to fatigued muscles. Oxygenated blood helps soft tissues recover and heal following activity.
- Spend five minutes on a post-game, movement-based, “dynamic flexibility program.” Incorporate movements for the forearms, shoulders as well as the torso and lower body. As an example, have athletes

perform progressive arm circles forward and backward for their arm and shoulder muscles, and walking heel grabs for their thigh and hip flexor muscles. These drills represent only a portion of a post-outing routine that help the athlete stretch their entire body. Along with increasing the flow of oxygenated blood to muscles and tendons, stretching dynamically following an athletic performance helps to mediate the by-products of exercise that make the body stiff and sore.

- Designate one staff member to review the pitcher's performance. Keep things simple and to the point. Review the negative aspects of the pitcher's performance, but be sure to finish the conversation by emphasizing the positive. Leave the athlete feeling good about his/her outing.
- Since most young athletes answer questions about how they feel with a shrug or a one-word answer, develop a visual analog scale for the pitchers to use to quantify how they feel before, during, and after the game. The scale can be something as simple as a one-to-10 scale with a picture of a frown at No. 1, a neutral face at No. 5, and a happy face at No. 10. Ask the pitcher how he/she feels before the game, at the end of each inning, and at the end of the performance. The visual scale allows younger players to easily point to the number or picture that most describes how the arm is feeling. Coaches can use the scale to inquire about the condition of a pitcher's arm before the game as well as any symptoms that he/she develops during or at the conclusion of the game. Monitoring a young pitcher's perception of his/her physical wellness helps coaches make note of trends related to performance or potential injury related to volume, lack of endurance, or other variables.
- Having a cooler of ice available in the dugout is an important part of optimizing a pitcher's recovery. Keep a few bags of ice available for pitchers to apply to their shoulders and elbows following a pitching outing. Never apply ice directly to the skin or for more than 12-15 minutes. Also be aware of the ulnar nerve found in the area of the "funny bone," and be sure not to apply ice directly over it.
- Do not allow pitchers to go home and re-create their game by throwing with "coach mom or dad." Once they are done on the field, they are done for the day. Encourage families to follow this approach for the sake of the child's health.
- In an attempt to establish consistent pitching performance, athletes need to gain and maintain strength as well as control of their bodies. An age-appropriate strength, balance, and coordination routine for your pitchers should be taught at the beginning of the season and should be performed by pitchers the day after each outing. These activities help to ensure that the athlete is taking care of his/her "pitching muscles" on a consistent basis in preparation for the next outing. Simple programs should address balance, as well as strengthening for the rotator cuff, back, core and leg muscles. Remember that the season is long, and that without training, muscles fatigue and lose strength over time. Keep them strong for the long haul.

Jim Ronai MS, PT, ATC, CSCS is a Physical Therapist, Certified Athletic Trainer through the National Athletic Trainers Association (NATA) and a Certified Strength and Conditioning Specialist through the National Strength and Conditioning Association (NSCA). He is the Director of Physical Therapy and Sports Medicine at Rehabilitation Associates, Inc. in Connecticut and Director of Jim Ronai's Competitive Edge, an athletic performance-training program. Jim has served on the medical staff for two U.S. Olympic teams and is a member of the USA Baseball Medical and Safety Advisory Committee

2017 Rule Changes are here: <http://www.littleleague.org/learn/rules/rulechanges.htm>

Key Rule Changes for 2017 that will be implemented by NALL are below.

Playing Rule 6.08(a)(2) – The Batter [Baseball]-

Divisions: Minor and Major Baseball Divisions

Allows a defensive team to intentionally walk a batter in Minor and Major Divisions. (Page 97).

Summary:

Prior to a pitch being thrown, the defense elects to “Intentionally Walk” the batter by announcing such decision to the plate umpire.

NOTE 1: Such notification must be made by the defensive manager. The manager must request and be granted “time” by the umpire and then inform the umpire of the defense’s intent to walk the batter.

NOTE 2: The ball is dead and no other runners may advance unless forced by the batter’s award. Four (4) pitches will be added to the pitch count.

Summary: just like MLB, no pitches needed for an intentional walk. This is a new rule, no local option

Tournament Rules

1. Names can be released June 1 for Tournament teams now.
2. One more year for the 10s, clarified 60% participation by start of the Tournament

Player Eligibility [Baseball, Softball]-

Divisions: All Baseball and Softball Divisions

Allows players league age 8, 9, and 10 to have additional year of Tournament eligibility. (Page 124 in Baseball; 118-119 in Softball); Mandates that players have 60% Regular Season participation prior to the start of Tournament to be eligible for Tournament selection and participation. (Page 124 in Baseball; 118-119 in Softball).

3. DA has to have Tournament Schedule by JUNE 1st now (let’s see if they do)
4. No tryouts, practices, or Special Games for tournament teams before June 1st, and insurance for tournament team doesn’t start until then.
5. In the **Tournament**, all batters **must** keep one foot in the box or be subject to penalties. In ALL divisions.

MANAGERS RESPONSIBILITIES (cont.)

Safety Meeting – all managers and coaches must attend the annual mandatory safety meeting. This meeting reviews the safety procedures of the league and provides information on how to handle issues in the field if they should arise.

Parents Meetings

It is the responsibility of every manager to hold parent meetings with the player's parents. This is a good opportunity to introduce yourself and the coaching staff as well as lay the groundwork for a successful season. Request a team parent(s) or designate player's parent(s) or guardians to represent the team.

In addition to the meet and greet portion of the meeting you will need to discuss the following:

- (a) Parents Code of Conduct – It is important that every parent understands what is expected of him or her during practices and during the season.
- (b) Managers are not day care providers – It is important to let the parents know that one parent or guardian should be present at every practice and game. Problems arise during the season and it is easier to handle the problem when a parent or guardian is around.
- (c) Safety – Explain to the parents and guardians the step taken to ensure that each child get the safest most enjoyable experience they can.
- (d) League Rules – Explain the rules of the league to better prepare the parents/guardians for the coming season. Explain how the batting order is done as well as how positions are chosen to help the parents/guardian understand how North Andover Little League Baseball stresses fairness and equal time.

Medical Release Form – Every Parent or Guardian must fill out the Medical Release Form attached (see page 39). This form is an authorization to treat the child in the absence of a parent or guardian. It also lists medical issues and medicines being taken to help assist the emergency medical personnel if the situation ever arises. Once filled out, the forms must be taken to each game and practice by the Manager.



