



# CHOLLAS LAKE LITTLE LEAGUE

## 0405-33-17 SAFETY

### PLAN 2023

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SAFETY OFFICER  
safety@chollaslakelittleleague.org  
(619)-756-8150



### CHOLLAS LAKE LITTLE LEAGUE SAFETY MISSION STATEMENT

The responsibility for safety belongs to every adult member of CHOLLAS LAKE LITTLE LEAGUE. The procedures in this manual are written for the safety of every player and adult in this league. Safety will be a priority and never an afterthought. We believe that safe play will always be fun play. Anyone not abiding by these safety procedures will be removed from his or her position.

### DISTRIBUTION OF SAFETY PLAN

An electronic copy of this safety plan will be distributed as follows: Posted prominently on the league website. Links will be made to emails of the following league participants: Board Members, Managers and Coaches and Facility Managers. A digital copy will be emailed to the CA District 33 Safety Officer.

A printed copy will be available in the Snack Bar, at Score Booths/tables and in Equipment sheds.

**A printed copy will accompany all teams participating in CA District 33 sponsored tournaments.**

# CHOLLAS LAKE LITTLE LEAGUE

## Declaration by the Manager of CHOLLAS LAKE LITTLE LEAGUE I have reviewed this League Safety Plan and am aware of its contents and my responsibilities as a manager. I will also:

- 1) Make sure my coaches have accessed and reviewed this Safety Plan via the League website in order to promote safety awareness.
- 2) Make sure my coaches and I have met league requirements for Player Development and Emergency Management/Safety Clinics as described in this League Safety Plan.
- 3) I understand my coaches and I must sign in at all clinics we attend to ensure credit for clinic attendance on the CA District 33 Clinic Attendance List.
- 4) I am aware that coaches and managers who do not meet clinic attendance requirements as stated in the League Safety Plan are not eligible to participate in any CA District 33 sponsored tournaments during or at the end of the season.
- 5) I will ensure a First Aid Kit is at **every game and practice**, even if I am not attending.
- 6) I will ensure that I know where Emergency Medical Services (EMS) will access the playing fields and practice areas and the procedure for meeting and directing them.
- 7) I will verify that I have completed Medical Releases for all players on my team no later than the third practice at the beginning of the season.
- 8) I will review all Medical Releases so that I understand any medical issues and necessary treatments.
- 9) I will ensure that all players who have a need for asthma inhalers, Epi-Pens or other necessary medications have **Non-expired medications/devices with them and that I know where these are located in the player's equipment bag.**
- 10) I am aware of my responsibility to inform the league of any injuries that occur to players, coaches or myself in the course of Little League activities.
- 11) I am aware of my responsibility to check the fields and practice areas for any hazards before games or practices.
- 12) I have the names and phone numbers of the League President, Vice President, Coach Coordinator and Safety Officer entered into my cell phone.

**Team:** \_\_\_\_\_ **Division:** \_\_\_\_\_

\_\_\_\_\_  
Manager signature

\_\_\_\_\_  
Date

**COACHES' CODE OF ETHICS PLEDGE**

**I will place the emotional and physical well-being of my players ahead of a personal desire to win.**

**I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.**

**I will do my best to provide a safe playing situation for my players.**

**I will promise to review and practice the basic first aid principles needed to treat injuries of my players.**

**I will do my best to organize practices that are fun and challenging for all my players.**

**I will lead by example in demonstrating fair play and sportsmanship to all my players.**

**I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.**

**I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.**

**I will use those coaching techniques appropriate for each of the skills that I teach.**

**I will remember that I am a youth sports coach, and that the game is for children rather than adults.**

**Team: \_\_\_\_\_ Division: \_\_\_\_\_**

\_\_\_\_\_  
Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coach

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coach

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coach

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coach

\_\_\_\_\_  
Date

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### Injury/Accident Tracking and Reporting

All injuries or accidents, whether they require a doctor visit or not, must be reported to League Officials within 48 hours. League Safety Officer or other designated league official is responsible to complete the **Injury Tracking Report** and review at the next league board meeting. For all claims or injuries which could become claims, fill out and mail to LL the **Accident Claim/Notification Form** (appended to this Safety Plan). **Retain copies for league records and for parents** before mailing/faxing to the address or fax number at the top right of the form. Both Injury Tracking and Accident Notification forms are

available via <http://www.littleleague.org> (in Forms and Publications/Insurance). CA District 33 Safety Officer and or Administrator should be notified if a form is completed: [seefeldtmll@gmail.com](mailto:seefeldtmll@gmail.com) ([Stephen Seefeldt](#)) and [llcad33@yahoo.com](mailto:llcad33@yahoo.com) (Clay Berry)  
CHOLLAS LAKE LITTLE LEAGUE Safety Officer: Emma Morales (619) 756-8150  
[safety@chollaslakelittleleague.org](mailto:safety@chollaslakelittleleague.org)

## Emergency Numbers

- POLICE 9-1-1
- FIRE 9-1-1
- Emergency Medical Services (EMS) 9-1-1
- Sharp Memorial Hospital 858 939-3400 **Rady Children's (858) 576-1700**
- Poison Control System 2-1-1 or (800) 222-1222 [www.calpoison.org](http://www.calpoison.org)
- Animal Control Dispatch 619-236-2341 [www.sddac.com/](http://www.sddac.com/)

## Key Officials on File with Little League Data Center

President:	Joana Morales	(619) 208-0495
Vice President:	Emilio Salinas	(619) 439-9581
Player Agent 1st :	Jose Torres	(619) 384-1839
Player Agent 2 <sup>nd</sup> :	Richard Rodriguez	(619) 808-2926
Safety Officer:	Emma Morales	(619) 756-8150
Umpire In Chief:	Larry Isom	(619) 750-2540

**District Administrator and CA D-33 Website:** <http://www.cadistrict33.org>

Clay Berry District 33 Administrator  
CA District 33 Cell 619-787-7593 Home 619-282-7616 (cell phone first)  
3765 42nd Street [llcad33@yahoo.com](mailto:llcad33@yahoo.com)  
San Diego, CA 92105

Stephen Seefeldt, District Safety Officer (619)-913-0901 [seefeldtmll@gmail.com](mailto:seefeldtmll@gmail.com) **Little**

## League Support Numbers

Western Region Little League  
6707 Little League Drive  
San Bernardino, California 92407  
Phone: 909-887-6444 Fax: 909-887-6135

**LL International Office** . . . . . (570) 326-1921

FAX - LL International Office . . . . . (570) 322-2376 or (570) 326-1074

Mailing address: P.O. Box 3485 Williamsport, PA 17701

## LITTLE LEAGUE DATABASE REQUIREMENTS

League Information Officer shall maintain current data on Little League's Database: League officials (after September Board meeting), Team Player and Manager/Coach Roster- by February 1st, and send updated or all data again if information changes.

