



Twin Valley Baseball Association
Safety Plan
2026-2027

Important Numbers

In case of an Emergency	911
Honey Brook Fire Department	610-273-2688
Honey Brook Borough Police	610-273-9262
Embreeville State Police Barracks	610-486-6280
A-Z Urgent Care	610-901-3900
Chester County Hospital	610-431-5000
Paoli Hospital	484-565-1000

TVBA Mission Statement

The intent of the Twin Valley Baseball Association, its Board of Directors, Managers, Coaches, and Volunteers, is to provide the youth with an opportunity to learn, play, and enjoy the great game of baseball and softball in a safe, friendly environment with an emphasis on teamwork, sportsmanship, and fair play.

Introduction

The Twin Valley Baseball Association prepared this manual to establish safety guidelines, which will serve to reduce accidents and injuries as well as provide an inspection and reporting mechanism to assess playing fields and equipment for safe operation and maintenance. Additionally, these safety guidelines will educate managers, coaches, volunteers, and players in the value of proper first aid training, injury prevention, and safety reporting. Instruction in proper conditioning and warm up calisthenics will help in the prevention of sports injuries. It is our goal that these activities will begin to develop life-long habits in good health and a safe approach to athletic exercise.

A link to the plan will be sent to board members, managers, and volunteers. For environmental purposes, the League no longer providing printed copies to all volunteers.

It will also be put in the League Info section of the TVBA site:

<https://www.twinvalleybaseballassociation.com/>

Twin Valley Baseball Association Board of Directors

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Steff McDonald	League Information Officer	steffmcdonald286@gmail.com	610-308-4428
Jennifer Tennent	Concessions Coordinator	jennytenny6@gmail.com	610-850-5240

Field Locations

James Umble Memorial Park
173 Supplee Road
Honeybrook, PA. 19344

Caernarvon Friendship Park
3287 North St.
Morgantown, PA. 19543

West Nantmeal Park
455 N Manor Road
Elverson, PA. 19520

Highcroft Field
Highcroft Drive
Morgantown, PA. 19543

Livingood Park
52 W Main Street
Elverson, PA. 19520

Background Screening

The following state-mandated clearances are listed below:

- PA Criminal Background Check - <https://epatch.pa.gov/home>
- PA Child Abuse Clearance - <https://www.compass.state.pa.us/cwis/public/home>
- FBI Federal Criminal History Check (for residents that have not lived in Pennsylvania for the last 10 years). - <https://uenroll>.
- TVBA adheres to PA State requirements for volunteers.
- In addition, PA State requires each volunteer provide proof of PA Child Abuse clearance and PA criminal background clearance. These clearance checks will need to be conducted every 60 months, and proof of completion will need to be submitted to the league and held on record along with the JDP background check mentioned above. If volunteers have lived outside of Pennsylvania within ten years prior to the season for which they are applying, the volunteer must also obtain and then provide current FBI criminal background clearance. [https:// www.pa.gov/en/agencies/dhs/resources/keep-kids-safe/child-abuse-clearances/pa-child-abuse-history-clearance.html](https://www.pa.gov/en/agencies/dhs/resources/keep-kids-safe/child-abuse-clearances/pa-child-abuse-history-clearance.html)
- Any volunteer who does not complete this application and clearance process will not be able to participate as a volunteer.
- The Safety Officer will retain these confidential for the year

Implementation of Prompt Accident Reporting

What to Report

An incident that causes any player, manager, coach, umpires, or volunteer to receive first aid and/or medical treatment must be reported to the League's Safety Officer. This includes any passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to Report

All such incidents described above must be reported to the League's Safety Officer within 24 hours of the incident. The League's Safety Officer, Kim Lawson, can be reached at (267) 716-1474 or klawson0760@gmail.com.

How to Make the Report

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

- The name and phone number of the individual involved.
- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.

Team Manager or Coach Responsibility

The Team Manager will complete the **Incident/Injury Tracking Form** and submit it to the League's Safety Officer *within 24 hours of the incident*. If the team does not have a safety officer, or if he or she is not present, then the Head Coach will be responsible for filling out the form and submitting it to the Safety Officer.

