



A SAFETY AWARENESS PROGRAM (ASAP)

Safety Plan

ARAGONA-PEMBROKE LITTLE LEAGUE

League ID#: 346-08-05

Updated: January 2, 2025

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MISSION STATEMENT - SUMMARY

Aragona-Pembroke Little League's Mission Statement:

Aragona-Pembroke Little League is a non-profit organization run by volunteers whose mission is to provide an opportunity for children to learn and play the games of baseball and softball in a safe and friendly environment.

Summary:

This safety plan is provided by the board and members of the Aragona-Pembroke Little League (APLL) to provide for the safety and enjoyment of the players and others while participating in APLL games, practices, or associated events. This plan provides guidance to accomplish the requirements of Little League International's A Safety Awareness Program (ASAP). Should questions arise that are not specifically addressed in the plan, the answer should always favor the safety of the players and participants.

The plan was last reviewed and updated in January 2025.

1. SAFETY PLAN REQUIREMENTS

ASAP provides fifteen requirements for the Safety Plan. The fifteen items identified here or in the indicated sections are the components of the APLL Safety Plan and its actions to accomplish the goals of the Little League ASAP.

- 1. Safety Officer:** Jeffrey Forbes is on file with Little League International as the safety officer for APLL, League ID number 346-08-05.

APLL Safety Officer Information

Jeff Forbes

(757) 407-0090

safety.officer@myapll.com

- 2. Safety Plan Distribution:** The APLL Safety Plan is distributed in electronic or paper form to all board members, managers/coaches, volunteers and the district eight administrator. It is available by download from the APLL website, www.aragonapembrokelittleleague.com.
- 3. Emergency Plan:** This is in Section 2. EMERGENCY PLAN & PROCEDURES
- 4. Volunteer Application:** This is in Section 3. VOLUNTEER APPLICATION.
- 5. Fundamentals Training:** This is in Section 4. FUNDAMENTALS TRAINING
- 6. First Aid Training:** This is in Section 5. FIRST AID TRAINING.
- 7. Check Field Conditions:** This is in Section 6. CHECK FIELD CONDITIONS.
- 8. Facility Survey:** This is in Section 7. FACILITY SURVEY.
- 9. Concession Stand Safety:** This is in Section 8. CONCESSION STAND SAFETY.
- 10. Equipment Check:** This is in Section 9. EQUIPMENT CHECK.
- 11. Accident Reporting:** This is in Section 10. ACCIDENT REPORTING.
- 12. First Aid Kits:** This is in Section 11. FIRST AID KITS.
- 13. Enforce Little League Rules:** This is in Section 12. RULE ENFORCEMENT.
- 14. Player/Coach Data:** Aragona-Pembroke Little League submits all team roster information for players, managers, and coaches to Little League International by March 1, 2025.

(Continued on next page)

15. Little League Survey Questions for 2025:

- Do you own your facility? Yes
- Does your league utilize interleague play? Yes
- Does your league utilize combined teams? No
- Are you aware of the training portal and coursework that is available to your league?
Yes
- What is the most valuable benefit or resource your league receives through your Little League affiliation? Structure provided through rules and regulations and access to interleague play with other leagues
- What challenges does your league face in operation of the program? Coach/Umpire training

2. EMERGENCY PLAN & PROCEDURES

IN CASE OF EMERGENCY

All APLL teams are to have a plan on who will call 911 in case of an emergency prior to the start of any practice, scrimmage, game or any other team function. That person shall have a working cell phone in their possession for the entire duration of the activity and know the address for the game or activity; emphasis for events away from the APLL complex.

When calling for an emergency, identify your location. In the case of the APLL complex, identify your location as Aragona-Pembroke Little League at 595 De Laura Lane in Virginia Beach.

In any medical emergency involving a player, volunteer or spectator, dial 911 immediately.

Medical emergencies may include, but are not limited to:

- loss of consciousness or severe head trauma
- an injury that could reasonably include spinal injury or paralysis
- signs of heart attack or stroke (heat)
- compound fractures (broken bone penetrating the skin)

For serious injuries that do not constitute emergencies, the team manager should consult with the parent or guardian, if possible, to determine the preferred course of treatment. If no parent or guardian is available and there is a question as to the severity of the injury, err on the side of caution by calling 911 for professional assistance.

