



2022 Safety Plan for the Commack North Little League

**League ID#: 2323404
New York District #34**

“There’s Nothing Little About our Little League”

Michael Tuffy - President CNLL

Anthony Pellicone – Safety Director CNLL



2022 CNLL Safety Plan Table of Contents

	<u>Page</u>
1. Letter to Managers, Coaches and Umpires-----	3
2. Little League Pledge, Motto, CNLL Motto-----	4
3. Safety Manuals and First Aid Kits-----	5
4. Emergency Numbers-----	5
5. Forms-----	6
6. Player Medical Form-----	7
7. Little League Medical Release Form-----	8
8. Commack North LL Parents Code of Ethics PA Statement-----	9
9. Commack North LL Parents Code of Ethics Form-----	10-11
10. Little League Volunteer Application-----	12
11. Permission to Give Care-----	13
12. Treatment of Baseball/Softball Injuries-----	13-14
13. Practice Plan-----	14
14. Game Plan-----	14
15. Reporting of Injuries-----	15
16. Field Safety-----	16
17. Player Safety-----	17
18. Baseline Coaches, Base Runners and Batters-----	18
19. Helmets-----	18
20. Eye Glasses-----	18
21. Batting Cage and Pitching Machine Rules-----	19
22. Hydration-----	19
23. Weather-----	19
24. Dismissal and Evacuation-----	20
25. Curfews-----	20
26. Field and Dugout Personnel-----	20
27. Insurance Policy-----	20
28. Accident Notification Form -----	21
29. Concession Stand/Field House Safety-----	23
30. District 34 Code of Ethics-----	24-25
31. Coaches Clinic-----	26
Board of Directors-----	27
2022 League Calendar-----	28
Appendix A-----	29-38
Appendix B-----	39-49
Addendum COVID-19-----	56-60

A

1. **Letter to Managers, Coaches and Umpires**

Commack North Little League
Cedar Road Park
East Northport, NY 11731

“Serving the Community of Commack and East Northport”

Dear Managers, Coaches and Umpires:

Welcome to the 2022 Season and congratulations on being selected to coach our communities’ greatest treasures and to coach with some of the nation’s greatest resources. It is our sincere hope that you understand your role extends just beyond baseball and softball. ***You are teaching our children values that affect their future, an attitude that will affect their lives, and ethics that will define each player as individuals.*** If you need to change who you are and how you conduct yourself then, so be it. Our organization is about is about the youth community. We want them to represent us in the highest regard.

There are many new faces on the board and in the coaching ranks. These changes will energize the league and help us step up our game to the next level. We will be improving the fields, adding scoreboards, upgrading our storage facilities, batting cages, and purchasing state of the art equipment. We will provide the coaches with the opportunity to learn and teach the latest baseball techniques.

All of the equipment has been professionally reconditioned or has been replaced with new equipment. The Cedar Road Park parking lot has been widened, repaved and restriped. There are new guard rails in the parking lot. All back stops will have mesh screens that extend from dugout to dugout.

We have created this Safety Manual to provide a uniform language for all our league volunteers. This manual is a work in progress and will be updated annually. It must be understood that ***safety is a priority.*** As a league volunteer you have received this manual and must attend the mandatory safety meeting. In order to protect our children from injury and ensure safety of the community, we must be informed adults. After all they already have the best coaches in the world!

Our job is to make our children Major League people not just Major League Players.

If you have any questions please see out the safety director or any board member.

Have a safe, fun, and enjoyable season.

Respectfully,

Commack North Little League Board of Directors

2. Little League Pledge

I TRUST IN GOD
I LOVE MY COUNTRY
AND
WILL RESPECT ITS LAWS
I WILL PLAY FAIR
AND STRIVE TO WIN
BUT WIN OR LOSE
I WILL ALWAYS DO MY BEST

Little League Motto

CHARACTER, COURAGE, LOYALTY

Commack North Little League Motto

“THERE IS NOTHING LITTLE ABOUT OUR LITTLE LEAGUE”

SAFETY I.D. & MISSION STATEMENT FOR COMMACK NORTH LITTLE LEAGUE Dedicated to Safety Awareness & Injury Prevention

The Commack North Little League Safety Officer is a member of the Board of Directors and shall have the responsibility for setting safety procedures, completing the Annual Facility Survey and report to the board on any items that need to be corrected. The Safety Officer must submit a Safety Budget to cover items that need to be done for the safety of our children. It is the Safety Officer's responsibility to publish a Safety Manual outlining policies in our league and distribute this Manual to all volunteers. It is the mission of Commack North Little League to provide a safe forum for the children in our community to participate, learn and have fun playing the game of baseball or softball.

3. Safety Manuals and First Aid Kits

Each team will be issued a safety manual, first aid kit, 10 latex gloves or vinyl non sterile gloves and 5 chemical ice packs. These items **must** be kept with the team at all times.

If any items need to be replenished it is the Mangers' responsibility to go to the field house and restock those items. It is recommended that, in addition to the ice packs, a cooler of ice and plastic bags are present at **every game** and team practice.

All managers, coaches and team parents are required to attend the Safety Meeting. Commack North Little League also invites the general public for a safety education.

It is recommended that all managers and coaches complete a First Aid and CPR training course. In addition, Commack North Little League offers AED training to managers and coaches.

Each manager and coach will sign a that they have read, understood, and will have had all of their questions answered pertaining to content in the Safety Manual.

4. Emergency Phone Numbers

Emergency	911
Suffolk County Police Emergency	911
2 nd Precinct (Police)	911
Commack Ambulance	911 or (631) 499-9342
Commack Fire Department	(631) 499-6690
East Northport Ambulance (Hubbs Field Only)	(631) 261-1110
East Northport Fire Department (Hubbs Field Only)	(631) 261-1110
Huntington Hospital	(631) 351-2000
Saint Catherine's Medical Center	(631) 862-3000
Stony Brook University Medical Center	(631) 689-8333
Cedar Road Field House	(631) 368-2728
Michael Tuffy (President)	(631) 327-5929
Anthony Pellicone (Safety Director)	(516) 658-6441
Todd Schwartz (Umpire Safety)	(631) 987-4570

5. Forms

The following forms must be present at **EVERY** practice and game.

- **Medical Release Form (tell them no child is allowed to play unless they have all these forms filled out)**
- **Player Medical History Form**
- **Parent Code of Ethics**

The Medical Release and Player Medical History Forms contain confidential medical information.

The information contained in these forms is solely for the player stated on that form.

The information may be shared with medical personnel for the intent of being used to provide first aid measures or medical care.

The league administrators, managers or coaches are forbidden to release any medical information without written consent by the player's parent or guardian.

Little League Volunteer Application Form

This form must be completed by all volunteers, managers, coaches and board members.

If this form is not on file with the league commissioner by the start of the first practice, that person will not be allowed around players or participate in league events.

The volunteer application form provides the league authority to perform background checks on all persons involved with the league and all personnel who will have any contact with the players.

