

RIDGEFIELD BORO ATHLETIC ORGANIZATION

**FIVE FIREMEN'S FIELD
P.O. BOX 54
RIDGEFIELD, NEW JERSEY 07657
WWW.RBAO.ORG**



2021 SAFETY PLAN FOR COACHES AND VOLUNTEERS

**RIDGEFIELD LITTLE LEAGUE
LEAGUE NO. 230-06-07**

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Introduction

Welcome to the 2021 Little League Baseball and Softball season! The Ridgefield Boro Athletic Organization, Inc. ("RBAO") reminds everyone of our simple but important mission: to provide safe, fun, instructional, and competitive youth baseball and softball programs for Ridgefield's boys and girls. We do so through the service of RBAO members, managers, coaches, and other volunteers who make our programs possible. Thank you to all who volunteer, give their time, and work hard for our boys and girls.

Please remember that it is all about the kids. We work to have balanced teams and maximize player participation. We want to provide the best opportunity for a rewarding experience for players of all levels. Winning is great. But more importantly, we want to help each child learn the game, become a better player, and enjoy being part of a team. If our players are better at the end of the season than they were in the beginning, and if they have learned teamwork and fair play, then that is a good season. We ask all managers, coaches, and parents to follow these principles and those stated in our Coaches and Parent Codes of Conduct.

Safety, of course, is paramount. Baseball and softball are physical activities, and any physical activity has risks of injury. We must always do our best to lessen those risks. We also must do our best to respond appropriately to any injury or other safety situation. As part of that effort, and complying with Little League requirements, we have created this Safety Plan. We ask that all managers, coaches, and other volunteers review it.

We encourage you to use the great resources that are available. Little League University (available at www.littleleague.org/university) has tools, guides, and instruction for coaches at all levels, including tips and programs to help make practices more constructive and fun. Our website (www.rbao.org) has helpful links and forms. The resources on our website include volunteer forms, incident reporting and tracking forms, medical release forms, insurance forms pitch forms, League and District rules, and the League's Safety Plan. And our RBAO members and our coaches collectively have many years of experience coaching and working with children. Please do not hesitate to ask questions.

Thank you again for helping to create a great program for Ridgefield's children.

R.B.A.O. Council Members – 2021

<u>Title</u>	<u>Name</u>	<u>Phone</u>	<u>Email</u>
	Angelo Alban	732-604-1106	angeloalban@mac.com
Vice President	Sal Cumella	201-394-4904	scumella@fedcosteel.com
President	Tony Dimidis	201-286-9179	tonydimidis@gmail.com
	Ulysses Encarnacion	201-832-9417	ulyencarnacion@gmail.com
Majors/minors Rep	Dennis Giro	201-681-5636	dennisGiro76@gmail.com
	Jon Haase	201-280-8264	jhaaseman@yahoo.com
Secretary	Souzan Hernandez	201-314-3134	souzan1223@gmail.com
Treasurer, Jr/Sr Rep	Bob Kirk	201-920-2900	bodeen18@verizon.net
	Jon Kirk	201-725-0084	johnK571215@gmail.com
	Erin Kubat	201-615-9784	ehkubat@hotmail.com
	Ron Martucci	201-481-2450	martucci@njit.edu
	Max Mattera	201-638-4051	maxmatters18@aol.com
Softball Rep	Lenny Mecca	201-615-3589	lenmec@yahoo.com
	Gary Ortiz	551-265-8941	
Safety Officer	Steve Payerle	201-966-7971	oscar7300x@gmail.com
	Ray Salazar	201-401-2474	raysal13@verizon.net
	Rob Toro	201-370-3858	robtoto8@gmail.com

Other Numbers

Recreation Dept. 201-943-5342

Little League 609-695-1434

Community Center 201-943-4078

FOR ALL EMERGENCIES DIAL 911

Police: (201) 943-5210

Ambulance: 911

Fire: (201) 945-6008

League Safety Officer: Steve Payerle – (201) 966-7971

Little League Safety Plan Requirements

1. **League Safety Officer:** Steve Payerle
2. **Distribution of Safety Plan:** The League is distributing and making available copies of this Safety Plan to managers, coaches, volunteers, and council members. A copy also is being sent to the District Administrator.
3. **Posting and Distribution of Emergency and Contact Information:** Following is emergency and contact information that is to be posted at the concession stand and dug-out areas:

FOR ALL EMERGENCIES DIAL 911

Police		(201) 943-5210
Ambulance		911
Fire		(201) 945-6008
RBAO		
League Safety Officer	Steve Payerle	(201) 966-7971
Softball Representative	Lenny Mecca	(201) 615-3589
TBall/Coach Pitch Rep.	Ulysses Encarnacion	(201) 832-9417
Majors/Minors Rep.	Dennis Giro	(201) 681-5636
Jr./Sr. Rep.	Bob Kirk	(201) 920-9200

Contact information for all League officers and board members also is provided.

4. **Volunteer Application Form:** The League uses the Official Little League Volunteer Application forms (available at rbao.org and included in the attachments to this Safety Plan) for volunteers. The League also uses online volunteer registration and background checks through SportsConnect and JDP.
5. **Fundamentals Training:** The League requires that at least one manager or coach from each team attend training each year, and that all managers and coaches attend fundamental training at least once every three years. Training is being made available through remote resources because of the current Covid-19 situation. The League has directed managers and coaches to the USA Baseball Virtual Community Clinics including the clinic held on March 3, 2021. Future clinic dates include March 31, 2021, April 14, 2021, April 23, 2021, and April 28, 2021. Information is available at: https://usabdevelops.com/USAB/Certification/Virtual_Clinics/USAB/Certification/Virtual_Community_Clinics.aspx?hkey=4d97f426-fe27-407a-835c-dd088b7f5c27.

The League also continues to encourage managers and coaches to explore and use the coaching and training resources available at Little League University, <https://www.littleleague.org/university>.