Notify a parent or guardian

For medical emergencies involving a player or other child, notify their parent(s) or guardian. Each team manager must maintain a list of emergency telephone contacts for every player on their team and have it readily available during all team games and practices. It is recommended that these numbers be added to each manager/coach's cell phone contact list.

Notify the Safety Officer

Every emergency resulting in a 911 call or any other event that could reasonably result in filing an insurance claim, must be reported to the Safety Officer as soon as practicable but not later than 48 hours after the incident occurs. An Accident / Incident Report Form must be completed and emailed to safety.officer@myapll.com

Aragona-Pembroke Little League

Safety Plan

Contact Information

President:

Yvonne Redifer

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Email: player.agent@myapll.com

Contact information for board members who serve as division reps, field maintenance and sponsorship can be found at our website:

www.myapll.com

IMPORTANT PHONE NUMBERS

Emergency:

Emergency 911

Virginia State Police 424-6788

Emergency from Cell Phone.....#77

Non Emergency:

Virginia Beach – Non Emergency Police 385-5000

Virginia Beach – Sheriff's Office 385-4555

Norfolk – Non Emergency Police..... 441-5610

Norfolk – Sheriff's Office..... 664-4700

Chincoteague Non Emergency Police 336-3155

Accomack County Sherriff..... 824-5666

Poison Center..... 1-800-222-1222

Dental:

Tidewater Dental Association..... 351-6767

There is no organized dental emergency service for the City of Virginia Beach, Norfolk, and The Eastern Shore. Notify the child's parent(s) immediately so they can obtain Emergency Dental Service for their child from their family dentist.

3. VOLUNTEER APPLICATION

Background Checks: Mandatory

APLL uses Sports Connect to gather information to screen all volunteers. The league vice president, or board member delegate, is responsible for utilizing the platform to facilitate background screenings that include a national criminal background check and state or local background checks. All volunteers must pass this criminal background check.

To provide the safest atmosphere possible for all players, APLL produces and provides each volunteer with a volunteer photo ID badge with lanyards printed with 2025. These badges must be worn above the outer layer of clothing and be visible on the volunteer when working with players at games, practices, or associated events.

The background screenings include but are not limited to the following volunteers:

Board Members

Volunteer Umpires

Concession Volunteers

Managers / Coaches

All Volunteers having access to the players

4. FUNDAMENTALS TRAINING

APLL requires all managers and coaches attend a Fundamentals of Baseball and Softball training clinic with their division representatives specific to their division. During training attendees are provided updates on local rules, equipment handling, facility use, safety guidelines, first aid procedures, incident reporting, etc. Every manager and coach will attend this training during our annual managers and coaches meeting.

5. FIRST AID TRAINING

First Aid training is conducted on the same dates and times as the fundamentals training. Recent enhancements to the first aid training include concussion protocols training and COVID-19 mitigations.

Like the fundamentals training this is required of every manager and coach during the annual managers and coaches meeting. Updates to the first aid training may be provided by the safety officer as necessary.

Added to the training since 2024 is Virginia Sudden Cardiac Arrest information from the Virginia Department of Education for student athletes.

6. CHECK FIELD CONDITIONS

Field Inspection

APLL requires managers, coaches, and umpires to walk the field to inspect for hazards before every game or practice.



PRE-GAME CHECKLIST

- ☐ Inspect infield for foreign objects, holes and dampness.
- ☐ Inspect outfield for foreign objects, holes and dampness.
- ☐ Inspect fencing for holes and sharp metal.
- ☐ Inspect catcher's gear for wear and proper fit.
- ☐ Inspect helmets for wear
- ☐ Inspect bats for LL specifications and wear
- ☐ Refill first aid kit
- ☐ Assign foul ball retriever
- ☐ Assign equipment handler
- ☐ Check male catcher's for protective cup
- ☐ Check uniforms for uniformity and proper fit
- ☐ Check for jewelry of any kind
- ☐ Fill out lineup and submit to home plate umpire.
- ☐ Line the field to Little League specifications
- ☐ Perform stretching and calisthenics warm-up exercises.
- ☐ Perform Warm-up drills and skills
- ☐ Prior to game, sanitize equipment, dugouts and bleachers

7. FACILITY SURVEY

APLL conducts a yearly facility survey on all fields. The 2025 facility survey has been completed online with Little League.