## VOLUNTEER APPLICATION AND BACKGROUND CHECKS

Each Adult Volunteer for CHOLLAS LAKE LITTLE LEAGUE will be sent an email link to fill out a **Volunteer Application** online. This includes, but is not limited to, coaches, managers, board

members, umpires and members of the auxiliary or anyone who provides regular service to the league and/or has repetitive access to or contact with players or teams. Each applicant must present a government-issued identification card for ID verification in support of the application. **Anyone failing to complete an online Volunteer Application annually will not be able to serve as a volunteer league member or provide ongoing service to CHOLLAS LAKE LITTLE LEAGUE. If an individual prefers, a current year LL Volunteer form can be completed and the league will initiate the background check. Government issued Picture ID and SS number required.** Little League® International and CHOLLAS LAKE LITTLE LEAGUE both share a commitment to the safety of its players, families, and volunteers, both on and off the field. CHOLLAS LAKE LITTLE LEAGUE will conduct the national criminal & sex offender background check through [J.D. Palatine \(JDP\)](#).

The league board member conducting the background checks will send a link (QuickappJDP) to potential volunteers so they can complete the Little League Volunteer Application online. To do this the league board member enters the volunteer's information: name and email address on the JDP website under "Quick App." Upon receipt of the online link, the potential league volunteer will complete his or her own volunteer application, including entering the social security number, which is secure on the website. The online Little League Volunteer Application is linked with the background check, which can be viewed on the league's JDP Portal by designated board members. CHOLLAS LAKE LITTLE LEAGUE will verify the volunteer's application with a government-issued photo ID and retain a record that this ID has been verified for the current year. In the event concerns regarding a potential volunteer surface, a committee of three board members will review the information and make a determination as to the appropriateness of the individual volunteering in their role for the league. If the committee determines the individual should not serve, they will inform the board of the committee's decision while acting with discretion, out of consideration of embarrassment to the individual unless it is determined that the need for the entire board of directors to know the reason for declining service overrides this concern.

### **VOLUNTEER CODE OF CONDUCT**

Volunteers working on behalf of CHOLLAS LAKE LITTLE LEAGUE, having submitted to a background check and having been accepted as a volunteer by the league Board of Directors, shall be aware of the following responsibilities:

- 1) To interact with other league volunteers and players in a positive manner, setting an example for all participants in the league;
- 2) To fulfill your role within the league in a way that facilitates cooperation with other volunteers and is supportive of them in fulfilling their role;
- 3) To complete in a timely manner any required training for your position, for example, fundamentals and first aid/safety clinics, concussions awareness, child abuse awareness...
- 4) To accept direction from volunteers who are in a leadership role;
- 5) In the event of differences of opinion, to take appropriate steps to address concerns with the intent to reach an amicable resolution;
- 6) When acting as a Scorekeeper, Umpire, or in some other official capacity, to conduct yourself in a manner that is impartial and above reproach so as to not create the appearance of favoritism.

# Little League® "Basic" Volunteer Application - 2021

Do not use forms from past years. Use extra paper to complete if additional space is required.



This volunteer application can be used as a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meets the standards of Little League Regulation 1)(9). Visit [LittleLeague.org/LocalCheck](http://LittleLeague.org/LocalCheck) for more information.

All RED fields are required.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Call Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Driver's License#: \_\_\_\_\_

- Have you ever been charged with, convicted of, pled no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?  
 If yes, describe each in full: \_\_\_\_\_  Yes  No  
 (If volunteer answered yes to Question 1, the local league must contact the Little League Security Manager.)
- Have you ever been convicted of or pled no contest or guilty to any crime(s)?  
 If yes, describe each in full: \_\_\_\_\_  Yes  No  
 (Answering yes to Question 2, does not automatically disqualify you as a volunteer.)
- Do you have any criminal charges pending against you regarding any crime(s)?  
 If yes, describe each in full: \_\_\_\_\_  Yes  No  
 (Answering yes to Question 3, does not automatically disqualify you as a volunteer.)
- Have you ever been refused participation in any other youth programs and/or based on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List?  
 If yes, explain: \_\_\_\_\_  Yes  No  
 (If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)
- In which of the following would you like to participate? (Check one or more.)  
 League Official  Field Maintenance  Concession Stand  
 Coach  Manager  Other \_\_\_\_\_  
 Umpire  Scorekeeper

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION (NOT NECESSARY IF VOLUNTEER IS RETURNING).  
 Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Special Certifications (CPR, Medical, etc.): \_\_\_\_\_

Special Affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

Previous volunteer experience (including baseball/softball and years (s)): \_\_\_\_\_

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: [LittleLeague.org/LocalCheck](http://LittleLeague.org/LocalCheck)

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Name (please print or type) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

### LOCAL LEAGUE USE ONLY:

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked):

Review the Little League Regulation 1)(9)(F) for all background check requirements

JDP (Includes review of the SafeSport Centralized Disciplinary and USA Baseball Ineligible List) \*  OR

National Criminal Database check  SafeSport Centralized Disciplinary Database and/or

National Sex Offender Registry  USA Baseball Ineligible List Sex Offender

\*Must be submitted that if you use JDP and there is a name match in the list items where only name match results can be performed you should notify volunteer that they will receive a letter or email shortly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this applicant.

Rev 1/2020 11/28/2020

# Little League Volunteer Application - 2021

Do not use forms from past years. Use extra paper to complete if additional space is required.



This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulation 1)(9). THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit [LittleLeague.org/LocalCheck](http://LittleLeague.org/LocalCheck) for more information.

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

All RED fields are required.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Social Security # (mandatory): \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

Previous volunteer experience (including baseball/softball and years): \_\_\_\_\_

- Do you have children in the program?  
 If yes, list full name and what level(s): \_\_\_\_\_  Yes  No
- Special Certification (CPR, Medical, etc.) If yes, list: \_\_\_\_\_  Yes  No
- Do you have a valid driver's license?  
 Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_  Yes  No
- Have you ever been charged with, convicted of, pled no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?  
 If yes, describe each in full: \_\_\_\_\_  Yes  No  
 (If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)
- Have you ever been convicted of or pled no contest or guilty to any crime(s)?  
 If yes, describe each in full: \_\_\_\_\_  Yes  No  
 (Answering yes to Question 5, does not automatically disqualify you as a volunteer.)
- Do you have any criminal charges pending against you regarding any crime(s)?  
 If yes, describe each in full: \_\_\_\_\_  Yes  No  
 (Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs and/or based on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List?  Yes  No

If yes, explain: \_\_\_\_\_

(If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

In which of the following would you like to participate? (Check one or more.)

- League Official  Umpire  Manager  Concession Stand  
 Coach  Field Maintenance  Scorekeeper  Other \_\_\_\_\_

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: [LittleLeague.org/LocalCheck](http://LittleLeague.org/LocalCheck)

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

### LOCAL LEAGUE USE ONLY:

Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_

System(s) used for background check (minimum of one must be checked):

Review the Little League Regulation 1)(9)(F) for all background check requirements

JDP (Includes review of the SafeSport Centralized Disciplinary and USA Baseball Ineligible List) \*  OR

National Criminal Database check  SafeSport Centralized Disciplinary Database and/or

National Sex Offender Registry  USA Baseball Ineligible List Sex Offender

\*Must be submitted that if you use JDP and there is a name match in the list items where only name match results can be performed you should notify volunteer that they will receive a letter or email shortly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this applicant.