6. First Aid Training: The League requires that at least one manager or coach from each team attend safety training each year, and that all managers and coaches attend training at least once every three years. Safety training is being made available through remote resources because of the current Covid-19 situation. The League publicizes to its managers and coaches various clinic resources and dates. These include the New Jersey State Little League Safety Clinic on March 25, 2021 and April 1, 2021. These also include the Rutgers Safety Clinics, next scheduled for March 29 and 31, 2021, and April 1, 2, 10, 12, and 15, 2021. (<https://live-ru-src.pantheonsite.io/courses>).

The League also publishes to managers and coaches, and to others, concussion awareness and safety guidelines.

The League also has in the past made available CPR/AED training for managers, coaches, and council members, and expects to continue to do so.

7. Field Inspection: Managers and coaches are instructed to walk and inspect the field for hazards before practices and games. The home team manager or coach has the primary responsibility to ensure that this is done. Umpires also are encouraged to do so. In addition, managers and coaches are instructed to groom the field after practices and games.

8. Facility Survey: The League is submitting its 2021 Little League Facility Survey through the Little League Data Center. Early warning lightning detection systems are in place for all fields.

9. Concession Stand Safety: The League suspended concession stand operations last season because of the Covid-19 situation. It expects to continue this suspension at least through the beginning of this season. When concession stand operations resume, Concession Stand Safety Procedures will be posted in the Concession Stand. These address procedures for safe food handling and preparation. In addition, the League will designate a League official to have specific responsibility for concession stand safety.

10. Equipment Inspection and Replacement: League officials inspect equipment prior to the season. Managers and coaches are instructed to inspect team equipment on a regular basis and before games. The League replaces equipment as needed. In addition, the League has designated a League official to have specific responsibility for equipment.

11. Accident Reporting: The League uses the Little League incident reporting and tracking forms. These forms are available on the League's website, www.rbao.org, and are included as attachments to this Plan. Managers and coaches are instructed to promptly (within 24-48 hours) report accidents to the League Safety Officer.

12. First Aid Kits: First aid kits are issued to each team manager, to be available at practices and games. In addition, the League has an AED device at the Five Firemen's Field site.

13. Little League Rules: Managers and coaches are instructed to follow and enforce all Little League safety rules, including equipment rules. In addition, the League and District have additional rules specific to divisions and levels.

Safety-related rules include prohibiting on-deck batters swinging bats (except at Junior/Senior levels and in designated areas) and requiring proper catcher's protective gear. All fields have bases that disengage. Managers and coaches are instructed to have pitcher warm-ups done by players with proper gear.

14. League Player Registration/Roster/Manager/Coach data: Player roster, manager data, and coach data have been submitted through the Little League Data Center.

15. Little League Safety Plan Survey Questions:

- a. If COVID-19 restrictions allow, is your league comfortable participating in the Little League International Tournament, including travel to tournament locations?

Yes.

- b. Are there any additional actions that Little League International can take or resources it can offer to local leagues to supplement local COVID Safety Plans that would make the league more comfortable participating in the Little League International Tournament?

As part of its response to Covid-19 last season, the League implemented a number of safety measures specific to Covid-19, which enabled the League to have a safe and robust 2020 baseball and softball season. The League is continuing these measures as we start the 2021 season. These measures include:

- i. Redesigned and expanded dugout areas to enable social distancing.
- ii: Closing spectator stands or limiting capacity, and enforcing separation of parents or other spectators from players while on the field (including in dugouts).
- iii. Requiring players to use their own equipment or to use dedicated equipment (e.g., catcher's gear) provided to them without sharing.
- iv. Screening of players, managers, and coaches before entering field for games or practice.

- v. Requiring managers, coaches, and umpires to wear masks.
- vi. Availability of sanitizer.
- vii. Dedicated restroom for players.
- viii. Disinfecting of dugouts and other areas after/before each practice or game.

For Tournament play, the League would like to have Little League International support similar measures, and to provide local leagues with the resources to continue to provide such measures.

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APPENDIX

Safety Code for Managers and Coaches

- Ensure that practices and games are conducted safely, that rules are followed, and that the field and equipment are in safe condition. Attend coaching and first aid/safety clinics. Be aware of available emergency services and resources, including local police and ambulance, the on-site AED at Five Firemen's Field, and team-issued first aid kits.
- Be aware of weather, light, and field conditions. No games or practice should be held unless conditions are safe. All fields have early warning lightning detectors, and managers and coaches should heed lightning warnings and move players to a safe place.
- Inspect play area frequently for holes, damage, glass, and other foreign objects. Inspect equipment frequently. Make sure it fits.
- Report all injuries. Be aware of possible concussions and observe concussion procedures.
- Keep players in dugout during games when not playing on field or batting. Ensure that bats and loose equipment are safely retrieved from field, and that foul balls hit out of the playing area are safely retrieved.
- Nobody permitted on field during games and practices except players, managers, coaches, and umpires. A manager or coach must be in dugout at all times during games.
- Ensure that all players are alert and watching the batter on each pitch and watching thrown balls. During warm up drills, space players to lower risk of errant balls.
- **NO ON-DECK SWINGS** (except in Junior/Senior League in designated on-deck area). If safe area on field is available, first batter of inning may take swings during warm-up. Otherwise, no player should handle a bat, even while in an enclosure, until it is his or her time at bat.
- Batting cage and pitching machines to be used only with manager or coach, and any player in cage must wear helmet.
- Batters must wear protective NOCSAE helmets during practice and games.
- Catchers must wear a full catcher's helmet with facemask, throat guard, chest protector, and shin guards. Male catchers must wear long-model chest protector, protective supporter, and cup. Catcher's helmet and throat guard must be worn when warming up pitchers, both between innings and in bullpen practice.
- No head first slides except when runner is returning to a base, head first slides (divisions below Junior/Senior League).
- Players must not wear watches, rings, pins, jewelry, or metallic items.
- Keep players under supervision until released to a parent or guardian.