Little League. Baseball and Softball M E D I C A L R E L E A S E



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

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

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: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player

Name	Phone	Relationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

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.

Practice:

Managers will:

- Walk the practice field to ensure a safe playing field. Notify the Safety officer immediately if the field is unsafe for practice.
- Make sure that the equipment is in good working order and is safe.
- Make sure players are wearing the proper equipment and any catchers are wearing a cup.
- Not expect more from their players than what the players are capable of.
- Be open to ideas, suggestions or help
- Always have First-Aid Kit, Medical Release Forms, Emergency Contact List, and Safety Manual on hand.
- Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching.
- Have players perform stretching exercises before they take the field. Perform stretching exercises for:
 - Calves
 - Hamstrings
 - Back
 - Midsection
 - Neck and Shoulders
 - Arms
- Have players do a light jog around the field before starting throwing warm-ups that should follow this order.
 - Light tosses short distance.
 - Light tosses medium distance.
 - Light tosses large distance.
 - Medium tosses medium distance.
 - Regular tosses medium distance.
 - Field ground balls.
 - Field pop flies
- Teach the *fundamentals* of the game to players.

Guidelines you can use are:

 - **General Inattention**
 - Going one step back to the “whys” of most ball handling accidents, it appears that inattention due to inaction or boredom is an underlying accident cause with which we must deal. This situation

can be partly offset by using idle time to practice basics of skillful and safe play, such as:

- Otherwise idle fielders should be encouraged to “talk it up.” Plenty of chatter encourages hustle and enthusiasm.
- Players waiting for a game or practice to start can pair off and play catch to improve their basic eye-on-the ball technique.
- Practice should include plenty of variety in the drill work.
- Put a time limit on each drill and do not hold the total practice for more than two hours, or less if interest begins to lag.
- Idle players along the sidelines can be given the job of studying the form of other players to improve their own techniques. They may then report on what they have learned to improve their own form on running, ball handling, throwing, batting and sliding.

○ **Catching Drills**

- When the catcher is wearing the required protection, the greatest exposure is to the ungloved hand. The catcher must learn to:
 - (a) Keep it relaxed.
 - (b) Always have the back of the throwing hand toward the pitcher when in position to catch.
 - (c) Hold all fingers in a cupped position near the mitt, ready to trap the ball and throw it.
- The catcher should also be taught to throw the mask and catcher’s helmet in the direction opposite the approach in going for a high fly.
- As the catcher learns to play this difficult position, a good habit is to keep a safe distance back from the swinging bat. Estimate this as one foot farther from the batter than the ends of the outstretched fingers.
- To repeat, the best protection is keeping the eye on the ball.

○ **Sliding Drills.**

- As is the case with other baseball fundamentals, a correct slide is also a safe one. It is well, too, to guard against the accident of a collision and the possibility of a player being struck by a thrown

ball as that player “hits the dirt. The following can make the learning period safer:

- Long grass has been found to be better than a sand or sawdust pit to teach sliding.
- The base must not be anchored down.
- Sliding pads are recommended.
- The player should make approaches at half speed and keep constantly in mind that hands and feet should be in the air. Once committed to slide, the player must not change strategy. Last minute hesitation causes most sliding injuries.
- Tennis shoes are suggested for beginning sliding and tagging practice to avoid injury to the defensive player.
- If the ground along the baselines becomes soft on a rainy day, such weather offers an excellent opportunity to have sliding drills.
- It should be kept in mind that head-first sliding* is not recommended except when returning to a base.

○ **Batter Safety**

- A batter’s greatest accident exposure is from the unsafe acts of others, namely wild pitches, which account for a major portion of all accidents. Again, the best defense is an alert, confident concentration on the ball. This type of injury is more prevalent in Regular than in Minor League play. Since the danger is increased as pitchers learn to throw with greater force and as more games are played, it is doubly important to take whatever counter measures necessary to offset this exposure.
- A well fitted, NOCSAE approved helmet is the first requirement.
- The development of the novice batter’s ability to take evasive action can be improved by getting the player to relax and concentrate on the ball from the time the pitcher starts delivery until it lands in the catcher’s mitt. Players with slow reflexes can also be helped by stimulated batting and ducking practice with a tennis ball.
- The un-sportsmanlike practice of crowding the plate or jumping around to rattle the pitcher must not be tolerated. This could endanger the batter if it causes the pitcher to lose control. Umpires should stop such actions.

- Painful finger and hand injuries can be reduced by making sure the batter holds the bat correctly when bunting. Youngsters have a tendency to lean too far over the plate and not keep the ball well out toward the end of the bat. This should be corrected.
 - When the batter becomes a base runner, that player should be taught to run outside the foul lines when going from home plate to first and from third to home, to reduce the chance of being hit by a thrown ball.
- **Safe Handling of Bats**
 - A review of the batter's potential for causing injuries to others points up the following: The most easily prevented type of accident is the too frequent fault of beginners throwing the bat while running to first base. This unthinking act may be corrected through individual instruction to drop the bat safely by:
 - Having the player drop the bat in a marked-off circle near where running starts.
 - Counting the player "out" in practice whenever the player fails to drop the bat correctly.
 - Providing bats with grips that are not slippery.
 - **Proper fielding of balls**
 - Misjudging the flight of a batted ball may be corrected by drilling with flies which begin easy and made more difficult as a player's judgment and skill improves. Everyone should eventually be able to handle balls that go overhead.
 - In addition to a player never losing sight of a ball from the time it leaves the bat, the player should keep the glove positioned and the body relaxed for a last split-second move.
 - An infielder can best be protected by an aggressive short-hop fielding play by always keeping the "nose pointed at the ball" and the eyes glued on it. Also, if moving forward, the player is in a better position to make a throw.
 - It is safer for the player to knock a ball down and handle it then to let the ball determine the play.

Pre-game

- Before each game the Managers and Umpires should walk the field to check for safety issues. Notify the Safety Officer immediately if the field is unsafe for playing.
- Managers should meet with Umpires to review ground rules.
- Ensure that all bats and equipment are secured inside the dugouts.
- Inspect all equipment for defects.

