

**EPHRATA BASEBALL ASSOCIATION  
SAFETY PLAN  
2019 SEASON**

**[WWW.EPHRATABASEBALL.ORG](http://WWW.EPHRATABASEBALL.ORG)**

# Emergencies Call 911

**Ephrata Baseball Association Website: [www.ephatabaseball.org](http://www.ephatabaseball.org)**

## **EBA President**

Jeremy Jones  
Phone: (717) 951-8606  
Email: [jeremy@elaengineers.com](mailto:jeremy@elaengineers.com)

## **Secretary**

Ken Boley  
Phone: (717) 940-3195  
Email: [knjboley@ptd.net](mailto:knjboley@ptd.net)

## **High School Baseball Coach/ Fall Baseball Coordinator**

Adrian Shelley  
Phone: (717) 344-2371  
Email: [A\\_shelley@easdpa.org](mailto:A_shelley@easdpa.org)

## **Equipment Manager/ Parent Member**

Steve Savage  
Phone: (717) 951-9896  
Email: [ssavage@dejazzd.com](mailto:ssavage@dejazzd.com)

## **Uniform Coordinator/ Parent Member**

Karen Buckwalter  
Phone: (717) 271-9310  
Email: [kjbuck7@icloud.com](mailto:kjbuck7@icloud.com)

## **Parent Member**

Darrin Lytle  
(717) 575-5142  
Email: [dslytle@ptd.net](mailto:dslytle@ptd.net)

## **Citizen Member at Large/ Performance Training Coordinator**

Ric Bromirski  
Phone: (717) 471-5084  
Email: [rbromirski@gmail.com](mailto:rbromirski@gmail.com)

## **In-house Team Coordinator**

Butch Levering  
Phone: (717) 598-2121  
Email: [butchie127@yahoo.com](mailto:butchie127@yahoo.com)

## **EPBA Director/ Evaluation Coordinator**

Len Embiscuso  
Phone: (267) 980-0652  
Email: [lembis@dejazzd.com](mailto:lembis@dejazzd.com)

## **Treasurer**

Mike Reading  
Phone: (717) 799-9848  
Email: [twig@ptd.net](mailto:twig@ptd.net)

## **Public Relations Director/ Registration Coordinator**

Brad Murphy  
Phone: (717) 368-6554  
Email: [bamurphy9@msn.com](mailto:bamurphy9@msn.com)

## **Background Clearance Coordinator**

Kelly Embiscuso  
Email: [kembis@dejazzd.com](mailto:kembis@dejazzd.com)

## **Fields and Facilities Manager**

Chad Ochs  
Phone: (717) 575-4544  
Email: [chad.ochs@me.com](mailto:chad.ochs@me.com)

## **Arm Care Supervisor**

Brad Crills  
Phone: (717) 733-4767  
Email: [mastiff31@windstream.net](mailto:mastiff31@windstream.net)

## **Fundraiser Coordinator/ Picture Day Coordinator**

Jaime Ochs  
Email: [jaime.ochs@icloud.com](mailto:jaime.ochs@icloud.com)

## **Sponsor Coordinator**

Bobby Miller  
Phone: (717) 327-7730  
Email: [bmiller@liftincorporated.com](mailto:bmiller@liftincorporated.com)

## Table of Contents

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	<u>Page</u>
Purpose and Scope .....	4
Responsibilities .....	4
Safety Plan Maintenance and Implementation .....	4
Volunteer Requirements and Training .....	4
First Aid Kits .....	5
First Aid and Medical Treatment .....	5
Field Inspection and Maintenance .....	5
Equipment .....	6
Storage Shed Protocol .....	7
Safety During Game Play and Practices .....	7
Environmental Hazards .....	8
Accident Reporting .....	8
Accident Claim Form .....	App. A
Coaching it Safe .....	App. B
First Aid & Concussion Procedures .....	App. C
EBA Coaching and Parent Codes of Conduct .....	App. D

## **Purpose**

The Ephrata Baseball Association (EBA) is dedicated to providing a safe, enjoyable baseball experience for players and volunteers. The EBA has established this safety plan to provide guidance and awareness to those responsible for ensuring the safety of participants and volunteers.

## **Scope**

This plan applies to all activities sponsored by and associated with EBA and the volunteers required to carry out these activities.

## **Responsibilities**

**Coaches/Managers** – These individuals are responsible for the safety of players and other volunteers and is accomplished by:

- Attending training as required by this plan
- Conducting field inspections
- Conducting inspections of equipment
- Maintaining the team first aid kit
- Taking appropriate action to correct observed violations of policies and rules contained in this plan
- Reporting accidents and near misses

**EBA Board of Directors** – Members are responsible for:

- An annual review of the safety plan
- Coordinating the inspection of EBA owned equipment prior to issuing to coaches
- Coordinating fundamentals training to meet the requirements of this plan
- Ensuring EBA volunteers have obtained Commonwealth of PA clearances and maintaining a list of verified volunteers
- Developing a long-range facility plan for future safety improvements

## **Safety Plan Maintenance and Implementation**

Each year prior to the beginning of the season, the EBA Board of Directors will review the Safety Plan and incident reports from the previous year to determine if changes to the Safety Plan are required.

A current copy of the Safety Plan is made available to managers, coaches, umpires, and parents through the EBA's website at [www.ephratabaseball.org](http://www.ephratabaseball.org).

## **Volunteer Requirements and Training**

Volunteers include all coaches, managers, umpires, board members and other personnel performing activities to meet the requirements of this plan.

A verified volunteer is a volunteer who has submitted current clearances required by the Commonwealth of PA.

Coaches and managers are required to attend fundamentals training every 3 years with at least one coach on each team having attended training in the past 12 months.

Coaches and managers are required to attend first aid training every 3 years with at least one coach on each team having attended training in the past 12 months.

## **First Aid Kits**

Team first aid kits and accessories are provided by the EBA and are distributed to each team as part of a team's equipment bag.

The team first aid kit must be taken to all games and practices.

The team first aid kit must contain at a minimum: gloves, bandages, tape, antiseptic and cleaning solution and cold packs.

**Team first aid kits must not contain any medications to be taken by mouth.**

Items to restock team first aid kits can be obtained from the Equipment Coordinator.

## **First Aid and Medical Treatment**

Coaches, managers, and umpires should immediately evaluate anyone who is suspected of having an injury and take appropriate action.

Coaches, managers and umpires are only to provide first aid care to the extent they are trained. CPR should only be given by those holding a current certification by a recognized training organization.