Safety Officer's Responsibility

Within 24 hours of receiving the **Incident/Injury Tracking Form**, the League's Safety Officer will contact the injured party or the party's parents and;

- Verify the information received
- Obtain any other information deemed necessary
- Check on the status of the injured party
- In the event that the injured party requires other medical treatment (i.e. Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Leagues insurance coverage and the provision for submitting any claims.

In the event the injuries are more than minor in nature, the League's Safety Officer shall:

- Periodically call the injured party to check on the status of any injuries

- Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time as the incident is considered “closed” (i.e., no further claims are expected, and/or the individual is participating in the League again).
- Review and complete where necessary the **Incident/Injury Tracking Form** and route to the appropriate officials.

Emergency Contact Procedures

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

1) First dial 9-1-1.

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

Most dispatchers will ask:

- **The exact location or address of the emergency?** Include the name of the city or town, nearby intersections, landmarks, etc. as well as the field name and location of the facility, if applicable.
- **The telephone number from which the call is being made.**
- **The caller’s name.**
- **What happened** — i.e., a baseball-related accident, fire, fall, etc.
- **How many people are involved.**
- **The condition of the injured person** — i.e., unconscious, chest pains, or severe bleeding.
- **What help is being given** (first aid, CPR, etc.).

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

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

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

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

Emergency Contact Procedures

WHEN TO CALL – IF YOU HAVE ANY DOUBT AT ALL, CALL 911

If the injured person is unconscious, call 911 immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call 911 anyway and request paramedics if the victim

- is, was or becomes unconscious
- has trouble breathing or is breathing in a strange way

- has chest pain or pressure
- is bleeding severely
- has pressure or pain in the abdomen that does not go away
- has seizures, a severe headache, or slurred speech.
- appears to have been poisoned
- has injuries to the head, neck or back
- has possible broken bones

ALSO CALL 911 FOR ANY OF THESE SITUATIONS:

- Fire or explosion
- Downed electrical wires
- Swiftly moving or rapidly rising water
- Presence of poisonous gas
- Vehicle Collisions
- Vehicle/Bicycle Collisions
- Victims who cannot be moved easily

Safety Manual Acceptance

- It is recognized that the area personnel and facilities available for the operation of the League will dictate the structure of an effective safety program. These safety guidelines are presented as a goal toward which the adults who administer a league can work. The effectiveness of their efforts to prevent accidents will be measured more by their sincerity of purpose than by the amount of money and preponderance of volunteer effort at their disposal.
- Each Manager and Team Safety Parent is issued access to the online Safety Manual and a First Aid Kit at the start of the season. The manager and head coach acknowledge the receipt of both by signing in the space provided below when taking possession of these items.
- The First Aid Kit is issued and kept by the team manager. It includes the necessary items to treat injured players until professional help arrives, if needed. Additional supplies are available from the League Safety Officer or in the concession stands.
- The team's First Aid Kit must always be in plain sight. Safety Manuals are available online and hard/physical copies kept in each score booth and concession stand.

- The Safety Manual includes the location of hospitals and other emergency services, phone numbers for all local league and district personnel, the League Code of Conduct, requirements for league volunteers, and instructions for treating injured players.

****Print this page and email a photo of completed copy to the League Safety Officer** I have read the League Safety Manual, and the team manager has received the league First Aid Kit. This kit will be present at ALL practices, games, and any other event where team members could become injured. It is our responsibility to ensure that the First Kit is kept properly stocked in coordination with League Safety officer.**

Selection and Qualifications of First Aiders

At least one coach per team will receive first aid training prior to the start of the season. It is impractical to always have a completely trained and experienced first aid person on duty. However, our league will make every effort that should be made to have several alternate first aid trained people available. These people will be trained in the basic requirements of first aid treatment, and their duties will keep them in the league's fields.

Ideally, this training should be from an accredited agency such as the American Red Cross. The alternative is to have first aid trainers individually and specifically for this purpose by a medical doctor or a registered nurse who is familiar with League operations. Minimum first aid training should include the handling of extreme emergencies such as the usage of mouth-to-mouth resuscitation and external cardiac massage.

Know Your Limits

The average response time on 911 calls is 5-7 minutes. In route Paramedics are always in constant communication with the local hospital preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

First Aid Kits

First Aid Kits will be furnished to each team at the beginning of the season. The First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether regular or post-season) and any other League event where children's safety is at risk. Inventory your kit weekly. To replenish materials in the Team First Aid Kit, the Manager or the coach must contact the League's Safety Officer. Additional supplies are available in the concession stand.