Rev 1/2020 11/28/2020

## FOR MANAGERS AND COACHES

**This Safety Plan is to be kept by all managers in their equipment bag.**

Responsibility for implementing safety procedures/practices belongs to all adult members of CHOLLAS LAKE LITTLE LEAGUE.

### MANDATORY CLINICS

**League will maintain a record of clinic participation and a list of all managers and coaches (to verify clinic attendance). The CA District 33 Clinic Attendance List may be used for reference- linked to [cadistrict33.org](http://cadistrict33.org) website.**

**One manager/coach from each team must attend the two required clinics annually. All other coaches/managers must have attended both required clinics within the last two years- 2020, 2021 or 2022 to be eligible for TOC and other CA District 33 sponsored tournaments.**

1) **Manager/Coach Fundamentals Clinic** (required for all new coaches and every three years for continuing coaches/managers). At minimum, one Manager or Coach from a team must attend a D-33 sponsored or D-33 approved fundamentals clinic during 2021 and all other Managers and Coaches within the past two years as reflected on CA District 33's Clinic Attendance record on the [cadistrict33.org](http://cadistrict33.org) website- 2021, 2022 or 2023. Manager/Coach Clinic dates in 2023: **November 16, 2022. Qualified League in-house clinics:** a minimum 2 weeks advance notice to CA District 33 Safety Officer: include info on qualifications of person(s) presenting, date, time and location and submitting post-clinic a dated sign-in form (such as is available on the [cadistrict33.org](http://cadistrict33.org) website).

2) **Emergency Management/Safety Clinic-** District sponsored or district approved- Same requirements as for Manager/Coach Clinics-At minimum, **one Manager/Coach attends in 2022 and all other coaches on the team must be on District 33's Clinic Attendance record as attending within the past two years- 2021, 2022 or 2023.** Emergency Management/Safety Clinic dates in 2023: **November 16, 2022. Qualified League in-house clinics:** a minimum 2 weeks advance notice to CA District 33 Safety Officer: include info on qualifications of person(s) presenting, date, time and location and submitting post-clinic a dated sign-in form (such as is available on the [cadistrict33.org](http://cadistrict33.org) website). Safety Clinic Participant Handouts, and Presenter Notes are available on the [cadistrict33.org](http://cadistrict33.org) website. **Concussion Certification**

Also see CDC Concussion Youth Sports- All coaches, managers, umpires and league officials must complete the online concussion awareness course through "**Heads Up, Concussion in Youth Sports**" and have proof of attendance- paper certificate or copy of certificate of completion on a mobile device (state law).

#### **Sudden Cardiac Arrest Certification**

Also, as per CA State law, AB379 (2019) Coaches and League Officials must be trained in Sudden Cardiac Awareness signs and symptoms and treatment protocols and trained in CPR and AED use. Training is available through the **Sudden Cardiac Arrest Course** available for free via the National Federation of High Schools (NFHS), which includes a printable certificate of completion.

#### **CPR Certification**

An adult Manager or Coach from each team must be currently certified in administering CPR. This league is responsible for maintaining a record of CPR training. CPR supports responding to Sudden Cardiac Arrest.

#### **Child Abuse Awareness Certification**

Additionally, as per federal law, all coaches and managers must complete and be able to show a certificate of training in **child abuse awareness-** "Abuse Awareness for Adults through USA Baseball/SafeSport (direct link on the [LittleLeague.org](http://LittleLeague.org) website. This certificate can be kept digitally on a cell phone or mobile device or printed for presentation



## COVID 19 PRECAUTIONS

CHOLLAS LAKE LITTLE LEAGUE will follow all state and local government guidelines and restrictions related to public gatherings, organized youth sports and sporting events when determining whether it is safe to return to play. It is understood that these guidelines and restrictions will vary in accordance with the presence of COVID in the community.

General guidelines from the US Centers for Disease Control and Prevention:

Handwashing with soap and water for at least 20 seconds after being in a public place, blowing your nose, coughing or sneezing. Use of a hand sanitizer with at least 60% alcohol.

Avoid touching eyes, nose, and mouth.

Players encouraged to bring their own hand sanitizer for personal use.

Hand sanitizing stations should be in common areas off the field.

Cover mouth and nose with a cloth face covering when around others.

Maintain a 6-foot distance from others (social distancing). This includes 6' spacing on the bench and in the bleachers.

Every player should have an assigned place in the dugout or bench and wear a face covering while sitting.

Player equipment should be on/along the fence where it is accessible to the player.

No shared helmets or bats. If sharing is necessary, equipment must be cleaned and disinfected with a COVID approved disinfectant and dried between uses. This particularly applies to any equipment contacting the players head/face. Individual cleaning should use a glove while cleaning and disinfecting items.

Coaches should encourage parents to clean and disinfect bags, helmets, bats, gloves, etc. between each use.

Coaches and umpires should wear cloth face coverings at all times, except when consuming fluids.

Measure body temperature to make sure the individual is not running a fever.

Players and coaches bring their own drinks. No shared team beverages or food.

Players may wear a cloth face covering during play.

No sunflower seeds or gum in the dugouts/bleachers or on the field.

Equipment inspections: as minimal as possible, hand sanitizer after any item is handled.

Game: Required managers and coaches, umpires and one league official.

Scoring- by a coach or team parent using Game Changer. Score booth only if there is enough room for social distancing.

Game times will be spread out to allow teams to leave the field after a game before another team enters.

Umpiring from behind the pitching mound.

Spectators: Social distancing away from other households. Wear a cloth face covering at all times.

Spectators bring their own chairs. No one may attend if they are considered to be on quarantine due to COVID exposure or while in recovery. This includes individuals with a fever or cough.

Concessions: Only as permitted by local guidelines and restrictions.

Safety: Posting of signs related to reminding visitors to take steps to prevent the spread of COVID.

## FIRST AID INFORMATION

**Typical issues with baseball/softball are:**

- Contusions
- Muscle pulls/strains or ligament/tendon strains or separations
- Over-use injuries

- Bone Fractures • Injuries to small joints • Injuries to teeth
- Eye injuries • Facial injuries • Concussion
- Insect bites and stings
- Heat illness
- **Triage and Emergency Management**

Managers/coaches are to stop all play to protect the player from further injury, as well as to protect those not being closely monitored due to the focus on the injured player.

- **Check player's breathing, pulse and alertness** to judge the seriousness of the injury:
- **If necessary, have someone call 9-1-1 who can give information about the situation and location.**
- **Send someone to the nearest entry point for EMS** to direct emergency services to your location. **Call the player's parent/guardian if not present. Review the Medical Release form when the player joins your team** for any important information/warnings about medical conditions the player may have. Make sure you understand what the condition looks like- Diabetes, seizures, allergies to insect stings, food items...
- **Evaluate the injury:** Can the player be moved off the field without causing further injury?
- If not, clear the area around the player and begin assessment;
- If so, move player to sideline/shaded area for assessment;
- Determine whether the player can return to play or needs first aid or other medical treatment. Give The appropriate first aid for the injury. **If you determine the injury should be medically evaluated, in the absence of a parent, call for EMS.**
- **Once professionals arrive**, step back and allow them to assess and provide treatment.
- If parents are not available, an adult league representative (manager, coach, league official) follows the player to the treatment center; turn over the team to an authorized coach.