Coaches, managers and umpires should call 911 when it is determined an injury may require more than just first aid unless the parent or guardian of a minor who is injured assumes responsibility or an adult who is injured states they do not want further medical care.

## **Field Inspection and Maintenance**

Field inspections serve two purposes. First, it determines the fitness of the field for safe use. Second, the information obtained during an inspection can be used by the EBA to assist in the annual planning of field improvements.

Managers and coaches must inspect the entire field for hazards prior to practices or games.

The home plate umpire must inspect the entire field for hazards prior to games.

Measures should be taken to correct any hazards identified during the field inspection.

If a field hazard can not be controlled or corrected and poses a significant threat to players, coaches, managers, umpires, or spectators, the game should be called, and the field should be closed until the hazard has been corrected.

The manager of the home team must notify the EBA Board of Directors within 2 hours of the conclusion of the game of any hazards identified during field inspections regardless of whether the hazard was corrected or not.

At the conclusion of the game, managers and coaches must ensure that all trash has been picked up from the field and spectator areas and placed in a trash can or dumpster.

## **Equipment**

EBA provided equipment is inspected annually prior to initial distribution to coaches. Any unsafe equipment is repaired or discarded.

Requests for replacement equipment should be made through the Equipment Coordinator.

Managers and coaches must conduct an equipment safety inspection of all EBA provided equipment before each practice and game. Unsafe equipment must either be repaired or removed from service. Equipment removed from service for safety reasons should be returned to the EBA.

Managers, coaches and umpires must be on the look out for unsafe equipment during games and practices. Unsafe equipment must either be repaired or removed from service. EBA provided equipment removed from service for safety reasons should be returned to the EBA.

The safety of player provided equipment is the responsibility of the player and their parent or guardian. Managers and coaches are not required to inspect player provided equipment, although coaches should prohibit the use of unsafe player provided equipment when identified as such.

Proper fit of equipment is essential for its safe use. Managers and coaches should ensure players are wearing equipment that fits properly.

Catchers must wear a catcher's helmet with cage and throat guard, long model chest protector, shin guards and protective cup with athletic supporter at all times (males) for all practices and games. This includes warming up the pitcher on the playing field and in the bullpen.

Batters must wear an EBA approved protective helmet during batting practice and games.

Base runners must wear an EBA approved protective helmet during games. Base runners must also wear an EBA approved protective helmet during practices when a hazard of being hit by a ball exists.

Break away bases must be used for all leagues, except throw-down bases may be used for Coach-pitch and T-ball.

All players are encouraged to wear a protective cup and mouth guard during practices and games.

Any and all EBA provided equipment and/or supplies are to be used and operated only by authorized EBA representatives, to include: EBA managers, EBA roster coaches, and other approved league officials or representatives.

No EBA equipment and/or supplies will be used by any league team or person(s) outside of scheduled league games, team practices, team scrimmages and/or other approved EBA events without the advance expressed written consent of the EBA Board of Directors.

Authorized persons holding the knowledge of lock combinations to EBA equipment bins and/or cages are held to a strict code of confidentiality in regards to lock combinations.

## **Storage Shed Protocol**

The following applies to all of the storage sheds used by EBA and applies to anyone who has been issued a key or combination by EBA to use those sheds.

All individuals with combinations and or keys to the EBA Equipment Sheds (i.e., coaches, umpires, etc.) are aware of their responsibilities for the ***orderly and safe storage of rakes, shovels, bases, L-Screens, lining equipment, etc.***

Before using any machinery located in the sheds (i.e., lawn mowers, weed whackers, lights, score boards, public address systems, etc.) please locate and read the written operating procedures for that equipment.

All chemicals or organic materials stored in EBA sheds shall be properly marked and labeled as to its contents.

All chemicals or organic materials (i.e., lime, fertilizer, etc.) stored within these equipment sheds will be separated from the areas used to store machinery and gardening equipment (i.e., rakes, shovels, etc.) to minimize the risk of puncturing storage containers.

Any witnessed “loose” chemicals or organic materials within these sheds should be cleaned up and disposed of as soon possible to prevent accidental poisoning.

## **Concession Stands**

EBA does not operate concession stands as part of their Little League Baseball program.

## **Safety During Game Play and Practices**

Practices and games are dynamic situations with conditions in a constant state of change. It is important that managers and coaches are constantly assessing the safety of the field and equipment and the well being of players. Managers and coaches should not hesitate to call time out to address or discuss a safety issue. Safety issues concerning the field, equipment or players should be immediately handled by managers and coaches.

Safety issues concerning spectators can be a delicate situation and can escalate to a much bigger problem if not handled properly. Any spectator safety issue should be handled by the umpire and/or coaches in the following manner:

- Minor safety issues that do not present an immediate threat should be reported to EBA at the conclusion of the game. Examples of minor safety issues include shouting of negative comments or temporarily disrupting game play. It is important that these minor incidents be

reported so that the spectator can be confronted by the EBA before their behavior results in a more serious problem.

- Major safety issues that present an immediate threat to players, coaches, umpires, or spectators but that are not likely to escalate, should be addressed immediately in the most discrete manner possible. Game play or practice should be suspended, if necessary. Examples of major safety issues include a spectator being in an area other than those generally designated as a spectator area or engaging in an activity near the field of play that would prevent the spectator from being aware of foul balls.
- Critical safety issues are those situations that involve aggressive behavior by spectators or a spectator who is visibly drunk or likely under the influence of drugs. The EBA strongly discourages coaches and umpires from taking action in these situations. Local law enforcement should be called discretely to handle this type of situation.

## **Environmental Hazards**

It is the responsibility of the coaches and umpires to manage environmental hazards.

Environmental hazards consist of lightning, high winds, high temperatures and poor lighting.

Managers, coaches and umpires must take action to protect players and other volunteers from environmental hazards.

## **Accident Reporting**

An accident is any incident that causes a player, manager, coach or umpire to receive first aid or medical treatment.

A near miss is an incident where a player, manager, coach or umpire was nearly injured or only slightly injured and did not require first aid. Examples are a vehicle just missing a player walking in a parking lot or a minor injury that requires a time out to “shake it off”.

**Any accident requiring more than first aid must be reported by phone to the EBA Board of Directors as soon as possible.** Examples of treatment that is beyond first aid include diagnostic tests like x-rays and evaluation or treatment by a doctor, nurse, EMT or ambulance personnel.

Sections I, II, IV and VI of an Accident Claim Form must be completed by a parent and submitted by the manager or coach to the EBA Board of Directors within 48 hours for all accidents. A copy of the Accident Claim Form is contained in Appendix A of this document and can also be found online at the EBA website. Managers and coaches should have copies of the Accident Claim Form with them at all practices and games.