During the Game

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Keep players alert.
- Maintain discipline and professionalism 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.
- Keep track of pitch count for your team as well as your opponent.
- Make sure catchers are wearing the proper equipment.
- Encourage everyone to think Safety First.
- Observe the "no on-deck" rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.
- Keep players off fences.
- Get players to drink often so they do not dehydrate.
- Do not play children that are ill or injured.
- Attend to children that become injured in a game.
- Do not lose focus by engaging in conversation with parents.

End of Game

- Inspect the field for any damage that may have occurred. Notify the Safety officer immediately if damage has occurred.
- Pick up all debris and trash on the field, in the dugouts and around the field.
- Make sure that every child gets back to a parent. No child is to be left alone.
- Forward pitch count forms to the division commissioner by email.

Umpires

Responsibilities

Pre-game

- Inspect the field for Safety issues.
- Review the Rules of the League as well as the ground rules with both Managers
- Know and enforce the Parents and Coaches Codes of Conduct.

During the Game

- Control the Game – The Umpire is in charge once the first pitch is thrown.
 - Keep order for both the managers and parents.
 - Only Managers can approach the Umpire.
 - Parents are not permitted to talk to the umpires during or after the game.
 - Understand your rights with regards to stopping play.
 - Keep the game moving.
 - Limit warm up pitches to 7
 - Make sure the managers are keeping the field of play free of debris.

After the game

- Report any incidents to the Director of Umpires, the Player Agent and the Safety Officer.

CONCESSION STAND

For the 2017 season, the concession stand will be operated by a private company, GK&K Pushcarts and Concessions. NALL will not operate the concession stand, nor have any volunteers working in the concessions stand. GK&K will be responsible for all permits required by the Town of North Andover Board of Health and any other applicable departments. GK&K will provide all required insurance and Workers Compensation, and name North Andover Youth Baseball and the Town of North Andover as additional insured. Insurance must be \$1 million per incident and \$2 million aggregate.

Interior finish upgrades are planned for this season.

Attached are a few rules and regulation to ensure safe handling of food in the concession area.

- (a) No person under the age of eighteen (18) will be allowed behind the counter in the concession stands.
- (b) People working in the concession stands will be trained in safe food preparation, and at least one person will complete a training course required by the North Andover Board of Health. Training will cover safe use of the equipment and handling of food.
- (c) Cooking equipment will be inspected periodically and repaired or replaced if needed.
- (d) A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.
- (e) All concession stand workers are to be instructed on the use of fire extinguishers.
- (f) The league emergency list shall be clearly posted.
- (g) A The Concession and main entrance door will not be locked or blocked while people are inside
- (h) A fully stocked First Aid Kit and Automated External Defibrillator (AED) will be placed in the Concession Stand.
- (i) All equipment will be cleaned at the end of each day.
- (j) All unprepared foods shall be properly maintained throughout process.

CHILD SAFETY

Introduction

The backbone of Little League Baseball is the adult volunteer. One million strong, it is this corps of dedicated people who coach the teams, umpire the games, work in the concession stands, serve on the local board of directors, and serve at the District level. These people, who live in every U.S. state and more than 100 other countries, make Little League the world's largest and most respected youth sports organization. We know that the greatest treasure we have is children. As adults, we must ensure that these young people are able to grow up happy, healthy and, above all, safe. Whether they are our children, or the children of others, each of us has a responsibility to protect them.

The Little League Child Protection Program seeks to educate children and volunteers in ways to prevent child abusers from becoming involved in the local league. Part of that education has been to assist local Little League volunteers in finding effective and inexpensive ways to conduct background checks. Little League regulations now say: "No local league shall permit any person to participate in any manner, whose background check reveals a conviction for any crime involving or against a minor." (Reg. I [c] 9.)

Background checks were optional until the 2003 season. Recent advances in computer technology – allowing greater access to public records – make it possible for background checks (at a minimum, to see if an individual is a registered sex offender in a given state) to be conducted in every U.S. state. Local Little League programs are now **required** to annually conduct a background check of Managers, Coaches, Board of Directors members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams. (Reg. I [b], Reg. I [c] 9.) The purpose of these background checks is, first and foremost, to protect children. Second, they maintain Little League as a hostile environment for those who would seek to harm children. Third, they will help to protect individuals and leagues from possible loss of personal or league assets because of litigation. In more than 40 states, a check of the state's sex offender registry is free. In others, there is a nominal fee per person. Parents have a right to know that the leadership of their child's local Little League conducted the mandatory background check on everyone required. Whatever the cost, the local league cannot afford to ignore this new regulation. In fact, compliance is a condition of membership in Little League.

Regulation I (c) (9) for all divisions of play has been amended to read, in part:

NOTE 1: *Each year, Little League International provides each league 125 free criminal background checks that exceed the minimum standard required in this regulation. Information on how to utilize this benefit, as well as how to conduct background checks, can be found at <http://www.littleleague.org/learn/programs/childprotection.htm>.*

NOTE 2: *The United States Department of Justice National Sex Offender Public Registry is free and available at www.nsopr.gov.*

IMPORTANT: *If no sex offender registries exist in a province or country outside the United States the local league must conduct the more extensive of a country, province or city-wide criminal background check through the appropriate governmental agency unless prohibited by law. Failure to comply with this regulation may result in the suspension or revocation of tournament privileges and/or the local league's charter by action of the Charter or Tournament Committee in Williamsport. If a local league*

becomes aware of information, by any means whatsoever, that an individual, including, but not limited to, volunteers, players and hired workers, has been convicted of 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.

These requirements are being implemented by Little League and your local league to:

- Protect our children and maintain Little League as a hostile environment for those who would seek to do them harm.*
- Protect individuals and leagues from possible loss of personal or league assets because of litigation.*
- Take advantage of current technology and laws that have made background check information accessible to your local league.*

A PARENT'S GUIDE TO THE LITTLE LEAGUE CHILD PROTECTION PROGRAM

What Can Parents Do?

