



Saratoga Little League

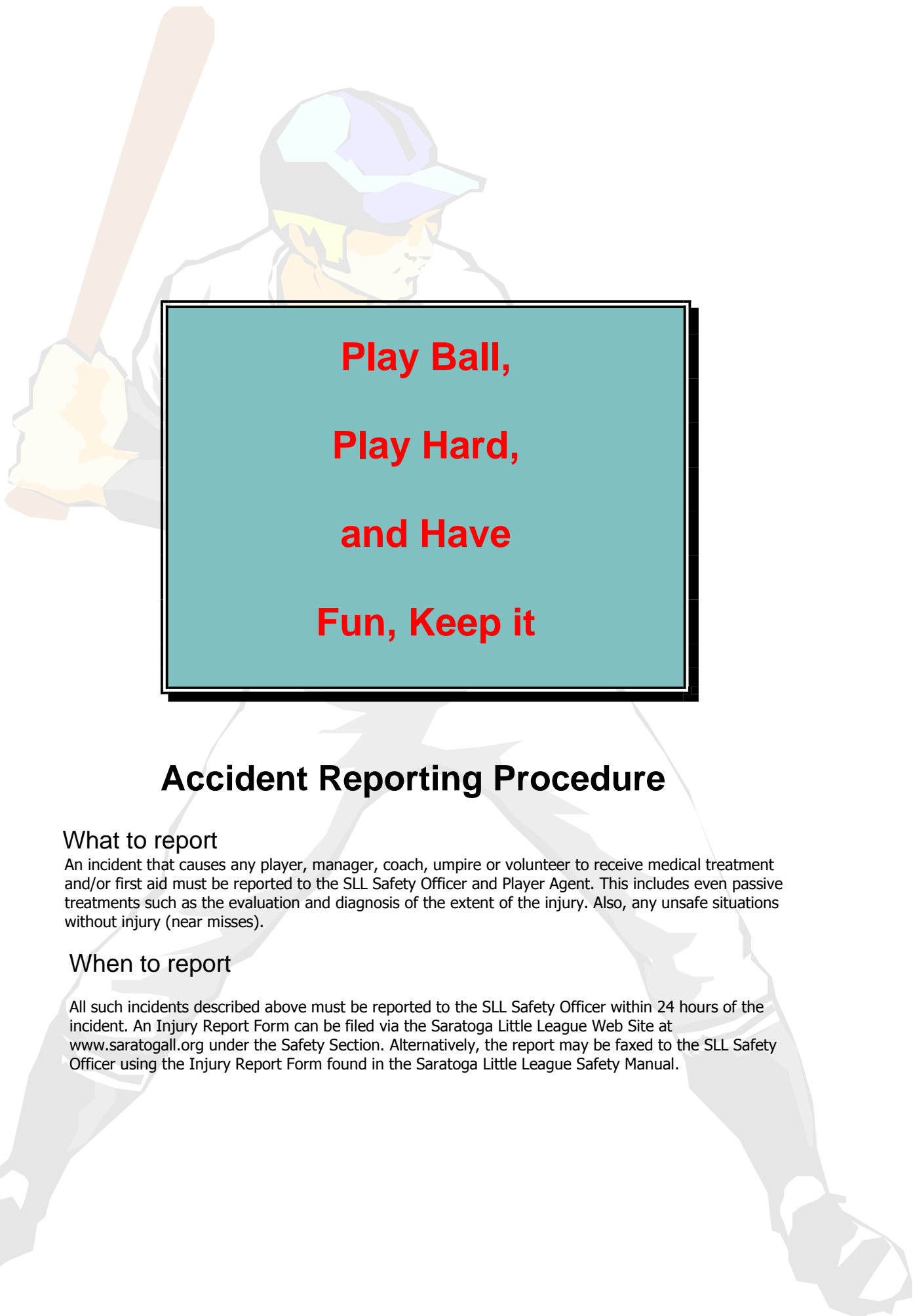
District 12, League ID# 4051204

Safety Manual

2018



Safety is a Managers Best Friend



**Play Ball,
Play Hard,
and Have
Fun, Keep it**

Accident Reporting Procedure

What to report

An incident that causes any player, manager, coach, umpire or volunteer to receive medical treatment and/or first aid must be reported to the SLL Safety Officer and Player Agent. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury. Also, any unsafe situations without injury (near misses).