Facility Information:

Aragona-Pembroke Little League
595 De Laura Lane
Virginia Beach, VA 23455

The APLL complex consists of:

- two baseball fields - lighted,
- one softball field - lighted,
- two minor baseball/softball fields,
- one t-ball field,
- a field house with batting cages, turf workout area, and classroom,
- concession stand,
- restrooms,
- and playground.

All APLL coaches, players, families, and visitors are expected to follow the posted APLL Rules & Regulations.

Security cameras are in place to provide additional safety for all visitors to the complex.

8. CONCESSION STAND SAFETY

Currently the APLL concession is operated by a 3rd-party. APLL ensures that the 3rd party is following all recommended and required health and safety laws for food preparation and selling. The concession stand is to maintain a valid food service permit as issued by the Department of Health.

Concession Safety Procedures shall be posted in the Concession Stand.

A copy of APLL's Concession Stand Safety Procedures can be found in the appendix: [Concession Stand Guidelines](#).

9. EQUIPMENT CHECK

The APLL safety officer and equipment manager will inspect all equipment in the pre-season. Managers and coaches will inspect equipment prior to each game and practice. Umpires are no longer required to inspect equipment prior to each game per 2025 rules updates.

Any equipment not meeting Little League safety standards will not be used and will be replaced promptly by the equipment manager. The safety officer and equipment manager work with the division reps to ensure that managers and coaches are kept apprised of new equipment rules and changes as they are promulgated from Little League.

All plate umpires are required to use the following safety equipment:

- chest protectors
- shin guards
- masks (with or without helmet)
- Male umpires must wear a protective cup
- Volunteer umpire equipment is available and provided from the APLL equipment room by the board representative present for the game to be officiated. All umpire equipment will be inspected by the representative prior to its return to the equipment room.

10. ACCIDENT REPORTING

Prompt Accident Reporting:

All teams will use the Little League provided incident tracking form and will provide completed accident report forms to the APLL safety officer within 24-48 hours of the incident. The incident form is found on the web: [Little League Incident-injury-tracking-form](#). Incidents involving accident Insurance are reported to the safety officer using the Little League accident form. The accident form is found on the web: [Little League accident-claim-form](#). Incidents are to be forwarded to the district eight safety officer within 48 hours by the APLL safety officer. More information on reporting with Little League can be found here:

<https://www.littleleague.org/university/articles/how-to-submit-an-accident-insurance-claim/>

When to report:

Report any incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid to the APLL safety officer. This includes even passive treatments such as the elevation and diagnosis of the extent of the injury or period of rest.

Information for the accident report:

When an accident report form must be completed, it requires the following information. Managers and coaches should note these details as it will be needed to complete the accident report form:

- ☐ The date, time, and location.
- ☐ The name and phone number of the person reporting the accident.
- ☐ The name and phone number of individual involved.
- ☐ The Division Baseball/Softball, team name, and Manager's phone number.
- ☐ How did accident occur?
- ☐ The preliminary estimation of the extent of injuries.
- ☐ The type of first aid given.
- ☐ Was 911 called.
- ☐ Response time for emergency medical personal if 911 called.
- ☐ Position of person when injured (batting, first base, etc.).
- ☐ What caused the injury (sliding, fly ball, etc.)?

11. FIRST AID KITS

Prior to the season the APLL safety officer inspects, replenishes, and replaces first aids kits. The safety officer makes an updated first aid kit available to the APLL equipment officer for distribution with team equipment at the beginning of the season. Each team is required to have it at every practice and game.

Three field first aid kits have been placed at the complex. One is available in the APLL Fieldhouse, one is available in the Concession Stand and one is stored in the storage locker at fields 4, 5 & 6.

Refills for team first aid kit items can be obtained by contacting the safety officer or the team's division representative.

12. RULE ENFORCEMENT

APLL ensures that all teams enforce ALL Little League Rules, including Proper Equipment for catchers.