6. Player Medical History Form

Player Medical History Form

Name: _____

Date of Birth: _____ Blood Type: _____

Allergies:

Medications: _____

Food: _____

Environmental: _____

Medical History: Please answer (Y) or (N)

Asthma _____ Seizures _____ Diabetes _____

Heart _____ Hearing _____ Vision _____

Other (please explain in detail) _____

Appliances: Please answer (Y) or (N) and explain

Vision _____

Hearing _____

Dental _____

Emergency Contacts:

Parent/Guardian:

Name: _____

Address: _____

Phone #: _____

Alternate #: _____

Alternate contact:

Relationship: _____

Name: _____

Address: _____

Phone #: _____

Alternate #: _____

Parent/Guardian Signature: _____

7. Little League Baseball – Medical Release Form



**Little League[®]
Baseball and Softball
Medical Release**



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: _____

Date of Birth: _____

League Name: _____

I.D. Number: _____

Parent or Guardian Authorization:

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: _____

Hospital Preference: _____

In case of emergency contact:

Name Phone Relationship to Player

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

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.

Date of last Tetanus Toxoid Booster: _____

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

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.

8. **Commack North Little League Parents Code of Ethics – Player Agent Statement**

In a continuing effort to provide a safe and controlled environment for the players and families of Commack North Little League, the **Parent Code of Conduct** is incorporated into our program.

Please read and consider the importance of abiding by this code and realize that by doing so, you are assuring the best possible Little League experience for your child and our community.

Accordingly, the parent Code of Ethics will stand as an agreement between you, your child, and the League. Please sign below and return **one copy** of your team parent prior to the first official game. Have an enjoyable 2022 season. Thank you.

Anthony Pellicone, Player Agent, Commack North Little League

9. Commack North Little League Parents Code of Ethics Form

We, the Commack North Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in **Supporting** their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

ANY PARENT GUILTY of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeated violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble:

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- *Trustworthiness*
- *Respect*
- *Responsibility*
- *Fairness*
- *Caring and*
- *Good Citizenship*

The highest potential of sports is achieved when competition reflects these **“six pillars of character”**

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, and not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child on the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I and my guests will be a POSITIVE role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every games, practice, or sporting event.
6. I and my guests will not engage in any kind of unsportsmanlike conduct with an official, coach, player, or parent such as booing and taunting; refusing to shake hands or using profane language or gestures.

7. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.

Commack North Little League Parents Code of Ethics Form (Cont'd)

8. I will teach my child to play by the rules and resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in lower age groups.
14. I will promote the emotional and physical well being of the athletes ahead of any personal desire I may have for the child to win.
15. I will respect the officials and their authority during the games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices unless I am one of the official coaches of them the team.
18. **At no time will I or others use electronic media (i.e. Facebook, Twitter, etc.) to threaten, criticize or otherwise promote an unsportsmanlike atmosphere for any official, coach, player, umpire, or parent affiliated with Commack North Little League.**

Parent / Legal Guardian Signature

Date Signed

10. Little League Volunteer Application Form Stress I assume you all filled a volunteer form out since you are sitting here

Little League® Volunteer Application – 2022

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 meets the standards of Little League Regulations 11(c)(9). THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/Issa@Gcheck for more information.

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

All RED fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Call 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.)? If yes, list _____ Yes No

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? Yes No
 If yes, describe each in full: _____
 (If volunteer answered yes to Question 4, the local league must contact the Little League 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 released participation in any other youth programs and/or listed on any youth organization ineligible list? Yes No
 If yes, explain: _____
 (If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

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/ByStateLaw

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 names 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 reported, 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 removed 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):
Review the Little League Regulation 11(c)(9) for all background check requirements

JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List)* **OR**

National Criminal Database check U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List
 National Sex Offender Registry

*Please be advised that if you use JDP and there is a name match in the law 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: 10/17/2021

11. Permission to Give Care

A conscious victim must give permission to receive treatment. If the victim is under 18 years of age permission to issue treatment should be obtained from the parent/guardian or supervising adult when available.

If the parent/guardian is not present and the condition is serious of it the player or victim is unconscious consent to receive treatment is implied. It is assumed that he/she would agree to receive treatment.

As long as the treatment is reasonable and prudent the Good Samaritan Law is in effect. The Good Samaritan Law is enforced to protect citizens who respond to emergencies.

12. Treatment of Baseball/Softball Injuries

****No athlete or umpire will be allowed to continue with the season without a clearance to play by a Physician or Hospital after a Head Injury. This clearance must be presented to the manager of the team. It is the responsibility of the Manager to get said clearance to the Safety Director for record keeping.**

Contusions – *Bruise*, generally from trauma. Apply ice and elevate to the area. A compression wrap (i.e. ACE Bandage) will help keep the swelling down.

Abrasions – *Scrapes* clean the area thoroughly with water. Apply an antibiotic ointment (i.e. Neosporin, or Bacitracin) then apply a non adhesive covering.

Epistaxes – *nose bleed*, pinch the nose above the nostrils and tilt head back.

Injuries to Teeth – if the tooth is fractured or knocked out – collect the pieces and place them in a cup. Add either milk to the cup or have the player spit in the cup with enough saliva to cover the teeth. Control the bleeding with a gauze pad. **Contact a dentist immediately.**

Joint Injuries – if there is a deformity to the joint, maintain the position and ice the affected area and transport to the ER. If the athlete can move the area, apply ice and a compression wrap. If the condition worsens suggest the parents take athlete to their physician.

Head Injuries – with a loss of consciousness, maintain an open airway. Try to arouse the athlete by calling their name. If the athlete regains consciousness with in seconds and is able to move his/her extremities and has no neck pain, at the athlete's desire, have them

slowly sit up, stand up and move to the dugout, if their condition worsens, *transport to the ER.*

If the loss of consciousness is greater than 1 minute do not move the athlete, call EMS and transport the ER. Any athlete who sustains loss of consciousness for any length of time must be examined by a physician. With any head injury always suspect a neck injury.

CNLL employs the use of multiple AED's at the main complex. All Executive and Board Member Members are trained and Managers and Coaches have opportunity to be trained as well. All AED's are registered with Suffolk County Department of Health.

13. **Practice Plan**

Managers and Coaches will walk the fields for any hazards. All hazards will be removed or repaired prior to practice.

- Team jog
- Team Stretch – calf, quads, hamstrings, groin, lower back, shoulders, wrists and neck
- Agility drills
- Baseball or Softball Fundamentals
- Team Fundamentals
- Team Sprints
- Team cool down and team talk
- Police the field and dug out area for hazards after practice or game.

14. **Game Plan**

- Managers, coaches and UMPIRES will walk the fields for any hazards.
- All hazards will be removed or repaired prior to the game.
- Team Stretch – calf, quads, hamstrings, groin, lower back, shoulders, wrists and neck
- Abbreviated Agility drills
- Play the Game & Team Cool Down.

The rules of any game, softball or baseball, will be enforced by the Umpires assigned to any one game. If a dispute arises, the umpires are instructed to call upon the closest CNLL Board Member to make the decision. Board Members always carry a copy of the Little League Rules with them for questions of rules or issue resolutions. If no decision of the rules can be reached the game is suspended until resolution can be made. Managers and Coaches are to play by the rules set forth in the Managers meeting, and are dealt with on an individual basis for discipline if any infractions to the CNLL Rules are not adhered to.

15. Reporting of Injuries

Injuries sustained during a practice or game must be reported to the Division Commissioner and the CNLL Safety Director. This must be done immediately following the injury to make sure that the athlete receives the proper medical treatment and that the paper work is filed in a timely fashion. Players are encouraged to report all injuries to the manager and coach. Please follow the following form to report an injury:

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 (5-8) Minor (7-12) Major (9-12) Junior (13-14)
 Senior (14-16) 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:

- 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 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: _____

16. Field Safety

Only managers, coaches, players are in the dugouts or on the playing field. No parents or other children are allowed in the dugouts or on the field. Alcoholic Beverages are strictly prohibited in all park areas. Smoking and Vaping is strictly prohibited.