Most children have been warned about the dangers of talking to strangers. But for many children, sexual molestation is committed by someone they know. In fact, 80 to 85 percent of all sexual abuse cases in the U.S. are committed by an individual familiar to the victim, according to statistics compiled by Big Brothers & Big Sisters of America. The truth is, child sex offenders can come from every background, every occupation, every race, and every level of education. They may be married, and they may have children of their own. It is dangerous to believe that the only threat is the stranger in a long raincoat, lurking behind a tree. In fact, the promotion of this myth may contribute to the problem. Sometimes, a child who is molested by a known and “trusted” person will feel so guilty about not reacting the “right” way that he or she never reports the problem. Sadly, we have all seen too many reports in which teachers, police officers, clergy, youth sports volunteers, etc., trusted by all, have violated that trust and molested children in their care. Of course, this must never be tolerated in Little League or anywhere else. In many of these situations, the young victims are actually seduced, sometimes over a period of months or even years. The child’s family is lulled into believing the unusual attention being lavished is a bond of friendship between the adult and the child. In fact, the adult abuser often uses gifts, trips, attention, and affection as part of a courtship process. Sometimes, the courtship process extends to the child’s parent(s), but the real target is the child. Often, but not always, the victim of this type of child sex offender is the child of a single parent. In these cases, the single parent sees the child’s adult friend as a surrogate parent – a Godsend. The very opposite is true.

TWO GOOD RULES OF THUMB

FOR ALL LOCAL LITTLE LEAGUES AND PARENTS

Generally, a person involved in a local Little League program should not put himself or herself in a one-on-one situation involving a child who is not their own. Of course, some isolated situations may arise where one-on-one situations could take place. However, a one-on-one situation should not be actively *sought out* by the adult, and should not be an ongoing occurrence. Generally, a person involved in a local Little League program should not provide unwarranted gifts, trips, attention and affection to individual children who are not their own. The key word is *unwarranted*.

WARNING SIGNS OF A SEDUCER

While it remains important to teach young children about the dangers of accepting items from strangers, or talking to them, we should all beware of the danger posed by the “seducer-type” child sex offender. ***Each of the individual signs below means very little.*** Taken as a group, however, the signs ***MAY*** point to this type of child sex offender, and should be applied to anyone who has repetitive access to, or contact with, children.

- Provides unwarranted gifts, trips, affection and attention to a specific child or small group of children
- Seeks access to children
- Gets along with children better than adults
- “Hangs around” children more than adults
- Has items at home or in vehicle specifically appealing to children of the ages they intend to molest, such as posters, music, videos, toys, and even alcohol or drugs
- Displays excessive interest in children (may include inviting children on camping trips or sleepovers)
- Single, over 25 years old (but could be married, sometimes as a “cover,” and could be any age)
- Photographs or videotapes children specifically
- Lives alone, or with parents
- Refers to children as objects (“angel,” “pure,” “innocent,” etc.)
- Manipulates children easily

Again, each of these items, by themselves, is relatively meaningless. Taken together, however, they may indicate a problem.

What to Watch For in Your Child

We've seen the signs that could point to a child sex offender, but what about the signs a child might display when he or she has been sexually abused or exploited? Some of these symptoms may be present in a child who has been or is being sexually abused, when such symptoms are not otherwise explainable: sudden mood swings, excessive crying, withdrawal, nightmares, bed-wetting, rebellious behavior, fear of particular people or places, infantile behavior, aggressive behavior, and physical signs such as pain, itch, bleeding, fluid or rawness in private areas.

Getting More Information

These items are meant solely as a general guide, and should not be used as the only means for rooting out child sex offenders. Parents can access more information on child abuse through the National Center for Missing and Exploited Children (a nonprofit organization founded by John Walsh, [http:// www.missingkids.com/](http://www.missingkids.com/)) and the National Clearinghouse on Child Abuse and Neglect Information (part of a service of the Children's Bureau, within the Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, <http://www.calib.com/nccanch/>).

How to Report Suspected Child Maltreatment

In addition to the information below, if you suspect that a child is being maltreated, please contact the League Safety Officer, Player Agent or any board member or commissioner.

The National Clearinghouse on Child Abuse and Neglect Information advises this: If you suspect a child is being maltreated, or if you are a child who is being maltreated, call the Childhelp USA National Child Abuse Hotline at 1-800-4-A-CHILD (1-800- 422-4453; TDD [text telephone] 1-800-2-A-CHILD). This hotline is available 24 hours a day, seven days a week. The Hotline can tell you where to file your report and can help you make the report. Or, for a list of states' toll-free telephone numbers for reporting suspected child abuse, visit the "Resource Listings" section at this site:

[http://www.calib.com/nccanch/pubs/prevenres/ organizations/tollfree.cfm](http://www.calib.com/nccanch/pubs/prevenres/organizations/tollfree.cfm), or call the Clearinghouse at 1-800-FYI-3366.

Talk to Your Kids; Listen to Your Kids

It is important that you as a parent talk frankly to your children. If a child reports sexual abuse, statistics show he or she is probably telling the truth. Unfortunately, the sexually molested child often sees himself or herself as the one "at fault" for allowing abuse to happen. Your children **MUST** know that they can come to you with this information, and that you will support them, love them, and *believe* them. If there is an allegation of sexual

abuse of a minor, the crime should be reported immediately. These criminals who steal childhood **MUST BE STOPPED.**

This Information was produced by Little League Baseball, Incorporated; P.O. Box 3485; Williamsport, PA 17701

FIRST AID

The following are guidelines to assist the Managers on the field in the event of an emergency. As always use your best judgment when dealing with any injury.

A special thanks to the Grenada Hills Little League for putting together this comprehensive outline for treatment.

When to call -

Please note that calling the North Andover Police Department at 978-683-3168 connects you directly to emergency personnel; dialing from a cellular phone will connect you to the State Police who must transfer the call.

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

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

If you have any doubt at all, call and request paramedics.

Also, call for any of these situations:

- Fire or explosion
- ☐ Downed electrical wires
- ☐ Presence of poisonous gas
- Vehicle Collisions
- Vehicle/Bicycle Collisions
- ☐ Victims who cannot be moved easily

Checking the Victim

Conscious Victims:

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

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

21. When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
22. When the victim feels ready, help him or her stand up.

Unconscious Victims

If the victim does not respond to you in any way, assume the victim is unconscious. Call and report the emergency immediately. Follow instructions from the operator until help arrives.

Automated External Defibrillator (AED)

The Town of North Andover recently received several automated external defibrillators (AED) from private donations, two (2) of which were given to North Andover Little League to be placed at the Carl Thomas Field Complex. An automated external defibrillator (AED) will be located in the Concession Stand at the Carl Thomas Fields. The AED will be easily accessible in the event of an emergency.

The information presented below on automated external defibrillators is taken from http://en.wikipedia.org/wiki/Automated_external_defibrillator.