All members of the EBA Board of Directors will immediately inform the EBA President of accidents and keep him\ her updated with any additional information concerning the accident.



Within 24 hours of receiving the Accident Claim Form, the EBA Board of Directors will contact the injured party or the party's parents to:

- Check on the status of the injured party
- Verify the information on the Accident Claim form
- Obtain any other information deemed necessary
- In the event the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) advise the parent or guardian of EBA's insurance coverage and the provisions for submitting any claims.

The EBA President will complete Section III of the Accident Claim Form and submit the form to EBA's insurance company. A copy of the form will be retained by EBA.

The reporting of near misses is up to the discretion of the managers and coaches. The Accident Claim Form should be used and submitted to the EBA Board of Directors.

**Appendix A**

**Accident Claim Form**

# Medical/Dental Accident Claim Form

Complete & Return this Form to:



P.O. Box 390 Short Hills, NJ 07078



52-week benefit period

SECTION I	TO BE COMPLETED BY PARENT/CLAIMANT	(required)
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1. NAME: (first) \_\_\_\_\_ (last) \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_
3. TELEPHONE #: \_\_\_\_\_
4. BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: ☐ Male ☐ Female SS#: \_\_\_\_\_
5. CLAIMANT IS A: ☐ Player ☐ Coach ☐ Official ☐ Other
6. ACCIDENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ ACCIDENT TIME: \_\_\_\_\_ ☐ am ☐ pm
7. BODY PART INJURED: \_\_\_\_\_
8. ACCIDENT OCCURRED DURING: ☐ Game ☐ Practice ☐ Tournament ☐ Camp/Clinic ☐ Other \_\_\_\_\_
9. DESCRIBE HOW AND WHERE ACCIDENT OCCURRED: \_\_\_\_\_
10. NAME OF FIELD/FACILITY WHERE ACCIDENT OCCURRED: \_\_\_\_\_

SECTION II	STATISTICAL INFORMATION	(required)
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1. NAME OF TEAM/CLUB: \_\_\_\_\_
2. TYPE: ☐ COMPETITIVE ☐ RECREATIONAL
3. LOCATION: ☐ ON FIELD ☐ INDOOR ☐ SPECTATOR AREA ☐ OTHER
4. SURFACE: ☐ DIRT ☐ GRASS ☐ OUTDOOR TURF ☐ INDOOR TURF
5. SURFACE CONDITION: ☐ DRY/NORMAL ☐ WET/RAINY ☐ ICY ☐ MUDDY
6. POSITION: \_\_\_\_\_
7. STATUS: ☐ HIT BY OBJECT ☐ COLLISION W/OPPONENT ☐ COLLISION W/TEAMMATE  
☐ OTHER \_\_\_\_\_

SECTION III	TO BE COMPLETED BY ORGANIZATION OR AUTHORIZED OFFICIAL	(required)
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POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	POLICY #	NAME OF POLICYHOLDER
ADDRESS OF POLICYHOLDER (Street)	(City)	(State)	TELEPHONE NUMBER
VERIFY THAT THE ACCIDENT OCCURRED DURING AN ACTIVITY SPONSORED OR SANCTIONED BY YOUR ORGANIZATION, AND WHETHER THE CLAIMANT WAS A MEMBER AT THE TIME OF ACCIDENT. <input type="checkbox"/> YES-SPONSORED/SANCTIONED ACTIVITY <input type="checkbox"/> YES-CLAIMANT WAS AN ACTIVE MEMBER ON THE DATE OF ACCIDENT			
I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.			
AUTHORIZED SIGNATURE:		TITLE:	DATE:

**SECTION IV****STATEMENT OF OTHER INSURANCE****(required)****Claimant/Father**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

PHONE: \_\_\_\_\_

SELF EMPLOYED ☐ UNEMPLOYED ☐

EMAIL: \_\_\_\_\_

**Claimant/Mother**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

PHONE: \_\_\_\_\_

SELF EMPLOYED ☐ UNEMPLOYED ☐

EMAIL: \_\_\_\_\_

**If you are employed but have no insurance, please include a letter of verification from your employer on their letterhead stating that no insurance is provided to you (or your dependents, if this claim is for your child) through your workplace.**

IS CLAIMANT COVERED UNDER ANY OTHER MEDICAL AND OR DENTAL INSURANCE POLICY? ☐ YES ☐ NOIS CLAIMANT COVERED UNDER A GOVERNMENT SPONSORED INSURANCE SUCH AS MEDICARE/MEDICAID? ☐ YES ☐ NO

POLICY HOLDER NAME: \_\_\_\_\_ ID#: \_\_\_\_\_ INSURED GRP#/NAME: \_\_\_\_\_

INSURANCE COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

**\*\*Please include copy of insurance card (both sides)**

**Note:** IF YOUR SON OR DAUGHTER HAS MEDICAL INSURANCE COVERAGE AS AN ELIGIBLE DEPENDENT FROM A PREVIOUS MARRIAGE AS MANDATED IN A DIVORCE DECREE, PLEASE GIVE NAME, ADDRESS AND PHONE NUMBER OF RESPONSIBLE PARTY: \_\_\_\_\_

**SECTION V****ASSIGNMENT OF BENEFITS**

ALL CLAIMS BENEFITS WILL BE PAID DIRECTLY TO DOCTORS AND HOSPITALS INVOLVED, UNLESS BILLING PROVIDED INDICATES PAYMENT MADE BY YOU.

**SECTION VI****STATEMENT OF CERTIFICATION and AUTHORIZATION TO RELEASE INFORMATION****(required)**

1. I CERTIFY that the above information given by me in support of this claim is true and correct.

SIGNATURE OF CLAIMANT/PARENT (required): \_\_\_\_\_ DATE: \_\_\_\_\_

2. 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, to disclose, whenever requested to do so by RPS Bollinger or Markel Insurance Company or their representatives, any and all such information. I UNDERSTAND the information obtained by use of the Authorization will be used to determine eligibility for insurance and eligibility for benefits under any existing policy. Any information obtained will not be released to any person or organization EXCEPT as necessary in connection with the processing of this application, claim, or as may be otherwise lawfully required or as I may further authorize. A photocopy of this authorization shall be considered as effective and valid as the original.

