



**ASAP PLAN**

**READING LITTLE LEAGUE**

**READING, MA**

**2021**



# Qualified Safety Plan Requirements

1. **League Safety Officer:** Tom Weber on file with Little League Headquarters.
2. Reading Little League will distribute a copy of this **Safety Manual** to all Managers/Coaches, League Volunteers and the District Administrator. It also will also be posted on the RLL website.
3. **Emergency Action Plan**  
An emergency action plan (attached) will be posted at each field in order to guide coaches and volunteers on activating emergency services in case of severe injury.



# ASAP PLAN

## 3. Emergency Phone Number: 911

**Local Police Emergency 781-944-1212**  
**Local Fire Emergency 781-944-3132**

|                        |                  |              |
|------------------------|------------------|--------------|
| League President:      | Mike Wondolowski | 508-769-4331 |
| League VP:             | Tom Fratto       | 781-367-5831 |
| League Player Agent:   | Chris Donegan    | 781-439-5219 |
| League Maintenance:    | Dan McCarthy     | 781-249-3000 |
| League Treasurer:      | Joe DiMartino    | 617-455-8646 |
| League Safety Officer: | Tom Weber        | 617-669-3678 |

**\*This list will be posted in the concession area.**



# ASAP PLAN

## 4. Volunteer Application

- The Reading Little League will use Little League procedures through JDP to annually screen all of our volunteers on the JDP National Criminal File Database, which includes criminal records and sex offender registry records.

## 5. Fundamentals Training:

- At least one manager/ coach from each team must attend the training annually. Every manager/ coach will attend this training at least once every 3 years. A virtual RLL Safety Meeting (training) will be held on April 8, 2021.



# ASAP PLAN

## 6. First Aid Training:

- Reading Little League will require at least one manager/coach from each team to attend annually. Every manager/coach must attend First Aid Training, including concussion training, once every 3 years. Steve Clark, PT, ATC will conduct a virtual training on April 8, 2021.

## 7. Check Field Conditions:

- Coaches will be required to walk/inspect the fields prior to practices and games. Umpires will also be required to walk the fields for hazards before each game. A Facility and Field Inspection Checklist will be completed at all fields by the Director of Fields prior to the 2021 season and be submitted online through the Little League Data Center.



# ASAP PLAN

## 8. Facility Survey:

- Reading Little League has completed and updated 2021 Facility Survey On-Line.

## 9. Concession Stand Safety

- Menu shall be posted & approved by the Board of Directors and the League President.
- Little League's Concession Safety Procedures will be in the concession stand (Concessions Safety attached).



# ASAP PLAN

## 10. Equipment Check

- The Equipment Manager will inspect all equipment in the pre-season.
  - Managers/coaches will inspect equipment prior to each game
  - Umpires will be required to inspect equipment prior to each game

## 11. Accident Reporting

- The League will use the provided incident tracking form from the LL website and will provide completed accident forms to the Safety Officer within 24-48 hours of the incident (Accident Reporting Form attached) .



# ASAP PLAN

## 12. First Aid Kits

- Each team will be issued and updated
- This is a requirement to have it at every practice and game
- Extra supplies will also be located at fields in equipment sheds

## 13. Enforce Little League Rules

- Reading Little League will require ALL teams to enforce ALL Little League Rules
  - Proper equipment for catchers
  - No on-deck batters
  - Coaches will not warm up pitchers
  - Bases will disengage on all fields





#### **14. Player / Coach Data**

- Will be submitted through the Little League Data Center

#### **15. RLL COVID Safety Plan**

- RLL has submitted and received approval for the attached COVID Safety Plan from the Town of Reading Board of Health

#### **16. Answer New Survey Questions for 2021**

- Will be completed during ASAP submission through the Little League Data Center.

# 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.***

# 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.



**UMASS  
EXTENSION**



# 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<br><input type="checkbox"/> Female <input type="checkbox"/> Male |
| Name of Parent/Guardian, if Claimant is a Minor |  |  | Home Phone (Inc. Area Code)              |                          | Bus. Phone (Inc. Area Code)  |
|   |  |  | ( ) ( )                                  |                          | ( ) ( )  |
| Address of Claimant                             |  |  | Address of Parent/Guardian, if different |                          |  |
|   |  |  |  |                          |  |

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

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

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

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

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

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

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

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

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

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

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

**For Residents of California:**

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

**For Residents of New York:**

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

**For Residents of Pennsylvania:**

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

**For Residents of All Other States:**

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

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

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

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

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

**POSITION WHEN INJURED**

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

**INJURY**

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

**PART OF BODY**

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

**CAUSE OF INJURY**

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

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

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

Date \_\_\_\_\_ League Official Signature \_\_\_\_\_

# 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**

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**

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.