An automated external defibrillator, open and ready for pads to be attached

An **automated external defibrillator** or **AED** is a portable electronic device that automatically diagnoses the potentially life threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia in a patient,^[1] and is able to treat them through defibrillation, the application of electrical therapy which stops the arrhythmia, allowing the heart to reestablish an effective rhythm.

With simple audio and visual commands, AEDs are designed to be simple to use for the layman, and the use of AEDs is taught in many first aid, first responder, and basic life support (BLS) level CPR classes. ^[2]

Conditions that the Device Treats

An automated external defibrillator is used in cases of life threatening cardiac arrhythmias which lead to cardiac arrest. The rhythms that the device will treat are usually limited to:

1. Pulseless Ventricular tachycardia (shortened to VT or V-Tach)^[1]
2. Ventricular fibrillation (shortened to VF or V-Fib)

In each of these two types of shockable cardiac arrhythmia, the heart is active, but in a life-threatening, dysfunctional pattern. In ventricular tachycardia, the heart beats too fast to effectively pump blood. Ultimately, ventricular tachycardia leads to ventricular fibrillation. In ventricular fibrillation, the electrical activity of the heart becomes chaotic, preventing the ventricle from effectively pumping blood. The fibrillation in the heart decreases over time, and will eventually reach asystole.

AEDs, like all defibrillators, are not designed to shock asystole ('flat line' patterns) as this will not have a positive clinical outcome. The asystolic patient only has a chance of survival if, through a combination of CPR and cardiac stimulant drugs, one of the shockable rhythms can be established, which makes it imperative for CPR to be carried out prior to the arrival of a defibrillator.

Effect of Delayed Treatment

Uncorrected, these cardiac conditions (ventricular tachycardia, ventricular fibrillation, asystole) rapidly lead to irreversible brain damage and death. After approximately three to five minutes,^[3] irreversible brain/tissue damage may begin to occur. For every minute that a person in cardiac arrest goes without being successfully treated (by defibrillation), the chance of survival decreases by 7 percent per minute in the first 3 minutes, and decreases by 10 percent per minute as time advances beyond ~3 minutes.^[4]

Requirements for Use

AEDs are designed to be used by laypersons who ideally should have received AED training. This is in contrast to more sophisticated manual and semi-automatic defibrillators used by health professionals, which can act as a pacemaker if the heart rate is too slow (bradycardia) and perform other functions which require a skilled operator able to read electrocardiograms.

Bras with a metal underwire and piercings on the torso must be removed before using the AED on someone to avoid interference.^{[5][6]} American TV show Mythbusters found evidence that use of a defibrillator on a woman wearing an underwire bra can lead to arcing or fire but only in unusual and unlikely circumstances.

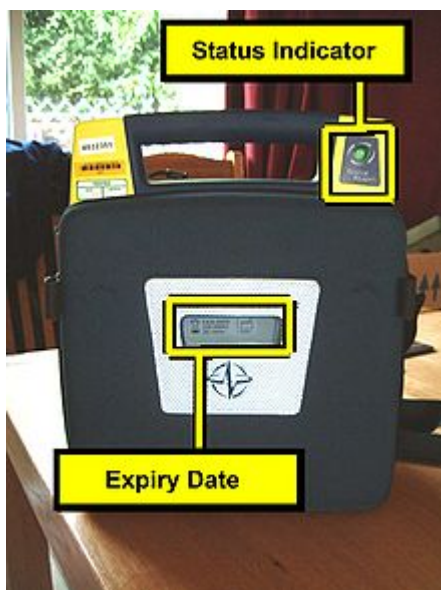
A study analyzed the effects of having AEDs immediately present during Chicago's Heart Start program over a two year period. Of 22 individuals 18 were in a cardiac arrhythmia which AEDs can treat (Vfib or Vtach). Of these 18, 11 survived. Of these 11 patients, 6 were treated by good Samaritan bystanders with absolutely no previous training in AED use.^{[7][8]}

Preparation for Operation

Most manufacturers recommend checking the AED before every period of duty or on a regular basis for fixed units. Some units need to be switched on in order to perform a self check; other models have a self check system built in with a visible indicator.^[citation needed] All manufacturers mark their electrode pads with an expiration date, and it is important to ensure that the pads are in date. This is usually marked on the outside of the pads. Some models are designed to make this date visible through a 'window', although others will require the opening of the case to find the date stamp.^[citation needed]

It is also important to ensure that the AED unit's batteries have not expired. The AED manufacturer will specify how often the batteries should be replaced.

Mechanism of Operation



The use of easily visible status indicator and pad expiration date on one model of AED. An AED is *external* because the operator applies the electrode pads to the bare chest of the victim, as opposed to internal defibrillators, which have electrodes surgically implanted inside the body of a patient.

Automatic refers to the unit's ability to autonomously analyze the patient's condition, and to assist this, the vast majority of units have spoken prompts, and some may also have visual displays to instruct the user.

When turned on or opened, the AED will instruct the user to connect the electrodes (pads) to the patient. Once the pads are attached, everyone should avoid touching the patient so as to avoid false readings by the unit. The pads allow the AED to examine the electrical output from the heart and determine if the patient is in a shockable rhythm (either ventricular fibrillation or ventricular tachycardia). If the device determines that a shock is warranted, it will use the battery to charge its internal capacitor in preparation to deliver the shock. This system is not only safer (charging only when required), but also allows for a faster delivery of the electrical current.

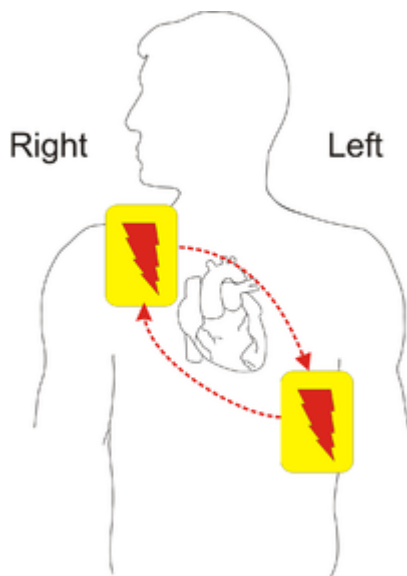
When charged, the device instructs the user to ensure no one is touching the patient and then to press a button to deliver the shock; human intervention is usually required to deliver the shock to the patient in order to avoid the possibility of accidental injury to another person (which can result from a responder or bystander touching the patient at the time of the shock). Depending on the manufacturer and particular model, after the shock is delivered most devices will analyze the patient and either instruct CPR to be given, or administer another shock.