SIGNATURE OF CLAIMANT/PARENT (required): \_\_\_\_\_ DATE: \_\_\_\_\_

## **HOW TO FILE A CLAIM: INSTRUCTIONS**

**IMPORTANT: ALL INFORMATION MUST BE PROVIDED IN ORDER FOR A CLAIM TO BE PROCESSED**

1. **Excess Coverage:** Accident medical expenses are covered under this policy on an **Excess Basis**, and benefits will only be paid under this plan after your own personal or group insurance (including Health Maintenance Organizations) has paid out its benefits. Please note that you must follow your primary insurance carrier's eligibility criteria (i.e., to be treated in-network, if required by HMO, etc) in order for this policy to consider your expenses for payment. If you receive Government or State Aid Insurance, (Medicaid, Medicare, etc) this insurance may be Primary; please contact RPS Bollinger for coverage information.
  - Payment under this policy will be made according to **usual and customary guidelines**. This means that the basis for payment of specific medical or dental services is based on the average cost of that service by region. This policy does not automatically pay for services in full; it pays based on the "usual and customary" fee for that service in your area.
2. **Claim Guidelines:** You have **1 year** from the date of injury to submit a claim form.  
For claims to be eligible for coverage, you must seek medical attention within **60 days** from the date of injury.  
  
**Benefit Period:** This policy is subject to a **52 week** benefit period from the date of injury. Medical or dental expenses that are incurred **within 52 weeks** of the date of injury are eligible for coverage under this policy. Any expenses or treatments that are rendered after the **52 week** benefit period will not be covered by this policy.
3. **Please remember:**
  - a) **Only submit the Claim Form to RPS Bollinger**
  - b) Once your claim is approved, advise your Doctors/Hospitals of this insurance so they can file claims directly to RPS Bollinger.
  - c) **Itemized bills are required:** You or your providers must submit itemized bills with your primary insurance explanation of benefits (if applicable); balance due bills or notices **do not** provide the information needed to process your claim. See below for forms needed. Payments will be made to **you** if the itemized bills indicate that they have been paid. Otherwise, payments will be made directly to the doctor, hospital or other service provider.
    - **CMS-1500** is the standard form used by Providers to show the medical treatments and charges made for each service.
    - **UB-04** is the standard form used by Hospitals to show medical treatments and charges made for services.
4. **Dental bills:** All dental bills must be submitted through your primary insurance's **medical and dental plans** first before making a claim for dental treatment under this policy. Please have your provider submit an ADA dental claim form with the explanation of benefits (if applicable).

**For further Claims information contact:**

### **RPS Bollinger, Sports Claims Department**

P.O. Box 390 Short Hills, NJ 07078

(P) 866.267.0093

(F) 973.921.8474

**SportsClaims@RPSins.com**

## Fraud Statements

**GENERAL:** 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.

**ALASKA:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**ARIZONA:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS:** 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.

**CALIFORNIA:** For your protection, California law requires the following to appear on this form: 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.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DELAWARE:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**DISTRICT OF COLUMBIA RESIDENTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**INDIANA:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**LOUISIANA:** 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.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

**MINNESOTA:** A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

**NEW HAMPSHIRE:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NEW MEXICO:** 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 civil fines and criminal penalties.

**NEW YORK:** 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 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.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

**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 act, which is a crime and subjects such person to criminal and civil penalties.

**RHODE ISLAND:** 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.

**TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**TEXAS:** 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.

**VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**WEST VIRGINIA:** 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.

## **Appendix B**

# **Coaching it Safe**

## **Before Warm-ups, Practices and Games**

1. Consider if weather conditions are acceptable. Continue to consider weather conditions during all EBA baseball activities.
  - a. Lightning – If you see or hear a thunderstorm coming, immediately suspend your game or practice and instruct everyone to go inside a sturdy building or car. Do not wait until it starts raining since lightning frequently strikes in the absence of rain. Avoid sheds, picnic shelters, baseball dugouts, and bleachers.
  - b. High Winds – Practices or games should be suspended when winds create a safety hazard.
  - c. High Temperatures – Heat related injuries are very serious and in children can escalate to a life-threatening situation very quickly. Know the signs of heat related injuries and take action quickly to treat them.
  - d. Poor Lighting - The hazard of poor lighting occurs when it is difficult to see a moving ball. Take lighting conditions into consideration when planning practice drills late in the day.
2. Have the following items available:
  - a. The team first aid kit.
  - b. A phone.
  - c. The Medical Clearance Forms for all players.
  - d. A copy of the Safety Plan.
3. Inspect field and spectator areas and correct any hazards. SOFA
  - a. Surface – Inspect the surface of the field for holes and muddy areas.
  - b. Objects – Inspect areas for rocks, glass, equipment, and other objects that could cause injury.
  - c. Facilities – Inspect fencing, bases, pitchers mound, dugouts, and bleachers for damage.
  - d. Animals – Inspect all areas including dugouts for bees, wasps, snakes and other animals.
4. Inspect equipment for damage.
5. Give players a safety briefing. Remind them:
  - a. To remove all jewelry, watches and metallic objects (medical ID tags are acceptable).
  - b. That all players must be in full uniform with shirts tucked in and hats on (does not apply to practice).
  - c. Of their responsibility for removing bats and other loose equipment from the playing field.
  - d. Of the importance of being alert during all activities and to avoid horse play.
  - e. That only a player on the field and at bat or participating in a batting drill may hold and swing a bat.

## **During Warm-ups**

1. Keep warm-up activities within the confines of the playing field and not within areas that are frequented by spectators.
2. Space players out during warm-ups to reduce the chances of a player being hit by wild throws or missed catches.



## **During Practices and Games**

1. Allow only players, managers, coaches and umpires on the playing field.
2. Be on the look out for unsafe equipment.
3. Make sure players are wearing equipment that fits properly.
4. Ensure that catchers are wearing a catcher's helmet with cage and throat guard, long model chest protector, shin guards and protective cup with athletic supporter. This includes when warming up the pitcher.
5. Ensure batters are wearing an EBA approved protective helmet during batting practice and games.
6. Ensure base runners are wearing an EBA approved protective helmet during games. Base runners must also wear an EBA approved protective helmet during practices when a hazard of being hit by a ball exists.
7. Make sure players are removing bats and loose equipment from the playing field.
8. During a game, keep players who are not at bat, on deck, or playing a position in the bench area.

## **Appendix C**

# **First Aid & Concussion Procedures**

# Protect Yourself

HIV, the virus that causes AIDS, and hepatitis can be acquired by coming in contact with an infected person's blood or body fluids (saliva, vomit). You cannot tell by looking at a person if they have HIV or hepatitis. There is no cure for either of these diseases, so it is important that you protect yourself from all blood and body fluid contact by following these rules.