SafeKids Program for Ridgefield Boro Athletic Organization

The Ridgefield Boro Athletic Organization follows these policies to promote awareness and prevention of abuse within our organization:

- The RBAO is committed to provide a safe environment and to prevent child abuse and sexual misconduct.
- The RBAO will make every reasonable effort to ensure that every person involved in coaching/training a sport activity in our organization will abide by the SafeKids guidelines.
- The RBAO will make every reasonable effort to exclude any adult with a legally documented history of child abuse/molestation or any other conviction or record that would bring unnecessary risk to the health and safety of the participants of this organization.
- The RBAO will perform a criminal background check on every person applying for a position at our organization.
- The RBAO will take appropriate action on all allegations of child abuse and/or sexual misconduct. All allegations will be reported immediately to the authorities for investigation and will cooperate fully with any such investigation.

Preventative Measures:

- Physical, mental and verbal abuse of any of the participants, coaches, managers, employees and volunteers involved in our sponsored activities is not permitted.
- Inappropriate touching of any kind is forbidden.
- We agree to provide more than one adult working at or overseeing every activity. If a child needs special attention (one-on-one training or an individual meeting), it will be handled with the assistance or presence of another adult.
- Coaches/trainers should not socialize with the participants outside of the sponsored activities of the organization.
- Coaches/trainers should never ride alone with a child or participant in the car. Procedures will be established for coaches to follow in the event a participant is stranded at an activity.
- Parents are encouraged to attend sponsored activities.

Coaches Code of Conduct

- No alcohol allowed in any parking lot, field, or common areas within the field complex.
- No smoking or tobacco products of any kind (including spit tobacco) allowed in any common areas within the field complex.
- No profanity allowed in any parking lot, field, or common areas within the field complex.
- No swinging bats or throwing baseballs except in designated areas.
- No player (age 12 or under) allowed to swing about unless the player is up to bat and in the batter's box area or (for first batter only during pre-inning warm up) in designated safe area on field.
- No throwing balls against or in dugouts.
- No throwing rocks and no climbing fences.
- Observe all posted signs. Players and spectators should be alert at all times for foul balls and errant throws.
- During game, players must remain in the dugout area in an orderly fashion at all times.
- After each game, each team must clean up trash in dugout and around stands.
- All gates to the field must remain closed during practice and games.

THE SPORT PARENT CODE OF CONDUCT

Parents should read and understand this Code of Conduct. Any parent (or other guest) engaging in improper conduct at a game or practice may be asked to leave and be suspended from the following game. Repeat violations may cause a multiple game or season suspension.

Preamble

Sportsmanship, character building, and ethics in sports are embodied in six core principles:

- Trustworthiness
- Responsibility
- Caring
- Respect
- Fairness
- Good Citizenship

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

Sports Parent Agreement

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
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, coaches, officials and spectators at every game, practice, or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing appropriate greetings; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.



Little League® Volunteer Application – 2021

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



This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/localBGcheck for more information.

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

All RED fields are required.

Name _____ Date _____
Address _____ Middle Name or Initial _____ Last _____
City _____ State _____ Zip _____

Social Security # (mandatory) _____
Home Phone _____ Business 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? _____

2. Special Certification (CPR, Medical, etc.)? If yes, list: _____ Yes No
3. Do you have a valid driver's license? _____ Yes No
Driver's license#: _____ State _____

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? _____ Yes No
If yes, describe each in full: _____
(If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? _____ Yes No
If yes, describe each in full: _____
(Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? _____ Yes No
If yes, describe each in full: _____
(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? _____ Yes No
If yes, explain: _____
(If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

In which of the following would you like to participate? (Check one or more.)

- League Official Umpire Manager Concession Stand
- Coach Field Maintenance Scorekeeper Other _____

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

Name/Phone _____

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

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background checks(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):
Review the Little League Regulation 1(c)9 for all background check requirements
 JDP (Includes review of the SafeSport Centralized Disciplinary and USA Baseball Ineligible List)*
OR
 National Criminal Database check SafeSport Centralized Disciplinary Database and/or USA Baseball Ineligible List Sex Offender
 National Sex Offender Registry
*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.
Only attach to this application copies of background check reports that reveal convictions of this application.

Good Procedures to Implement

Checklist for Managers, Coaches, and Umpires

Here are some good procedures for your league to implement and follow on several required areas of the safety plan. Requirements 7, 10, 12 and 13 are all included in the checklists below. These come from several leagues whose volunteers are providing safety leadership through their efforts to increase awareness and help volunteers do the right thing at the right time.

A. Safe Playing Areas

Regular safety inspections of all fields, (practice and game), structures, and dugouts, is the best way to eliminate conditions that cause accidents. Managers, coaches, and umpires should routinely check playing area for:

1. Holes, damage, rough or uneven spots, slippery areas, and long grass
2. Glass, rocks, foreign objects
3. Damage to screens or fences, including holes, sharp edges, or loose edges
4. Unsafe conditions around backstop, pitcher's mound, or warning track
5. Proper attire by the catcher at all times, including in the bull pens and in between innings

B. Safe Equipment

All equipment shall be inspected before each use. Regular safety inspection of equipment is essential. Managers, coaches, and umpires should:

1. Be sure all equipment is LL approved
2. Inspect all bats, helmets, and other equipment on a regular basis. Dispose of unsafe equipment properly.

