



2023 Safety & Operations Manual



Contents

Subject	Page
Welcome-Mission Statement - Safety Mission Statement – Mantra	3
Phone List	4
Safety is #1	5
Background Check	6
Medical Release Forms	7
Incident Injury Report	8
Managers/Coaches Incident/Accident Report	9-10
Training	11
First Aid Training/CPR/AED/Active Shooter Training	11
Annual Little League Facilities Survey	11
Player/Coach/Manager Roster Data	11
Safety Activities	11
Umpires and Protest	12
Pre-Game & Post Game Field Maintenance	12
Coaches/Managers One Year Term & Mantra	13
Code of Conduct	14
Additional Safety Requirements	15-16
Concession Stand Code of Conduct	17
Lightning Alerts	18
Heat Illnesses	19
Sign of Dehydration	19
Heat Cramps	20
Heat Exhaustion	20
Heat Stroke	20
Asthma Attacks	21
Concussions	22-23
Pitching Regulations	24
Pandemic Mitigation Protocol	25
2021 Covid Protocol	25-26
Thank You!	27

Welcome to Rock Island Milan Little League

Our Mission: The objective of the Rock Island-Milan Little League shall be to implant firmly in the children of the community the ideals of good sportsmanship, honest, loyalty, courage and respect for authority, so that they may be well adjusted, stronger and happier children and will grow to be good, decent, healthy and trustworthy citizens.

Safety Mission Statement: The objective of the Rock Island-Milan Little League shall be to place "Safety First" for all of the players, coaches/managers, umpires and families. This would include enforcing and living up to our commitment to all of the items in the safety & operations manual. We will constantly be vigilant in identifying better safety practices and look for input from all parties. Safety is #1!

Safety Officer: Luke Cooley

SPORTSMANSHIP is an EXPECTATION

- Let the Players **PLAY**
- Let the Coaches **COACH**
- Let the Officials **OFFICIATE**
- Let the Spectators **BE POSITIVE!**



Phone List

Emergency Phone Numbers

Police/Ambulance/Fire	911
Non Emergency Milan Police	309-787-8520
Non Emergency Rock Island Police	309-732-2677
Rock Island Milan Little League	309-752-8573
President (Dan Schomer)	309-428-0157
Vice President (Ray Turkmani)	309-781-3935
Secretary (Jennifer Docherty)	309-781-3329
Treasurer (Kevin Nolan)	901-831-3361
Player Agent (Kristie Schomer)	309-732-6859
Safety Officer (Luke Cooley)	309-721-6677
Umpires Manager (Alex Hardcastle)	319-800-1164
Scheduling Coordinator	
Fundraising Event Coordinator (Alejandra Gonzalez)	309-373-2985
Information Officer (Melissa Greenwood)	309-317-9865
Coaching Coordinator (Luke Cooley)	309-721-6677
Concession Coordinator (Kristie Schomer)	309-732-6859
Equipment Manager (Kevin Hird)	309-738-0391
Sponsor Manager (Robert Downing)	309-373-2985
Uniform Coordinator (Kevin Hird)	309-738-0391
Field VPs:	
• Tee Ball & Coach Pitch Field (Luke Cooley)	309-721-6677
• East Field (Ray Turkmani)	309-781-3935
• West Field ()	
• Junior Field (Robert Downing)	309-373-2985