Many AED units have an 'event memory' which store the ECG of the patient along with details of the time the unit was activated and the number and strength of any shocks delivered. Some units also have voice recording abilities^[citation needed] to monitor the actions taken by the personnel in order to ascertain if these had any impact on the survival outcome. All this recorded data can be either downloaded to a computer or printed out so that the providing organization or responsible body is able to see the effectiveness of both CPR and defibrillation. Some AED units even provide feedback on the quality of the compressions provided by the rescuer.^[9]

The first commercially available AEDs were all of a monophasic type, which gave a high-energy shock, up to 360 to 400 joules depending on the model. This caused increased cardiac injury and in some cases second and third-degree burns around the shock pad sites. Newer AEDs (manufactured after late 2003) have tended to utilize biphasic algorithms which give two sequential lower-energy shocks of 120 - 200 joules,

with each shock moving in an opposite polarity between the pads. This lower-energy waveform has proven more effective in clinical tests, as well as offering a reduced rate of complications and reduced recovery time.^[10]

Simplicity of Use



Usual placement of pads on chest

Unlike regular defibrillators, an automated external defibrillator requires minimal training to use. It automatically diagnoses the heart rhythm and determines if a shock is needed. Automatic models will administer the shock without the user's command. Semi-automatic models will tell the user that a shock is needed, but the user must tell the machine to do so, usually by pressing a button. In most circumstances, the user cannot override a "no shock" advisory by an AED. Some AEDs may be used on children - those under 55 lbs (25 kg) in weight or under age 8. If a particular model of AED is approved for pediatric use, the only thing that is required is the use of more appropriate pads.

All AEDs approved for use in the United States use an electronic voice to prompt users through each step. Because the user of an AED may be hearing impaired, many AEDs now include visual prompts as well. Most units are designed for use by non-medical operators. Their ease of use has given rise to the notion of public access defibrillation (PAD), which experts agree has the potential to be the single greatest advance in the treatment of out-of-hospital cardiac arrest since the invention of CPR.^[11]

The number of people who survive sudden cardiac arrest is increasing gradually, thanks to the use of AEDs. For this reason, the Sudden Cardiac Arrest Foundation developed

the National SCA Survivor Network, which provides a platform for mutual support and for engaging in the mission to help save other lives.

Liability

Automated external defibrillators are now easy enough to use that most states in the United States include the "good faith" use of an AED by any person under Good Samaritan laws.^[12] "Good faith" protection under a Good Samaritan law means that a volunteer responder (not acting as a part of one's occupation) cannot be held civilly liable for the harm or death of a victim by providing improper or inadequate care, given that the harm or death was not intentional and the responder was acting within the limits of their training and in good faith. In the United States, Good Samaritan laws provide some protection for the use of AEDs by trained and untrained responders.^[13] AEDs create little liability if used correctly;^[14] NREMT-B and many state EMT training and many CPR classes incorporate or offer AED education as a part of their program. In addition to Good Samaritan laws, Ontario, Canada also has the "Chase McEachern Act (Heart Defibrillator Civil Liability), 2007 (Bill 171 – Subsection N)", passed in June, 2007,^[15] which protects individuals from liability for damages that may occur from their use of an AED to save someone's life at the immediate scene of an emergency unless damages are caused by gross negligence.

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The North Andover Fields Committee and all of the North Andover Youth Sports programs, including North Andover Little League are currently evaluating means to provide AED training to individuals.

When treating an injury, remember:

Protection

Rest

Ice

Compression

Elevation

Support

Muscle, Bone, or Joint Injuries

Symptoms of Serious Muscle, Bone, or Joint Injuries:

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

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

If any of these conditions exists, call immediately and administer care to the victim until the paramedics arrive.

Treatment for muscle or joint injuries:

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

Treatment for fractures:

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

Treatment for broken bones:

Once you have established that the victim has a broken bone, and you have called for help, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary

Concussion:

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

- If a player receives a blow to the head, remove the player from the game.
- See that victim gets adequate rest.
- Note any symptoms and see if they change within a short period of time.
- If the victim is a child, tell parents about the injury and have them monitor the child after the game.
- Urge parents to take the child to a doctor for further examination.
- If the victim is unconscious after the blow to the head, diagnose head and neck injury. **DO NOT MOVE** the victim. Call ***the North Andover Police Department at 978-683-3168 or 911*** immediately. (See below on how to treat head and neck injuries)

Head and Spine Injuries

When to suspect head and spine injuries:

1. A fall from a height greater than the victim's height.
2. Any bicycle, skateboarding, roller-blade mishap.

3. A person found unconscious for unknown reasons.
4. ☐ Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.
5. ☐ Any injury that penetrates the head or trunk, such as impalement.
6. A motor vehicle crash involving a driver or passengers not wearing safety belts.
7. Any person thrown from a motor vehicle.
8. Any person struck by a motor vehicle.
9. Any injury in which a victim's helmet is broken, including a motorcycle, batting helmet, industrial helmet.
10. Any incident involving a lightning strike.

Signals of Head and Spine Injuries

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

General Care for Head and Spine Injuries

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

Sudden Illness

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

Symptoms of sudden illness include:

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

Care for Sudden Illness

- 1) Call
- 2) Help the victim rest comfortably.
- 3) Keep the victim from getting chilled or overheated.
- 4) Reassure the victim.
- 5) Watch for changes in consciousness and breathing.
- 6) Do not give anything to eat or drink unless the victim is fully conscious.

If the victim:

Vomits -- Place the victim on his or her side.

Faints -- Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.

Has a diabetic emergency -- Give the victim some form of sugar.

Has a seizure -- Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

Contusion to Sternum

Contusions to the Sternum are usually the result of a line drive that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart

can become bruised and start filling up with fluid. Eventually the heart is compressed and the victim dies. Do not downplay the seriousness of this injury.

- 1) If a player is hit in the chest and appears to be all right, urge the parents to take their child to the hospital for further examination.
- 2) If a player complains of pain in his chest after being struck, immediately call and treat the player until professional medical help arrives.

Bleeding

Nose Bleed

To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops.