If emergency medical treatment isn't required and you judge the injury to be moderate or severe, urge players and parents to see a doctor for a proper diagnosis and treatment.

- Record the injury on an **Injury Report Form** (See appendix section at the end of this section, copies available: Snack Bar & online).  
[www.littleleague.org/Assets/forms\\_pubs/asap/AccidentClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf)
- Follow up with the player until injury is healed and the player can return to play (**requires a doctor's release specifying any limitations**).
- **Parents must provide a written medical release to a league official before the league can allow the player to return to participation in practice or games** if medical treatment was provided. You have emergency medical support available, by cell phone or phone at the field - in case of severe or life-threatening injuries. Regular participation in Safety Clinics help the coaches/managers understand assessments to determine whether an injured player is ready to practice and play again. **If the player was medically treated for an injury, a medical release to return to practice/play is needed, as it may define limitations (for the player's safety).**

The evaluation process involves determining whether injuries are mild, moderate or severe, and should address what to do in each case. Your assessment includes classifying injuries using symptoms and signs, by looking, listening and careful feeling and, if appropriate, the player moving the injured part.

**In evaluating an injury that occurred, be mindful of the three types of motion:**

- **Active motion** – Player is able to move the part themselves,
- **Active assistive motion** – Player is able to move with a little help from you; watch for warning signs like the player telling you it hurts to move the affected area.

- **Passive motion** – the player’s injured area is moved by someone else; be especially cautious with passive motion so that you do not make the injury worse through excessive movement. Look for disability (the player can’t use the injured part); this suggests the most serious injury. If a player sprains his ankle, but can still limp around, it may be mild or moderate; if he can’t get up, it is probably severe. Look for swelling, the more immediate and noticeable the swelling, the more serious the injury, because swelling outwardly means bleeding in the muscle tissue. A noticeable deformity means a serious injury. If the body part doesn’t look the way it did before the accident, something is wrong. Treat unconsciousness or any eye injury as a serious situation, in the category of a severe injury, until you are assured otherwise by a medical professional.

Use the **PRICES** guide for treating injuries:

**P = Protection R = Rest I = Ice C = Compression E = Elevation S = Support**

## Concussion

Little League International strongly encourages all leagues and teams to not only comply with any applicable state/provincial/municipal laws, but also, to review the information and training materials on concussions that are available free of charge on the Centers For Disease Control website, accessible at <http://www.cdc.gov/ConcussionInYouthSports>

Concussion awareness: Coaches and League officials are required by AB 2007 to participate in concussion awareness education before league practice and play begins. All parents of athletes and athletes 17 and younger are required yearly to review and sign concussion awareness materials provided by YOUR LEAGUE LITTLE LEAGUE before the athlete can participate in practice or games.

While participating in baseball or softball, a concussion could result from a fall while running such that the head strikes the ground, a collision with another player, or being struck by an object, such as a ball flying through the air as well as other less likely but possible scenarios. The possibility of a concussion cannot be taken lightly- further head injury while in concussion recovery can result in a much more severe concussion. California State Assembly passed AB 2007 in September of 2016, related to youth sports organizations and concussion awareness and treatment.

1. If a medical professional, the game umpire, the player’s coach, the player’s manager, a league official or the player’s parent has determined a player sustained a possible concussion, the player must be removed from the game and/or practice for the remainder of that day. Further, the player must be evaluated by a licensed health care provider who is trained in the diagnosis and treatment of concussion. In the event a concussion is diagnosed, a return to play protocol overseen by a licensed health care provider must be followed. The player cannot return to full participation until written clearance is provided by a licensed health care provider.

**Any blow to the head or jarring fall has the potential to cause a concussion, which is a traumatic brain injury (TBI). This concussion/TBI must be medically evaluated to determine the severity and treatment!**

There are some common physical, mental and emotional signs a person may display following a Collision, blow or fall. Any of the following could be a sign of traumatic brain injury (concussion):

- **Loss of consciousness (knocked out cold) = Severe concussion!**

- Confusion or feeling dazed
- Concentration difficulties

- Balance problems or dizziness
- **ringing in ears- suggests a more severe concussion**
- Slow speech- indicates difficulty processing information
- Slurred speech
- Sensitivity to light, or one eye more dilated than the other
- Sensitivity to noise
- Memory loss- not able to remember event or retain information
- Blurred vision
- Clumsiness
- Sluggishness
- Headache- persisting or worsening suggests a more severe concussion
- Nausea or vomiting
- Behavior or personality changes- agitation, silliness, extreme irritability **The**

**more signs observed, the more severe the concussion.**

### **Evaluating Concussions/Traumatic Brain Injury (TBI)**

While a concussion /TBI can be rated as mild, moderate or severe (Grade 1, 2 or Grade 3) by medical professionals, this is what you need to know:

A concussion, which is a traumatic brain injury, occurs when the brain strikes the inside of the skull. All neurons within the brain fire at one time as a result of the impact (seeing stars). The brain needs 20 minutes to reset itself, while glycine, carried by the blood circulatory system, enters the neurons and recharges them.

Reducing stimulation- resting in a dark, quiet area helps the process. The more signs of TBI initially present and still evident after 20 minutes suggest a more severe concussion. Symptoms can continue to develop over the next several hours, even days or weeks, further indicating the severity of the concussion.

In the event of a severe concussion, the brain could be bleeding inside the skull and creating additional brain damage and for this reason it must be medically evaluated. Further injury to the brain from jarring or collision before it has recovered from a concussion can result in a more severe concussion. People can die from concussion, it is not to be taken lightly. The affected individual is not always a reliable reporter, in part due to the injury, so it is important parents be informed.

### **Treating Concussions/TBI**

Once cleared to begin a Return to Play protocol, there are five steps-

Baseline: Participating in regular school activities, no symptoms from the injury, permission from health care provider to begin Return to Play

Step 1: Light aerobic exercise designed to increase heart rate- 5-10 minutes of walking or light jogging. No weightlifting or strenuous activity. No pain or discomfort

Step 2: Activities to increase heart rate and body/head movement such as moderate jogging, brief running, moderate intensity weight lifting- fewer reps, lower weights than usual. No discomfort

Step 3: Heavy non-contact physical activity- sprinting, running, regular weightlifting, non-contact sport specific drills using 3 planes of movement.

Step 4: Practice and full activity in a controlled practice setting.

Step 5: Full participation in competition with written permission from H-Care Provider. Parents and coach monitor for concussion signs/symptoms at each step in the progression. In the event of symptoms, consult with a Health Care Provider- once authorized, resume at the previous step.

## Sudden Cardiac Arrest

**Sudden cardiac arrest (SCA)** is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA is likely an inherited condition it is not a heart attack caused by a blockage that stops blood flow. SCA is a malfunction in the heart's electrical system, which causes the heart to stop beating. SCA can happen to adults and children- it is the #1 cause of deaths in adults and the #1 cause of deaths in young athletes.

SCA happens unexpectedly in many cases, however, others may have signs or symptoms such as:

Fainting or seizures during exercise	Unexplained shortness of breath
Dizziness	Extreme fatigue
Chest pains	Racing heart

These signs can often be confused with physical exhaustion. If unrecognized, they may lead to SCA! When the heart stops, death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it. This condition can be identified through an EKG test.

