



McDowell Mountain Little League

League ID# 0075971

Safety Awareness Plan

2009



Emergency Phone & E-Mail List

EMERGENCY

Scottsdale Police/Fire/EMT AAPCC Poison Control Center	911 (800)222-1222
Scottsdale Police Non-Emergency Scottsdale Fire Non-Emergency	(480)312-5000 (480)945-6311

AREA HOSPITALS

Scottsdale Healthcare Thompson Peak 7400 E. Thompson Peak Parkway Scottsdale, AZ 85255 Main Number Emergency Department	 (480)324-7000 (480)324-7810
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Mayo Clinic Hospital 5777 E. Mayo Boulevard Phoenix, AZ 85254 Main Number	 (480)515-6296
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Scottsdale Healthcare Shea 9003 E. Shea Boulevard Scottsdale, AZ 85260 Main Number Emergency	 (480)323-3000 (480)323-3810
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MCDOWELL MOUNTAIN LITTLE LEAGUE OFFICIALS 2009

Tony Abraham (President)	tabraham4@cox.net	(480)332-2050
Jeff Girardin (Safety Officer)	jgirardin2@cox.net	(602)820-3208
Scott Mars (Secretary)	marshome@msn.com	
John Cooper (Treasurer)	cooper@johncooper.net	
Ken Goodman	kengood@cox.net	
Scott Hartson	shartson@cox.net	
Lee Silverman	Amynlee@aol.com	
Ron Raimondi	rrmondi@cox.net	
Mark Sadosky	msadosky@aol.com	
Jason Bidnick	jbidnick@cox.net	
Carl Mealha	cmealha@cox.net	
Stephanie LaSalle	slasalle@allstate.com	
Susan Dietz	suzdietz@gmail.com	
Bo Roberts	borobertslaw@yahoo.com	

Emergency Contact Procedures For McDowell Mountain Little League

The most important help you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these steps.

1) First dial 911.

2) Give the dispatcher the necessary information. Answer any questions that he or she might ask.

Most dispatchers will ask:

- **The exact location or address of the emergency?** Include the name of the city or town, nearby intersections, landmarks, etc. as well as the field name and location of the facility, if applicable.

Our address is:

Cross-streets are:

- **The telephone number from which the call is being made?**
- **The caller's name?**
- **What happened** — i.e., baseball-related accident, bicycle accident, fire, fall, etc.?
- **How many people are involved?**
- **The condition of the injured person** — i.e., unconscious, chest pains, or severe bleeding?
- **What help is being given** (first aid, CPR, etc.)?

3) Do not hang up until the dispatcher hangs up.

The dispatcher may be able to tell you how to best care for the victim.

4) Continue to care for the victim until professional help arrives.

5) Appoint someone to go to the street and look for the ambulance or fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

Accident Reporting Procedures

What to Report

An incident that causes any player, manager, coach, umpire or volunteer to receive medical treatment and/or first aid must be reported to the league safety officer within 48 hours of incident.

This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

When to Report

All such incidents described above must be reported to the Safety Officer within 48 hours of the incident. The Safety Officer for 2004 is Jeff Girardin who can be reached at (602)820-3208.

How to Make the Report

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be given:

- Name and phone number of the person involved
- Date, time, and location of the incident
- As detailed a description of the incident as possible
- Preliminary estimation of the extent of any injuries
- Name and phone number of the person reporting the incident.

Safety Officer's Responsibilities

Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and:

- (1) Verify the information received;
- (2) obtain any other information deemed necessary;
- (3) Check on the status of the injured party; and
- (4) In the event that the injured party required other medical treatment, (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the McDowell Mountain Little League's insurance coverage and the provisions for submitting any claims.

Safety Plan

Safety Officer is responsible to provide copy of MMLL Safety Plan to commissioner of each division. Commissioner will distribute to team managers.

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 (5-8) Minor (7-12) Major (9-12) Junior (13)
 Senior (13-15) r. /Minor (13-15) Big League (16-18)
C) Tryout Practice Game Tournament Special Event
 Travel to Travel from Other (Describe): _____

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

- Batter Base runner 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
 Collision with: Player or Structure **C)** Concession Area or 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 Little League purposes only, to report 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 claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.


Prepared By/Position: _____ Phone Number: _____

Signature: _____ Date: _____

Volunteer Application & Background Check

All local Little Leagues are required to conduct background checks on Managers, Coaches, Board of Directors members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams. Individuals are also required to complete and submit a Little League Volunteer Application to their local league.

Background checks are conducted by MMLL President, Tony Abraham using *ChoicePoint*. Social Security number and copy of driver's license required.