When to report

All such incidents described above must be reported to the SLL Safety Officer within 24 hours of the incident. An Injury Report Form can be filed via the Saratoga Little League Web Site at www.saratogall.org under the Safety Section. Alternatively, the report may be faxed to the SLL Safety Officer using the Injury Report Form found in the Saratoga Little League Safety Manual.

Hospital Directions & Emergency Phone Numbers

Congress Springs to El Camino – Mt View

Congress Springs to El Camino – Los Gatos

Mile	Instructions	For
0.0	Depart Ballpark Parking Lot	
	Turn RIGHT (West) onto Glen Brae Dr	0.3 mi
0.3	Turn LEFT (West) onto Cox Rd	0.8 mi
1.1	Turn RIGHT (North) onto Saratoga-Sunnyvale Rd	1.2 mi
2.3	Merge onto SR-85 North [West Valley Fwy] via Ramp on the LEFT (North)	5.9 mi
8.2	Exit El Camino Real WEST towards Mt. View	0.5 mi
8.7	Turn LEFT (South) onto Grant Rd	0.9 mi
9.6	Arrive El Camino Hospital 2500 Grant Rd	

Mile	Instructions	For
0.0	Depart Ballpark Parking Lot	
	Turn LEFT (South) onto Glen Brae Dr	0.3 mi
0.3	Turn LEFT (South) onto Via Monte Dr	0.3 mi
0.6	Turn LEFT (North-East) onto Saratoga Ave	0.4 mi
1.0	Merge onto SR-85 South [West Valley Fwy] via Ramp on the RIGHT (South)	2.5 mi
3.5	Take Winchester Blvd exit and Turn LEFT onto N Winchester Blvd (North)	0.4 mi
3.9	Turn LEFT onto Knowles Dr.	0.4 mi
4.3	Turn slight RIGHT onto Pollard Ave	
4.3	Arrive El Camino-Los Gatos Hospital 815 Pollard Rd	

Congress Springs to Good Samaritan

Congress Springs to Kaiser

Mile	Instructions	For
0.0	Depart Ballpark Parking Lot	
	Turn LEFT (South) onto Glen Brae Dr	0.3 mi
0.3	Turn LEFT (South) onto Via Monte Dr	0.3 mi
0.6	Turn LEFT (North-East) onto Saratoga Ave	0.4 mi
1.0	Merge onto SR-85 [West Valley Fwy] (South) via Ramp on the RIGHT	3.0 mi
4.0	Take Bascom Ave Exit and Turn RIGHT (South) onto S Bascom Ave	0.1 mi
4.1	Turn LEFT (East) onto Samaritan Dr	0.4 mi
4.5	Arrive Good Samaritan Hospital 2425 Samaritan Dr	

Mile	Instructions	For
0.0	Depart Ballpark Parking Lot	
	Turn RIGHT(west) onto Glen Brae Dr	0.3 mi
0.3	Turn RIGHT (east) onto Cox Rd.	0.9 mi
1.2	Turn Left (north) onto Saratoga Ave	0.7 mi
1.9	Turn LEFT (north) onto Lawrence Expy	3.3 mi
5.2	Turn LEFT into Kaiser Permanente	
	Arrive Kaiser Hospital 710 Lawrence Expy	

Non-Emergency Phone #s

Saratoga Sheriff

Saratoga Fire Dispatch
Poison Control Hotline
El Camino Hospital – Mountain View
El Camino Hospital – Los Gatos
Good Samaritan Hospital
Kaiser Hospital – Santa Clara
Josh Williams (SLL President)

Raghu Chakravarthi (SLL Player Agent)
James Campagna (SLL Safety Officer)

(408) 299-3233

(408) 867-3896
(800) 222-1222
(650) 940-7000
(408) 378-6131
(408) 559-2011
(408) 851-1000
(408) 896-9791

(408) 647-5601
(408) 754-3855

Dial 911 for Ambulance, Fire and Police emergency.