The First Aid Kit must be turned in at the end of the season along with your equipment

First Aid Kit Contents

- 1 - Wound Cleanser
- 3 – 4x4 Sterile Gauze Pads
- 1 – First Aid Roll Tape
- 6 – Triple Antibiotic Ointment
- 3 – 2x2 Sterile Gauze Pads
- 6 – Antiseptic Wipes
- 6 – 2x4 Bandages
- 2 – Latex Free Exam Gloves
- 6 – 1x3 Bandages
- 4 – Cotton Tip Applicators
- 1 – Finger Splint (tongue depressor)
- 6 – 3/8x1 Bandages
- 2 – Instant Ice Packs
- 1 – Sterile Eye Pad
- 1 – Tweezer
- 1 – Roll Gauze
- 2 – Fingertip Bandages
- 1 – Scissors
- 1 – Zip Bag

Additional First-Aid Kits and Items are available in the snack shacks and score booths. Additional items include eyewash, self-adhesive wrap, and burn ointment. These additional kits are for emergency situations on the field or in the stands. Do not use these supplies to replenish your team's kit. Contact the League Safety Officer for replenishments.

Field/Equipment safety

Coaches and Umpires will be required to walk/inspect the fields prior to practices and games. Please report and issues immediately to the Safety Officer.

The League Safety Officer will inspect equipment pre-season. Managers/Coaches will inspect equipment prior to each game.

GOOD SAMARITAN LAWS

There are laws to protect you when you help someone in an emergency. The “Good Samaritan Laws” give legal protection to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a reasonable and prudent person under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim’s injury. For example, a reasonable and prudent person would:

- Move a victim only if the victim’s life is endangered.
- Ask a conscious victim for permission before giving care.
- Check the victim for life-threatening emergencies before providing further care.
- Summon professional help to the scene by calling 9-1-1.
- Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the “Good Samaritan” use common sense and a reasonable level of skill, not to exceed the scope of the individual’s training in emergency situations. They assume each person would do his/her best to save a life or prevent further injury.

Permission to Give Care

If the victim is conscious, you must have his/her permission before giving first aid. To get permission you must tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

Treatment at Site

DO . . .

- **Access** the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock
- **Know** your limitations
- **Call 911** immediately if person is unconscious or seriously injured
- **Look** for signs of injury (blood, black-and-blue, deformity of joint etc.)

- **Listen** to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm down and soothe an excited child
- **Feel** gently and carefully about the injured area for signs of swelling or grating of broken bone
 - **Talk** to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred

DON'T . . .

- **Administer ANY medications**
- Provide any food or beverages (other than water)
- Hesitate in giving aid when needed
- Be afraid to ask for help if you're not sure of the proper Procedure, (i.e. CPR, etc.)

Transport injured individuals except in extreme emergencies.

Every team manager is supplied a Team Binder which includes a copy of every player's Medical Release Form. This document contains emergency phone numbers, doctor and hospital information. The binder is required to be at and in view at every game or practice. Should a manager be unable to make a game or practice, he/she must ensure that the binder and first aid kit accompany the equipment to any team function.

NOTIFICATION OF FAMILY

It is extremely important that, as soon as provision has been made for the care of injured or ill people who require outside treatment, their family be notified as soon as possible.

FOLLOW-UP ON FIRST AID CASES

- The Team and League Safety Officer should follow up with the parents/guardians of the injured player within 24 hours of the incident.
- A thorough investigation will be made to find the cause(s) of an accident and action started to

prevent recurrence.

- An insurance claim should be filed when outside medical attention is required. Do not wait for medical bills to arrive. They can be submitted as they become available. They must be identified by including the person's name, league name and number, date of injury, and city and state of residence. Bills should be itemized to show dates and type of treatments.
- Any player placed under the care of a doctor is required to provide to their manager and the League Safety officer a letter from their physician releasing the player to play ball before being allowed to return to the field.