Little League Volunteer Application - 2008

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

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

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

E-mail Address _____

Date of Birth _____

Occupation _____

Social Security # (optional, mandatory upon request) _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

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

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

Do you have children in the program? Yes No If yes, list full name and what level? _____

Special Certification (i.e. CPR, Medical, etc.): _____

Do you have a valid driver's license? Yes No

Driver's License# _____ State _____

Have you ever been convicted of or plead guilty to any crime(s)? Yes No

If yes, describe each in full: _____

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 Coach Umpire Field Maintenance

Manager Scorekeeper Concession Stand Other

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

Name	Phone
_____	_____
_____	_____
_____	_____

As a condition of volunteering, I give permission for the Little League organization to conduct a background check on me, which may include a review of sex offender registries, 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 _____

Applicant Name (please print or type) _____

NOTE: The Local Little League and Little League Baseball, Incorporated will not accept requests to sign 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):

Sex Offender Registry Criminal History Records *Choicepoint

**Please be advised that if you use Choicepoint 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 directly from Choicepoint 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.

MMLL Safety Procedures

A. Safe Playing Areas

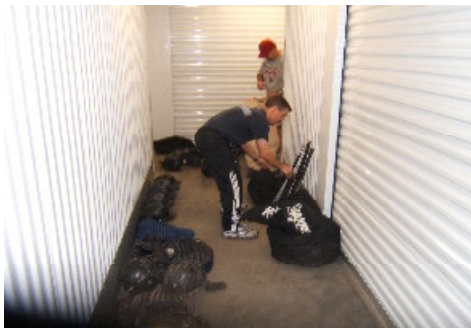
Regular safety inspections of all fields, (practice and game), structures, and dugouts, is the best way to eliminate conditions that cause accidents. Managers, coaches, and umpires should routinely check playing area for:

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

B. Safe Equipment

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

1. Ensure all equipment is LL approved
2. Inspect bats, helmets and other equipment. Dispose of unsafe equipment properly.



Scott Hartson, Commissioner of Minors-American Division, inspecting/sorting equipment prior to season

3. Keep loose equipment stored properly

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

C. Safe Procedures

Managers and coaches must:

1. Have all players' medical release forms with you at every practice and game
2. Have a first aid kit with you all practices and games – handed out with equipment at start of season
3. Have access to a telephone in case of emergencies
4. Know where the closest emergency shelter is in case of severe weather
5. Ensure warm-up procedures have been completed by all players
6. Stress the importance of paying attention, no “horse playing allowed”
7. Instruct the players on proper fundamentals of the game to ensure safe participation
8. Each practice should have at least 2 coaches in case of an emergency
9. Enforce LL Rule 3.09 – managers/coaches are not allowed to catch pitchers
10. Enforce no on-deck batters allowed outside of dug-out.
11. Ensure all players wear safety cup.

D. Weather Conditions

Before the Storm

1. Check the weather forecast before leaving for a game or practice
2. Watch for signs of an approaching storm

3. Postpone outdoor activities if storms are imminent

Approaching thunderstorm

- 1. Take caution when you hear thunder. If you hear thunder, you are close enough to get struck by lightning. During a game, the umpire will clear the field in the event of an approaching storm.**
- 2. Move to a safe environment immediately. Do not go under a tree or stay in the dugout.**
- 3. If lightning is occurring and there is not sturdy shelter near, get inside a hard top automobile and keep the window up.**
- 4. Stay away from water, metal pipes and telephone lines.**
- 5. Unplug appliances not necessary for obtaining weather information. Avoid the telephone except for emergency use only.**
- 6. Turn off air conditioners.**

If caught outdoors & no shelter exists

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

What to do if someone is struck by lightning

- 1. The person who has been struck will carry no electrical charge; therefore, they are safe to touch.**
- 2. Call **911** as soon as possible for help.**
- 3. Check for burns to the body.**
- 4. Give first aid as needed.**
- 5. If breathing and/or heartbeat have stopped, perform CPR until EMS arrives.**

6. Contact the league Safety Officer or President ASAP.

Manager/Coach Training

Mandatory MMLL Managers/Coaches First Aid, Safety & Rules Training

Meeting held Thursday February 26 6:30-9pm at The McDowell Center, 10454 N. McDowell Mountain Ranch Rd. Scottsdale, AZ 85255 (Corner of McDowell Mountain Ranch Road & Paradise Lane).

“Healthy Hitters” first aid training presented by residents of *Phoenix Children’s Hospital*.

“Stretching, Pre-game Warm-up & Proper Conditioning” presented by Siamack “C-Mack” Hozhabri, PT, MPT, CSCS from *Foothills Sports Medicine Physical Therapy – Grayhawk*

“How to Run an Efficient Practice” presented by Steve Ontiveros, former MLB pitcher 1982-2001, now with Players Choice Academy AZ

“Safety & Rules Reminders” presented by Jeff Girardin, MMLL Safety Officer

“Little League & Local Rules” presented by commissioners of each division.

Attendance was mandatory for at least one manager or coach of each team.

Concession Stand

MMLL does not currently have a concession area. Safety guidelines will be implemented when stand is available.