If 911 does not answer → call (408) 299-3233 (Sheriff's Office)

or (408) 867-3896 (Fire Dispatch)



SAFETY FIRST!

BE ALERT!

CHECK PLAYING FIELD FOR HAZARDS

PLAYERS MUST WEAR PROPER EQUIPMENT

ENSURE EQUIPMENT IS IN GOOD SHAPE

MAINTAIN CONTROL OF THE SITUATION

MAINTAIN DISCIPLINE

BE ORGANIZED

**KNOW PLAYERS' LIMITS AND DON'T EXCEED
THEM**

MAKE IT FUN!

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Saratoga Little League Safety Mission Statement

The purpose of the Saratoga Little League Safety program is to provide the safest possible environment for our children to play baseball. We continually review our program to minimize risks that are inherently present in baseball.

Saratoga Little League Safety Plan

Letter of introduction from your Safety Officer:

Dear Saratoga Little League Participants:

Welcome to another fun and exciting season of Saratoga Little League Baseball!

Saratoga Little League's Board of Directors has focused on the improvement of the overall safety of our league. We are addressing the well-being of our Players both from a physical and psychological standpoint. From the physical standpoint, our fields are in excellent condition, use break-away bases, padding on the outfield fences, post Safety Signs regarding batting and we purchase new team equipment to keep our players safe. From the psychological standpoint, this will be the thirteenth year of implementation of our Code of Conduct Policy with a Three Strikes and You're Out implementation.

Code of Conduct Policy

The Code of Conduct Policy is for the most part, standard throughout the Little League. A copy of this Policy can be found on our Web Site. What is unique in our Saratoga Little League is the implementation of our Three Strikes Policy. Game Monitors will attend random games that are played this season. Game Monitors, Managers, Coaches, Umpires or Members of the Board can file a Code of Conduct Incident Form to be later reviewed by the Code of Conduct Review Committee. If the Committee determines that the Player, Manager, Coach, Umpire or Volunteer did not adhere to the Code of Conduct, a Strike will be assigned to his/her record as outlined in this manual. Strike One is a Suspension; Strike Two requires forfeiture of Position and Strike Three is suspension from the League. In addition, Umpires have been instructed to halt a game until an abusive Fan or Parent leaves the field if they are directly involved in a Code of Conduct violation. Strikes have been assigned in the past, and many parents have commented on the change in the behavior exhibited by many of our Little League members.

Volunteer Applications

National Little League mandates that all Volunteers must fill out a Volunteer Application Form. They are only allowed to volunteer after the Safety Officer, based on requirements put forth under Megan's Law, has made a background check for Sex Offenders. All information must be filled out on the form and a photocopy of the Volunteers Government issued ID must be attached. There are no exceptions to this rule. This is to protect our children and our ability to hold Little League Tournaments at our facility is at stake. This information will be secured by the Safety Officer and shredded at the start of the next season.

This year we are using First Advantage to perform background checks on all Saratoga Little League Volunteers. First Advantage requires a Social Security Number from the Volunteer to perform these background checks.

Saratoga Little League has a written policy for Game Ejection. It is important that Managers and Umpires review this section

Manager and Team Safety Responsibilities

In an effort to help our managers and coaches comply with our safety standards, the Board of Directors has put forth a mandate of safety rules to be followed as outlined in our Saratoga Little League Safety Manual.