These rules include, but are not limited to the following:

- Skull caps are not permitted; Catcher helmets must provide full head protection and meet Little League Safety standards.
- The On-Deck position is not permitted for Majors and below.
- Dangling throat guard shall be used on all Catchers masks.
- Double first base is to be utilized when available.
- Breakaway bases will be used on all fields

13. UPDATED CHILD PROTECTION POLICY

Aragona-Pembroke Little League Child Protection

APLL values the safety of the players and families as its highest priority. APLL endorses and complies with the latest child protection policy from Little League. This updated policy is in the appendix.

2024 began annual abuse awareness training and Diamond Leader training for all of our volunteers.

For 2025 training on the prohibition of one-on-one contact is incorporated into the managers and coaches training. This training includes information regarding social media and electronic communication.

APPENDIX

New Improvements to the Safety Plan

The following changes and improvements were made to the APLL safety plan:

- Updated to reflect use of Sports Connect
- Updated to reflect the use of Little League International Abuse Awareness Training.

Volunteer Application Form

The league is currently not accepting paper applications. Volunteers are required to register/login and fill out online applications via Sports Connect at the following link.

<http://leagues.bluesombrero.com/aragonapembroke11>

What Parents should know about Little League Insurance

The Little League insurance memo can be located on the web here:

<https://www.littleleague.org/downloads/parents-know-ll-insurance/>

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

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

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 an 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. A \$50 deductible applies for all claims, 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 and Softball 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 International, 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 providing a better understanding of the operation of the Little League insurance program.

APLL Complex Rules

Complex Rules

- ZERO TOLERANCE POLICY: NO WEAPONS, ILLICIT SUBSTANCES OR ALCOHOLIC BEVERAGES ALLOWED IN THE COMPLEX AT ANY TIME.
- No Bikes, rollerblades, skateboards, scooters or hoverboards allowed in the complex. Bikes are to be parked in the bike stand.
- No pets allowed (on leash or otherwise).
- No rock throwing at all.
- No playing catch or throwing balls in the walkways.
- No climbing on fences or any building.
- All children must have adult supervision in the press box or on the concession deck.
- All parents are responsible for their children while at the complex.
- Everyone is responsible for their own trash.
- No playing of any kind in or around the parking lot or between fences and buildings on any side of the complex.
- The speed limit in the parking area is 5mph or less at all times. Remember that pedestrians ALWAYS have the right of way. Please be extremely cautious as children (large and small) are present at all times.
- Our complex is in the middle of a residential neighborhood, please be mindful of "No Parking" signs on De Laura Lane and dispose of your trash in proper receptacles.
- Parents are always an example for their children - BE A GOOD ONE!

Batting Cage Rules

Batting Cage Rules

- No cleats.
- No horseplay.
- No climbing on nets.
- No batting or throwing balls outside of the nets.
- No food or drink.
- Helmets must be worn at all times.
- Manager or coach will supervise players at all times.
- All teams must have a board member sponsor.
- Parents are responsible for their children while in the facilities.

Teams that leave their assigned cages messy such as leaving balls, trash, and equipment on the floor after use may lose their privileges to use the batting cages and indoor facilities.

Concession Stand Guidelines

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 Glick, 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.

Handwashing Guidelines

Volunteers Must Wash Hands

HOW



WHEN

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

Wash after you:

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

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

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

Wear gloves.

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

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

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

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



Mower/Lawn/Power Equipment Safety Rules

Mower/Equipment Safety Rules



1. Never make adjustments or repairs with the engine running.
2. Be sure the area is clear of other people before mowing.
STOP if anyone enters the area.
3. Never carry passengers.
4. Do NOT mow in reverse.
5. ALWAYS look down and behind BEFORE and WHILE backing.
6. Remove rocks, tree limbs, cans, etc. before mowing.
7. Always check the oil in the mowers before use.
8. ONLY adults operate mowers. NO children/others allowed to ride along with operator of riding mowers.
9. Please report damage or trouble with the mowers so they can be repaired.
10. You MUST wear safety glasses when using weed eater.