3. Keep loose equipment stored properly
4. Have all players remove all personal jewelry
5. Parents should be encouraged to provide safety glasses for players who wear glasses
6. Repair or replace defective equipment

C. Safe Procedures

Managers and coaches must:

1. Have all players' medical release forms with you at every practice and game
2. Have a first aid kit with you all practices and games
3. Have access to a telephone in case of emergencies
4. Know where the closest emergency shelter is in case of severe weather
5. Ensure warm-up procedures have been completed by all players
6. Stress the importance of paying attention, no "horse playing allowed"
7. Instruct the players on proper fundamentals of the game to ensure safe participation
8. Each practice should have at least 2 coaches in case of an emergency

D. Weather Conditions

Before the Storm

1. Check the weather forecast before leaving for a game or practice
2. Watch for signs of an approaching storm
3. Postpone outdoor activities if storms are imminent

Approaching Thunderstorm

1. Take caution when you hear thunder. If you hear thunder, you are close enough to get struck by lightning. During a game, the umpire will clear the field in the event of an approaching storm.

2. Move to a safe environment immediately. Do not go under a tree or stay in the dugout.
3. If lightning is occurring and there is not sturdy shelter near, get inside a hard top automobile and keep the window up.
4. Stay away from water, metal pipes, and telephone lines.
5. Unplug appliances not necessary for obtaining weather information. Avoid the telephone except for emergency use only.
6. Turn off air conditioners.

If caught outdoors & no shelter exists

1. Find a low spot away from trees, fences, light poles, and flagpoles. Make sure the site you pick is not prone to flooding.
2. If in the woods, take cover under shorter trees.
3. If you feel your skin begin to tingle or your hair feels like it's standing on end, squat low to the ground, balancing on the balls of your feet. Make yourself the smallest possible target, tuck your head between your legs, and minimize your contact with the ground.

What to do if someone is struck by lightning

1. The person who has been struck will carry no electrical charge; therefore, they are safe to touch.
2. Call 9-1-1 as soon as possible for help.
3. Check for burns to the body.
4. Give first aid as needed.
5. If breathing and/or heartbeat have stopped, perform CPR until EMS arrives.
6. Contact the league Safety Officer or President ASAP.

Equipment Checklist

Keep Your Players Safer

Do you know what equipment is required for player safety on the field? Do you know which optional items can help keep players safer? Check out the following list for ideas and reminders.

REQUIRED PLAYER EQUIPMENT

Defense

- Athletic supporter** – all male players
- Metal, fiber, or plastic type cup** – all male catchers
- Catcher's helmet and mask**, with “dangling” throat guard; NO skull caps – all catchers; must be worn during pitcher warm-up, infield practice, while batter is in box
- Catcher's mitt** – all baseball catchers
- Chest protector and leg protectors** – all catchers; must be worn while batter is in box; long model chest protector required for Little League (Majors) and younger catchers

Offense

- Helmet meeting NOCSAE standards** – all batters, base runners, and players in coaches boxes
- Helmet chinstrap** – all helmets made to have chinstrap (with snap buttons, etc.)
- Regulation-sized ball** for the game and division being played; marked RS for regular season or RS-T for regular season and tournament in baseball
- Regulation-sized bat** – all batters; Little League (Majors) and younger baseball divisions must have bat marked with BPF 1.15 beginning in 2009
- Non-wood bats must have a grip of cork, tape, or composite material**, and must extend a minimum of 10 inches from the small end. Slippery tape is prohibited.

REQUIRED FIELD EQUIPMENT

- 1st, 2nd and 3rd bases that disengage from their anchors
- Pitcher's plate and home plate
- Players' benches behind protective fences
- Protective backstop and sideline fences

OPTIONAL PLAYER EQUIPMENT

Defense

- Metal, fiber, or plastic type cup – any player, esp. infielders
- Pelvic protector – any female, esp. catchers
- Heart Guard/XO Heart Shield/Female Rib Guard – any defensive player, esp. pitchers, infielders
- Game-Face Safety Mask – any player, esp. infielders
- Goggles/shatterproof glasses – any player, esp. infielders or those with vision limitations

Offense

- Helmet** – adults in coaches boxes
- Helmet with Face Guards or C-Flap** meeting NOCSAE standards – all batters, esp. in younger divisions
- Mouth guard** – batters, defensive players
- Goggles/Shatterproof glasses** – any player, esp. those with vision limitations
- Batters vest/Heart Guard/Heart Shield/Female Rib Guard** – any batter
- Regulation-sized reduced impact ball**

OPTIONAL FIELD EQUIPMENT

- Double 1st base that disengages from its anchor
- Baseball mound for pitcher's plate
- Portable pitchers baseball mound with pitcher's plate
- Protective/padded cover for fence tops
- Foul ball return in backstop fencing

IMPORTANT:

BPF RULE GOES INTO EFFECT FOR BASEBALL DIVISIONS

Buying bats for your league's baseball divisions? If it is composite metal, make sure it has the BPF 1.15 label. Bats in use in Little League Baseball (Majors Division and younger) must have the new bat performance factor listed on the bat.

Unless this marking is present, the bat will be removed from games.

Little League officials are aware some bats do not have the required markings but are Little League approved. And some of the bats on the approved bat list may not carry the required BPF 1.15 marking, depending on when they were manufactured and licensed.

Little League is building a list of bats that are approved but do not have the BPF marking due to special circumstances. For these bats, the eligibility for play will be extended until December 31, 2009. As Little League is made aware of bats that meet the BPF rule for this extension, the bats will be added to the list.

ONLY bats with a BPF 1.15 marking or that are listed below will be allowed for use in the Little League (Majors) Baseball and younger divisions in 2009.

Non-BPF-marked bats approved until Dec. 31, 2009:

Adidas – Vanquish (blue design) A newer model of this bat, also named Vanquish with copper and black markings, has the proper labeling, so is therefore not subject to the one-year rule.

DeMarini – Black Coyote, Rogue, Distance, Rumble, Tengu, Mach 10, Patriot

Easton – LZ-810, LZ-800, Stealth Optiflex LST 1,

Louisville Slugger – YB31

First Aid Kits: What goes in them?