Park only in designated areas. No driving beyond the basketball courts behind Cedar Road School.

No bottles are allowed on the fields. Cans are allowed in the non playing areas, however NOT on the fields.

Players will keep there fingers out of the chain link fences. Player will keep the dugout opening clear.

Teams will discard their garbage in the receptacle in the dugout. All teams will police themselves. It is the Manager and Coaches responsibility at the conclusion of each game to remove waste and alert the CNLL Board to any potential hazards.

Mesh screens will be in place from dugout to dugout along the backstop. Protective padding will be used on fence tops.

The use athletic shoe with cleats or spikes is not required. However, if a cleat is the shoe of choice they must be a rubber molded type construction. Metal cleats of any types are ***strictly prohibited***.

Managers who are unfamiliar with the operation of the batting cages should ask for assistance. Only the batter and a coach are allowed in the cage at one time. All participants in the batting cage MUST wear a batting or protective helmet.

T-Ball, MAP and Girls Rookies will use reduced impact balls **ONLY**.

17. **Player Safety**

No playing in parking lots, no climbing fences, no swinging or standing on dugout roofs, no kicking sand in dugouts, no throwing rocks.

No jewelry is permitted during games or practices. The exception to this rule is a medical bracelet or necklace.

Players and spectators will be alert at all times. (Be alert for foul balls).

No head first slides. The exception is diving back to first base in the age appropriate Division. If caught, the first time warnings will be given to both the player and manager regardless if he/she told his/her player to do so. The second time both player and coach will be suspended for a game. The third time, coach and player are out of the league.

All equipment will be Little League approved Equipment.

“Zero Tolerance Policy” At no time will a manager, coach, player, administrator, official, or spectator lay a hand upon, hit, push, verbally abuse or threaten a manager, coach, player, administrator, official, or spectator. There will be no use of profanity or vulgar language. Consolation of the Zero Tolerance Policy will be immediate dismissal of the coach, manager, player or spectator.

18. Baseline Coaches, Base Runners and Batters

Baseline Coaches must wear batting helmets. If the coaching boxes are marked, coaches must remain in the box. If not please use good judgment.

All base runners, including instructional divisions must wear helmets while on the base path.

Sliding rule- All managers should instruct their players in this rule as well as proper sliding technique in the pre season practices. Feet first sliding is the only recommended way to slide. It is more effective and safer than head first sliding. Please note, bases are disengage-able.

All batters, at any level, will wear helmets during batting and while on the base path. Players should be instructed on how to avoid being hit by a pitched ball. Batters will be instructed on not to throw bats or helmets. On deck batter are strictly prohibited.

19. Helmets and Protective Equipment Policy

Catchers must wear approved catcher's helmets with appropriate throat guards.

All league issued helmets will meet NOCSAE specifications and standards. If players decide to use their own helmets the same standards need to apply. All equipment will be Little League, Inc. Approved.

All equipment is cleaned, inspected at the end of every season by the Equipment Director. If there is any defective equipment it is discarded, and new equipment is bought in its place. During the season, any manager or coach can replace any damaged or defective equipment by going to the field house and seeing a board member or Contacting the Equipment Director for replacement. To ensure player safety while playing, CNLL strongly recommends the use of protective equipment such as protective cups, heart guards, mouth guards and face guards.

20. Eye Glasses

Players who wear eyeglasses must use only those containing shatter proof lenses (safety glasses).

21. Batting Cage and Pitching Machine Rules

Sign up for the Batting cages and pitching machine will be done in the field House. Sign up by using the manager's name, team name, division and telephone number.

The pitching machine is for team use only.

The mandatory rule of wearing helmets in the batting cages is strictly enforced.

Don't extend past your allotted time.

One player and coach at a time in the batting cage. Again, both participants in the cage must be wearing protective headgear.

Violation of any basic rules will result in forfeiture of your batting cage privileges.

22. Hydration

- A player should never be denied water. As warmer weather approaches, Managers and Coaches need to be aware of heat fatigue or other heat related concerns. In hot weather, a player and coach should drink plenty of water during a game. Common signs of heat exhaustion include
 - **Cool, moist skin with goose bumps when in the heat**
 - **Heavy sweating.**
 - **Faintness.**
 - **Dizziness.**
 - **Fatigue.**
 - **Weak, rapid pulse.**
 - **Low blood pressure upon standing.**
 - **Muscle cramps.**

Gatorade, Power Aide as examples are good alternatives to water. Try to avoid carbonated and highly sugared drinks prior to competition. Managers and coaches are prohibited from distributing salt tablets or other fluid retention supplements to their players.

23. Weather

In the event of inclement weather the league commissioner will determine if the game is playable or not. Please check the league website or call the league office.

Games will be suspended immediately in the event of thunder or lightning. The general rule is a 45 minute suspension to see if the storm passes. If the weather conditions remain unchanged or unplayable the game will be either made up or a winner will be determined by league rules.

24. Dismissal and Evacuation

All players will return after the game and wait for their parents or responsible adult to come and get them. The manager and coach will acknowledge the parent or responsible adult for that player and actually note them walking off together. If the parent has not come to take the child, the manager will take responsibility for that player.

In the event of an emergency evacuation the above protocol will be followed, with the addition of: The manager will instruct all parents or responsible adults to proceed to their cars and leave the premises in a calm and orderly fashion. All drivers will be asked to proceed cautiously off grounds at 5mph.

25. Curfews

Curfews for starting an inning, suspending or ending a game were established from a safety standpoint. The curfew is based on available daylight and visibility.

26. Field and Dugout Personnel

Only individuals permitted in the playing area are those actually engaged in the playing, coaching and umpiring the game. Parents including those of instructional division players are not permitted on the field of play. Fields that do not have dugout fences i.e. Silo, Hubbs, North Ridge, players are to be behind the back stop without deterring play. Managers and parents should use common sense in these situations.

27. Insurance Policy

The league's insurance policy is a secondary policy. The child's or injured persons major medical plan is primary insurance policy. Little League Inc.'s insurance carrier has refused to fully cover children and participants who are not properly equipped and protected, unauthorized to be in the field of play or who are in unnecessarily dangerous situations, such as climbing fences, dugouts or backstops at the time of the incident.

28. Accident Notification Form



**LITTLE LEAGUE® BASEBALL AND SOFTBALL
ACCIDENT NOTIFICATION FORM
INSTRUCTIONS**

Send Completed Form To:
Little League, International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485
Accident Claim Contact Numbers:
Phone: 570-327-1674

Accident & Health (U.S.)

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. **Limited** deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name		League I.D.	
Name of Injured Person/Claimant		SSN	Age
Name of Parent/Guardian, if Claimant is a Minor		Date of Birth (MM/DD/YY)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Address of Claimant		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)
		()	()
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
------	---------------------------

29. Concession Stand/Field House Safety

The concession stand will always be monitored by a CNLL Board Member.

Only authorized personnel will be allowed in the concession stand/field house.

A board member will be assigned to monitor the facility.

All equipment will undergo periodic inspection.

Exits will be labeled as such.

All concession stand workers must know the location of the exits, fire extinguisher and first aid kits.

