



2020 Safety Awareness Program

Brownsburg Little League Baseball
Brownsburg, IN



Brownsburg Little League

Qualified Safety Plan Requirements

- League Safety Officer: Krystee LeBlanc
 - on file with Little League Headquarters
- Brownsburg Little League will make a copy of the Safety Manual available to all Managers/ coaches, league volunteers and the District Administrator.
- League player registration and 2020 Safety program registration form will be submitted in conjunction with the ASAP plan.



Brownsburg Little League Emergency Phone Numbers

- **Emergency Phone Number: 911**
- Local Police Emergency 317 852-1109
- Local Fire Emergency 317 852-1190
- League President Darren Lambert 317 439-3543
- League VP Travis Smith 317 501-5449
- League Player Agent Dave McCulloch 317 385-0361
- League Facility Mgmt. Jay Perez 317 650-4699
- League Treasurer Jessica Fields 317 319-8953
- League Safety Officer Krystee LeBlanc 317 371-6867

This will be posted in the concession areas (at West Middle School and Arbuckle) and press box on field 2.



Brownsburg Little League Volunteer Applications and Fundamental Training

- Brownsburg Little League will use the Official Little JDP Background Screening to screen ALL volunteers.
- Fundamentals Training: March 15, 2020 (5-12U)
- This training qualifies a volunteer for 3 years.
- At least one manager/coach from every team **must** attend the training each year.



Brownsburg Little League Volunteer Application Information

- **Managers, coaches, board members and any other volunteer or hired worker, who provide regular services to the league and/or have repetitive access to the players or teams must fill out the application form, as well as, provide a government-issued photo ID and each volunteer must provide a SS# upon request.**
- **If the league learns of an individual that has been convicted of or pled guilty to a crime involving or against a minor, the league will contact the applicable government agency for confirmation. Once confirmed, the individual may not participate with the Brownsburg Little League in any manner. NO exceptions!**



Brownsburg Little League

First Aid Training

- First Aid Training: March 15, 2020 (5-12U)
- This training qualifies a volunteer for 3 years.
- At least one manager/coach from every team **must** attend the training each year.
- Individuals who attend outside first aid courses are not exempt from this training (certified medical professionals are excused).
- We will discuss concussion awareness, symptoms and treatment, as well as, other sports related injuries.
- Each team will have access to a First Aid Kit. The kits are located in the concession area(s) and press box of Field 2.
- AED is located in the Arbuckle Concession Trailer.



Brownsburg Little League Field Inspections

- Coaches will be required to walk /inspect the fields prior to practices, games, and any other team function.
- Umpires will also be required to walk the fields for hazards before each game.
- Little League field survey is completed each year and submitted to LLI.

Brownsburg Little League Equipment Safety



- League Safety Officer and Equipment Director will inspect **all** equipment **prior** to it being handed out.
- Managers/Coaches will inspect equipment **prior** to each game.
- Umpires must inspect equipment **prior** to each game.
- All “bad” equipment will be destroyed.



Brownsburg Little League Little League International Rules

- Most LL rules have some basis in safety, so FOLLOW them.
- Enforce rules at all practices and games.
- Managers/coaches are not allowed to warm up pitchers (Rule 3.09)
- No on-deck batters
- Ensure players have required equipment at all times.
 - Specific requirements of BLLB
 - Age 9 and up, required to have cup protection
 - Face masks on all batting helmets for 5U-Minors 10.
 - In the Majors, face masks on batting helmet is optional.



Brownsburg Little League Concession Stand Safety

- Menu will be posted and approved by the safety officer and the League President.
- Our Concession Safety Procedures will be posted at various locations inside the stands.

Concession Stand Guidelines

- Frequent and thorough hand washing is the best defense in the preventing the transfer of contaminants.
- Avoid hand contact with, ready-to-eat foods.
- Keep food from contacting serving surfaces.
- Utilize proper utensils or gloves when handling food.
- NO children under 14 in the concessions area.
- Keep all food stored at least 12” off the floor.
- Keep all perishables stored in containers and refrigerated.
- After each event, clean the concession area and dispose of any unusable food.

Top conditions that lead to food illnesses:

- Inadequate cooling and cold holding
- Preparing food too far in advance of service
- Poor personal hygiene and infected personnel
- Inadequate reheating
- Inadequate hot holding
- Contaminated raw foods and ingredients



Brownsburg Little League Prompt Accident Reporting

- The League will use the provided incident tracking form from Little League.
- The form is attached to this ASAP Plan.
- Copies of the form will be in the First Aid kit located in both concession stands and the press box of Field 2.
- Managers/Coaches **must** provide completed Accident forms to our Safety Officer, Krystee LeBlanc, **within 48 hours** of the incident.
- Fill out a report only if given first aid treatment or seeing a medical professional



How to Make an Accident Report

- Fill out injury tracking report
 - available with first aid kits in concession stand and press box of Field 2

- Contact safety director

Krystee LeBlanc

317 371-6867

- Report must include:
 - ✓ Name and phone number of person involved
 - ✓ Date, time and location of incident
 - ✓ A detailed estimation of the incident
 - ✓ A preliminary estimation of the extent of the injuries
 - ✓ The name and phone number of the person reporting the incident.

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: _____



Safety Director's Responsibilities

- Will contact injured party or parents within 48 hours
- Verify information received
- Obtain any other information deemed necessary
- Check on status of the injury
- If injury is more than minor:
 - Call injured party or parents
 - Check on the status of the injury
 - See if any assistance is necessary
 - (in areas such as filling out the form, submission of insurance forms, etc.)
 - Decide when incident is “closed”
 - “closed” is defined as return to play



LLI Insurance Claim Form

- Only to be completed by safety director after being notified an injury tracking form was filled out and parents want claim submitted
- Claim form is to utilize LLI insurance as a secondary medical insurance reimbursement
- Safety director and parents will work together to complete the form
- Must be submitted within 20 days of injury



**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 Fax: 570-326-9280

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)
<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



BLLB Lighting/Weather Safety Policy

- Intention of policy is to provide the safest environment possible to play baseball.
- Lighting is very dangerous and potentially life-threatening. It is random and unpredictable.
- Being prepared with a known plan is the best defense.

Policy and Procedure:

- At first sight of lightning or sound of thunder, fields should be cleared.
- Go to nearest secure building or a vehicle (with the windows up).
- Good simple rule—If you hear it, Clear it!
- Avoid small shelters (like dugouts), going under trees, and anything metal.
- Lightning must be over 10 miles away before the set time to wait begins.
 - If you are able to count 30+ seconds after the lightning before thunder is heard, it is a safe distance away.
- Play is suspended until 15 minutes after the last lightning or thunder.
- Director on duty (DOD) will make the final call for continued play.
- The Weather Channel is consulted during making decisions to delay or cancel.
- Games will also be delayed or cancelled for:
 - Poor field conditions (determined by DOD or Board Members)
 - Practice is cancelled if the temperature is not above 50



Thank you!