Safety is #1

- **Safety Manual** will be reviewed by the District Safety Officer or DA.
- **Annually the board will spend part of the budget on safety equipment.** i.e. helmets, catchers gear, fencing, various equipment on fields.
- **ASAP News Letters and Little League E-News** will be made available either through email, League Facebook page or League website.
- **Volunteer Screening.** It is **MANDATORY** that all League personnel who have repetitive or frequent access to players fill out a Volunteer Application form annually and also pass a criminal background check. Anyone refusing to complete either of these screenings is **ineligible to be a League member.** Anyone who fails to pass either of these screenings is **ineligible to be a League member.**
- **Safety Manual to Volunteers.** All volunteers will be given a copy of the 2021 Safety & Operations Manual before they start his or her volunteer service. It will also be available on the Rock Island-Milan Little League website and submitted to Little League with the Safety Plan Registration form.
- **Each team will have a Team & Player Safety Representative.**
- **Field and Equipment Inspections.** Prior to any practice or game, Managers and umpires are required to walk the fields looking for hazards (rocks, glass, holes, etc). All garbage should be collected and placed into the team's trash bag for removal. Any serious deficiencies that cannot be resolved must be reported to the Safety Officer immediately.
- **Equipment inspections.** Managers and coaches are responsible for inspecting all equipment prior to use. Damaged equipment (cracked helmets, helmets missing padding, dented bats, etc) should be removed from play **IMMEDIATELY.** Contact the Equipment Manager to obtain replacements. Managers should ensure that player-provided helmets are NOSCAE approved.
- **First Aid Training.** For the convenience of the Coaches and managers, First Aid training will be provided before the season. The initial sessions will be conducted during the pre-season Manager's, Coaches and Umpires meeting. Mandatory certification classes will be provided by the League's Red Cross certified instructor at the Safety clinics in April.
- **First Aid Kits.** The league-issued and updated first aid kits are required at all practices and games at each field and the first aid station at the concession stand. Replacement supplies (cold packs, Band-Aids, etc) can be obtained by the Safety Officer. Supplies are packed in plastic cases to help protect them from dirt and moisture contamination. Note: cold packs are only to be used for impact injuries and are **not** intended for "icing down" pitchers' arms. Please be sure to fill out the incident report forms with any injury and turn in to Safety Officer within 24 hours.

● JDP Background Checks

All Volunteers are required to submit to a background check.

Little League® Volunteer Application - 2020

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 meet 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.

Name Date

First Middle Name or Initial Last

Address

City State Zip

Social Security # (mandatory)

Cell Phone Business Phone

Home Phone: E-mail Address:

Date of Birth

Occupation

Employer

Address

Special professional training, skills, hobbies:

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

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

1. Do you have children in the program? Yes No
If yes, list full name and what level?
2. Special Certification (CPR, Medical, etc.)? Yes No If yes, list:
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?
If yes, describe each in full: Yes No
(If volunteer answered yes to Question 4, the local league must contact the Little League International 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? Yes No
If yes, explain:

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

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

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

Name/Phone

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

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

Applicant Signature Date

If Minor/Parent Signature Date

Applicant Name (please print or type)

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer on

System(s) used for background check (minimum of one must be checked):
 Regulation 1(c)9 Mandates all checks include criminal records and sex offender registry records

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

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

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

Last Updated: 10/10/2019

Medical Release Forms are to be completed and carried by all coaches during the regular season and tournament play



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
_____	_____	_____
_____	_____	_____

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

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

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____
 Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL
 Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

Incident Injury Report

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: 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 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: _____

Manager/Coaches are required to complete an Incident Report whenever an injury incident occurs.



**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	Age
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) (Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	
<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

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 _____

Training

The Little League Coach Resource Center (www.littleleague.org) is a free service created by Little League International in cooperation with Cramer Digital marketing and Event Solutions in Norwood, Mass. The website includes interactive videos and related written content to help Little League managers and coaches enter the 2021 season current, confident and prepared.

The league also provides coaching fundamental training clinics to instruct at least one coach per team on the various drills that may be beneficial during practices. The clinics are scheduled for March/April, 2021. Future clinics will be added if needed.

Rock Island/Milan Little League goes to great lengths to provide as much training and instruction as possible:

- Coaches clinics are scheduled for March/April, 2021.
- First aid clinic is scheduled for March, 2021.
- CPR clinic is scheduled for March, 2021.
- umpiring clinic is scheduled for April, 2021.

First Aid Training/CPR/Drug and Alcohol Education

- Rock Island/Milan Little League will hold a safety clinic to certify our coaches, manager, umpires and Board Members in first aid training. All members that attend receive copies of the Safety Manual. The First Aid clinic is scheduled for March, 2021 and is open to parents/guardians.

2021 Annual Little League Facility Survey

- Before the baseball season begins a survey of the league facilities will be conducted in accordance with the ASAP requirements of Little League Baseball. This survey will also include long range planning for facilities into the future. This survey is scheduled for March, 2021.

Player/Coach/Manager Roster Data

- League player registration or roster data and coach and manager data must be submitted via the Little League Data Center at www.littleleague.org.

Safety Activities

In an effort to enhance our safety culture we will implement the following activities in 2021.

- Provide and post safety messages through email, Facebook, website and posted at Rock Island-Milan Little League owned facilities.
- Encourage team safety officers and representatives to recognize individuals who keep safety in the forefront and support safety contests.