1. Managers, coaches, umpires and volunteers with open wounds should refrain from all direct contact with others.
2. When providing first aid where blood or other body fluid contact is likely, use gloves to prevent exposure (provided in first-aid kit).
3. Immediately wash hands and other skin surfaces if contaminated with blood or other body fluids.
4. Care must be taken when providing first aid to limit contamination of equipment and other surfaces such as benches and bats.
5. Clean all blood contaminated surfaces and equipment.
6. Dispose of bloody dressings, mouth guards and other articles containing body fluids in a trash can or dumpster.

## General First Aid Guidelines

1. Reassure the patient.
2. Ask for permission to treat them. For unresponsive patients, assume consent.
3. Make sure the patient is breathing. If not, then call 911 immediately and administer rescue breathing only if you hold a current certification.
4. Check for circulation. If none, then call 911 and administer CPR only if you hold a current certification.
5. Assess the extent of the injury and call 911 if severe bleeding is present, if the patient is unconscious or delirious, or if you feel immediate medical attention is needed.
6. Provide the appropriate first aid treatment.
7. Watch for signs of shock and treat as necessary.
8. Determine the fitness of the patient to continue playing.
9. Advise adult patients to seek further medical attention when appropriate. Advise the parent or guardian of a minor that the minor should seek further medical attention when appropriate.
10. Complete and submit an Accident Notification Form in accordance with the Safety Plan.
11. Replenish the team first aid kit.

### **Animal Bite**

1. Have the person wash the wound thoroughly with antibacterial soap and water. Assist if needed.
2. Cover with dry dressing.
3. Advise adult patients to seek further medical attention when appropriate. Advise the parent or guardian of a minor that the minor should seek further medical attention when appropriate.

### **Insect Bite**

1. Assess if there is a possibility of an allergic reaction. Do not hesitate to call **911** if the patient is allergic to insect bites or shows signs of a systemic reaction.

Symptoms:

- **LOCALIZED REACTION:** red, swollen, itching area; size & severity of symptoms may vary.
  - **SYSTEMIC REACTION:** same as localized, but may include any or all of the following: pulse irregularities, low blood pressure, dizziness, rash, severe itching, tightness in the chest &/or throat.
2. If there is no indication of allergic reaction:
    - Remove stinger if in wound. Use tweezers (if available) or scrape stinger away from skin with a tongue blade or plastic card (credit card or badge card).
    - Wash thoroughly with antibacterial soap & water.
    - Apply cold packs if the affected area is inflamed &/or swollen.
    - Observe the patient for 20 minutes to verify there is no systemic reaction.

### **Contusion (struck by injury with no external bleeding)**

1. Apply cold compress or ice packs immediately, but not directly to skin, for 20 minutes.
2. Elevate limb if possible.
3. May apply ice for up to 20 minutes 4 times per day (with limb elevated if possible) during first 24-48 hours or until swelling is relieved and bruising is diminished.
4. If site becomes extremely red, painful or hot to touch, advise adult patients to seek further medical attention. Advise the parent or guardian of a minor that the minor should seek further medical attention.

### **Eye Injury - Protruding or Penetrating Foreign Body**

1. Call **911** for immediate emergency transport.
2. Do not remove the foreign body.
3. Do not irrigate with saline or water.
4. Lay the patient flat.
5. Avoid movement of face, head, eyes and body.
6. Place a sterile dressing around the object and cover the eye. Covering both eyes will minimize movement of affected eye.
7. May apply a paper cup to stabilize the object. Tape cup firmly in place.

### **Eye Injury – Foreign Body:**

1. Have the patient blink several times to try to dislodge the foreign body.
2. Gently irrigate or flush the eye with water or normal saline solution.
3. If foreign body does not float out easily, advise adult patients to seek further medical attention. Advise the parent or guardian of a minor that the minor should seek further medical attention.

### **Fracture/Dislocation**

1. Call **911** for immediate transport to an emergency room.
2. Avoid moving the patient if possible until emergency transport personnel arrive.
3. If patient must be moved for safety reasons, immobilize the injured body part before moving them.
4. If the injury is an open fracture:
  - A. Cover the wound with sterile dressings or with items that are free from grease, soils, and debris.
  - B. Do not attempt to push the exposed bone back beneath the skin.
5. Apply cold or ice pack to the area. Do not apply ice directly to the skin.
6. Assess and treat for shock, see **SHOCK GUIDELINES**.
7. Do not give the patient anything to eat or drink.

### **Head Injury (serious, non-concussion)**

**NOTE: This guideline refers to serious head injuries with symptoms that may include loss of consciousness, nausea & vomiting, convulsions, sudden visual changes, unsteady gait, slurred speech, drainage or bleeding from nose and ears.**

1. Call **911** for immediate emergency transport.
2. If cause of injury was severe, assume there is a back/neck injury and do not move patient.
3. Maintain an open airway and perform CPR if necessary and if you hold a current certification.
4. Keep patient lying down with head slightly elevated, except if cervical injury is suspected.
5. Monitor vital signs continuously.
6. If it is necessary to apply pressure over a possible skull fracture site to control bleeding, do so with caution.
7. Do not cleanse scalp wounds of contaminants; place sterile dressing snugly on wound without excessive pressure.

## **Heat Exhaustion**

**Symptoms:** Pale, clammy skin, rapid weak pulse, lethargic (tired), muscle twitching, headache, nausea, dizziness, abdominal and leg cramps, body temperature usually normal, blood pressure decreased.

1. Have the patient lie down in a cool (not cold) environment.
2. Monitor vital signs.
3. Assess sweating ability by examining forehead, skin, and armpits.
4. Give one 8 oz. glass of water every 15 minutes for 1 hour, if patient is alert, able to swallow and not nauseated or vomiting.
5. Apply cool wet compresses to forehead, neck, armpits, and groins.
6. If symptoms persist or worsen, call **911** for immediate emergency transport.

## **Heat Stroke**

**NOTE: Heat Stroke is a life threatening emergency requiring immediate medical care.**

**Symptoms:** red, hot dry skin, weak rapid and irregular pulse, decreased level of consciousness or unconsciousness; body temperature as high as 105 °F (40 °C); irregular breathing, seizures, headache, dizziness, nausea, confusion, shock, lack of sweating.

1. Call **911** for emergency transport.
2. Have the patient lie down with head elevated in a cool environment and begin cooling efforts as fast as possible. Remove outer clothing.
3. Apply cool wet compresses or ice to groins, armpits, wrists, neck, and ankles. Apply wet sheets to body.
4. Perform CPR, if necessary, but only if you carry a current certification.