 Modified from Peru, Ind., Little League safety plan

Incident Injury Tracking Form

The Little League incident/injury tracking form can be located on the web here:

<https://www.littleleague.org/downloads/incident-injury-tracking-form/>

For Local League Use Only

Activities/Reporting	A Safety Awareness Program's Incident/Injury Tracking Report
League Name: _____	League ID: ____ - ____ - ____ Incident Date: _____
Field Name/Location: _____	Incident Time: _____
Injured Person's Name: _____	Date of Birth: _____
Address: _____	Age: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
City: _____ State _____ ZIP: _____	Home Phone: () _____
Parent's Name (If Player): _____	Work Phone: () _____
Parents' Address (If Different): _____	City _____
Incident occurred while participating in:	
A.) <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Challenger <input type="checkbox"/> TAD B.) <input type="checkbox"/> Challenger <input type="checkbox"/> T-Ball <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Intermediate (50/70) <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Big League C.) <input type="checkbox"/> Tryout <input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> Tournament <input type="checkbox"/> Special Event <input type="checkbox"/> Travel to <input type="checkbox"/> Travel from <input type="checkbox"/> Other (Describe): _____	
Position/Role of person(s) involved in incident:	
D.) <input type="checkbox"/> Batter <input type="checkbox"/> Baserunner <input type="checkbox"/> Pitcher <input type="checkbox"/> Catcher <input type="checkbox"/> First Base <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Short Stop <input type="checkbox"/> Left Field <input type="checkbox"/> Center Field <input type="checkbox"/> Right Field <input type="checkbox"/> Dugout <input type="checkbox"/> Umpire <input type="checkbox"/> Coach/Manager <input type="checkbox"/> Spectator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____	
Type of injury: _____	
Was first aid required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____	
Was professional medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Base Path: <input type="checkbox"/> Running or <input type="checkbox"/> Sliding <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched or <input type="checkbox"/> Thrown or <input type="checkbox"/> Batted <input type="checkbox"/> Collision with: <input type="checkbox"/> Player or <input type="checkbox"/> Structure <input type="checkbox"/> Grounds Defect <input type="checkbox"/> Other: _____	
B.) Adjacent to Playing Field <input type="checkbox"/> Seating Area <input type="checkbox"/> Parking Area C.) Concession Area <input type="checkbox"/> Volunteer Worker <input type="checkbox"/> Customer/Bystander	
D.) Off Ball Field <input type="checkbox"/> Travel: <input type="checkbox"/> Car or <input type="checkbox"/> Bike or <input type="checkbox"/> Walking <input type="checkbox"/> League Activity <input type="checkbox"/> Other: _____	
Please give a short description of incident: _____	
Could this accident have been avoided? How: _____	
<p>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.</p>	
Prepared By/Position: _____	Phone Number: (____) _____
Signature: _____	Date: _____

Claim Form Instructions

The Little League claim form instructions can be located on the web here:

<https://www.littleleague.org/downloads/accident-claim-form-instructions/>

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 National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League® contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. 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 Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC 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, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be 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.

TREATMENT OF DENTAL INJURIES (From the claim form page two)

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 is sustained.

CHECKLIST FOR PREPARING CLAIM FORM (From the claim form page two)

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 International. Include the claimant's name, league ID, and year of the injury on the form.

(Continued on next page)

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.

Accident Notification Form

The Little League accident notification form can be located on the web here:

<https://www.littleleague.org/downloads/accident-claim-form/>



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

Accident & Health (U.S.)

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 <input type="checkbox"/> AM <input type="checkbox"/> PM	Type of Injury
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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	<input type="checkbox"/> (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)	

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

Aragona-Pembroke Little League

Safety Plan

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	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

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
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Little League Child Protection Policy

<https://www.littleleague.org/downloads/ll-child-protection-program/>

1. Complete Background Checks

Utilize the Little League volunteer application form to conduct annual background checks on volunteers and prohibit anyone with any offenses that would disqualify them as a participant in any Little League activity.

2. Mandatory Training & Continuing Education

Annually require all volunteers to complete an Abuse Awareness Training provided by Little League International

3. Mandatory Reporting Requirements

Report Child Abuse, including sexual abuse involving a minor, to the proper authorities with 24 hours.

4. Non-Retaliation for Reporting

Adopt a policy that prohibits retaliation against “good faith” reports of child abuse.

5. Prohibit One-on-One Interactions

Adopt a policy that limits one-on-one contact with minors without being in an observable and interruptible distance from another adult.