### Recognizing SCA has occurred in a victim

- The victim is collapsed, unresponsive and not breathing, even if gasping, gurgling exhibiting breathing noises or seizure-like activity.
- Call 9-1-1
- Begin CPR immediately- fast and continual 2" chest compressions, about 100/minute.
- Immediately retrieve and use an Automated External Defibrillator (AED), following audio instructions.
- Designate a bystander to direct EMS to the victim for transfer to a hospital.

### Responding to possible SCA symptoms

Immediately remove any player who passes out or faints while participating in any game or practice, or exhibits any of the following symptoms:

Fainting or seizures during exercise	Unexplained shortness of breath
Dizziness	Extreme fatigue
Chest pains	Racing heart

A manager, coach or league official trained in CPR and AED use, if available, should remain present in case the symptoms lead to Sudden Cardiac Arrest. American Red Cross and American Heart Association both offer online and in-person Adult, Child and Infant CPR/AED courses, among other providers. Training is good for two years from time of completion.

Any player who has been removed from play due to the above symptoms shall not return to play or practice before being evaluated by a licensed healthcare provider. Clearance for full or graduated return must be in writing from the attending health care provider.

**The Eric Paredes Save A Life Foundation ([epsavealife.org](http://epsavealife.org)) offers free SCA screening for youth up to 19 years old. Upcoming SCA screening dates are posted on this website.**

Included in this Safety Plan are Athlete/Parent/Guardian Acknowledgement of SCA risks and SCA follow-up Medical Release forms.

**All Coaches and League Officials must take a one-time Sudden Cardiac Awareness Training and carry a Certificate of Completion to all District-sponsored tournaments.** Free training available via [NFHSLearn.org](http://NFHSLearn.org) Sudden Cardiac Arrest. Print and take a photo of the course completion certificate, as a mobile device certificate is not available.

## Heat Illness

There are three categories of heat illness, each more severe than the previous. If a player or other individual is believed to be suffering from heat illness, the first step is to get them into shade. Cooling the individual can help prevent progression of the heat illness and in more severe cases, contribute to the best outcome. Cooling before EMS arrives may make the biggest difference!

- 1) **Heat Cramps** treatment: Rest, cooling, shade. Gentle stretching to relieve the cramp. Drink a diluted salt solution or a sports drink (replacing depleted electrolytes).
- 2) **Heat Exhaustion** treatment: Rest, rapid cooling of body (ice, cold water) shade. Diluted salt solution or sports drink (electrolytes). Call 911 or transport to the nearest emergency room, as this could quickly **progress to heat stroke**. Body is losing its ability to cool itself. Notify parents.
- 3) **Heat Stroke: This is an extreme medical emergency- call 911.** Rapid cooling- remove clothing, pack in ice, wet and fan in order to bring the internal body temperature down. EMS can treat this more effectively during transport to a hospital. This is life threatening.

**Heat Illness Prevention: Start pre-hydration with water 24 hours in advance. Drinking water ahead of the activity is better than Gatorade or Powerade, which is better than nothing.**

**Pre-hydrating (Drinking water in advance and hydrating during the activity) to prevent dehydration is better than attempting to catch up once dehydrated.**

**Feeling thirsty = dehydration. Feeling thirsty means you have lost 3% of the optimal fluid levels in your body.**

## Injury Prevention

In conclusion, managers/coaches need to consider how to prevent injuries:

- Proper maintenance of playing site (game and practice facilities);
- Pay attention to playing conditions (heat and humidity as well as stormy weather);
- Remind players of the importance of pre-hydration (on hot/dry days);
- Proper athletic conditioning (stretching, strengthening and endurance drills);
- Avoid over-use (pay special attention to activities outside of Little League, to allow rest to avoid over-use injuries);
- Consistent use of all protective equipment, including player in catcher's role wearing a catcher's mask;
- Close coach supervision and organization of warm-ups, practices and games;
- Careful compliance with all Little League rules, especially those having to do with safety.

If any league representative is ever concerned about the nature or seriousness of an injury, they should NOT attempt treatment; a healthcare professional should be consulted immediately- contact EMS or encourage the parents to seek qualified medical evaluation/treatment.

## Handling Emergencies

•**Keep Calm:** Remaining calm while helping the victim will help the individual remain calm and cooperative. If the victim becomes anxious or excited it could make their condition worse.

•**Think Clearly:** Learn basic Procedures, or have your first aid manual available, so you can care for the victim. Remember your ABC's (Airway: Does your victim have an open airway? Breathing: Is the victim breathing on his or her own? Circulation: Ensure they have a pulse and control any bleeding).

Wait for EMS help to arrive- make sure they have been called if you suspect moderate to severe injury. This is your decision in the absence of a parent.

•**Act Decisively:** Send someone for EMS help as soon as possible, or go get help once you have done all you can. Quick response of emergency personnel could be the difference between life and death.

### **Communicable Disease Procedures**

1. If an athlete is injured and has an open wound the bleeding must be stopped, the wound must be covered and the uniform changed (if there is blood on it) prior to the athlete continuing to participate.
2. Managers, Coaches, Volunteers, or parents who have sustained an open wound will refrain from all direct contact with others until the wound has been cared for.
3. Medical Gloves provided in the team first aid kits shall be used when dealing with blood and/or any other bodily fluid.
4. Persons coming in contact with blood and/or bodily fluids will immediately wash his or her hands as well as any other body parts that were contaminated.
5. Any surfaces and equipment that was contaminated will be cleaned with a 1/10 solution of bleach and water or alcohol wipes.
6. All contaminated items shall be bagged up and disposed of immediately after the incident has been resolved.

### **Equipment/Storage Shed Safety**

The following applies to all equipment/storage sheds used by CHOLLAS LAKE LITTLE LEAGUE and to anyone who has been issued keys to these sheds.

1. All individuals with keys to the equipment sheds (i.e. Managers, Coaches, etc.) are aware of their responsibilities for the orderly and safe storage of tools such as rakes, shovels, and chalkers.
2. Before the use of any machinery located in the sheds (i.e. lawn mowers, weed whackers, pitching machines, etc.). Contact the Equipment Manager or President for proper training in the operation of a machine.
3. Chemicals or organic materials stored in the equipment sheds will be in the original container.
4. All chemicals or organic materials stored in these sheds will be separated from the storage of machinery and gardening equipment, to minimize the potential for puncturing the containers and/or spilling their contents.
5. **No unauthorized hazardous materials will be stored in these sheds.**
6. Minors cannot handle any chemicals (i.e., fertilizer, gas, and/or chalk) stored in these sheds.
7. Any spilled chemicals or organic materials within these sheds should be cleaned up as soon as possible to prevent accidental poisoning. First observer needs to take action or report the problem.

### **Concession Stand Safety**

1. No minor under the age of fourteen (14) will be allowed to work in the concession stand.
2. Concession Manager will be trained in safe food handling/prep via an approved online food handling course and provide this training to volunteers working in the concession stand. Training will cover safe use of the variety of cooking equipment, and be given to all volunteers prior to serving in the concession stand.
3. Cooking equipment will be inspected annually in the pre-season for proper operation and repaired or replaced if needed and equipment will be cleaned after each day's use. Defective equipment will be taken out of service and reported to the concession stand leader and league president.
4. All propane tanks will be shut off at the tank and the tank disconnected after use.