Each team will assign the duties of a Team Safety Officer (TSO) to the Team Rep., Assistant Coach or other Volunteer on the Team. The TSO will assist the manager and the designated coaches of that team to insure that the safety guidelines are met whether at practice or during a game. The Team Manager or appointed TSO is responsible for having the team First Aid Kit, Safety Manual and Player Cards at every practice and game. *If a Manager fails to appoint a Team Volunteer to handle the TSO responsibilities, the Manager is responsible for all of the TSO's duties.*

One Manager or Coach from each team is required to attend a Fundamentals Training Seminar (i.e. hitting, sliding, fielding, pitching etc.) and a First Aid Seminar every year. All Managers and Coaches must attend each of these seminars at least once every three years.

2018 Fundamentals Training:

Al Herback Manager/Coach – Introduction to Baseball Basics (ages 4 thru 8)

Monday, February 26th, 2018 at Abbott, Stringham & Lynch, 1530 Meridian Avenue, Floor 2, San Jose, CA 95125. Registration starts at 5:45 pm and training is from 6:00-10:00 pm.

Al Herback Manager/Coach – Beyond Baseball Basics (ages 9 thru 12)

Tuesday, February 27th, 2018 at Abbott, Stringham & Lynch, 1530 Meridian Avenue, Floor 2, San Jose, CA 95125. Registration starts at 5:45 pm and training is from 6:00-10:00 pm.

2018 First Aid Seminar:

James Campagna Safety Officer – TBD

Please read the section on Manager and Coach responsibilities as this section has additions based on our agreement with the City of Saratoga. We can lose the use of the Congress Springs Fields if we do not adhere to this agreement.

First Aid

This Safety Manual includes directions to hospitals and how to contact other emergency services, phone numbers for all Board Directors, the Saratoga Little League Code of Conduct and Do's and Don'ts of treating injured players. A separate First Aid Basics Addendum has been added to help you if the need to apply First Aid becomes necessary. The First Aid Kit includes the necessary items to treat an injured player until professional help arrives if need be.

Forms To Be Filled Out

Each team will be issued Player Cards that include Emergency Contact and Medical History regarding each player on the team. Remember, this information is CONFIDENTIAL and must be treated as such! The reverse side of the Player Card includes a Medical Release Form that must be filled out and signed by the parent(s) of the child. There are no exceptions. If a team is found to be lacking this mandated information during the season, the team will have to forfeit games until the forms are filled out properly.

A Forms Section has been included in Addendums A through D of the Safety Manual with links to the forms on the SLL Web Site. The Signature Card Forms must be signed and returned to the Safety Officer once all Medical Release Forms have been signed and the Manager has reviewed the Code of Conduct with his Players. The Driving Permission Slip should be filled out if you are transporting your team members to a remote field. If the Signature Card Form is not returned to the Safety Officer by the start of season, the team may have to forfeit a game.

The Preliminary Accident Form and Code of Conduct Incident Form can be filled in and faxed to the Safety Officer if necessary, or a report can be filed via our Web Site at www.saratogall.org. A Field Safety Check List has been included for Managers and Umpires to use when checking fields prior to Practices and Games.

Insurance Policy

Saratoga Little League has a National League Insurance Policy in place. This policy is an excess policy (i.e. in addition to a participants existing Medical and Homeowners policy). Please review the Insurance Section to determine the specifics of our policy. The insurance policy is only in effect "while participating as a team member or Volunteer official during a scheduled practice or game against another League team under the supervision of League Officials and in compliance with Little League Regulations". A Volunteer official can only be someone who has a Volunteer Application on file with the Saratoga Little League.

Summary

Remember that safety rests with all of us, the volunteers of Saratoga Little League. Always use common sense, never doubt what children tell you, and report all accidents or safety infractions when they occur. Do not hesitate to contact me about **ANY** safety concerns. Now, let's play ball, have fun and keep it safe!

Very truly yours,

James Campagna

Safety Officer, Saratoga Little League

Who is Your Safety Officer?