### **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.



League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Incident Date: \_\_\_\_\_

Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Parent's Name (If Player): \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

**Incident occurred while participating in:**

- A.)** ☐ Baseball ☐ Softball ☐ Challenger ☐ TAD
- B.)** ☐ Challenger ☐ T-Ball ☐ 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 being allowed in a game or practice.)

**Type of incident and location:**

- A.) On Primary Playing Field**
- ☐ Base Path: ☐ Running or ☐ Sliding
- ☐ Hit by Ball: ☐ Pitched or ☐ Thrown or ☐ Batted
- ☐ Collision with: ☐ Player or ☐ Structure
- ☐ Grounds Defect
- ☐ Other: \_\_\_\_\_
- B.) Adjacent to Playing Field**
- ☐ Seating Area
- ☐ Parking Area
- C.) Concession Area**
- ☐ Volunteer Worker
- ☐ Customer/Bystander
- D.) Off Ball Field**
- ☐ Travel:
- ☐ Car or ☐ Bike or
- ☐ Walking
- ☐ League Activity
- ☐ 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](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](http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf).

Prepared By/Position: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# EMERGENCY ACTION PLAN

If a player, coach, umpire, or spectator is in need of urgent medical attention at a Little League event, you **MUST** call:







## 911

- Provide the following information to the dispatcher:
  - Identify yourself – caller name.
  - Location
    - Barrows School baseball field – near **10 Shelby Road**
    - Joshua Eaton School field
      - Field A – **365 Summer Avenue**, behind the school.
      - Field B – near **1 Indiana Avenue**.
    - Hunt Baseball Field – near **206 Pleasant Street**.
    - Reading Memorial HS – MAJORS field – **Bancroft Avenue**.
  - Situation – what happened? Conscious/unconscious, breathing, injury.....
  - Sample Conversation:
    - Hello, this is \_\_\_\_\_ (name). I am calling from \_\_\_\_\_ (field) during a little league event. A \_\_\_\_\_ (player, parent,...) has sustained \_\_\_\_\_ (medical condition). We are located at \_\_\_\_\_ (address of field above).
  - Wait for the dispatcher to hang up first or stay on the line with them.
- Send an adult to look for and meet Emergency Medical Services (EMS) as they arrive.
- If the injured person is under 18 years old, have a coach contact their parent/guardian if they are not present.
- Provide appropriate care within your training until EMS arrives.
- Have a coach contact the RLL President and/or Safety Director.



## **HAVE YOU:**

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-  **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**

# Umpire Guidelines

North Issaquah, Washington, Little League

## Before the Game — Meet at home plate

- Introduce plate and base umpires, managers/coaches
- Receive official lineup cards from each team
- Discuss any local playing rules (time limit, playing boundaries, etc.)
- Discuss the strike zone
- Discuss unsportsmanlike conduct by the players
- Discuss the innings pitched by a pitcher rule
- Clarify calling the game due to weather or darkness
- Inspect playing field for unsafe conditions
- Discuss legal pitching motions or balks, if needed
- Discuss no head-first slides, no on-deck circle rules
- Get two game balls from home team
- Be sure players are not wearing any jewelry
- Be sure players are in uniform (shirts in, hats on)
- Inspect equipment for damage and to meet regulations
- Ensure that games start promptly

## During the Game — Umpires and Coaches

- Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to take the field with two outs
- Make sure catchers are wearing the proper safety equipment
- Continually monitor the field for safety and playability
- Pitchers warming up in foul territory must have a spotter and catcher with full equipment
- Keep game moving — one minute or eight pitches to warm up the pitcher between innings or in case of mid-inning replacement
- Make calls loud and clear, signalling each properly
- Umpires should be in position to make the call
- No protesting of any judgment calls by the umpire
- Managers are responsible for keeping their fans and players on their best behavior
- Encourage everyone to think “Safety First!”

# Reading Little League Baseball

## 2021 COVID-19 Safety Plan – UPDATED 3/23/2021

RLL Baseball has developed a safety protocol following the Commonwealth of MA guidelines. Some traditional and usual aspects of baseball will be modified. Responsibilities of the league, parents, coaches, and players are summarized in this document.

### League responsibilities:

- Have hand sanitizer and cleaning wipes available at each league field.
- Provide catchers' gear (Majors, AAA, AA, and A divisions) for the entire season to players as needed. Limited supply available. Equipment must be returned at end of season.
- Provide "modified dugouts" for Majors, AAA, AA, and A divisions to support social distancing.
- Schedules will include time buffers to prevent the overlap of games/practices.
- Keep rosters of all participants with appropriate contact information and make the information available upon request by state officials, local boards of health or their authorized agents.