Umpires and Protests

- Judgment calls can never be protested.
- Do not enter the playing field unless time has been granted.
- When discussing a call with an umpire, move away from the spectators.
- If you lodge a protest, do so and move on.
- Umpires will receive training in CPR and First Aid.
- Umpires have the final say on the field.



Pre-Game & Post Game Field Maintenance

Before the start of each game, it is the responsibility of the home team to prepare the field for each game as follows:

1. Infield must be raked and leveled
2. Foul lines will be marked to the outside of first and third base sides according to Little League specifications.
3. The batter's box will be marked according to Little League specifications.
4. Coaches will survey the field to pick up any garbage or obstruction that may cause injury to the players.

At the end of the final game it is the responsibility of the home team who played to secure the field as follows:

1. All bases shall be put away and secured in the designated field building.
2. The scoreboard controller and any other equipment shall be secured in the field building.
3. Dugout gates need to be locked.

All teams are responsible to clean their dugout and bleacher area after every game.



Coaches/Managers Commitment One Year Term

- You have been selected as a manager or coach for a one year term that will expire at the conclusion of the season. Make sure you turn in your equipment and your key(s) to the Equipment Manager.
- If you would like to be considered for a team the following season, please let the Secretary know at the conclusion of the season so that you can once again be added to the list of candidates.
- All equipment and keys must be turned in on the date that the Equipment Manager designates.

All Coaches, Managers, Board Members, Volunteers **shall** abide by the following mantra:

- **SPORTSMANSHIP is an EXPECTATION**
- Let the Players **PLAY**
- Let the Coaches **COACH**
- Let the Officials **OFFICIATE**
- Let the Spectators **BE POSITIVE!**

It is our job as leaders in this organization to promote and live up to these Standards!

Code of Conduct

- **Rock Island/Milan Little League (RIMLL) CODE OF CONDUCT**
- The Code of Conduct has been adopted by the Board of Directors. This code is enforced by the Safety Officer as well as all of the Board Members. All league officers, participants, and volunteers are required to abide by this Code. It is the responsibility of the Safety Officer to author and/or make any revisions to this Code of Conduct, as necessary. This Code of Conduct and a copy of the safety manual will be distributed annually to each team manager and volunteer.
- A copy will be made available to all parents/guardians/coaches/managers/umpires and posted at facilities.
- Speed limit is 5 mph in roadways and parking lots while attending any RIMLL function. Watch for small children around parked cars.
- No alcohol allowed in any parking lot, field, or common areas at a RIMLL complex.
- No playing or practicing in parking lots at any time.
- No playing on or around lawn equipment.
- Use crosswalks when crossing roadways. Always be alert for traffic.
- No profanity.
- No swinging bats at any time within the walkways and common areas of the ballparks.
- No throwing baseballs at any time within the walkways and common areas of the ballparks.
- No throwing balls against dugouts or against backstop. Properly equipped catchers must be used for all batting practice sessions.
- No batting practice against any fence outlining the ball fields.
- All gates to the field must remain closed at all times. After the players have entered or left the field, all gates must be closed and secured.
- No throwing rocks.
- No horseplay.
- No climbing fences.
- Only a player on the field and at bat may swing a bat (Age 5-12). No on-deck batting.
- Observe all posted signs. Players and spectators must be alert at all times for foul ball and errant throws.
- During games, players must remain in the dugout in an orderly fashion at all times.
- After each game, each team must clean up trash in the dugout and around stands.
- **Failure to comply with this Code of Conduct may result in expulsion from the League.**

Additional Safety Requirements

Playing Conditions:

- No games or practices should be held when weather or field conditions are unsafe, particularly when lighting is inadequate or when lightning storms are nearby.
- Play area should be inspected before each game for holes, damage, stones, glass and other foreign objects. This should be done by the managers and umpires. The umpires have the final say if the field is unplayable.

Jewelry:

- Players must not wear watches, rings, pins, earrings, jewelry or other hard items (except eyeglasses) during a practice or game (1.11j). New earrings post cannot merely be taped down, but have to be removed.
- Exceptions: Jewelry that alerts medical personnel to a specific condition is permissible if taped down or a sweat band may be used to cover the bracelet.