Saratoga Little League each year nominates a Safety Officer to a Board Level position. A budget is set aside for supplies and documentation for safety purposes. Your Safety Officer for the 2017 Saratoga Little League year is James Campagna. Please report injuries or unsafe issues to them via one of the contact numbers listed below or via the Saratoga Little League Web Site at www.saratogall.org. Refer to the section on “Accident Reporting Procedure” for specifics on filing a report.

How to contact James Campagna, Safety Officer, Saratoga Little League

Phone: (408) 754-3855
 Email: safety@saratogall.org
 Address: PO Box 6150
 San Jose, CA 95150



Contact Phone Numbers:

Emergency Phone Numbers:

Good Samaritan Hospital	(408) 559-2011
Los Gatos Hospital	(408) 378-6131
Kaiser Permanente (Homestead)	(408) 851-5300
Police/Fire - Emergency	9-1-1
Saratoga Sheriff's Office	(408) 299-3233
Saratoga Fire Department	(408) 867-9001
Poison Control Center	(800) 222-1222

General Phone Numbers:

Where	Who	Phone
National	Little League Western Main Office	(909) 887-6444
National	Little League Insurance Claim Office	(570) 327-1674
District 12	Jenice Condie – District Administrator Jenice.c@sbcglobal.net	(408) 921-8096
District 12	Jeff Malloy– District Safety Officer	(408) 590-7093
Saratoga Little League	Josh Williams – President	(408) 896-9791
Saratoga Little League	James Campagna - Safety Officer	(408) 221-7868
Saratoga Little League	Raghu Chakravarthi – Player Agent	(408) 647-5601

Saratoga Little League Board of Directors:

Board of Directors		
Office	Board Member	SLL e-mail (also at saratogall.org)
President	Josh Williams	president@saratogall.org
Vice President of Operations	Chelse Ferrero	vp@saratogall.org
Treasurer	Don Goudy	treasurer@saratogall.org
Secretary	Yi-Wen Huang	secretary@saratogall.org
Safety Officer	James Campagna	safety@saratogall.org
Chief Umpire	Josh Wilhelm	umpire@saratogall.org
Player Agent	Raghu Chakravarthi	playeragent@saratogall.org
Majors Commissioner	Sharmi Shah	majors@saratogall.org
AAA Commissioner	John Epega	aaa@saratogall.org
AA Commissioner	Josh Weckesser	aa@saratogall.org
Farm Commissioner	Arun Ubale	farm@saratogall.org
T/Mini-Ball Commissioner	Matt Abelson	mini-ball@saratogall.org
Head Scorekeeper	Debbie Bettinger	scorekeeper@saratogall.org
Volunteer Coordinator	Shannon Shackerley-Bennett	volunteer@saratogall.org
Fundraising Raising	Carl Chiou	fundraising@saratogall.org
Uniforms & Merchandise Coordinator	Margery Tonna	uniforms@saratogall.org
Training & Tryouts Coordinator	Josh Williams	training@saratogall.org
Fields & Equipment Manager	John Glazzy	fields@saratogall.org
Information Officer	Ram Subramanian	cio@saratogall.org



Distribution of Safety Manual and First Aid Kits

Each team will be issued a Safety Manual and a First Aid Kit at the beginning of the season. The manager of the team will acknowledge the receipt of both by signing in the space provided on the form in the Addendum when taking possession of these articles.

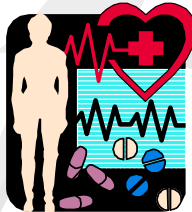
A chemical ice pack will be issued to each team at the beginning of the season. Others are available at all times in the concession stands

The Safety Manual is available online at saratogall.org.

The concession stand will have a First Aid Kit and a Safety Manual in plain sight at all time.

The Safety Manual includes phone numbers and directions for nearby hospitals, phone numbers for emergency services, phone numbers for all Board Directors, the Saratoga Code of Conduct, Do's and Don'ts of treating injured players.