Requirement 12

"Hello, I need a list of what to put in a team first aid kit as well as the big first aid kits kept at the fields. I have a sponsor willing to fill this need. I just need to give them a list of what we need and how many."

**Thanks,
Marc Paladino
(via email)**

A team's first aid kit should contain ice in bags; these will be used almost anytime you have an injury to help reduce the pain and potential swelling. If using chemical cold packs, be cautious using around the face in case of leaks. Also, bandages, both large and small, gauze, some kind of dressing material like an Ace wrap or elastic wrap to hold gauze in place, or athletic tape. You should also provide water or a cleanser (antiseptic wipes, etc.) to clean abrasions or cuts. Check local expectations for first aid kits, as some states do not allow these cleansers other than at home or by health care professionals.

Also, don't forget latex or rubber gloves and some kind of small bag to properly dispose of blood and blood-soiled items like wipes or towelettes; blood-borne pathogens should be an important part of your safety training, so people do not put their health and future safety at risk dealing with unknown risks.

Finally, each team should have some kind of emergency telephone (mobile or land-line) to call an ambulance as well as a map or written directions to the area medical facilities anyone evacuated by medical professionals would be taken to. In an emergency, people need all the help they can get. Check the November/December 2003 ASAP News for some examples of that kind of information.

NOTE: Individual leagues decide what they need in a first aid kit. These give a good idea of fully-stocked kits. Items any kit should contain: A good supply of ice, drinking water, and personal items

or medications; emergency phone numbers; coins for pay phones; and directions and/or a map to/from emergency medical facilities.

ALSO: Keep a list of original supplies in your first aid kit, so it can be stocked and replenished! If managers or coaches use any first aid supplies, replace them before the next time the team meets.

Here are three good examples of a well-stocked first aid kit:

LLB's Emergency Management and Training Program

Little League's EMTP manual recommends your first aid kit include:

- Ice bags
 - Plastic bags of crushed ice
- Elastic bandages
 - 3, 4 and 6 inch widths
- Sterile dressings
 - 3 by 3 inch individual gauze
 - 2 to 3, 5 by 9 inch pads
 - Telfa or non-stick dressings
 - Eye patches
- Adhesive bandages
 - 3/4, 1 and 2 inch widths
- Bandages
 - Triangular shape and in rolls
- Adhesive tape
 - 1/2, 1 and 1 1/2 inch widths
- Eye shields
- Small flashlight
- Scissors
- Antiseptic soap
- Splints
 - Inflatable, cardboard or wooden, for arm and leg (large enough for your largest player)
- Petroleum jelly
- Safety pins
- First aid manual
- Towels
- Blanket
- Small pocket notebooks and pencils
- Water for drinking and plenty of paper cups. (Water and paper cups can also do double duty in some first aid applications.)

Fyrst USA Sport Medical Kits

A new first aid kit, available both in a team size and a league size, is offered by Fyrst USA. It was developed specifically for sports injuries. A unique feature: resupplies can be ordered by phone and to you in 5-7 days. Call 800/782-1355 or go to www.fyrstusa.com to order.

- 1 Reusable ice bag: 9 inches
 - 4 Instant cold packs: 6 by 10 inches
 - 1 Blister Kit
 - 20 Bandages: 1- by 3-inches
 - 6 Large bandages: 2 by 4 1/2 inches
 - 1 Elastic wrap
 - 1 Scissors
 - 20 Antimicrobial skin wipes
 - 10 Blood-off cloth towelettes
 - 20 Latex gloves
 - 1 Antiseptic hand cleaner: 4 ounces
 - 2 Rolls of athletic tape
 - 1 Roll of pre-wrap
 - 3 Sport wound care kits
- FIRST USA now carries the SAVE-A-TOOTH Preservation System (with ADA Seal of Acceptance)

Little League First Aid Kit

Recommended First Aid kit supplies are as follows:

- Bandages — sheer and flexible
- Non-stick pads — assorted sizes
- Soft-Gauze bandages
- Oval eye pads
- Triangular bandage
- Hypo-allergenic first aid tape in dispenser
- 2-inch elastic bandage
- Antiseptic wipes
- First aid cream
- Instant cold pack
- Tylenol® extra-strength caplets
- Scissors
- Tweezers
- First aid guide
- Contents card
- Disposable gloves



HAVE YOU:

- Walked field for debris/foreign objects**
- Inspected helmets, bats, catchers' gear**
- Made sure a First Aid kit is available**
- Checked conditions of fences, backstops, bases and warning track**
- Made sure a working telephone is available**
- Held a warm-up drill**

Coach, Please Let Players Catch!



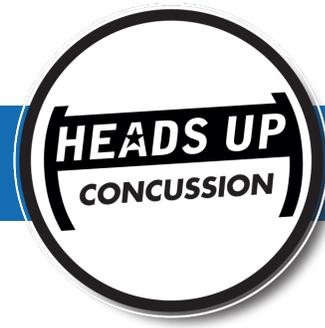
REMEMBER:

Coaches and managers must not warm up pitchers. Let Players Catch.

RULE 3.09

“...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen.”

HEADS UP CONCUSSION ACTION PLAN



IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE THE FOLLOWING STEPS:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

▶ **“IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.”**



CONCUSSION SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

SYMPTOMS REPORTED BY ATHLETE

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF

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

JOIN THE CONVERSATION AT www.facebook.com/CDCHeadsUp

HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC’s Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

A Fact Sheet for YOUTH SPORTS COACHES



One of the main jobs of a youth sports coach is keeping athletes safe. This sheet has information to help you protect athletes from concussion or other serious brain injury, learn how to spot a concussion, and know what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep Athletes Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. As a youth sports coach, your actions create the culture for safety and can help lower an athlete's chance of getting a concussion or other serious injury. Aggressive and/or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury. Here are some ways you can help keep your athletes safe:

Talk with athletes about the importance of reporting a concussion:

- Talk with athletes about any concerns they might have about reporting their concussion symptoms. Make sure to tell them that safety comes first and you expect them to tell you and their parent(s) if they think they have a concussion.

