



ACCIDENT REPORTING PROCEDURES

What to report:

Any incident that causes any player, manager, coach, umpire or volunteer to receive medical treatment and/or first-aid must be reported to the Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or period of rest. Any player who, in the opinion of an umpire, coach or manager, suffers loss of consciousness or memory loss due to an accident should be immediately removed from the game and the parents or guardians advised to seek a medical evaluation immediately.

When to report:

All such incidents described above must be reported to the Safety Officer within 48 hours of the incident. The Safety Officer is Jeff Spring and he can be reached at the following:

Cell: 206-459-1152

Email: JeffSpring@gmail.com

How to make the report:

Reporting incidents can come in a variety of forms. Most typically they are telephone calls or emails. In order to maintain documentation of the incident, email is preferred. At minimum, the following information must be provided:

- The name and 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 injuries.
- The name and phone number of the person reporting the incident.

Safety Officer responsibility:

Within 48 hours of receiving the incident report, the 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 required other medical treatment, will advise the parent or guardian of Ballard Little League's insurance coverage and the provisions for submitting any claims.
- Complete and file Incident Report Form (Incident/Injury Tracking Report)
- If there is any chance that Little League insurance may be used, complete and file preliminary insurance report (AccidentClaimForm.pdf)