Catchers:

- Catchers must wear catcher's facemask and helmet, throat guard, chest protector and shin guards at all times while acting as catcher in the crouched position for games, bull-pen warm-ups and practices. Male catchers must wear a protective supporter and cup. (1.17)
- Catchers must wear a facemask and helmet when warming up pitchers between innings and for infield practice prior to a game. This applies even if the catcher is standing. (1.17)
- ***Managers and coaches are not allowed to warm up the pitcher at any time. (3.09)***

Helmets:

- Helmets must meet NOCSAE specifications and standards. Use of a helmet by the batter, all base runners and base coaches is mandatory. (1.16) (Use of a helmet by an adult base coach is optional)
- RIMLL has available several shielded helmets, in addition to the standard helmets, which have steel mesh faceguards on them. It is not mandatory that a player wear these helmets, but they are available at each field location.
- Batting/catchers helmets may not be painted unless approved by the manufacturer.

Casts:

- Casts may not be worn during the game. (1.11k)
- Only the manager, coaches and eligible players are allowed in the dugout and on the playing field. A player with a cast is allowed in the dugout but not on the field and must be listed as injured on the team's lineup.

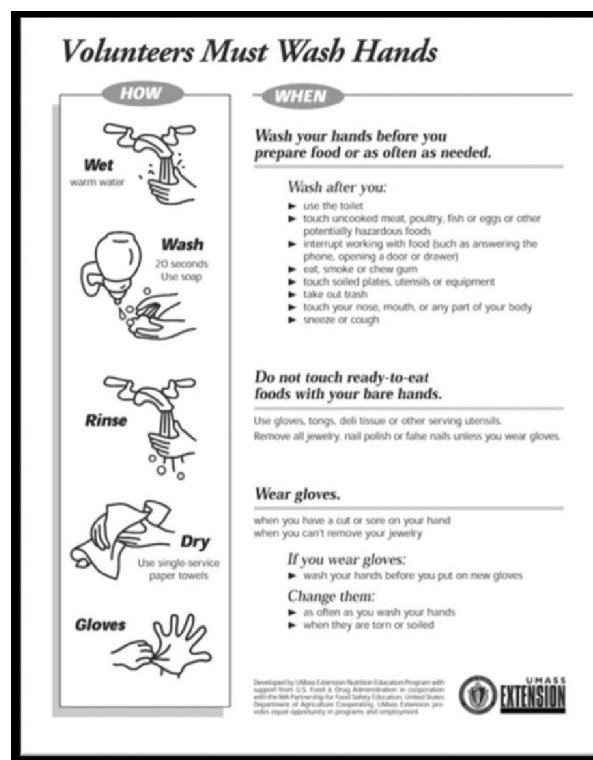
(Additional Safety Requirements continued)

General:

- A telephone/cell phone will be available at all Rock Island-Milan owned facilities during games.
- Shoes with metal spikes or cleats are not permitted, except in Junior and Senior baseball. Shoes with molded cleats are permissible. (1.11h)
- **All** male players must wear athletic supporters, (1.17). However, it is **suggested** that a protective plastic type (hard) cup be worn as well for players' protections.
- It is recommended that all players, especially infielders, use a mouth guard to protect your teeth.
- Reduced impact ball for younger players.
- All fields shall be equipped with disengage-able bases and double-first base to avoid collisions
- All fields shall have a warning track in the outfield and protective padded fence tops
- An AED will be available at Little League owned facilities.
- Fencing and/or netting will be utilized to protect spectators from foul balls.
- Back guard rails and side rails on taller bleachers at Little League owned fields
- The traditional batting donut is not permissible.
- Little League does not allow "on deck" batters in majors division or below.
- Parents of players who wear glasses should be encouraged to have their child wear "safety glasses".
- The use of tobacco and alcoholic beverages in any form is prohibited on the playing field, benches and dugouts. Alcohol is prohibited at the game site. (XIV-e)
- Common sense in regards to safety should prevail in any situation not covered.
- Safety practices and procedures for Power Operated Equipment (POE) will be posted at the locations where Rock Island-Milan Little League operates the POE.