Bleeding On the Inside and Outside of the Mouth

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

Infection

To prevent infection when treating open wounds you must:

STEPS FOR BLEEDING

CLEANSE... the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.

TREAT... to protect against contamination with ointment supplied in your First-Aid Kit.

COVER... to absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads supplied in your First-Aid Kit. (Handle only the edges of sterile pads or dressings)

TAPE... to secure with First-Aid tape (included in your First-Aid Kit) to help keep out dirt and germs.

“No child is allowed back on the playing field until their bleeding has stopped.”

Deep Cuts

If the cut is deep, stop bleeding, bandage, and encourage the victim to get to a hospital so he/she can be stitched up. **Stitches prevent scars.**

Insect Stings

In highly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. Call ***the North Andover Police Department at 978-683-3168 or 911***. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR. An automated external defibrillator (AED) will be located in the Concession Stand at the Carl Thomas Fields and one (1) at the Sharpners Ponds Baseball Fields. The AEDs will be easily accessible in the event of an emergency.

Symptoms:

Signs of allergic reaction may include: nausea; severe swelling; breathing difficulties; bluish face, lips and fingernails; shock or unconsciousness.

Treatment:

- 1) For mild or moderate symptoms, wash with soap and cold water.
- 2) Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.
- 3) For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
- 4) If victim has gone into shock, treat accordingly

Asthma and Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to fill out the medical history forms. Study their comments and know which children on your team need to be watched. Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial and request emergency service.

Emergency Treatment of Dental Injuries

AVULSION (Entire Tooth Knocked Out)

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down. Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

- Avoid additional trauma to tooth while handling.
- **Do Not** handle tooth by the root.
- **Do Not** brush or scrub tooth.
- **Do Not** sterilize tooth.
- If debris is on tooth, gently rinse with water.
- If possible, re-implant and stabilize by biting down gently on a towel or handkerchief.
- **Do only** if athlete is alert and conscious.
- If unable to re-implant:
 - ☐ Best - Place tooth in Saline Solution, i.e. "Save-a-tooth."
 - 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2 % milk.
 - ☐ 3rd best - Wrap tooth in saline soaked gauze.
 - 4th best - Place tooth under victim's tongue. **Do only** if athlete is conscious and alert.
 - 5th best - Place tooth in cup of water.

Time is very important. Re-implantation within 30 minutes has the highest degree of success rate. **TRANSPORT IMMEDIATELY TO DENTIST.**

LUXATION (Tooth in Socket, but Wrong Position)

THREE POSITIONS -

EXTRUDED TOOTH - Upper tooth hangs down and/or lower tooth raised up.

1) Reposition tooth in socket using firm finger pressure.

2) Stabilize tooth by gently biting on towel or handkerchief.

3) **TRANSPORT IMMEDIATELY TO DENTIST. LATERAL DISPLACEMENT** - Tooth pushed back or pulled forward.

- Try to reposition tooth using finger pressure.
- Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
- **TRANSPORT IMMEDIATELY TO DENTIST.**
-

INTRUDED TOOTH - Tooth pushed into gum - looks short.

1. Do nothing - avoid any repositioning of tooth.
2. **TRANSPORT IMMEDIATELY TO DENTIST.**

FRACTURE (Broken Tooth)

1. If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding.
2. Should extreme pain occur, limit contact with other teeth, air, or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
3. Save all fragments of fractured tooth as described under Avulsion, Item 4.
4. **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST** in the plastic baggie supplied in your First-Aid kit.

Heat Exhaustion

Symptoms may include: fatigue; irritability; headache; faintness; weak, rapid pulse; shallow breathing; cold, clammy skin; profuse perspiration.

Treatment:

- 1) Instruct victim to lie down in a cool, shaded area or an air-conditioned room. Elevate feet.
- 2) Massage legs toward heart.
- 3) Only if victim is conscious, give cool water or electrolyte solution every 15 minutes.
- 4) Use caution when letting victim first sit up, even after feeling recovered.

Sunstroke (Heat Stroke)

Symptoms may include: extremely high body temperature (106F or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.

Treatment:

- 1) Call *the North Andover Police Department at 978-683-3168 or 911* immediately.
- 2) Lower body temperature quickly by wrapping the victim in cold, wet sheets or towels in well ventilated room or use fans and air conditioners until body temperature is reduced.
- 3) **DO NOT** give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

Osgood Schlauhter's Disease:

Osgood Schlauhter's Disease is the "growing pains" disease. It is very painful for kids that have it. In a nutshell, the bones grow faster than the muscles and ligaments. A child must outgrow this disease. All you can do is make it easier for him or her by:

- 1) Icing the painful areas.
- 2) Making sure the child rests when needed.
- 3) Using Ace or knee supports.

Immobilization of Injured Party

If an injury involves neck or back, *DO NOT* move victim unless absolutely necessary. Wait for paramedics.

If a victim must be pulled to safety, move body lengthwise, not sideways. If possible, slide a coat or blanket under the victim:

- a) Carefully turn victim toward you and slip a half-rolled blanket under back.
- b) Turn victim on side over blanket, unroll, and return victim onto back.
- c) Drag victim head first, keeping back as straight as possible.

If a victim must be lifted:

Support each part of the body. Position a person at victim's head to provide additional stability. Use a board, shutter, tabletop, or other firm surface to keep body as level as possible.

Frequently Asked Questions about Safety

PARENTAL CONCERNS ABOUT SAFETY

The following are some of the most common concerns and questions asked by parents regarding the safety of their children when it comes to playing baseball. We have also included appropriate answers below the questions.

I'm worried that my child is too small or too big to play on the team/division he has been assigned to. North Andover Little League places children on teams according to their skills and abilities based on their try-out ratings at the beginning of the season. If for some reason you do not think your child belongs in a particular division, please contact the NALL Player Agent and share your concerns with him or her.

Should my child be pitching as many innings per game?

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

Do mouth guards prevent injuries? A mouth guard can prevent serious injuries such as concussions, cerebral hemorrhages, incidents of unconsciousness, jaw fractures and neck injuries by helping to avoid situations where the lower jaw gets jammed into the upper jaw. Mouth Guards are effective in moving soft tissue in the oral cavity away from the teeth, preventing laceration and bruising of the lips and cheeks, especially for those who wear orthodontic appliances.