## **Hernia Emergency**

- Most strangulated inguinal (groin) hernias appear as swelling in the groin that disappears when the individual lies down.
  - If the hernia is strangulated, the pain may be severe, often accompanied by general distress and nausea.
  - Do not attempt manual reduction of mass.
1. Gently lay the patient on their back with knees bent.
  2. Apply cold compress to the swollen or painful area.
  3. Advise adult patients to seek further medical attention or call 911 for transport. Advise the parent or guardian of a minor that the minor should seek further medical attention or call 911 for transport.

## **Nosebleed**

1. Control the bleeding by pinching the nostrils together for 10-15 minutes.
2. Keep the patient sitting slightly forward (**not back**) and loosen the collar.
3. Advise the patient not to blow or rub their nose for an hour or two after bleeding has stopped. If they must sneeze, recommend they do so with the mouth open.
4. If the bleeding cannot be controlled, if it stops and reoccurs, or if the bleeding is the result of high blood pressure, advise adult patients to seek further medical attention. Advise the parent or guardian of a minor that the minor should seek further medical attention.

## **Shock**

**NOTE: Shock, regardless of cause, is a medical emergency and requires immediate emergency transport to the hospital emergency room.**

Symptoms:

- Restlessness and irritability
- Rapid and weak pulse
- Rapid breathing
- Pale, ashen, or bluish, cool, moist skin
- Excessive thirst
- Nausea and vomiting
- Drowsiness or loss of consciousness
- Drop in blood pressure

## **Types of Shock:**

Anaphylactic	Life-threatening allergic reaction to a substance; can occur from insect stings or from foods and drugs.
Cardiogenic	Failure of the heart to effectively pump blood to all parts of the body; occurs with heart attack or cardiac arrest.
Hemorrhagic	Severe bleeding or loss of blood plasma; occurs with internal or external wounds or burns.
Metabolic	Loss of body fluid; occurs after severe diarrhea or vomiting or a heat illness.
Neurogenic	Failure of nervous system to control size of blood vessels, causing them to dilate; occurs with brain or nerve injuries.
Psychogenic	Factor, such as emotional stress, causes blood to pool in the body in areas away from the brain, resulting in fainting.
Respiratory	Failure of the lungs to transfer sufficient oxygen into the bloodstream; occurs with respiratory distress or arrest.
Septic	Poisons caused by severe infections that cause blood vessels to dilate.

**Emergency Care:** Use these measures to both prevent & treat shock:

1. Call **911** for transport to the emergency room.
2. Give emergency care for the underlying.
3. Keep the patient lying down with feet elevated and head low, **except** in the following cases: a suspected head injury, if breathing becomes difficult when lying down, or if the victim complains of pain when lying down.
4. Keep patient warm without overheating.
5. Do not give anything to eat or drink.

### **Strain or Sprain**

#### **Symptoms:**

- |        |                                |
|--------|--------------------------------|
| Minor: | Mild pain                      |
|        | Minimal swelling               |
|        | No bruising                    |
|        | Minimal to no loss of function |
| Major: | Severe pain                    |
|        | Immediate swelling             |
|        | Bruising                       |
|        | History of “pop” or “snap”     |
|        | Tissue bleeding                |
|        | Loss of function               |
|        | Point tenderness at site       |

1. Perform an initial assessment.
2. Initiate RICE treatment:
  - Rest injured part until pain is minimal or completely resolved.
  - Ice affected part for 15 minutes 4 times daily for first 48 hours.
  - Compress injury with dressing (e.g., ace wrap) to control swelling.
  - Elevate affected part to minimize edema.
3. Advise adult patients to seek further medical attention. Advise the parent or guardian of a minor that the minor should seek further medical attention.



### **Wounds (minor)**

This includes superficial or minor, and moderate: abrasions, punctures, lacerations, and penetrating wounds.

1. Have the patient cleanse with soap and water. Assist if necessary. If wound is due to a puncture, soak in soapy warm water for 15-20 minutes.
2. Apply antibiotic ointment and cover with dry sterile dressing.
3. Advise adult patients to seek further medical attention when appropriate. Advise the parent or guardian of a minor that the minor should seek further medical attention when appropriate.

### **Wounds (severe)**

**Note: Wounds with: (a) obvious or suspected involvement of deep structures (nerves, tendons, and muscles), (b) deeply embedded foreign material, (c) jagged or torn edges, (d) persistent uncontrolled bleeding, or (e) excessive contamination MUST BE evaluated immediately by a physician.**

1. Call **911** for immediate transport to emergency room.
2. Quickly apply pressure over bleeding area with sterile pressure dressing or any clean covering if available.
3. Do not waste time trying to wash wound.
4. Immobilize the affected area, if indicated.

### **Concussion Procedures**

**Follow the procedures as set forth on the following pages in the EBA Policy on Concussion Procedure and Protocol. Also, see the additional following information from the U.S. Department of Health and Human Services Centers for Disease Control and Prevention “Heads Up Concussion In Youth Sports”.**



## **Policy on Concussion Procedure and Protocol**

### **Concussion:**

*A traumatic brain injury that interferes with normal brain function. Medically, a concussion is a complex, pathophysiological event to the brain that is induced by trauma which may or may not involve a loss of consciousness (LOC). Concussion results in a constellation of physical, cognitive, emotional, and sleep-related symptoms. Signs or symptoms may last from several minutes to days, weeks, months or even longer in some cases*

Pennsylvania Senate Bill No. 200, known as the "Safety in Youth Sports Act," was signed into law 2011, establishes standards for managing concussions and traumatic brain injuries to student athletes. Ephrata Baseball Association will follow the guidance set forth in this act.

Our organization shall be required to provide educational materials to our members- including but not limited to coaches, players and parents. Materials may be in electronic or traditional formats. Efforts will be made to educate all coaches providing the options available by the Center for Disease Control (CDC).

Any player exhibiting the signs or symptoms of a concussion or traumatic brain injury while participating in sanctioned baseball activity (training, games, tournaments, scrimmages) shall be removed by the coach from participation at that time. In addition, coaches should not allow a child to participate if they are aware of a concussion received from another activity, outside of their direct authority. The coach shall not return a child to baseball participation until the child is evaluated and cleared for return to participation in writing by an a licensed physician who is trained in the evaluation and management of concussions or a licensed or certified health care professional trained in the evaluation and management of concussions and designated by such licensed physician.