5. Food not purchased by our league to sell in the concession stands will not be cooked, prepared or sold in the concession stands.
6. Cooking grease will be sealed, stored and labeled in proper containers after each use and prior to securing the concession stand.
7. Carbon Dioxide tanks will be secured with chains in the upright position so they cannot fall over.
8. Cleaning chemicals will be labeled and stored in original containers in a separate cabinet.
9. A **Fire Extinguisher** rated for grease fires must be mounted in plain sight inside the concession stand. Persons working in the concession stands will **know the procedures for using the Fire Extinguisher**.
10. A **stocked First Aid Kit will be maintained in the concession stand**, restocked pre-season.
12. Unsafe conditions are to be reported to a board member or league official, equipment shut down, marked "Out of Service" and unplugged if necessary.
13. **Concession Safety Posters shall be posted in appropriate places in the concession stand.**

## **Parents: League Participation**

1. Parents will be given a copy of the **District 33 Parent Code of Conduct** to read and sign (see included form).
2. A **member of the league board of directors will be present** at every scheduled game, which will be designated as the **Officer on Duty**.
3. The Officer on Duty will be responsible for enforcing proper parent conduct before, during and after games.
4. Offending parents will be removed from the premises if the improper behavior continues.
5. A report will be filed with the board of directors if a parent is asked to leave the premises so that further action can be considered.

## **Umpire Duties and Responsibilities**

### **Before the Game**

1. **Check the field for unsafe conditions by walking it.**
2. Check the equipment in each dugout.

Make sure helmets have foam inserts and the helmets meet Little League specifications and bear the NOCSAE Label. Inspect helmets for cracks and damage to padding. Check bats for damage (i.e. cracks, dents, flat spots, loose tape, etc.)

Equipment that does not meet specifications must be removed from the game.

3. Make sure all catchers are wearing at least a catcher's helmet while warming up pitchers.
4. Check players for jewelry.
5. Check for Medical Releases for each team. **During The Game**

Govern the game as mandated by Little League Rules.

No Spectators are allowed on the field at any time during the game.

Ensure catchers are wearing all the proper equipment (including a cup). Have the player tap the cup.

Monitor the field for safety hazards and/or obstructions.

Ensure that players and spectators keep fingers and body parts out of the fence.

Act as sole judge as to when to sustain or continue play due to weather conditions or visibility conditions (i.e. darkness).



## After the Game

Report any unsafe situations to the League Official on Duty and the League Safety Officer by telephone, email or text.

Write up any incidents of player/coach/manager misconduct that would warrant discipline by the League Board of Directors. Send this information to the League President and V.P.

# Umpire Guidelines

North Issaquah, Washington, Little League

## Before the Game — Meet at home plate

- Introduce plate and base umpires, managers/coaches
- Receive official lineup cards from each team
- Discuss any local playing rules (time limit, playing boundaries, etc.)
- Discuss the strike zone
- Discuss unsportsmanlike conduct by the players
- Discuss the innings pitched by a pitcher rule
- Clarify calling the game due to weather or darkness
- Inspect playing field for unsafe conditions
- Discuss legal pitching motions or balks, if needed
- Discuss no head-first slides, no on-deck circle rules
- Get two game balls from home team
- Be sure players are not wearing any jewelry
- Be sure players are in uniform (shirts in, hats on)
- Inspect equipment for damage and to meet regulations
- Ensure that games start promptly

## During the Game — Umpires and Coaches

- Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to take the field with two outs
- Make sure catchers are wearing the proper safety equipment
- Continually monitor the field for safety and playability
- Pitchers warming up in foul territory must have a spotter and catcher with full equipment
- Keep game moving — one minute or eight pitches to warm up the pitcher between innings or in case of mid-inning replacement
- Make calls loud and clear, signalling each properly
- Umpires should be in position to make the call
- No protesting of any judgment calls by the umpire
- Managers are responsible for keeping their fans and players on their best behavior
- Encourage everyone to think "Safety First!"

8 January-February 2004



Copy and provide to umpires for reference.

## Manager/Coach Responsibilities

### **Safety Plan to be kept by all Managers in Equipment Bag Little League Rules & Regulations will be enforced by this league**

1. Safety is the responsibility of all adult members of CHOLLAS LAKE LITTLE LEAGUE.
2. Managers and coaches are required to have training in first-aid. First-Aid kits are issued to each Team Manager and an additional First-Aid Kit is located in each Concession Stand. **First-Aid kits must be available at all practices and games. Manager and coaches will carry cell phones.**
3. No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
4. **Fields should be inspected before use for holes, wet spots, damage, stones, glass, and other foreign objects- before practice and before each game. Home Manager responsibility.**
5. All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the Umpires as "in play."

6. Only Players, Managers, Coaches, and Umpires are permitted on the playing field or in the dugout during the games (this is a Little League insurance requirement).
7. **Responsibility for keeping bats and loose equipment off the field belongs to a player assigned for this purpose. The player must be wearing a helmet when leaving the dugout to retrieve a bat.**
8. Procedures should be established for retrieving foul balls batted out of the playing area.
9. During practice and games, all Players should be alert and watch the batter on each pitch.
10. During warm-up drills, Players should be spaced apart so that no one is endangered by wild throws and missed catches.
11. All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger, spectators (i.e. playing catch, pepper, swinging bats...)
12. Equipment should be inspected before each game for good condition as well as proper fit. Damaged equipment is to be removed and turned into the League Equipment Manager for destruction.
13. Batters must wear Little League approved protective helmets during batting practice and games.
14. "Catchers" must wear a Catcher's Helmet/Mask with Throat Protector, Chest Protector appropriate for the division, Shin Guards, and protective cup at all times (male) for all practices and games- **no exceptions**. Managers and Coaches should encourage all male players to wear protective cups for practices and games, especially infielders.
15. **Players in the vicinity of an adult with a bat must wear a catcher's helmet, including practices.**
16. Except when a runner is returning to a base, headfirst slides are not permitted.
17. During sliding practices, bases must be disengage-able.
18. Players cannot wear watches, rings, earrings, pins, or metallic items during games or practices.
19. **Managers or Coaches may not catch/warm up pitchers before or during a game. Rule 3.09**
20. At no time should "horseplay" be permitted in the dugouts or on the playing field.
21. Parents of Players who wear glasses should be encouraged to provide "Safety Glasses."

## Reduced Impact Balls

"Reduced impact" baseballs for Lower Minor/Caps and T Ball divisions are issued to each manager for use during all practices and games. This provides the opportunity to teach skills with increased safety.

## Disengage-able Bases- Bases that detach from their anchor if impacted

Disengage-able bases are used at all fields for games and practice. Disengagement of the base is appropriate to the playing division.