When Treating an Injury, Remember “RICE” Rest Ice Compression Elevation

- **Rest** the sprained or strained area. If necessary, use a sling for an arm injury or crutches for a leg or foot injury. Splint an injured finger or toe by taping it to an adjacent finger or toe.
- **Ice** for 20 minutes every hour. Never put ice directly against the skin or it may damage the skin. Use a thin towel for protection.
- **Compress** by wrapping an elastic (Ace) bandage or sleeve *lightly* (not tightly) around the joint or limb. Specialized braces, such as for the ankle, can work better than an elastic bandage for removing the swelling.
- **Elevate** the area above heart level if possible.

Automatic External Defibrillator & CPR

Use of the AED

An Automated External Defibrillator (AED) is to be applied to a victim who is not responding, not breathing normally and has no signs of circulation, such as normal breathing, coughing, or movement.

Location

The AEDs are in the equipment shed at Suplee and Morgantown fields. **On-**

Site Coordinator

The on-site coordinator is the League Safety Officer. Responsibilities of the on-site coordinator include assuring that the AED's are maintained in a state of readiness, that this is documented, that there is a mechanism to assure continued competency of the authorized individuals trained to use the AED and that the EMS agency is notified of any change in on-site coordinators.

Authorized Users

All board members, managers, coaches, team safety parents, and snack shack supervisors who have completed the proper documented AED training.

Maintaining Readiness

The AED will be checked for readiness after each use and once a month by the League Safety Officer. Checks will include:

- Assure that the battery is good.
- Check the expiration date on the electrode packet.
- If the battery is bad or the electrodes have expired, contact the Safety Officer for replacements.

Quick Reference Cards

The quick reference cards will be kept posted next to the AED cabinet and will include the following information:

- Procedure for use of the AED
- Steps to follow using the AED
- AED monthly checks

Heartsaver® Child CPR AED



Tap and shout

Yell for help. Send someone to phone 911 and get an AED



Look for no breathing or only gasping

*Push hard and fast.
Give 30 compressions*



Open the airway and give 2 breaths

Repeat sets of 30 compressions and 2 breaths



If you are alone after 5 sets of 30 compressions and 2 breaths, phone 911, and then resume sets of 30:2

When the AED arrives, turn it ON and follow the prompts

Heartsaver® Adult CPR AED



Tap and shout.

Shout for help. Send someone to phone 9-1-1 and get an AED.



Look for no breathing or only gasping.

Push hard and fast at a rate of 100 to 120 compressions per minute.



Open the airway and give 2 breaths.

Repeat sets of 30 compressions and 2 breaths.



When the AED arrives, turn it on and follow the prompts.

Parent/Athlete Concussion Information

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

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 of concussion listed below after a bump, blow, or jolt to 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 t

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about position or surroundings	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score or opponent	Double or blurry vision
Moves clumsily	Sensitive to light
Answers questions slowly	Sensitive to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Just no "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)

Remember

It's better to miss one game than the whole season. For more information on concussions, visit; <https://www.cdc.gov/headsup/index.html>

Student-Athlete Name Printed Student-Athlete Signature Date

Parent or Legal Guardian Printed Parent or Legal Guardian Signature Date

Snack Shack Safety

The Snack Shacks are provided for the convenience of the parents and players of the league. To keep a snack shack operating safely, certain rules must be followed.

- No person under the age of eighteen (18) will be allowed to cook in the concession stands.
- No person under the age of twelve (12) will be allowed to work in the

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

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. Repeating concussions can increase the time it takes to recover. In rare cases, repeated concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

concession stand without an adult supervisor present.

- People working in the concession stands will be trained in safe food preparation. Training will make safe use of the equipment and food handling.
- Cooking equipment will be inspected periodically and repaired or replaced if need be.
- Food not purchased by the League to sell in its concession stands will not be cooked, prepared, or sold in the concession stands.
- Cooking grease if used will be stored safely in containers away from open flames.
- Cleaning chemicals must be stored in a locked container.
- A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight.
- All Snack Shack workers are to be instructed on the use of fire extinguishers.
- All Snack Shack Supervisors will attend the Safety Parent/CPR/AED training.
- A fully stocked First Aid Kit will be placed in each Snack Shack.
- The Snack Shack main entrance or will not be locked or blocked while people are inside.

Volunteers Must Wash Hands

HOW



WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils.
Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves

when you have a cut or sore on your hand
when you can't remove your jewelry

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

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