Create a culture of safety at games and practices:

- Teach athletes ways to lower the chances of getting a concussion.
- Enforce the rules of the sport for fair play, safety, and sportsmanship.
- Ensure athletes avoid unsafe actions such as:
 - › Striking another athlete in the head;
 - › Using their head or helmet to contact another athlete;



Plan ahead. How can you help encourage concussion reporting among your athletes?

› Athletes May Try to Hide Concussion Symptoms

Among a group of almost 800 high school athletes:

69% reported playing with concussion symptoms.

40% of these athletes said that their coach was not aware that they had a possible concussion.¹

Athletes may be less likely to tell their coach or athletic trainer about a possible concussion during a championship game or other important event.²

- › Making illegal contacts or checking, tackling, or colliding with an unprotected opponent; and/or
- › Trying to injure or put another athlete at risk for injury.
- Tell athletes that you expect good sportsmanship at all times, both on and off the playing field.

Keep up-to-date on concussion information:

- Review your state, league, and/or organization's concussion guidelines and protocols.
- Take a training course on concussion. CDC offers concussion training at no cost at www.cdc.gov/HEADSUP.
- Download CDC's *HEADS UP* app or a list of concussion signs and symptoms that you can keep on hand.

To learn more, go to www.cdc.gov/HEADSUP



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

A Fact Sheet for YOUTH SPORTS PARENTS



This sheet has information to help protect your children or teens from concussion or other serious brain injury.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for children and teens to avoid hits to the head.

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to or after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

GOOD TEAMMATES KNOW:

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

The Way You Talk and Think About Concussion Affects Athletes.

Make sure to tell athletes that safety comes first and you expect them to tell you and their parent(s) if they think they have a concussion.



Check out the equipment and sports facilities:

- Make sure all athletes wear a helmet that fits well and is in good condition when appropriate for the sport or activity. There is no "concussion-proof" helmet, so it is important to enforce safety rules that protect athletes from hits to the head and when a helmet falls off during a play.
- Work with the game or event administrator to remove tripping hazards and ensure that equipment, such as goalposts, have padding that is in good condition.

Keep emergency contact information handy:

- Bring emergency contact information for parents and health care providers to each game and practice in case an athlete needs to be taken to an emergency department right away for a concussion or other serious injury.
- If first responders are called to care for an injured athlete, provide them with details about how the injury happened and how the athlete was acting after the injury.

How Can I Spot a Possible Concussion?

Athletes who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Coaches or Parents

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



Plan ahead. How can you help athletes lower their chance of getting a concussion?

Some athletes may not report a concussion because they don't think a concussion is serious.



They may also worry about:

- ▶ **Losing their position on the team or during the game.**
- ▶ **Jeopardizing their future sports career.**
- ▶ **Looking weak.**
- ▶ **Letting their teammates or the team down.**
- ▶ **What their coach or teammates might think of them.^{3,4,5}**

Symptoms Reported by Athletes

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down".

NOTE: Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not be noticed or may not show up for hours or days.

Enforce Safe Play. You Set the Tone for Safety.

As many as 25 percent of the concussions reported among high school athletes result from aggressive or illegal play.⁶



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or ensure an athlete is taken to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

What Should I Do If I Think an Athlete Has a Possible Concussion?

As a coach, if you think an athlete may have a concussion, you should:

Remove the athlete from play.

When in doubt, sit them out!

Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a health care provider.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion. After you remove an athlete with a possible concussion from practice or play, the decision about return to practice or play is a medical decision that should be made by a health care provider. As a coach, recording the following



Plan ahead. What should you do if you think an athlete has a concussion?

Concussions Affect Each Athlete Differently.

While most athletes with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with an athlete's parents if you notice their concussion symptoms come back after they return to play.

information can help a health care provider in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body.
- Any loss of consciousness (passed out/knocked out) and if so, for how long.
- Any memory loss right after the injury.
- Any seizures right after the injury.
- Number of previous concussions (if any).

Inform the athlete's parent(s) about the possible concussion.

Let them know about the possible concussion and give them the **HEADS UP** fact sheet for parents. This fact sheet can help parents watch the athlete for concussion signs or symptoms that may show up or get worse once the athlete is at home or returns to school.

Ask for written instructions from the athlete's health care provider on return to play.

These instructions should include information about when they can return to play and what steps you should take to help them safely return to play.

Work with the athlete's health care provider and follow the five gradual steps for return to play.

An athlete's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



Plan ahead. How can you help an athlete safely return to play after a concussion?

Why Should I Remove an Athlete With a Possible Concussion from Play?

The brain needs time to heal after a concussion. An athlete who continues to play with concussion has a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect an athlete for a lifetime. It can even be fatal.

What Steps Can I Take to Help an Athlete Return to Play?

An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a health care provider. When available, be sure to also work closely with your team's certified athletic trainer.

Below are five gradual steps that you, along with a health care provider, should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.



To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

BASELINE: Athlete is back to their regular school activities, is no longer experiencing symptoms from the injury when doing normal activities, and has a green light from their health care provider to begin the return to play process.

An athlete should only move to the next step if they do not have any new symptoms at the current step.

STEP 1: Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

STEP 2: Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight than a typical routine).

STEP 3: Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

STEP 4: An athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

STEP 5: An athlete may return to competition.

REMEMBER: It is important for you and the athlete's parent(s) to watch for concussion symptoms after each day's return to play progression activity. If an athlete's concussion symptoms come back, or he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him- or herself too hard. The athlete should stop these activities, and the athlete's health care provider should be contacted. After the okay from the athlete's health care provider, the athlete can begin at the previous step.