How do I know that I can trust the volunteer managers and coaches not to be child molesters? North Andover Little League runs background checks on all board members, managers, and designated coaches before appointing them. Volunteers are required to fill out applications which give NALL the information and permission it needs to complete a thorough investigation. If the League receives inappropriate information on a Volunteer, that Volunteer will be immediately removed from his/her position and banned from the facility.

How can I complain about the way my child is being treated by the manager, coach, or umpire? You can directly contact the NALL Player Agent for your division or any NALL Board Member or Commissioner. Their names and telephone numbers are posted on the league Website. The complaint will be brought to the NALL President's attention immediately and investigated.

Will that helmet on my child's head really protect him while he or she is at bat and running around the bases? The helmets used at North Andover Little League must meet NOCSAE standards as evidenced by the exterior label. These helmets are certified by Little League Incorporated and are the safest protection for your child. The helmets are checked for cracks at the beginning of each game and replaced if found to be damaged.

Is it safe for my child to slide into the bases? Sliding is part of baseball. Managers and coaches teach children to slide safely in the pre-season.

INSURANCE POLICIES

North Andover Little League Baseball is a fully insured Not-For Profit League. North Andover Little League is insured through Little League Baseball. A complete explanation of insurance can be found in the following pages.

Frequently Asked Questions:

When should a claim be filed? Anytime a player is injured that requires that child to be removed from the game. A COPY OF THE CLAIM FORM CAN BE FOUND ON THE NORTH ANDOVER LITTLE LEAGUE WEBSITE OR IN YOUR MANAGERS SAFETY PACKAGE

Should I notify the Safety Officer/Player Agent of every injury? The Safety Officer/Player Agent should be notified whenever a child is injured and the resulting injury causes that player to miss a portion or all of the game.

How do I notify the Safety Officer/Player Agent of an injury? You should fill out an injury form given in your safety meeting package. Once completed, you must submit it to the Safety Officer or Player Agent within 48 hours of the injury. If the injury results in medical attention by ambulance or hospital, the Manager shall contact the Safety Officer/Player Agent immediately. (Phone numbers are listed on the Emergency Contact list which should be in your Managers Packet and at each field)

How do Parents submit insurance claims? A complete list of instructions is included in this safety manual.

How soon can an injured player return to play? An injured player can only return with a written release from the child's Physician.

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE INSURANCE

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

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 brief summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program.

Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS

WARNING — it is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The AIG Accident Master Policy acquired through Little League contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Headquarters. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The AIG Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions.

With your league's cooperation, insurance rates have increased only three times since 1965. This rate stability would not have been possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer. In 2000 the State of Virginia was the first state to have its accident insurance rates reduced by high participation in ASAP and reduction in injuries. In 2002, seven more states have had their accident insurance rates reduced, as well. They are Alaska, California, Delaware, Idaho, Montana, Washington, Wisconsin.

TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for 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.

CHECKLIST FOR PREPARING CLAIM FORM

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, league ID, and year of the injury on the form.

PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

IMPORTANT: Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.



LITTLE LEAGUE® BASEBALL AND SOFTBALL

ACCIDENT NOTIFICATION FORM

INSTRUCTIONS

Send Completed Form To:

Little League® International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485

Accident Claim Contact Numbers:
Phone: 570-327-1674

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

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

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

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

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

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

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

Check all applicable responses in **each** column:

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

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

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

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

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

For Residents of California:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of All Other States:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()

Were you a witness to the accident? ☐ Yes ☐ No
Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED

- ☐ 01 1ST
☐ 02 2ND
☐ 03 3RD
☐ 04 BATTER
☐ 05 BENCH
☐ 06 BULLPEN
☐ 07 CATCHER
☐ 08 COACH
☐ 09 COACHING BOX
☐ 10 DUGOUT
☐ 11 MANAGER
☐ 12 ON DECK
☐ 13 OUTFIELD
☐ 14 PITCHER
☐ 15 RUNNER
☐ 16 SCOREKEEPER
☐ 17 SHORTSTOP
☐ 18 TO/FROM GAME
☐ 19 UMPIRE
☐ 20 OTHER
☐ 21 UNKNOWN
☐ 22 WARMING UP

INJURY

- ☐ 01 ABRASION
☐ 02 BITES
☐ 03 CONCUSSION
☐ 04 CONTUSION
☐ 05 DENTAL
☐ 06 DISLOCATION
☐ 07 DISMEMBERMENT
☐ 08 EPIPHYSES
☐ 09 FATALITY
☐ 10 FRACTURE
☐ 11 HEMATOMA
☐ 12 HEMORRHAGE
☐ 13 LACERATION
☐ 14 PUNCTURE
☐ 15 RUPTURE
☐ 16 SPRAIN
☐ 17 SUNSTROKE
☐ 18 OTHER
☐ 19 UNKNOWN
☐ 20 PARALYSIS/
PARAPLEGIC

PART OF BODY

- ☐ 01 ABDOMEN
☐ 02 ANKLE
☐ 03 ARM
☐ 04 BACK
☐ 05 CHEST
☐ 06 EAR
☐ 07 ELBOW
☐ 08 EYE
☐ 09 FACE
☐ 10 FATALITY
☐ 11 FOOT
☐ 12 HAND
☐ 13 HEAD
☐ 14 HIP
☐ 15 KNEE
☐ 16 LEG
☐ 17 LIPS
☐ 18 MOUTH
☐ 19 NECK
☐ 20 NOSE
☐ 21 SHOULDER
☐ 22 SIDE
☐ 23 TEETH
☐ 24 TESTICLE
☐ 25 WRIST
☐ 26 UNKNOWN
☐ 27 FINGER

CAUSE OF INJURY

- ☐ 01 BATTED BALL
☐ 02 BATTING
☐ 03 CATCHING
☐ 04 COLLIDING
☐ 05 COLLIDING WITH FENCE
☐ 06 FALLING
☐ 07 HIT BY BAT
☐ 08 HORSEPLAY
☐ 09 PITCHED BALL
☐ 10 RUNNING
☐ 11 SHARP OBJECT
☐ 12 SLIDING
☐ 13 TAGGING
☐ 14 THROWING
☐ 15 THROWN BALL
☐ 16 OTHER
☐ 17 UNKNOWN

Does your league use batting helmets with attached face guards? ☐ YES ☐ NO
If YES, are they ☐ Mandatory or ☐ Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date _____ League Official Signature _____