The fire extinguisher will be in good working order.

All cleaning materials will be stored away from potential hazards in a dry cabinet.

Instructions to open and close the concession stand will be posted in the field house.

All personnel will get written instruction on operating the concession stand. Prior to working the concession stand there will be a training session to cover safe use and inspection of equipment.

30. Radio Communication

Radio Communication will be established at the Cedar Park Complex, through the form of mobile radio technology.

- Each Field Umpire will have an assigned radio, with the Field Number of radio correlated to the Radio Number.
- The Field House Operations will maintain a radio at all times
- All radios, when in use will be in the "ON" position
- In the event of an Emergency or need of assistance on one of the fields, the Umpire will radio the request to the Field House, to which instructions will be provided to respond, request additional resources or Alert of concern.
- All Radios will be returned into the charging unit at the end of game.

30. District 34 Code of Ethics

XXVI. Little League - District 34 Code of Ethics

60 WICKS PATH, COMMACK, NY 11725

Phone/fax 631 864-6701

Managers, coaches, players and spectators will not use profanity. Use of profanity will result in ejection from the game

Physical altercations will result in an automatic removal from the program and possible arrest.

There will be NO jewelry of any kind worn during games, practices or in the dugout. (i.e. players/managers/coaches) - Penalty: Removal from balance of game.

The use of illegal equipment (i.e. unsecured batting donuts, skull caps) will result in the removal of the manager/coach for the balance of the game and the confiscation of the illegal equipment.

Should a manager/coach jeopardize the safety or well being of a player by not following mandated safety procedures, he/she will be removed for the remainder of the program.

Any manager/coach found violating pitching rules will be removed from the program.

The display of un-sportsmanlike conduct will result in removal from that game PLUS the next game.

Any actions contrary to the well being of the league will result in suspension and/or termination.

Managers/coaches are responsible for the actions of their spectators. Should the spectators become unruly, they and the manager will be removed!

(District 34- Code of Ethics continued)

THERE WILL BE NO UNAUTHORIZED PERSONNEL IN DUGOUT OR ON THE FIELD AT ANY TIME. Penalty is removal of manager/coach from the game.

No manager or coach may leave the dugout without asking for time AND having it granted by the umpire!

ONLY THE DISTRICT ADMINISTRATOR AND/OR A REPRESENTATIVE WILL MAKE SCHEDULE CHANGES.

THERE ARE NO AUTOMATIC FORFEITS. IF YOU HAVE 7 PLAYERS, YOU MUST BORROW TWO PLAYERS FROM THE OPPOSING TEAM TO PLAY DEFENSE. YOU MAY BAT 7 WITH NO AUTOMATIC OUTS.

BASE COACHES CAN BE ONE PLAYER AND ONE ADULT, TWO PLAYERS, OR TWO ADULTS.

MEDICAL RELEASES MUST BE CARRIED WITH YOU AT ALL TIMES.

THIS CODE OF ETHICS MUST BE CARRIED WITH YOU AT ALL

NOTE: Any penalties can be increased at the discretion of the District!

31. Mandatory Coaches Clinic

All managers and coaches are required to attend the Rules and Safety Coaches Clinic. These clinics are educational forums that will provide us with the latest, creative and effective coaching techniques.

The safety and first aid meeting will be held for all managers and coaches before the start of each season. For the 2022 Season, the safety meeting will be held on March 26th 2022 at the Burr Intermediate School Auditorium commencing at 7:30pm.

Please contact the Safety Director, Justin Oland, at 516-650-0312 if there are any questions.

Commack North Little League Board of Directors 2022

Executive Board:

President: Mike Tuffy

Treasurer: Justin Oland

Secretary: Pete Schumacher

Player Agent: Anthony Pellicone

Director of Softball: Dan Guzman

Director of Baseball: Dermot O'Connor

Board Members/Commissioners:

Little Sluggers/Clinic: Dermot O'Connor

T-Ball: Mike Tuffy

MAP: Joe Sievers

Farm: Pete Schumacher

Minors: John Raschella

Majors: Todd Schwartz

50/70: Justin Oland

Juniors: Mike Tuffy

Softball:

Rookies: Dan Guzman

Minors: Dan Guzman

Majors: Dan Guzman

Directors:

Safety Director: Anthony Pellicone

Field House: Cheryl Raschella

Fund Raising: Doug Silverman

Fields: Mike Tuffy, Dermot O'Connor

Website: Mike Tuffy

Equipment: Joe Sievers

Umpire in Chief: Mike Campione

Commack North Little League Calendar 2022

Equipment Safety Check	March 20, 2022
First Aid & AED Training	March 11, 2022
Field Maintenance Check	March 27, 2022
Meet the Manager/Coach	March 30, 2022
Manager Safety Meeting	March 25, 2022
Umpire Training Clinics	March 18th & April 3rd, 2022
Opening Day	April 3 , 2022
MLB Pitch, Hit & Run	May 2, 2022
Players Choice Day	May 22nd, 2022
Summer Tryouts	May 21st, 22nd, 23rd 2022
Family Fun Day	May 22nd , 2022
Championship Day	June 12th, 2022

APPENDIX

A

START HERE Checking an Unconscious Victim

APPEARS TO BE UNCONSCIOUS

- 1** Check the scene for safety, then check the victim.



- 2** Tap the victim's shoulder and shout to see if the victim responds.

- 3** If the victim does not respond...
Call, or have someone else call, 9-1-1 or the workplace emergency number.

- 4** Without moving the victim, look, listen, and feel for breathing for about 5 seconds.



- 5** If the victim is unconscious, but is breathing and shows signs of circulation...Place him or her in the recovery position.

- Turn the victim to the opposite side after 30 minutes or if signs of circulation to the lower arm are lost.



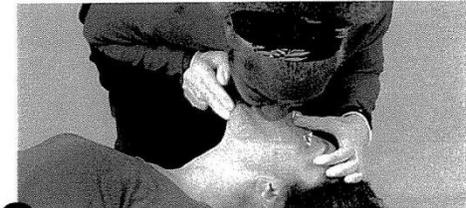
- 6** If the victim is not breathing or you cannot tell...
Roll the victim onto the back, while supporting the head and neck.

TIP: Apply basic precautions to prevent disease transmission. Use protective equipment (disposable gloves/breathing barriers). Wash your hands immediately after giving care.



- 7** Tilt the head back and lift the chin to open the airway.
• Look, listen, and feel for breathing for about 5 seconds.

TIP:
If you suspect a head, neck, or back injury, you can use the jaw thrust maneuver. Minimize movement of the head and neck when opening the airway.



- 8** If the victim is not breathing... Give 2 rescue breaths.
• Tilt the head back and lift the chin to open the airway.
• Pinch the nose shut.
• Take a breath and breathe slowly into the victim.

 If breaths do not go in...
GO TO Unconscious Choking, Step 1.



- 9** If breaths go in... Check for signs of circulation.
• Find the Adam's apple and slide your fingers toward you and down into the groove at the side of the neck.
• Check for signs of circulation for no more than 10 seconds.
• Look for severe bleeding.

GO TO **Next Care Steps**

NEXT CARE STEPS



If there are signs of circulation and breathing...
Monitor victim's circulation and breathing and place victim in recovery position.