¹ Rivara FP, Schiff MA, Chrisman SP, Chung SK, Ellenbogen RG, Herring SA. (2014). The effect of coach education on reporting of concussions among high school athletes after passage of a concussion law. *Amer J Sports Med*, May, 2014, 42(5):1197-1203.

² Bramley H, Patrick K, Lehman E, Silvis M. (2012). High school soccer players with concussion education are more likely to notify their coach of a suspected concussion. (2012). *Clin Pediatr (Phila)*, 2012 April, 51(4):332-336.

³ Kerr ZY, Register-Mihalik JK, Marshall SW, Evenson KR, Mihalik JP, Guskiewicz KM (2014). Disclosure and non-disclosure of concussion and concussion symptoms in athletes: Review and application of the socio-ecological framework. *Brain Inj*. 2014;28(8):1009-21.

⁴ Register-Mihalik JK, Guskiewicz KM, McLeod TC, Linnan LA, Mueller FO, Marshall SW. (2013a). Knowledge, attitude, and concussion-reporting behaviors among high school athletes: A preliminary study. *J Athl Train*, July 12, 2013.

⁵ Chrisman, S. P., Quitiquit, C., Rivara, F. P. (2013). Qualitative Study of Barriers to Concussive Symptom Reporting in High School Athletics. *J Adolesc Health*. March, 2013, 52(3): 330-335.

⁶ Collins CL, Fields SK, Comstock RD. (2008). When the rules of the game are broken: What proportion of high school sports-related injuries are related to illegal activity? *Inj Prev*, 14(1):34-38.

The information provided in this fact sheet or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to your physician or other healthcare provider.

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____

CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to or after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to www.cdc.gov/HEADSUP



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

For Local League Use Only

Activities/Reporting **A Safety Awareness Program's Incident/Injury Tracking Report**

League Name: Ridgefield Little League League ID: 230 - 06 - 07 Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: Male Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

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

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

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

Type of injury: _____

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

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

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

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



Little League® Baseball and Softball MEDICAL RELEASE



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 LEGAL GUARDIAN AUTHORIZATION: _____ Email: _____

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)/legal 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: **Ridgefield Little League** League ID: **230-06-07**

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.

Complete & Return this Form to:

Medical/Dental Accident Claim Form



BOLLINGER SPORTS & LEISURE



P.O. Box 390 Short Hills, NJ 07078

52-week benefit period

SECTION I TO BE COMPLETED BY PARENT/CLAIMANT (required)

- 1. NAME: (first) _____ (last) _____
- 2. ADDRESS: _____ (city) _____ (state) _____ (zip code) _____
- 3. TELEPHONE #: _____
- 4. BIRTHDATE: ___/___/___ SEX: Male Female SS#: _____
- 5. CLAIMANT IS A: Player Coach Official Other
- 6. ACCIDENT DATE: ___/___/___ ACCIDENT TIME: _____ am pm
- 7. BODY PART INJURED: _____
- 8. ACCIDENT OCCURRED DURING: Game Practice Tournament Camp/Clinic Other _____
- 9. DESCRIBE HOW AND WHERE ACCIDENT OCCURRED: _____

- 10. NAME OF FIELD/FACILITY WHERE ACCIDENT OCCURRED: _____

SECTION II STATISTICAL INFORMATION (required)

- 1. NAME OF TEAM/CLUB: _____
- 2. TYPE: COMPETITIVE RECREATIONAL
- 3. LOCATION: ON FIELD INDOOR SPECTATOR AREA OTHER
- 4. SURFACE: DIRT GRASS OUTDOOR TURF INDOOR TURF
- 5. SURFACE CONDITION: DRY/NORMAL WET/RAINY ICY MUDDY
- 6. POSITION: _____
- 7. STATUS: HIT BY OBJECT COLLISION W/OPPONENT COLLISION W/TEAMMATE
 OTHER _____

SECTION III TO BE COMPLETED BY ORGANIZATION OR AUTHORIZED OFFICIAL (required)

POLICY EFFECTIVE DATE 1/28/21	POLICY EXPIRATION DATE 1/28/22	POLICY # 4102AH234823	NAME OF POLICYHOLDER Ridgefield Boro Athletic Org.
ADDRESS OF POLICYHOLDER P.O. Box 54 (Street)		(City) Ridgefield	(State) NJ
			TELEPHONE NUMBER 201-943-8355

VERIFY THAT THE ACCIDENT OCCURRED DURING AN ACTIVITY SPONSORED OR SANCTIONED BY YOUR ORGANIZATION, AND WHETHER THE CLAIMANT WAS A MEMBER AT THE TIME OF ACCIDENT.

- YES-SPONSORED/SANCTIONED ACTIVITY
- YES-CLAIMANT WAS AN ACTIVE MEMBER ON THE DATE OF ACCIDENT

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE:	TITLE:	DATE:
-----------------------	--------	-------

SECTION IV**STATEMENT OF OTHER INSURANCE****(required)****Claimant/Father**

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

EMPLOYER: _____

PHONE: _____

SELF EMPLOYED UNEMPLOYED

EMAIL: _____

Claimant/Mother

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

EMPLOYER: _____

PHONE: _____

SELF EMPLOYED UNEMPLOYED

EMAIL: _____

If you are employed but have no insurance, please include a statement of verification from your employer on their letterhead.IS CLAIMANT COVERED UNDER ANY OTHER MEDICAL AND OR DENTAL INSURANCE POLICY? YES NOIS CLAIMANT COVERED UNDER A GOVERNMENT SPONSORED INSURANCE SUCH AS MEDICARE/MEDICAID? YES NO