The First Aid Kit includes the necessary items to treat an injured player until professional help arrives if need be. (*See First Aid section*)



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Basic Code of Conduct Overview

The board of directors of Saratoga Little League has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and sign in the space provided below acknowledging that he or she understands and agrees to comply with the Code of Conduct. Tear the signature sheet in the Manual Addendum and mail to the SLL Safety Officer in the enclosed envelope.

Saratoga Little League Code of Conduct:

No Board Member, Manager, Coach, Player or Spectator shall:

- ⇒ At any time, lay a hand upon, push, shove, strike, or threaten to strike an official, player, coach or spectator.
- ⇒ Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- ⇒ Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsman-like action.
- ⇒ Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- ⇒ Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- ⇒ Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- ⇒ Appear on the field of play, stands, or anywhere on the SLL complex while in an intoxicated state at any time. Intoxicated will be defined as an odor or behavior issue.
- ⇒ Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- ⇒ Smoke while in the stands or on the playing field or in any dugout at any time. Smoking will only be permitted in designated areas which will be 20 feet from any spectator stands or dugouts.
- ⇒ Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
- ⇒ As a manager or coach, be guilty of mingling with or fraternizing with spectators during the course of the game.



- ⇒ Speak disrespectfully to any manager, coach, official or representative of the league.
- ⇒ Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- ⇒ Shall challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

Any inappropriate behavior by a Fan may be cause for the suspension of a game by the Umpire. Game suspension may continue until such time as the Fan leaves the park.

The Board of Directors will review all infractions of the SLL Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.



Safety is everyone's responsibility
Safety is everyone's responsibility

Saratoga Little League Game Ejection Guidelines

Overview

Ejection of a Participant in a Little League baseball game is a serious matter that can adversely affect the Participant, the Teams that are playing and the image of our Saratoga Little League. This document will attempt to provide a means for an Umpire or Manager to evaluate the situation in the hopes of minimizing the subjective nature of this process.

For the purposes of this document, a Participant is defined as an Umpire, Manager, Coach, Player, or Fan. A Youth Participant is defined as a Participant under the age of 18 years. An Adult Participant is 18 years and older.

A Three Strike Ejection Warning shall be reached when a Participant has been issued the third warning regarding an Ejection Infraction as defined in this document.

Guidelines for Ejection:

A Game Monitor or Board Member may eject a Spectator or Participant on his/her Team from a game and if the Three Strike Ejection Warning has been reached.

An Umpire may eject a Participant from a game and only if the Umpire has followed the guidelines outlined in this document.

An Ejection Warning shall be issued in the following instances:

1. An Umpire shall issue an Ejection Warning if the Participant uses foul or abusive language towards a Manager, Coach, Umpire or Spectator.
2. An Umpire shall issue an Ejection Warning if the Participant violates code of conduct.
3. An Umpire shall issue an Ejection Warning if the Participant makes a premature judgment call prior to the Umpire making his/her call. This shall include both on-base judgment calls and calls pertaining to home plate pitching calls.
4. An Umpire or Manager shall issue a Player Ejection Warning if the Player's conduct is adversely affecting the continuation of a game or the other Players on the Team. A Manager may only issue Ejection Warnings to Players on his/her team.

An Ejection shall occur in the following instances:

1. If a Participant physically harms another Participant they shall be immediately ejected and a Code of Conduct Report issued.
2. If an Adult Participant uses foul or abusive language against a Youth Participant they shall be immediately ejected and a Code of Conduct Report issued.

3. If a Participant has been previously warned and has reached the Three Strike Ejection level the Participant shall be immediately ejected.

Ejection Report Filing:

Prior to ejecting a Participant from a game the Umpire, Manager, Game Monitor or Commissioner shall clearly inform the Ejected Participant as to the specific violation that has been used as the basis for his/her ejection.