**League Equipment Officer will inspect all playing equipment pre-season, prior to distribution.**

### FIELD AND GAME SAFETY CHECKLIST

**All umpires, managers and coaches are responsible for checking field safety conditions before each game.**

Field Condition	Yes	No	Safety Equipment	Yes	No
Backstop Needs Repair			First-Aid Kit Each Team		
Home Plate Needs Repair			Medical Release Forms		
Bases Secure			Ice For Injuries		
Bases Need Repair			Blanket For Shock		
Pitchers Mound			League Safety Manual		
Batters Box Level			Injury Report Form		
Batters Box Marked			Cell Phone		

Grass Surface (even)			Emergency Management Plan		
Gopher Holes					
Infield Fence Secure			<b>Catchers Equipment</b>	<b>Yes</b>	<b>No</b>
Outfield Fence Secure			Shin Guards OK		
Foul Ball Net Secure			Helmets OK		
Foul Line Marked			Face Mask OK		
Sprinkler Heads Down			Throat Protector Attached		
Warning Track Clean			Catcher Has Cup (Boys)		
Coaches Boxes Level			Chest Protector		
Coaches Box Marked			Catchers Mitt (baseball)		
Dirt Needed			Equipment Fits Catcher		
<b>Dugouts</b>	<b>Yes</b>	<b>No</b>	<b>Players Equipment</b>	<b>Yes</b>	<b>No</b>
Fencing Needs Repair			Batting Helmet Inspected		
Bench Needs Repair			Jewelry Removed		
Roof Needs Repair			Bats Inspected		
Bat Racks Secure			Shoes Checked		
Helmet Racks Secure			Uniforms Checked		
Trash Cans Available			Athletic Supporters (Boys)		
Clean Up Needed			Little League Patch		
Gate Secure					
<b>Spectator Areas</b>	<b>Yes</b>	<b>No</b>			
Bleachers Need Repair					
Hand Rails Secure					
No Smoking Signs Posted					
Parking Area Safe					
Protective Screens Secure					
Bleachers Clean					

## **CHOLLAS LAKE LITTLE LEAGUE**

### **Declaration by the Manager of CHOLLAS LAKE LITTLE LEAGUE**

**I have reviewed this League Safety Plan and am aware of its contents and my responsibilities as a manager. I will also:**

- 1) Make sure my coaches have accessed and reviewed this Safety Plan via the League website in order to promote safety awareness.
- 2) Make sure my coaches and I have met league requirements for Player Development and Emergency Management/Safety Clinics as described in this League Safety Plan.
- 3) I understand my coaches and I must sign in at all clinics we attend to ensure credit for clinic attendance on the CA District 33 Clinic Attendance List.

- 4) I am aware that coaches and managers who do not meet clinic attendance requirements as stated in the League Safety Plan are not eligible to participate in any CA District 33 sponsored tournaments during or at the end of the season.
- 5) I will ensure a First Aid Kit is at **every game and practice**, even if I am not attending.
- 6) I will ensure that I know where Emergency Medical Services (EMS) will access the playing fields and practice areas and the procedure for meeting and directing them.
- 7) I will verify that I have completed Medical Releases for all players on my team no later than the third practice at the beginning of the season.
- 8) I will review all Medical Releases so that I understand any medical issues and necessary treatments.
- 9) I will ensure that all players who have a need for asthma inhalers, Epi-Pens or other necessary medications have **Non-expired medications/devices with them and that I know where these are located in the player's equipment bag.**
- 10) I am aware of my responsibility to inform the league of any injuries that occur to players, coaches or myself in the course of Little League activities.
- 11) I am aware of my responsibility to check the fields and practice areas for any hazards before games or practices.
- 12) I have the names and phone numbers of the League President, Vice President, Coach Coordinator and Safety Officer entered into my cell phone.

**Team:** \_\_\_\_\_ **Division:** \_\_\_\_\_

\_\_\_\_\_  
 Manager signature

\_\_\_\_\_  
 Date

**This copy to remain in the League Safety Manual for Manager/Coach reference**

### **COACHES' CODE OF ETHICS PLEDGE**

**I will place the emotional and physical well being of my players ahead of a personal desire to win.**

**I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.**

**I will do my best to provide a safe playing situation for my players.**

**I will promise to review and practice the basic first aid principles needed to treat injuries of my players.**

**I will do my best to organize practices that are fun and challenging for all my players.**

**I will lead by example in demonstrating fair play and sportsmanship to all my players.**

**I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.**

**I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.**

**I will use those coaching techniques appropriate for each of the skills that I teach.**

**I will remember that I am a youth sports coach, and that the game is for children rather than adults.**

**Team:** \_\_\_\_\_ **Division:** \_\_\_\_\_

\_\_\_\_\_  
**Manager**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Coach**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Coach**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Coach**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Coach**

\_\_\_\_\_  
**Date**

**This copy to remain in the League Safety Manual for Manager/Coach reference**

### **D-33 Parent Code of Conduct**

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, 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 wellbeing 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 participant for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also 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, vaping products 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.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by league official, manager/coach, and/or board member of league.
- Written warning
- Parental game suspension with written documentation of incident kept on file by league involved
- Parental season suspension

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

## **CHOLLAS LAKE LITTLE LEAGUE**

### **CONCUSSION INFORMATION SHEET FOR PARENTS AND PLAYERS**

#### **WHAT IS A CONCUSSION?**

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. You can't see a 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 your child reports any symptoms of concussion, or if you notice the signs listed below yourself, seek medical attention right away.

#### **WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?**

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion. The individual may report symptoms, you observe signs:

- Appears dazed or stunned
- Forgets an instruction
- Moves clumsily
- Loses consciousness (even briefly)
- Nausea or vomiting
- Double or blurry vision
- Sensitivity to noise
- Concentration or memory problems
- Does not "feel right"
- Can't recall events prior to or after hit or fall
- Is confused about assignment or position
- Is unsure of game, score, or opponent
- Answers questions slowly
- Headache or "pressure" in head
- Balance problems or dizziness
- Sensitivity to light
- Feeling sluggish, hazy, foggy, or groggy
- Confusion
- Shows behavior or personality changes

### **HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?**

- Every sport is different, but there are steps your children can take to protect themselves from concussion.
- Ensure that they follow their Manager's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times. Make sure they wear the right protective equipment for their activity (such as batting helmets, catcher's gear such as shin guards, chest protector and helmet; and eye and mouth guards). Protective equipment should fit properly, be well maintained, be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

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

- Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a healthcare professional says it's OK. Children who return to play too soon-while the brain is still healing- risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent damage, affecting your child for a lifetime.
- Tell your child's manager about any recent concussion. Managers should be informed if your child had a recent concussion in ANY sport. Your child's manager may not know about a concussion your child received in another sport or activity unless you tell him or her.

### **WHAT IS THE PROCEDURE FOR A SUSPECTED CONCUSSION?**

- Any athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from the activity at that time and for the remainder of the day.
- Any athlete who has been removed from activity may not return to play or practice until the athlete is evaluated by a licensed healthcare provider trained in the evaluation and management of concussion and has received a written clearance to return to play from the health care provider.