INSURED NAME: _____ ID#: _____ INSURED GRP#/NAME: _____

INSURANCE COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

****Please include copy of insurance card (both sides)****Note:** IF YOUR SON OR DAUGHTER HAS MEDICAL INSURANCE COVERAGE AS AN ELIGIBLE DEPENDENT FROM A PREVIOUS MARRIAGE AS MANDATED IN A DIVORCE DECREE, PLEASE GIVE NAME, ADDRESS AND PHONE NUMBER OF RESPONSIBLE PARTY: _____**SECTION V****ASSIGNMENT OF BENEFITS****ALL CLAIMS BENEFITS WILL BE PAID DIRECTLY TO DOCTORS AND HOSPITALS INVOLVED, UNLESS BILLING PROVIDED INDICATES PAYMENT MADE BY YOU.****SECTION VI****STATEMENT OF CERTIFICATION and AUTHORIZATION TO RELEASE INFORMATION****(required)**

1. I CERTIFY that the above information given by me in support of this claim is true and correct.

SIGNATURE OF CLAIMANT/PARENT (required): _____ DATE: _____

2. 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, to disclose, whenever requested to do so by RPS Bollinger or Markel Insurance Company or their representatives, any and all such information. I UNDERSTAND the information obtained by use of the Authorization will be used to determine eligibility for insurance and eligibility for benefits under any existing policy. Any information obtained will not be released to any person or organization EXCEPT as necessary in connection with the processing of this application, claim, or as may be otherwise lawfully required or as I may further authorize. A photocopy of this authorization shall be considered as effective and valid as the original.

SIGNATURE OF CLAIMANT/PARENT (required): _____ DATE: _____

HOW TO FILE A CLAIM: INSTRUCTIONS

IMPORTANT: ALL INFORMATION MUST BE PROVIDED IN ORDER FOR A CLAIM TO BE PROCESSED

1. **Excess Coverage:** Accident medical expenses are covered under this policy on an **Excess Basis**, and benefits will only be paid under this plan after your own personal or group insurance (including Health Maintenance Organizations) has paid out its benefits. Please note that you must follow your primary insurance carrier's eligibility criteria (i.e., to be treated in-network, if required by HMO, etc) in order for this policy to consider your expenses for payment. If you receive Government or State Aid Insurance, (Medicaid, Medicare, etc) this insurance may be Primary; please contact RPS Bollinger for coverage information.
 - Payment under this policy will be made according to **usual and customary guidelines**. This means that the basis for payment of specific medical or dental services is based on the average cost of that service by region. This policy does not automatically pay for services in full; it pays based on the "usual and customary" fee for that service in your area.
2. **Claim Guidelines:** You have **1 year** from the date of injury to submit a claim form.

For claims to be eligible for coverage, you must seek medical attention within **60 days** from the date of injury and **180 days** from date of injury for dental treatment.

Benefit Period: This policy is subject to a **52 week** benefit period from the date of injury. Medical or dental expenses that are incurred **within 52 weeks** of the date of injury are eligible for coverage under this policy. Any expenses or treatments that are rendered after the **52 week** benefit period will not be covered by this policy.
3. **Please remember:**
 - a) **Only submit the Claim Form to RPS Bollinger**
 - b) Once your claim is approved, advise your Doctors/Hospitals of this insurance so they can file claims directly to RPS Bollinger.
 - c) **Itemized bills are required:** You or your providers must submit itemized bills with your primary insurance explanation of benefits (if applicable); balance due bills or notices **do not** provide the information needed to process your claim. See below for forms needed. Payments will be made to **you** if the itemized bills indicate that they have been paid. Otherwise, payments will be made directly to the doctor, hospital or other service provider.
 - **CMS-1500** is the standard form used by Providers to show the medical treatments and charges made for each service.
 - **UB-04** is the standard form used by Hospitals to show medical treatments and charges made for services.
4. **Dental bills:** All dental bills must be submitted through your primary insurance's **medical and dental plans** first before making a claim for dental treatment under this policy. Please have your provider submit an ADA dental claim form with the explanation of benefits (if applicable).

For further Claims information contact:

RPS Bollinger, Sports Claims Department

P.O. Box 390 Short Hills, NJ 07078

(P) 866.267.0093

(F) 973.921.2876

SportsClaims@RPSins.com



BOLLINGER SPORTS & LEISURE

Fraud Statements

GENERAL: 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.

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: 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.

CALIFORNIA: For your protection, California law requires the following to appear on this form: 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.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DISTRICT OF COLUMBIA RESIDENTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

LOUISIANA: 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.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

MINNESOTA: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW MEXICO: 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 civil fines and criminal penalties.

NEW YORK: 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 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.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

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 act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND: 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.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TEXAS: 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.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WEST VIRGINIA: 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.

Concession Stand Tips

SAFETY FIRST

Requirement 9

12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Gick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.

1. Menu.

Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

2. Cooking.

Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.

3. Reheating.

Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices.

Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

4. Cooling and Cold Storage.

Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

5. Hand Washing.

Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

6. Health and Hygiene.

Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

7. Food Handling.

Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil

to serve food. Touching food with bare hands can transfer germs to food.

8. Dishwashing.

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

1. Washing in hot soapy water;
2. Rinsing in clean water;
3. Chemical or heat sanitizing; and
4. Air drying.

9. Ice.

Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

10. Wiping Cloths.

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

11. Insect Control and Waste.

Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

12. Food Storage and Cleanliness.

Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

13. Set a Minimum Worker Age.

Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

Safety plans must be postmarked no later than May 1st.

Volunteers Must Wash Hands

HOW

Wet
warm water



Wash
20 seconds
Use soap

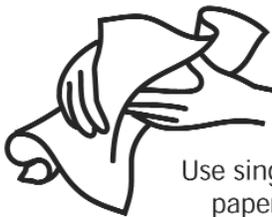


Rinse



Dry

Use single-service
paper towels



Gloves



WHEN

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

Wash after you:

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

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

Use gloves, tongs, deli tissue or other serving utensils.

Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand

when you can't remove your jewelry

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

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

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



**UMASS
EXTENSION**



Thermy™ says:

"It's Safe to Bite
When The Temperature is Right!"

Food Safety and Inspection Service, USDA



