



Council Rock Holland Little League  
Non-Profit 501(c)(3)  
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# Response to Injury Policy (2019)

## Concussion Protocol:

1. If a player suffers a forceful bump, blow or jolt to the head or body that results in rapid movement of the head and the player shows signs or symptoms of a concussion, he/she must be removed from play.
  - a. The signs or symptoms of a concussion include: the player appears dazed or confused, moves clumsily or shows poor balance, answers questions slowly, shows mood changes, shows short term memory loss, has a headache, is nauseous, has vision changes or sensitivity to light, feels sluggish, seems to have difficulty concentrating, or just does not look right.
2. In the event a child suffers from these symptoms CRHLL requires a Non-Restrictive Medical Release form from a Medical Professional prior to returning to a game or practice. This form must be submitted to the Safety Director Tom Kley ([safety@crhll.com](mailto:safety@crhll.com)), the Player Agent David Bruck ([dbruck@crhll.com](mailto:dbruck@crhll.com)) and the President Pete Spera, Jr. ([pspera@crhll.com](mailto:pspera@crhll.com)).
3. The Coach or Assistant Coach needs to complete the CRHLL Injury Tracking Report and submit to league officials as part of our "Injury Communication Protocol" below.

## Injury Communication Protocol:

1. Prepare an e-mail after the practice or game in which the injury occurs directed to the Safety Director Tom Kley ([safety@crhll.com](mailto:safety@crhll.com)), the Player Agent David Bruck ([dbruck@crhll.com](mailto:dbruck@crhll.com)) and the President Pete Spera ([pspera@crhll.com](mailto:pspera@crhll.com)). The e-mail should include the CRHLL Injury Tracking Report, which can be found on our website under Documents – Safety & Health – Injury Tracking Form. ([See Appendix for Example](#))
  - a. <http://files.leagueathletics.com/Text/Documents/14329/37419.pdf>
2. The Safety Director or Player Agent will thereafter reach out to the parent to provide the parent with the necessary information to seek reimbursement of medical costs not covered by the player's health insurance carrier.
3. The Safety Director or Player Agent will also communicate the league policy that if a player is removed from practice or a game due to an injury that requires medical treatment, the player cannot be returned to play without the receipt of a doctor's note allowing it. It is understood that each scenario is different and that there may be circumstances where it is unnecessary to get a doctor's note to return to play. **However, this will be the decision of the Safety Director or Player Agent. The intention of this rule is to take the pressure off the coach to have to make this decision.**





Appendix 1 – Injury Tracking Report

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Activities/Reporting	A Safety Awareness Program's Incident/Injury Tracking Report
League Name: _____	League ID: ____ - ____ - ____ Incident Date: _____
Field Name/Location: _____	Incident Time: _____
Injured Person's Name: _____	Date of Birth: _____
Address: _____	Age: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
City: _____ State _____ ZIP: _____	Home Phone: ( ) _____
Parent's Name (If Player): _____	Work Phone: ( ) _____
Parents' Address (If Different): _____	City _____
<b>Incident occurred while participating in:</b>	
A.) <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Challenger <input type="checkbox"/> TAD	
B.) <input type="checkbox"/> Challenge <input type="checkbox"/> Ball (5-8) <input type="checkbox"/> Minor (7-12) <input type="checkbox"/> Major (9-12) <input type="checkbox"/> Junior (13-14)	
<input type="checkbox"/> Senior (15-16) <input type="checkbox"/> League (16-18)	
C.) <input type="checkbox"/> Tryout <input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> Tournament <input type="checkbox"/> Special Event	
<input type="checkbox"/> Travel to _____ <input type="checkbox"/> Travel from _____ <input type="checkbox"/> Other (Describe): _____	
<b>Position of the person(s) involved in incident:</b>	
D.) <input type="checkbox"/> Batter <input type="checkbox"/> Runner <input type="checkbox"/> Pitcher <input type="checkbox"/> Catcher <input type="checkbox"/> First Base <input type="checkbox"/> Second	
<input type="checkbox"/> Third <input type="checkbox"/> Short Stop <input type="checkbox"/> Left Field <input type="checkbox"/> Center Field <input type="checkbox"/> Right Field <input type="checkbox"/> Dugout	
<input type="checkbox"/> Umpire <input type="checkbox"/> Coach/Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____	
Type of injury: _____	
Was first aid required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____	
Was professional medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____	
(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)	
<b>Type of incident and location:</b>	
A.) On Primary Playing Field <input type="checkbox"/> Base Path: <input type="checkbox"/> Running <input type="checkbox"/> Sliding <input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched <input type="checkbox"/> Thrown <input type="checkbox"/> Batted <input type="checkbox"/> Collision with: <input type="checkbox"/> Player <input type="checkbox"/> Structure <input type="checkbox"/> Grounds Defect <input type="checkbox"/> Other: _____	
B.) Adjacent to Playing Field <input type="checkbox"/> Seating Area <input type="checkbox"/> Parking Area <input type="checkbox"/> Concession Area <input type="checkbox"/> Volunteer Worker <input type="checkbox"/> Customer/By-stander	
C.) Off Ball Field <input type="checkbox"/> Travel: <input type="checkbox"/> Car <input type="checkbox"/> Bike or <input type="checkbox"/> Walking <input type="checkbox"/> League Activity <input type="checkbox"/> Other: _____	
Please give a short description of incident: _____	
_____	
Could this accident have been avoided? How: _____	
<p>This form is for Little League purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.</p>	
Prepared By/Position: _____	Phone Number: (____) _____
Signature: _____	Date: _____