If there are no signs of circulation and no AED...
CPR



If unconscious and breaths do not go in...
Unconscious Choking



If there is no pulse and the AED is ready to use...
Using an AED



If there is no pulse and the AED is on the way...
**CPR in Progress/
Using an AED**



If there are signs of circulation and no breathing...
Rescue Breathing

StayWell

Copyright ©2001 by the American National Red Cross.

ISBN 1-58480-061-5



P2

ARC Stock No. 656559

Conscious Choking

CANNOT COUGH, SPEAK, OR BREATHE

- 1 Check the scene and the victim.**
 - Ask the victim if he or she is choking.
 - Identify yourself and ask the victim if you can help.
 - If the victim is coughing forcefully, encourage continued coughing.
- 2 If the victim cannot cough, speak, or breathe... Have someone else call 9-1-1 or the workplace emergency number.**



- 3 Give abdominal thrusts.**
 - Place the thumb side of your fist just above the victim's belly button.
 - Grab your fist with your other hand.
 - Give quick, upward thrusts.
 - 4 Continue giving abdominal thrusts until...**
 - The object is forced out.
 - The victim becomes unconscious.
- 5 If the victim becomes unconscious... GO TO Unconscious Choking, Step 3.**

TIPS:

- Be sure to get permission before caring for a conscious victim. Tell the victim your level of training and the care you are going to provide.
- If you are alone and choking, you can give yourself abdominal thrusts by leaning over a firm object, such as the back of a chair, and pressing your abdomen into it.
- If a victim is pregnant or too large for you to give abdominal thrusts, give chest thrusts. To give chest thrusts, grab your fist with your other hand, place the thumb side of your fist on the center of the breastbone, and give quick thrusts into the chest.

Unconscious Choking

UNCONSCIOUS, BREATHS DO NOT GO IN



- 1** If breaths do not go in...
Reposition the airway by tilting the head further back and give 2 rescue breaths again.

- Tilt the head back and lift the chin to open the airway.
- Pinch the nose shut.
- Take a breath and breathe slowly into the victim.



- 2** Give 15 chest compressions.

- Find hand position on the breastbone.
- Position the shoulders over the hands.
- Compress the chest about 2 inches deep.



- 3** Look for an object.

- Lift the jaw and tongue and look inside the mouth.
- If you see an object, sweep it out with a finger.

- 4** Give 2 rescue breaths.

- 5** Complete Steps 1-8
Checking an Unconscious Victim.



- 5** If the breaths still do not go in...
Continue steps 2-5.

OR

If the breaths go in...
Check for signs of circulation.

- Find the Adam's apple and slide your fingers toward you and down into the groove at the side of the neck.
- Check for signs of circulation and breathing for no more than 10 seconds.

- 6** If there are signs of circulation
and breathing...

- GO TO Checking An Unconscious Victim, Step 5.**

OR

- GO TO CPR.**



**American
Red Cross**

Rescue Breathing

NO BREATHING, SHOWS SIGNS OF CIRCULATION



If the victim shows signs of circulation but is not breathing...
Give 1 rescue breath.

- Tilt the head back and lift the chin to open the airway.
- Pinch the nose shut.
- Take a breath and breathe slowly into the victim until the chest clearly rises.

Continue to give 1 rescue breath about every 5 seconds.

- Do this for about 1 minute (12 breaths).



Recheck for signs of circulation.

- Find the Adam's apple and slide your fingers toward you and down into the groove at the side of the neck.
- Check for signs of circulation and breathing for no more than 10 seconds.

If there are signs of circulation but no breathing...
Continue Rescue Breathing.

OR

If there are no signs of circulation...
GO TO CPR and Using An AED.

**Complete Steps 1-9
Checking an Unconscious Victim.**

TIPS:

- If a breathing barrier is not available, you may give breaths without one.
- If you cannot make a tight seal over the victim's mouth, breathe into the nose instead. Make sure the victim's mouth is completely closed.
- Always recheck circulation then breathing about every minute when giving rescue breathing.

Glossary

ABDOMINAL THRUSTS:

A technique for unblocking a completely obstructed airway by compressing the abdomen; also called the Heimlich maneuver.

ADAM'S APPLE:

The projection at the front of the throat formed by cartilage from the voicebox; often more prominent in men.

AUTOMATED EXTERNAL DEFIBRILLATOR (AED):

A semiautomatic device that recognizes a heart rhythm that requires a shock and prompts a responder to deliver the shock.

BREASTBONE:

A long, flat bone in the center of the chest that supports most of the ribs. You compress the chest on the breastbone when giving CPR.

BREATHING BARRIER:

Equipment used to give breaths to a victim; prevents the responder from making direct contact with the victim's mouth.

CARDIOPULMONARY RESUSCITATION (CPR):

A skill that combines giving breaths and chest compressions to a person whose breathing and heart have stopped.

CPR CYCLE:

A cycle of CPR is 15 compressions and 2 rescue breaths.

SIGNS OF CIRCULATION:

Include normal breathing, coughing or movement in response to rescue breaths, and a pulse.

CPR

NO BREATHING, NO SIGNS OF CIRCULATION



1 If the victim shows no signs of circulation...
Find hand position on breastbone.

- Find notch at lower end of the breastbone and place the heel of one hand next to and above this notch.
- Place your other hand on top.



2 Give 15 compressions.

- Position the shoulders over the hands.
- Compress the chest about 2 inches deep.



3 Give 2 rescue breaths.

- Tilt the head back and lift the chin to open the airway.
- Pinch the nose shut.
- Take a breath and breathe slowly into the victim.

4 Do about 3 more cycles of 15 compressions and 2 rescue breaths.

5 Complete Steps 1-9
Checking an Unconscious Victim.



5 Recheck for signs of circulation.

- Find the Adam's apple and slide your fingers toward you and down into the groove at the side of the neck.
- Check for signs of circulation for no more than 10 seconds.

6 If there are signs of circulation but no breathing...

GO TO Rescue Breathing.

OR

If there are no signs of circulation...

Continue CPR.

NOTE: Continue CPR until—

- The scene becomes unsafe.
- You can see or feel signs of circulation.
- The AED is ready to use.
- You are too exhausted to continue.
- Another trained responder arrives and takes over.

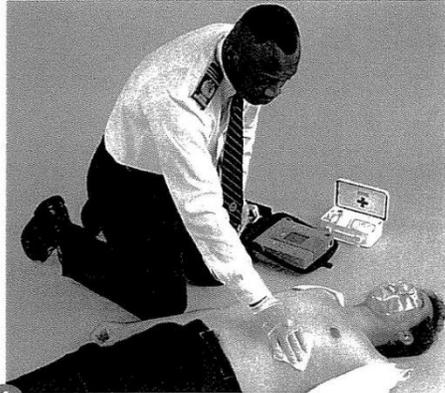
TIPS:

- Use your body-weight, not your arms, to compress the chest.
- Keep your elbows locked and fingers off the chest when giving compressions.
- Always recheck for signs of circulation every few minutes when giving CPR. Four CPR cycles should take about 1 minute.

Using an AED

NO BREATHING, NO PULSE, AED READY TO USE

**Complete Steps 1-9
Checking an Unconscious Victim.**



1 If the victim shows no signs of circulation (pulse)...
Turn on the AED.

2 **Prepare to use the AED.**

- Wipe the victim's chest dry.
- Attach the pads to the victim.
- Place one pad on the victim's upper right chest, and the other pad on the victim's lower left side.
- Plug the electrode cable into the AED.