### Universal responsibilities:

- To participate or attend, participants, volunteers, coaches, and spectators must show no signs or symptoms of COVID-19 for 14 days. Per the CDC, symptoms can be found [HERE](#).
- If any individual develops symptoms of COVID-19 during the activity, they should promptly inform organizers and must be removed from the activity and instructed to return home.
- Notify the coach and RLL if your player(s) or someone they have been in contact with is confirmed to have COVID-19.
- Snack Shack will be closed.

### Parent/guardian responsibilities:

- Commonwealth of MA protocols require that spectators wear face masks at all times and maintain 6' social distancing. Outdoor gatherings are limited to 150 people (this includes players and coaches).
- Players may not share equipment. Supply a glove, bat, batting helmet, and water bottle for your player(s) and ensure that they are labeled. For Majors, AAA, AA, and A divisions, please bring a chair for your player(s) as each player will have a designated area outside the dugout for their belongings.
- Supply a mask/facial covering for your player(s).
- For the Rookie Division, a parent/guardian must be present with their player(s) for the entirety of each game, as players in this division will sit with their parent/guardian when they are not on the field. Majors, AAA, AA, and A division teams will use modified "dugouts" away from spectators.
- No gum, sunflower seeds, or similar will be permitted.
- Stay out of designated player areas and maintain a six-foot distance from other spectators. Bleachers will not be used for spectators at Majors or Hunt Fields.
- Leave the field as quickly as reasonable after games/practices and do not congregate in parking lots or other common areas.
- It is strongly recommended to not carpool with non-household members. In the event that transportation of non-family members becomes necessary, all parties in the vehicle must wear cloth face coverings or face masks and to the extent possible have external air circulating in the vehicle such as opening a window.
- Any Massachusetts-based athlete that travels to another state and does not comply with the Commonwealth's Travel Order may risk suspension of team or league practices and/or games.
- Review the protocols with your player and ensure they understand what is required to participate.

**Coaching responsibilities:**

- Understand and adhere to social distancing guidelines to the extent practical during practices/games.
- Coaches will supply their own face masks and are required to wear them at all times.
- Review the requirements for players, coaches, and umpires in detail.
- No contact between players/coaches/umpires. This means no high-fives, post-game handshake lines, etc. It is suggested that teams line up on foul lines after games to tip their caps to opponents and umpires.
- Majors, AAA, AA, and A division teams will use modified dugouts away from spectators.
  - Majors, Hunt, and Eaton fields have numbers (#1-13) hung on the fences. Please designate each player a number for the season. This will be their area to keep their belongings and stay when not on the field.
  - Note that the setup required will differ among Reading fields.
- Minimize in-person team meetings and have your team leave the field promptly when your practice/game ends.
- It is suggested that each coach have one team representative to assure all safety protocols are in place during practice/game.
- Fields ideally are prepared prior to arrive of players
- While in-person, team-based social events are often considered an integral component of recreational sports leagues, more frequent, extended physical or close contact increases the risk of COVID-19 transmission between team members should an outbreak occur. In the interest of reducing preventable transmission events, we must ensure that team-based social gatherings do not occur until all other COVID-19-specific restrictions regulating sports leagues are fully lifted.

**Player responsibilities:**

- Participants must wear facial coverings at all times, both on and off the field. However, participants should take facial covering breaks when they are out of proximity to other players.
- Understand and adhere to social distancing guidelines during practices and games.
- Follow your coach's instructions for where to sit and where to put your equipment.
- If you feel sick during a practice or game, tell your coach right away.
- If you feel sick before a practice or game, tell a parent/guardian right away.
- When you're not on the field:
  - Use the hand sanitizer when you come off the field.
  - Stay six feet away from others (stay in your designated spot).
  - Keep your drinks and equipment separate from your teammates.
  - Do not use their equipment or let them use yours.
  - No spitting, seeds, gum, or similar products are allowed.
- No touching other players (or coaches, or umpires).
  - No shaking hands, high-fives, chest bumps... No handshake lines after the game.

**Umpire responsibilities:**

- Plate meeting should be very limited or eliminated
  - Follow social distancing (6 ft) for meetings
  - Umpires must wear a face covering
  - No players may participate in plate meetings
- Umpires (Majors, AAA, AA, and A divisions) will be placed behind pitcher's mound to call balls and strikes
  - Encouraged to keep a safe distance from players as much as possible