## CONCUSSION SIGNS, SYMPTOMS, AND MANAGEMENT AT TRAINING AND COMPETITIONS

### Step 1:

#### Did a concussion occur?

Evaluate the player and note if any of the following signs and/or symptoms are present:

- (1) Dazed look or confusion about what happened.
- (2) Memory difficulties.
- (3) Neck pain, headaches, nausea, vomiting, double vision, blurriness, ringing noise or sensitive to sounds.
- (4) Short attention span; can't keep focused.
- (5) Slow reaction time, slurred speech, bodily movements are lagging; fatigue, and slowly answer questions or has difficulty answering questions.
- (6) Abnormal physical and/or mental behavior.
- (7) Coordination skills are behind, ex: balancing, dizziness, clumsiness, reaction time.

### Step 2:

#### Is emergency treatment needed?

This would include the following scenarios:

- (1) Spine or neck injury or pain.
- (2) Behavior patterns change, unable to recognize people/places, less responsive than usual.
- (3) Loss of consciousness.
- (4) Headaches that worsen
- (5) Seizures
- (6) Very drowsy, can't be awakened
- (7) Repeated vomiting
- (8) Increasing confusion or irritability
- (9) Weakness, numbness in arms and legs

### Step 3:

#### If a possible concussion occurred, but no emergency treatment is needed, what should be done now?

Focus on these areas every 5-10 min for the next 1 - 2 hours, without returning to any activities:

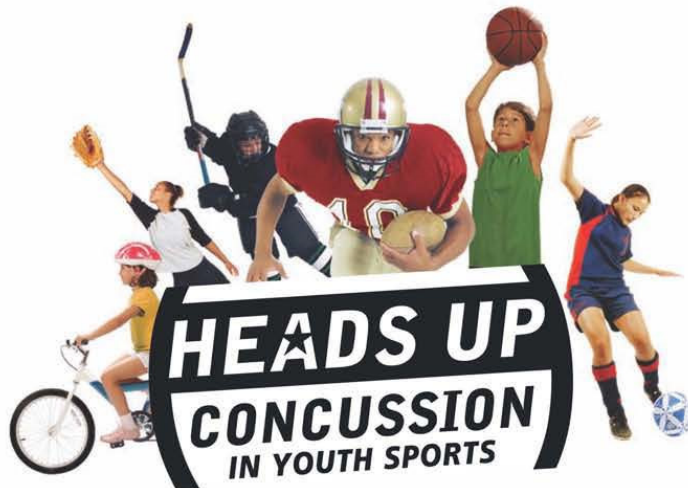
- (1) Balance, movement.
- (2) Speech.
- (3) Memory, instructions, and responses.
- (4) Attention on topics, details, confusion, ability to concentrate.
- (5) State of consciousness
- (6) Mood, behavior, and personality
- (7) Headache or "pressure" in head

- (8) Nausea or vomiting
- (9) Sensitivity to light and noise

Players shall not re-enter competition, training, or partake in any activities for at least 24 hours. Even if there are no signs or symptoms after 15-20 min, activity should not be taken by the player.

Step 4:

A player diagnosed with a possible concussion may return to play only after release from a licensed physician who is trained in the evaluation and management of concussions or a licensed or certified health care professional trained in the evaluation and management of concussions and designated by such licensed physician



### SIGNS AND SYMPTOMS

These signs and symptoms may indicate that a concussion has occurred.

#### SIGNS OBSERVED BY COACHING STAFF

Appears dazed or stunned

Is confused about assignment or position

Forgets sports plays

Is unsure of game, score, or opponent

Moves clumsily

Answers questions slowly

Loses consciousness (even briefly)

Shows behavior or personality changes

Can't recall events prior to hit or fall

Can't recall events after hit or fall

#### SYMPTOMS REPORTED BY ATHLETE

Headache or "pressure" in head

Nausea or vomiting

Balance problems or dizziness

Double or blurry vision

Sensitivity to light

Sensitivity to noise

Feeling sluggish, hazy, foggy, or groggy

Concentration or memory problems

Confusion

Does not "feel right"

### ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

### IMPORTANT PHONE NUMBERS

FILL IN THE NAME AND NUMBER OF YOUR LOCAL HOSPITAL(S) BELOW:

Hospital Name: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_

**For immediate attention, CALL 911**

*If you think your athlete has sustained a concussion... take him/her out of play, and seek the advice of a health care professional experienced in evaluating for concussion.*

For more information and to order additional materials **free-of-charge**, visit:  
[www.cdc.gov/ConcussionInYouthSports](http://www.cdc.gov/ConcussionInYouthSports)

July 2007

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR DISEASE CONTROL AND PREVENTION





# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness ( <i>even briefly</i> )	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"



## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

### *Remember*

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

## **Appendix D**

# **EBA Code of Conduct**



## **Ephrata Baseball Association – Code of Conduct**

The Ephrata Baseball Association (EBA) is dedicated to providing a safe, enjoyable baseball experience for players and volunteers. The EBA has established a Safety Plan to provide guidance and awareness to those responsible for ensuring the safety of participants and volunteers. Part of that Safety Plan is a Code of Conduct that applies to all managers, coaches, umpires, players and spectators in an effort to fulfill the EBA's goal of providing a safe and enjoyable baseball experience.

- Observe a speed limit of 5 mph in parking lots while attending EBA functions. Additionally, watch for small children in the parking lots.
- No playing in parking lots, including siblings of players.
- Use crosswalks, when provided, to cross roads, and always be alert for traffic.
- Be aware of activities on the field during games and practices. Foul balls hurt!
- Refrain from using profanity at all times.
- Players must either be on the field or on the players' bench.
- Spectators must stay in spectator areas. No one but players, managers, coaches, and umpires are permitted on the playing field, in dugouts or on players' benches.
- Only a player on the field and at bat or participating in a batting drill is permitted to hold and swing a bat.
- No horseplay of any kind is acceptable. This includes throwing rocks or dirt and climbing fences or trees.
- EBA would also like to remind everyone to follow local ordinances when attending EBA activities. This includes, but is not limited to, pet leash ordinances, smoking bans, and open container of alcohol laws.
- Clean up trash after each game.

EBA would also like to remind everyone that the thrill of winning isn't everything. Baseball provides an opportunity for players as well as managers, coaches, and umpires to learn and reinforce the concepts of **personal improvement**, **giving maximum effort**, **having fun**, **sportsmanship**, and **supporting teammates**. Always consider if your actions and behavior are supporting these concepts.