3 **Let the AED analyze the victim's heart rhythm (or push the "analyze" button).**

- Make sure no one is touching the victim.
- Say, "Everyone stand clear."



4 **Deliver a shock if prompted.**

If the AED advises a shock is needed...

- Make sure no one is touching the victim.
- Say, "Everyone stand clear."
- Deliver a shock when prompted by pushing the "shock" button.
- Repeat Step 3.

OR

If the AED advises no shock is needed...

Check the pulse.

- Find the Adam's apple and slide your fingers toward you and down into the groove at the side of the neck.
- Feel for a pulse for no more than 10 seconds.

5 If there is a pulse...

GO TO **Next Care Steps**

OR

**If there is no pulse...
Do CPR until the AED reanalyzes.**

Location of the AED:

Local Emergency Number:

Workplace Emergency Number:

TIP:

- Do not remove pads, even if the victim's pulse returns.

CPR in Progress/Using an AED

NO BREATHING, NO PULSE, AED ON THE WAY

 **Complete Steps 1-9**
Checking an Unconscious Victim.

1 Do CPR until the AED is ready to use.

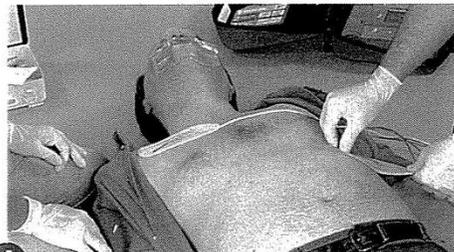
 **Go to CPR steps 1-6**



2 When the AED is ready to use...
Recheck the pulse.

- Find the Adam's apple and slide your fingers toward you and down into the groove at the side of the neck.
- Feel for a pulse for about 5 seconds.

3 If the victim shows no circulation (pulse)...
Turn on the AED.

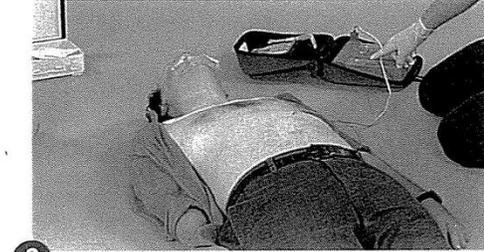


4 **Prepare to use the AED.**

- Wipe the victim's chest dry.
- Attach the pads to the victim.
- Place one pad on the victim's upper right chest, and the other pad on the victim's lower left side.
- Plug the electrode cable into the AED.

5 Let the AED analyze the victim's heart rhythm (or push the "analyze" button).

- Make sure no one is touching the victim.
- Say, "Everyone stand clear."



6 **Deliver a shock if prompted.**

If the AED advises a shock is needed...

- Make sure no one is touching the victim.
- Say, "Everyone stand clear."
- Deliver a shock when prompted by pushing the "shock" button.
- Repeat Step 5.

OR

If the AED advises no shock is needed...

Check the pulse.

- Find the Adam's apple and slide your fingers toward you and down into the groove at the side of the neck.
- Feel for a pulse for no more than 10 seconds.

7 If there is a pulse...

GO TO **Next Care Steps**

OR

 **If there is no pulse...**
Do CPR until the AED reanalyzes.



**American
Red Cross**

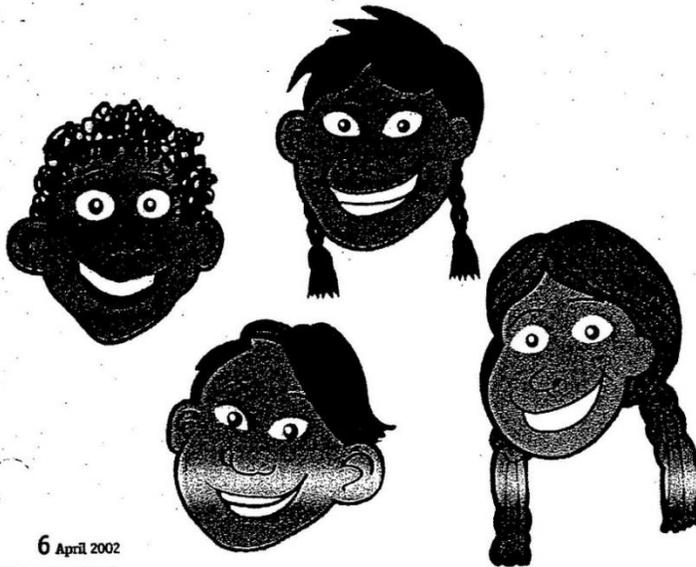
Youth Sports Parent Code of Conduct

Preamble:

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I Therefore Agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting, refusing to shake hands, or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.



Conflict Resolution

In all aspects of life, conflict will arise. So it's not surprising that conflicts would occasionally arise during a Little League season. To help deal with potential disputes, Little League offers these six simple steps to conflict resolution. While these steps may not be applicable to every situation, these basic conflict resolution skills should prove to be helpful in many situations.

- Step 1: Speak to the Person in Private.** Choose an appropriate time and place. Never berate a person in public.
- Step 2: Listen Actively.** Listen fully to the concern. Ask questions to clarify a point.
- Step 3: Repeat Step 1 with Roles Reversed.** Identify the person's problem, as you understand it. Tell your side of the story. Describe **WHAT** happened, and **WHY** it happened. Use "I" statements and acknowledge their point of view and feelings.
- Step 4: Expressing Feelings.** Take turns expressing how you feel about the situation.
- Step 5: Solving the Problem.** Suggest ways to resolve the situation.
- Step 6: Select a WIN/WIN Solution.** Find a way to resolve the problem together that benefits you both.
- Step 7: Agree on a Follow-Up.** Offer to meet again if the concern persists.

"Seek first to understand, then to be understood." — Steven Covey, author of *Seven Habits of Highly Effective People*

Whether it's on the playing field or in the game of life, Little League believes these simple steps to conflict resolution will help to diffuse confrontations from the beginning and also help to improve problem-solving skills.

Glossary Terms

Dispute – a verbal controversy between two or more people, a dispute is not yet a conflict

Conflict – is a state of disagreement and disharmony

Listen Actively – involves focusing entirely on what the other person is saying, and confirms understanding of both the content of the message and the emotions and feelings underlying the message. For example you can begin the conversation with: "First help me understand your concerns regarding your son," or later clarify the concern by asking, "So, you view speed as your son's best quality on the field and are upset because you feel I am not utilizing that strength?"

Feeling Words – an important aspect of effective communication. Instead of stating opinions, describe how the situation or dispute makes you feel. For example, say something like: "I get angry when you insult my coaching in front of others, because I know I am trying my best to help the kids."

"I" Statements – involves taking responsibility for your thoughts and feelings. For example you could say something like: "I feel you are criticizing your child too harshly during the games," instead of saying, "Everyone thinks you're being too harsh with your child."

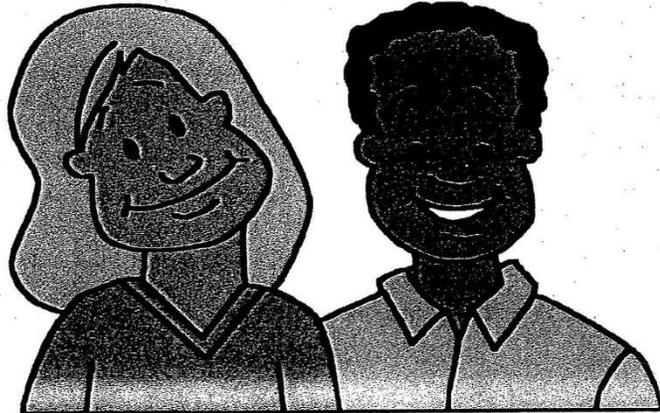
Remember, you cannot control the way other adults handle themselves, but **you do have control** over your own reactions and conduct.