Concession Stand Code of Conduct

- Only approved personnel should be in the concession stand.
- No person under the age 16 is allowed in the concession stand.
- All workers should be familiar with the list of Emergency Contact Numbers.
- All workers should know where the First Aid Kit is located.
- All workers should know where the Fire Extinguisher is located and how to properly use it.
- Gloves should be used when preparing and handling food.
- Hands should be washed frequently with antibacterial soap.
- Approved Face masks will be worn
- Pot handles must be turned inward when preparing hot food to avoid possible burn accidents.
- Never put water on a grease fire. Smother it!
- Extension cords should not be used as permanent electrical sources.
- A thermometer should be kept in every refrigerator.
- Cold foods should be stored at 41 degrees or less and hot foods at 135 degrees or more.
- All light bulbs should have protective coverings over them.
- Clean up all spills thoroughly to help prevent bug problems.
- Inspect the appliances regularly and report any problems as they are found. Don't wait for the next person to do it!
- Wipe down tables, sweep, and mop concession stand after every game. DO NOT LEAVE A MESS.
- Rotate, Rotate, Rotate!!! Always remember to use the first in, first out method!!
- Use common sense and always think about safety!



Lightning Alerts

- Lightning awareness should be increased with the first flash of lightning or the first clap of thunder no matter how far away. The existence of blue sky and the absence of rain are not protection from lightning. Lightning can, and does, strike as far as 10 miles away from the rain shaft. It does not have to be raining for lightning to strike. Little League officials and all Coaches will have the [Weather Bug App](#) or similar software installed on their smartphones. This will be used to help prevent the possibility of serious injury or death that can result from a lightning strike. This App can help us prepare for potential dangers before it is too late. Our goal is to minimize the risks that our children and volunteers are exposed to. The following policy dealing with electrical storms will be enforced:
- The Weather Bug App or similar software will be monitored by an approved league official.
- When a lightning strike has been registered in the 8-20 mile range, the official will immediately notify the chief umpire. The umpire will then notify the team managers that there is a lightning alert.
- When lightning strikes registers in the 3 to 8 mile range; the umpire will be notified to clear the field immediately. Players will seek shelter in the nearest concession stand, or in their parent's vehicle.
- If strikes continue in this range (or closer) within 15 minutes, all players and parents will take shelter in their vehicles or other suitable cover (a structure, no trees), until an all clear signal is given.
- If there should be no additional strikes in the 3-8 mile range (or closer) for a period of 15 minutes, the chief umpire shall allow the game to resume.
- RIMLL encourages all coaches, umpires and Board Members to download the free Little League Weather Bug app available at Google Play and iTunes.
- While there are no guarantees that we can make our league totally safe, we are implementing policies that will reduce our chances for accidents and injuries. Little League baseball has taken a very "Safety Oriented" stance in recent years. Let's all work together and keep safety a priority in this league. Safety is everyone's business.

Heat Illnesses

- Make sure to be aware of the weather. The temperature Danger Zone is 90 degree Fahrenheit or humidity above 95%.
- Make sure all players, coaches, and umpires drink plenty of fluids. During game play it is recommended to drink 4 oz. every 20 minutes.
- Know the types and symptoms of heat illness. The three main types are: heat cramps, heat exhaustion and heat stroke.
- Make sure each player is getting plenty of rest in a cool area.
- Know the emergency numbers and your location.
- Notify the Safety Officer of any situation and fill out an incident/injury report.

Signs of Dehydration

- **Early Signs:** Player may have fatigue, loss of appetite, flushed skin, light-headedness, dark urine with strong odor.
- **Severe Signs:** Muscle spasms, clumsiness, sunken eyes/dim vision, delirium.
- **Remember to make sure all players drink water!!!**



Heat Cramps

- **Symptoms:** Heat cramps often present as muscle cramps (e.g., in the legs, arms, abdomen, or back), heavy perspiration, and weakness/lightheadedness. The cramps are often more painful and last longer than the type of leg cramps that occur during the night.
- **Treatment:** Give the player rest in a cool area. Have the player do some gentle stretching. Give the player plenty of fluids. Preferably a diluted salt solution with 1 teaspoon salt to one quart water, i.e. Gatorade.
- Coaches should monitor how the player is feeling. If necessary, call 9-1-1 or send the player home with parents or under adult supervision.

Heat Exhaustion

- **Symptoms:** A person with heat exhaustion may feel faint or nauseated, be very thirsty, act irrationally, have dilated pupils (pupils are larger than normal), be very sweaty, or have cool and moist skin that is either reddened or pale.
- **Treatment:** Call 9-1-1 and notify parents immediately. Have the player lay down in a cool shaded area, with their feet elevated. Massage legs towards heart. Give the player plenty of fluids. Preferable a diluted salt solution with 1 teaspoon salt to one quart water, i.e. Gatorade.
- **Be alert for progression to heat stroke.**

Heat Stroke

Symptoms: A person with heat stroke may have:

- A high body temperature above 102
- Skin that is red and hot with lack of sweating (sweating that has stopped)
- Small pupils
- A rapid, weak pulse
- Rapid, shallow breathing
- Extreme confusion or irritability
- Weakness
- Seizures
- Unconsciousness

Treatment: Call 9-1-1 immediately. Cool the player by removing clothing, pack them in ice, wet and/or fan victim. Notify parents. Do not try to force a player to drink any fluids unless you are sure they are conscious, their eyes are open, and they can hold a cup.