## **Ephrata Baseball Association – Coaching Code of Conduct**

All Ephrata Baseball Association Coaches shall:

1. Be a positive role model and influence for the youth players.
2. Foster and provide a fun and safe playing environment for all players. Never exercise or encourage any behaviors or actions that would endanger the health or well-being of the players.
3. Demonstrate respect, courtesy and positive support for all players, parents/families, umpires and opponents.
4. Promote, encourage and display good sportsmanship and fair play at all times. Do not exercise or encourage any behaviors that demonstrate unsportsmanlike conduct, such as taunting and refusing to shake an opponent's hand.
5. Educate and remind parents and adults that the game is for the kids.
6. Keep open lines of communications with parents.
7. Discipline players in a fair and consistent manner.
8. Refrain from the use of alcohol, tobacco or illegal drugs during all team activities.
9. Refrain from the use of profanity and inappropriate language to players, parents/families, umpires and opponents.
10. Refrain from arguments with or negative comments to opposing teams, coaches, players and umpires.
11. Embody the qualities included in the EBA Coaching Development and Education Program (C – O – A – C – H).



## ***EBA Coaching Development & Education Program***

**Mission Statement:** The Ephrata Baseball Association is committed to cultivating adult volunteer managers, coaches, and instructors through a [coaching development and education program \(see more\)](#) designed to teach consistent, effective instructional practices that are safe, fundamentally-based, and skill-appropriate for the overall instructional well-being of its participants.

EBA believes that these five qualities embody the type of manager, coach, and/or instructor that our Coaching Development & Education Program is committed to cultivating:

**C – Comprehension**

**O – Organization**

**A – Attitude**

**C – Communication**

**H – Hustle**

### **Comprehension**

Comprehension of the fundamental skills, rules of play, and organizational goals and objectives of the program is a coaching requirement of EBA. Simply stated, managers and coaches must understand the basic elements; the what's, why's, and how's of coaching baseball at the level they are coaching at in order to be effective.

To assist our managers and coaches in learning the fundamental skills of the game, EBA has adopted "Baseball's Forgotten Basics," a field manual and instructional DVD, for every coach to use as their primary reference source. Every adult volunteer who wishes to enter our Coaching Development & Education Program receives a free copy of this manual at our

initial certification clinic. EBA has also taken a committed approach to providing all of our managers and coaches with year-round instructional and administrative support for learning and applying fundamental baseball instruction drills and skills under supervision from advanced instructors at the EBA training facility. Training initiatives prior to the season include safety training, as well as a variety of continuing educational opportunities focused on skill instruction that include an open invitation to all high school varsity baseball practices.

### **Organization**

As volunteers, our managers and coaches are providing the participants of our program with a priceless service. All of these adults are devoting their time and energy to assist EBA because they enjoy working with children and enjoy baseball. However, good intentions often provide little assistance when it comes to tackling some of the more difficult aspects of certain job requirements. Organizing a dynamic practice that fully engages players on a regular basis requires proper planning, a variety of fun and safe drills, and the aforementioned knowledge of the fundamentals needed for skill improvement.

Due to the increased difficulty of this task, EBA has made a commitment to providing our volunteers with dynamic practice plans while affording them the ease and comfort of organizing those plans with a simple click of the mouse or by book marking pages in their coaches' manual. We recognize that after a long days work, most of our adults do not have the time or energy to effectively plan a practice. However, we also recognize that our participant-base, the kids, deserve a well-organized, structured practice and game plan that is both efficient and effective to the players' overall development and enjoyment of the game. Beginning this year, all of our certified managers and coaches will have access to successfully-proven practice and game day management plans via the EBA website, as well as reference materials in their coaches' manual.

### **Attitude**

Attitudes drive behavior. Your [body language](#) is a result of your mental attitude. By choosing your attitude you get in that mood and send out a message that everyone understands, consciously or unconsciously. And, almost always, you have a choice as to what attitude to adopt.

It is important that the adult component of EBA - parents, volunteers, and especially our managers and coaches, understand that children are very perceptive when it comes to interpreting the attitude of adults and that, because of this, we are role models for our children. Consequently, the

attitude we choose, and display, often determines whether we are perceived as positive or negative role models.

Therefore, our organization has taken the "Power in Positives" approach to training and managing the adults that make up EBA. As part of our Coaching Development & Education Program, we are advising our managers and coaches on how to use positive and encouraging tones when providing instruction at practice and during games; how to be aware of body language and non-verbal messages; how to avoid confrontation with umpires, opponents, and parents; and how to handle competition in a manner that *a/ways* focuses on the positives, including what areas need improvement and how to learn from losing. Our approach stands by the quote, "A positive anything is better than a negative nothing." We are hoping that this positive energy becomes injected and then circulates throughout our entire organization leading to a positive experience for everyone.

### **Communication**

Unfortunately, possessing knowledge about something does not always translate into being able to teach others about that same subject matter. If you wish to share your knowledge with others, you must understand how to be a skillful communicator. In other words, how you convey a message, verbally or non-verbally, usually determines how well your audience will receive it.

Recognizing that managers and coaches are the most vital link in making each participant's experience a success, EBA is providing managers and coaches with a variety of support opportunities for becoming more effective and dynamic communicators, and ultimately better instructors, through a series of clinics and reference materials. Our organization has also adopted four principles for communication for our adult volunteer managers and coaches to follow in all circumstances: Be Positive; Be Honest; Be Direct; and Be Consistent. As long as our adults live by these four principles, we feel that they can become more effective communicators when dealing with just about any situation, including how to be successful instructors; how to team up with parents; and how to deal with the occasional "bad call" by the umpire.

### **Hustle**

In the true spirit of being positive, EBA has chosen to interpret one of the few definitions of the word "hustle" that can be viewed favorably. Why not? Baseball has done the same. Hustle can be used to reference an aggressive, energetic approach that demands maximum effort. In fact, "hustle" is synonymous in baseball for "trying your best." *"The outfielder hustled after the ball, holding the runner to a long single."*

While Major League Baseball gives out the "Heart & Hustle Award" annually to the player who not only excels on the field, but also "best embodies the values, spirit and tradition of the game," EBA has taken a similar approach toward encouraging managers and coaches to embrace their opportunity to impact our youth by exuding an enthusiasm and energy that clearly demonstrates that they are willing to give a "little extra" in order to make a "big difference." We believe that if our managers and coaching take pride in their own "hustle," the players will follow suit, and in the end it will be the "effort that counts."



## Ephrata Baseball Association – Parent Code of Conduct

Ephrata Baseball Association has adopted the Little League Sport Parent Code of Conduct:

### **Sport Parent Code of Conduct**

We, the \_\_\_\_\_ 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. Repeat 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, 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 other 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.

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Parent/Guardian Signature