Be familiar with league rules and procedures.

For more information, visit the Little League Baseball website at www.littleleague.org or contact your local District Administrator for further information.

For information concerning the availability and ordering of additional program materials, contact Scott Rosenberg at Little League Baseball, 570/326-1921.

Conflict Resolution Steps developed by David Rattray, First Nations Education Center.



APPENDIX B

It is suggested this memo should be reproduced on your league's letterhead over the signature of your president or safety officer and distributed to the parents of all participants at registration time.

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

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a \$50.00 deductible per claim, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League 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 after the 52-week time limit when:
 - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
 - (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment.

Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.

No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.

Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program.



BASEBALL & SOFTBALL

SAFETY MANAGERS MEETING

Commack North Little League
Invites you to our Annual Safety
Meeting to learn the rules and
regulations that govern our league



**@BURR INTERMEDIATE
SCHOOL AUDITORIUM**

**WHEN:
MARCH 26TH
AT 7:30-9:00PM**

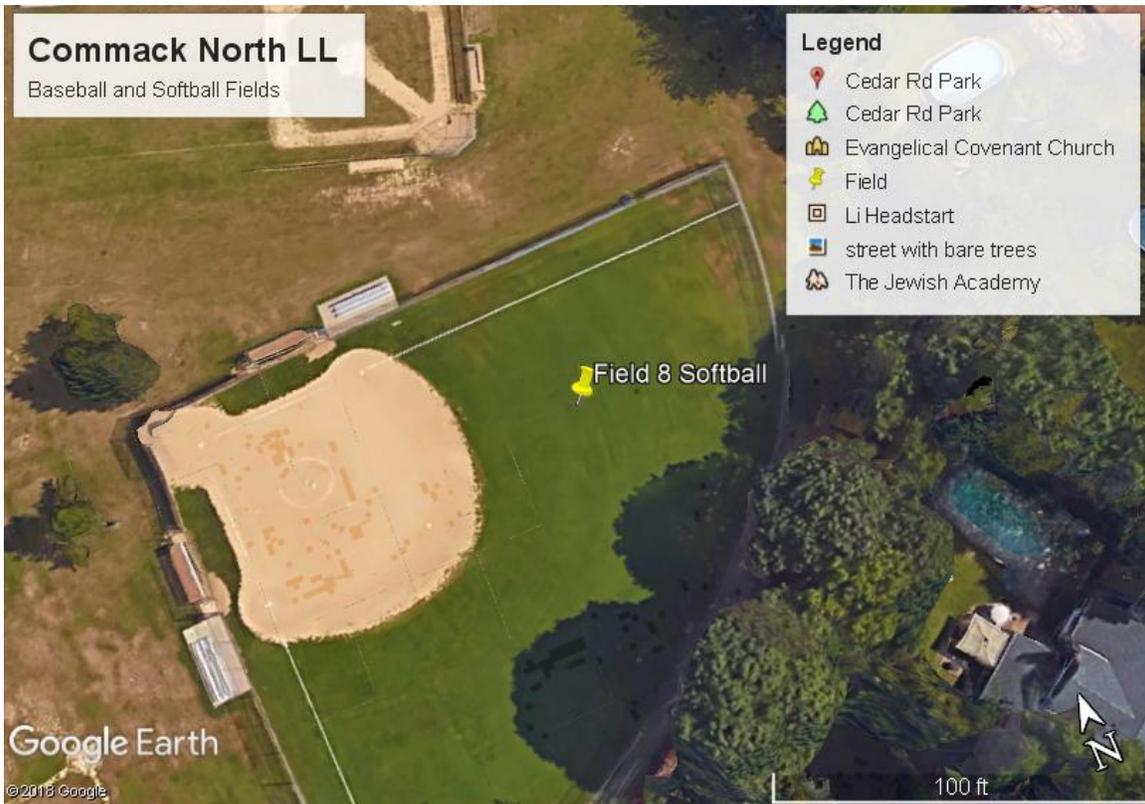
Presentation starts at 7pm with a
Managers meeting to follow

COMMACK NORTH FIELDS – CEDAR ROAD COMPLEX

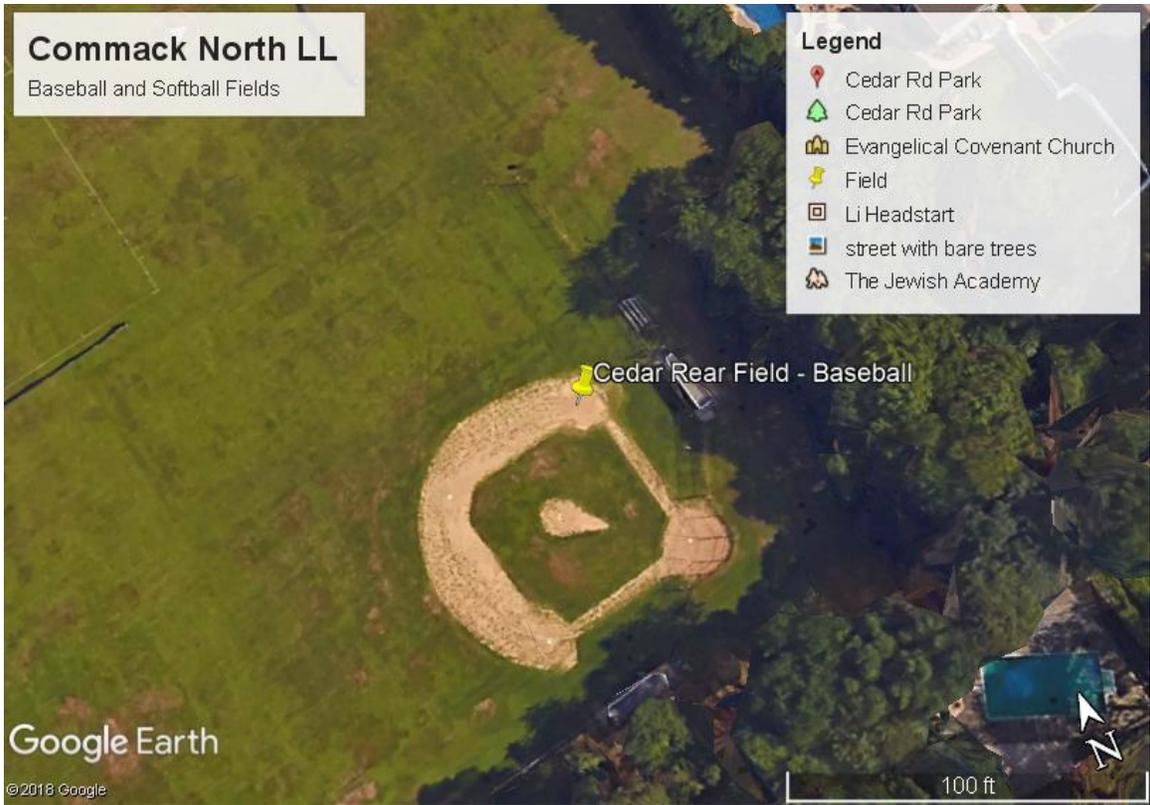
















2022 Commack North Little League

General Guidance and Best Practices to Enhance a Safe Environment while Organizing, Watching and Playing Baseball & Softball Events

Wash Your Hands Often:

- Wash your hands often with soap and water for at least 20 seconds, or about the time it takes to recite the Little League Pledge twice, especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a hand sanitizer that contains at least 60 percent alcohol. Cover all surfaces of your hands and rub them together until they feel dry. Leagues are encouraged to provide handwashing stations and/or hand sanitizer, if possible.
- Avoid touching your eyes, nose, and mouth.
- Players are encouraged to bring their own hand sanitizer for personal use. Hand sanitizer should be placed in all common areas off-field for easy use.