Asthma Attacks

Symptoms

- Severe wheezing when breathing both in and out
- Coughing with asthma that won't stop
- Very rapid breathing
- Chest pain or pressure
- Tightened neck and chest muscles, called retractions
- Difficulty talking
- Feelings of anxiety or panic
- Pale, sweaty face
- Blue lips or fingernails
- Or worsening symptoms despite use of your medications

How to Help

- Have a person sit rather than lay down
- Ask person having the attack if they know what to do and if they have an inhaler
- Assist person with inhaler. If medication does not work call 9-1-1

Concussions

heads-up.cdc.gov

Three types of Symptoms

1. Physical

- Headache
- Blurred vision and sensitivity to light
- Feeling lethargic or dizzy
- Having trouble balancing or walking

2. Emotional

- Significant personality changes
- Emotional swings, easily sad, nervous, or anxious
- Some emotional symptoms can be long term and could result in lack of interest in activities that were once hobbies
- Depression

3. Cognitive Response

- Not thinking clearly
- Feeling slow
- Inability to concentrate or remember new information

Managers/Coaches

- Managers will designate a coach from the coaching staff to be in charge of handling concussions
- If a player is struck (must be solid contact) in the head, the player must be pulled from the game for a short time. Managers/Coaches will be trained to ask 5 simple questions. If a child doesn't answer correctly they will be removed from the game. Managers should have players sit with parents out of the dugout. It should be strongly suggested to parents that the player be examined by a doctor.
- Sample questions: What day is it? Where are you located? When is your birthday?
- If a child is diagnosed with a concussion and has been cleared by a doctor to return, managers/coaches will have the player perform 5 tasks (1 per day no exceptions). Each task must be completed by the player without any side effects after completing.


Concussions (cont.)

- Whenever a player, coach, umpire, spectator is struck in the head an Incident Report SHALL be completed and turned in to the Safety Officer.

Forms

- Concussion information forms will be given to Coaches/Parents/Umpires
- All information forms provided by the Center for Disease Control and Prevention

CONCUSSION FACT SHEET FOR COACHES



WHAT IS A CONCUSSION?

Concussion, a type of traumatic brain injury, is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth—literally causing the brain to bounce around or twist within the skull.

This sudden movement of the brain causes stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

HOW CAN I RECOGNIZE A POSSIBLE CONCUSSION?

Concussions can result from a fall or from athletes colliding with each other, the ground, or with an obstacle, such as a goalpost. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

As a coach you are on the front line in identifying an athlete with a suspected concussion. You know your athletes well and can recognize when something is off—even when the athlete doesn’t know it or doesn’t want to admit it.

So to help spot a concussion, you should watch for and ask others to report the following two things:

1. A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.

AND

2. Any concussion signs or symptoms, such as a change in the athlete’s behavior, thinking, or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later they can’t recall coming to the practice or game.

You should repeatedly check for signs of concussion and also tell parents what to watch out for at home. Any worsening of concussion signs or symptoms indicates a medical emergency.

SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below, or who report that they just “don’t feel right,” 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
- Can’t recall events after hit or fall

[INSERT YOUR LOGO]

Pitching Regulations

- Eligible pitchers are any players on a regular season team. Exception: any player that has played the position of catcher for 4 or more innings in a game is not eligible to pitch on that calendar day. (VI-a)
- A pitcher that has delivered 41 or more pitches cannot play the position of catcher for the remainder of that calendar day. (VI-c)
- The pitcher must be removed from the position (to another position) when said pitcher has reached the number of pitches limit as defined below. (Exceptions are the pitcher may continue until, A – that batter reaches base, B – that batter is put out, C – the third out is made to complete the half inning. (VI-c)