**LET YOUR CHILD'S MANAGER KNOW RIGHT AWAY IF YOU SUSPECT YOUR CHILD HAS A CONCUSSION AND CONSULT YOUR PHYSICIAN!**

Adapted from the CDC. For more information you can go to:  
<http://www.cdc.gov/ConcussionInYouthSports>

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Athlete Name (print) \_\_\_\_\_

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

Parent or Legal Guardian Name (print) \_\_\_\_\_

Signed, two-sided original to be retained by the league and a copy provided to the parent upon request.

**California Youth Protection Requirements AB-506 (2022)**

As a Little League® volunteer in California, we want to share an important update regarding a new state law to protect children from sexual abuse in youth organizations, including Little League. California passed a new legislative bill, **Assembly Bill No.506**, that requires a fingerprint-based background check and child abuse and neglect reporting training for individuals who volunteer more than 16 hours a month or 32 hours a year; which, for Little League, includes coaches, managers, board members, umpires, etc.

The bill requires organizations to have policies to ensure that regular volunteers are reporting suspected incidents of child abuse. It also requires the presence of at least two mandated reporters when interacting with children. This law will go into effect statewide on January 1, 2022. Fortunately, Little League International has the **Child Protection Program** that must be followed by all Little League programs and volunteers are already considered mandated reporters due to the **SafeSport law enacted in 2018**.

**What Leagues Need to Know:**

The new background check requirement by the state is pursuant to **Section 1105.3**, which is a California Department of Justice State fingerprint check through **Live Scan locations**. This background check does not replace the required **Little League background check**, which is a search of the National Criminal database, National Sex Offender Registry, U.S. Center for SafeSport Centralized Disciplinary Database, and the Little League International Ineligible List. Local Little League volunteers must conduct training for child abuse and neglect reporting training. Leagues can utilize the USA Baseball training, which is free to all volunteers: **Abuse Awareness for Adults**.

**What Leagues Need to Do:**



A Little League-appointed board member must oversee the background check process for the league, including the new requirements under California law. Below is a breakdown of the California background check process which includes the application process to acquire an Originating Agency Identifier (ORI) code:

- Complete the [California Department of Justice Application for Authorization Pursuant to Penal Code Section 11105.3](#) (Youth Organizations-Human Resource Agencies).
  - For this application, you will need your local Little League's proof of non-profit status. Local Little Leagues that cannot show proof of their non-profit status may incur additional fees.
- Mail the completed application to the California Department of Justice Applicant Information and Certification Program (address is listed on the application).
- Your league will receive an ORI code which will identify your organization when the volunteer completes the fingerprint process.
  - The league must provide the ORI code to volunteers to complete the fingerprint process through [Live Scan](#).

Leagues cannot request fingerprints until they receive the ORI code and authorization from the California Department of Justice.

## **What Volunteers Need to Know:**

Volunteers will be required to go through this process for each league and/or other non-profit they volunteer for; therefore, it is strictly prohibited to share the fingerprint background check results with other local Little Leagues or other non-profits.

- Request an ORI number from the local Little League.
  - A league volunteer must use the correct ORI code for their local Little League.
- Select a [Live Scan location](#) to conduct the fingerprints.
- Complete the included form [8016- Request for Live Scan Services](#) either online or bring the completed form with you to the Live Scan location.

# **ATHLETE/PARENT/GUARDIAN SUDDEN CARDIAC ARREST WARNING SIGNS**

## **Information Sheet – Acknowledgement of Receipt and Review**

### **What is Sudden Cardiac Arrest (SCA)?**

Sudden Cardiac Arrest is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of young people, too. However, the causes of sudden cardiac arrest in youth and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. **SCA is not a heart attack.** A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops blood flow to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

### **How common is Sudden Cardiac Arrest in the United States?**

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 people under 25 die of SCA each year. Sudden cardiac arrest is the #1 cause of death for student athletes and the leading cause of death on school campuses.

### **Are there warning signs?**

Although SCA happens unexpectedly, some people may experience symptoms, such as:

- Fainting or seizures during exercise                      Unexplained shortness of breath
- Dizziness    Extreme fatigue
- Chest pains    Racing heart

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

### **What are the risks of practicing or playing after experiencing these symptoms?**

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

California AB 379, signed into law in 2019, is intended to keep youth athletes safe while practicing or playing.

- All athletes and their parents or guardians must read and sign this form. It must be returned to the league before participation in any athletic activity. A new form must be signed and returned each year.
- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms;
  - Fainting or seizures during exercise                      Unexplained shortness of breath
  - Dizziness    Extreme fatigue
  - Chest pains    Racing heart
- Establish a policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest.
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a California licensed health care provider. Clearance to full or graduated return to practice or play must be in writing.

*I have reviewed and understand the symptoms and warning signs of Sudden Cardiac Arrest.*

Page 1 of 2, signatures required on second page

**What are the risks of practicing or playing after experiencing symptoms of SCA?**

There are risks associated with continuing to practice or play after experiencing SCA symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

California AB 379, signed into law in 2019, is intended to keep youth athletes safe while practicing or playing.

- All athletes and their parents or guardians must read and sign this form. It must be returned to the league before participation in any athletic activity. A new form must be signed and returned each year.
- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms;

Fainting or seizures during exercise	Unexplained shortness of breath
Dizziness	Extreme fatigue
Chest pains	Racing heart
- Establish a policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest.
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a California licensed health care provider. Clearance to full or graduated return to practice or play must be in writing.

*I have reviewed and understand the symptoms and warning signs of Sudden Cardiac Arrest.*

_____	_____	_____ /
Signature of Athlete	Print name of Athlete	Date

_____	_____	_____ /
Signature of Parent/Guardian	Print name of Parent/Guardian	Date

Signed, two-sided original to be retained by the league and a copy provided to the parent upon request.

# MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION

This release is to be used following a suspected incidence of symptoms of Sudden Cardiac Arrest

This release is to certify that \_\_\_\_\_ has been examined due to  
Student Athlete's Name

symptoms consistent with sudden cardiac arrest. Following examination, it is my medical opinion that he/she

\_\_\_\_\_ Is unable to return to participation in athletics until further notice

Return appointment scheduled on \_\_\_\_\_  
Date

\_\_\_\_\_ May return to limited participation in athletics on \_\_\_\_\_  
Date

\_\_\_\_\_ Following return to limited participation this athlete needs to return for re-evaluation before being released for full participation in athletics.

\_\_\_\_\_ May return to full participation in athletics on \_\_\_\_\_  
Date Restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Health Care Provider's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Health Care Organization

\_\_\_\_\_  
Phone Number

**a e**



# Little League . Baseball and Softball

## M e d i c a l R e l e a s e



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

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_  
 (M/F): \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relation ship: \_\_\_\_\_  
 \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Relation ship: \_\_\_\_\_  
 \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_  
 Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Parent or Guardian authorization:**

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Hospital: \_\_\_\_\_ Preference: \_\_\_\_\_

Parent Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_

League/Group ID#: \_\_\_\_\_ **if parent(s)/guardian cannot be reached in case of**

**emergency, contact:**

\_\_\_\_\_  
 Name Phone Relationship To Player

\_\_\_\_\_  
 Name Phone Relationship To Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. \_\_\_\_\_

Authorized Parent/Guardian Signature

Date: \_\_\_\_\_

**For League use only:**

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.

Little League does not limit participation on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.