Cover Your Mouth and Nose with a Cloth Face Covering When Around Others:

- You could spread COVID-19 to others even if you do not feel sick.
- Everyone should wear a cloth face covering when in a public setting, for example in public areas around your Little League fields and parks.
- Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- The cloth face covering is meant to protect other people in case you are infected.

- Continue to keep six feet between yourself and others. The cloth face covering is not a substitute for social distancing.

Cover Coughs and Sneezes:

- If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- Throw used tissues in the trash immediately.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60 percent alcohol.

Social Distancing:

- All players, coaches, volunteers, independent contractors, and spectators should practice social distancing of six feet wherever possible from individuals not residing within their household, especially in common areas. For situations when players are engaging in the sports activity, see On-Field Guidance below for more information.
- Avoid close contact with people who are sick.
- Stay home as much as possible.

Self-monitoring and quarantine:

All individuals should measure their body temperature to ensure that no fever is present prior to participating or attending each Little League activity. 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.

Healthy Practices:

- All players and coaches should continue practice good general health habits, including maintenance of adequate hydration, consumption of a varied, vitamin-rich diet with sufficient vegetables and fruits, and getting adequate sleep.

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. Little League International suggests lining up outside the dugout and tipping caps to the opposing team as a sign of good sportsmanship after a game.
- 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.

Drinks and Snacks:

- Athletes, managers/coaches, and umpires should bring their own personal drinks to all team activities. Drinks should be labeled with the person's name.
- Individuals should take their own drink containers home each night for cleaning and sanitation or use single-use bottles.
- There should be no use of shared or team beverages.
- Teams should not share any snacks or food. Players should bring individual, pre-packaged food, if needed.

Personal Protective Equipment (PPE):

- Players should wear cloth face coverings, as they see fit, based on their own comfort level.
- Appropriate social distancing is challenging or not feasible, such as in dugouts, therefore due regard is to be considered
- Players should not wear protective medical gloves on the field during game play, for this can become a safety risk for the player.

Dugouts:

- Managers/coaches and players should be assigned spots in the dugout or on the bleachers to assure a safe, yet reasonable distance from players.
- Players are to stay at their assigned spots when on the bench or while waiting their turn to bat.

Player Equipment:

- Player equipment should be spaced accordingly outside the dugout to prevent direct contact.

- Players should have their own individual batter’s helmet, glove, bat, and catcher’s equipment.
- Measures may be enacted to avoid, or minimize, equipment sharing when feasible.
- Some critical equipment may not be able to be obtained by every individual. When it is necessary to share critical or limited equipment, all surfaces of each piece of shared equipment must be cleaned first and then disinfected with an EPA-approved disinfectant against COVID-19 and any other communicable diseases/virus and allowed sufficient time to dry before used by a new player. Increased attention should be paid to detailed cleaning of all equipment directly contacting the head and face (catcher’s mask, helmets).
- Players should not share towels, clothing, or other items that they may use to wipe their face or hands
- Player’s equipment (e.g. bags, helmets, bats, gloves, etc.) should be cleaned and disinfected by a parent/guardian/caretaker, where and when applicable.
- Individuals disinfecting equipment are encouraged to use gloves while using disinfectants and follow the manufacturer’s directions for use. All disinfectants should be stored properly, in a safe area, out of reach of children.

Baseballs and Softballs:

- Umpires should limit their contact with the ball, and catchers should retrieve foul balls and passed balls where possible.
- Balls used in infield/outfield warm-up should be isolated from a shared ball container.
- Foul balls landing outside the field of play should be retrieved by participating players, coaches, and umpires. No spectators should retrieve the ball.

Spitting, Sunflower Seeds, Gum, etc.:

- All players and coaches are to refrain from spitting at all times, including in dugout areas and on the playing field.

Tee Ball and Coach Pitch:

- The focus on these divisions should be on fun and player development.
-

Addendum COVID-19

Pre-Game Plate Meetings:

- Social distancing should be considered during all pre-game plate meetings between teams and umpires.
- Plate meetings should only consist of *one* manager or coach from *each* team, and game umpires.
- No players should ever be a part of plate meetings.

Equipment Inspection:

- Players should place their individual equipment in a well-spaced out manner for inspection.
- Umpires should avoid direct contact with equipment where possible but, when required, use hand sanitizer that contains at least 60 percent alcohol after the inspection of each individual piece of equipment.

Limit League/Game Volunteers:

- For each game, there should only be the required team managers/coaches, umpires, and one (1) league administrator (i.e. Safety Officer, player agent, etc.) in attendance.
- Practices should be limited to the managers/coaches and players.
- Scorekeeping should be done by team coaches or team parent/guardian via electronic application, to ensure that proper social distancing should be practiced.

Field Preparation and Maintenance:

- Fields will be mowed, raked, and lined prior to teams and spectators arriving at the complex and after they depart. It is encouraged that volunteers already

participating in the game (managers/coaches, umpires, and league administrator) perform these tasks to limit individuals at the site.

- It is recommended that any shared field preparation equipment be sprayed or wiped with cleaner and disinfectant before and after each use.

Umpire Placement:

- 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.
- If physically able, umpires are encouraged to wear cloth face coverings while umpiring.

Spread Out Scheduling of Practices and Games:

- League administrators should schedule sufficient time between practices and games to facilitate the complete evacuation of individuals from a previous practice or game from the premises before the next group enters.
- On-field warm-up should be limited as much as is reasonably possible and no more than 30 minutes.
- Ensure that practices and games follow all local and state directives regarding the number of people allowed to gather in one place.

Public Restrooms:

- Access to public restrooms should be limited if possible.
- A "one-in-one-out" policy, where only one individual is permitted within the restroom at one time, may be implemented to ensure adequate distancing in the confined restroom space.
- Restrooms should be disinfected on a regular basis.
- Public water fountains or refillable water stations should not be used, and should be turned off to discourage use, if possible.

Member Communication:

- CNLL should disseminate information to all families, volunteers, and spectators about risks and the efforts your league will be undertaking to mitigate those risks, as outlined above. Information should be disseminated by way of email, league website, social media, coach talks, and public announcements.
- CNLL board representative to be responsible for COVID19 concerns will be the Safety Officer, Anthony Pellicone

Resources:

CDC:

- Reopening Guidance for Cleaning and Disinfecting Public Spaces
- Guidance for Cleaning and Disinfecting (PDF Download)
- Guidance for Administrators in Parks and Recreation Facilities
- Visiting Parks and Recreation Facilities