League Age

17-18. . . . 105 pitches per day

13-16. . . . 95 pitches per day

11-12. . . . 85 pitches per day

9-10. . . . 75 pitches per day

7- 8 50 pitches per day

- Rest days for pitchers

14 and below . . . 66 pitches and up = 4 days of rest

51 - 65 pitches = 3 days of rest

36 - 50 pitches = 2 days of rest

21 - 35 pitches = 1 days of rest

1 - 20 pitches = 0 days of rest

15 - 18 . . . 76 pitches and up = 4 days of rest

61 - 75 pitches = 3 days of rest

46 - 60 pitches = 2 days of rest

31 - 45 pitches = 1 days of rest

1 - 30 pitches = 0 days of rest

Pandemic Mitigation Protocol

In the event of a pandemic the Rock Island-Milan Little League will adhere to the guidelines set forth by our state and local government and health officials in terms of public gatherings and organized youth sports. The league will take guidance from the Center for Disease Control (CDC), the Illinois Department of Public Health (IDPH) and the Rock Island County Health Department.

The league will also reference any pandemic best practices and guidelines available on the official Little League website: www.littleleague.org

2021 COVID Protocols

Because of the ongoing pandemic from the coronavirus the Rock Island-Milan Little League has adopted the following guidelines for the 2021 season. All persons participating in the Rock Island-Milan Little League (coach, player, volunteer, umpire, spectator) must abide by these guidelines.

The Rock Island-Milan Little League will adhere to the guidelines set forth by our state and local government and health officials in terms of public gatherings and organized youth sports. The league will take guidance from the Center for Disease Control (CDC), the Illinois Department of Public Health (IDPH) and the Rock Island County Health Department.

These guidelines may be adjusted by the Rock Island-Milan Little League board at any time during the 2021 baseball season. Any adjustments will be communicated with all league participants in a timely manner.

General Guidelines:

- If you or a member of your household are sick, please stay home.
- If you or a member of your household becomes sick or begins experiencing symptoms of COVID-19, notify the league.
- Anyone with symptoms of fever, cough, or worsening respiratory symptoms, or any known exposure to a person with COVID-19 should not attend any Little League activity until cleared by a medical professional.
- Practice social distancing (minimum of 6 feet distance) when outside at all times when not around your immediate family or other household members. When not able to socially distance, wearing a well-secured paper or cloth that covers your nose and mouth, also called Personal Protective Equipment (or PPE), is recommended.
- When inside, wearing PPE is highly recommended.
- No spitting, eating of sunflower seeds, or chewing of gum on the premises.

On-Field Guidelines:

- No Handshakes/Personal Contact Celebrations: Players and coaches should take measures to prevent all but the essential contact necessary to play the game. This

should include refraining from handshakes, high fives, fist/elbow bumps, chest bumps, group celebrations, etc.

- Athletes, managers/coaches, and umpires should bring their own personal drinks to all team activities.
- There should be no use of shared or team beverages.
- Teams should not share any snacks or food.
- Managers/coaches and players should be assigned spots in or around the dugout so that they are at least six feet apart and behind a fence. Players are to stay at their assigned spots when on the bench or while waiting their turn to bat.
- Measures should be enacted to avoid, or minimize, equipment sharing when feasible. If a player does not have their own equipment, use the team's which will be cleaned between uses.
- Foul balls landing outside the field of play should be retrieved by participating players, coaches, and umpires. No spectators should retrieve the ball.
- Umpires are permitted to be placed behind the pitcher's mound/circle to call balls and strikes. Umpires are encouraged to keep a safe distance from players as much as possible.
- Players and families should vacate the field/facility as soon as is reasonably possible after the conclusion of their game to minimize unnecessary contact with players, coaches, and spectators from the next game, ideally within 15 minutes.

Positive COVID-19 and Exposure Guidelines:

- If a coach, volunteer, player or spectator tests positive or has direct contact with a person who has tested positive, they must notify a league officer immediately (President, Vice President, Safety Officer, Field Agent or Field VP). Contact information is listed on the league website and in the Safety Awareness Plan (ASAP).
- With a reported positive COVID-19 test or exposure to a positive test, the league board will have an emergency meeting and discuss the appropriate next steps in accordance with state and local health regulations and guidelines. This could include suspending all or partial league activities.
- Decisions on changes to league activities from a positive COVID-19 test or exposure will be communicated on the league website, facebook page, and through the volunteer coaches.

Thank You!

Thank you to all managers, coaches, board members, and volunteers for being part of the Rock Island/Milan Little League. Without your time and efforts our league would not exist.