Upon the completion of the game, the Umpire or Manager must file a written report with the Chief Umpire and with the Safety Officer detailing the circumstances surrounding the ejection.

Saratoga Little League Code of Conduct Policy

Overview:

The Saratoga Little League is concerned about the safety and well being of the children participating in Little League Sports Activities. This includes both the Physical and Mental well-being of each participant. Managers, Coaches, Parents and Fans need to have a positive influence on our players and will be evaluated accordingly.

The Saratoga Little League Board of Directors has instituted a Code of Conduct Policy that will help enforce an acceptable Code of Conduct for all participants in Saratoga Little League activities. A Conduct Review Committee will evaluate each reported incident to determine the appropriate action to be taken. A *Code of Conduct Incident Form* may be filed by any Manager, Coach, Umpire, Board Member or Game Monitor. This method of reporting infractions should remove the subjective nature from evaluating a Code of Conduct Incident.

Conduct Review Committee:

The Conduct Review Committee will be comprised of the President, Safety Officer and three other nominated board members. If the President or Safety Officer has a conflict of interest with an issue under review, they shall be not be allowed to vote and an Alternate must vote in their place. Commissioners and Managers may not be nominated to the Conduct Review Committee. The Conduct Review Committee will be nominated and accepted by the Saratoga Little League Board of Directors at the beginning of each season. Upon receiving a Code of Conduct Incident Report, the Safety Officer will contact the members of the Code of Conduct Committee to meet in person or via email depending on the severity of the incident.

If either the President or Safety Officer is unavailable for more than a 7 day period, the Vice President may substitute for the absent party.

Three Strike Policy

All participants in the Saratoga Little League will adhere to the “Three Strikes and You’re Out” principle. The Conduct Review Committee will assign Strikes according to the severity of each incident. Depending on the incident, an infraction can carry more than one Strike as determined by the Conduct Review Committee. Figure 2 is a guideline for assignment of Strikes by the committee. Strikes may only be filed against an individual if a majority of the Conduct Review Committee determines that an infraction has been committed. All decisions made by the Review Committee are at their discretion and all decisions are final. Strikes are cumulative each season and will not carry over into the next season. Assigned Strikes will be used by the Board in evaluating and accepting Volunteer Positions each year.

Evaluation Procedure:

A *Code of Conduct Incident Form* may be filed by any Manager, Coach, Umpire, Board Member or Game Monitor. Game Monitors will be sent out to monitor and evaluate games throughout the season. The Game Monitor will file a *Game Report Summary* via the SLL Web site for each game he/she attends.

A *Code of Conduct Incident Form* may be filed if the Game Monitor feels that a Manager, Coach, Umpire, Fan or Player has not adhered to the Code of Conduct as outlined in Section B. A Game Monitor may not use a game that his/her son/daughter participates in for evaluation purposes.

If there is an issue regarding Board Members, Managers, Coaches or Umpires that is potentially harmful either mentally or physically to a child, the President and Safety Officer are immediately notified and a written Code of Conduct Report will be filed.

If any Board Member, Manager, Coach or Umpire is under review by the Code of Conduct Committee for the above mentioned item (i.e. mental or physical harm to a child), they shall be temporarily suspended until the issue is resolved or they receive an email from the President and Safety Officer stating that they can continue with their duties.

Notice of Infraction:

The Conduct Review Committee will send via the United States Post Office a *Notice of Conduct Infraction* to the offending party with a description of the resulting penalty. Examples of applicable penalties are included in Section D below as a reference.

Conclusion:

As Board Members, Managers, Coaches and Volunteers we are entrusted with the well-being of the participants in the Saratoga Little League. It is critical that each child have a positive experience with his/her participation. Umpires, Volunteers, Parents and Players all must be educated in Code of Conduct expectations and enforcement. The Conduct Review Committee must consistently enforce this policy to provide a healthy playing environment for all participants in the Saratoga Little League.

Section A: Reference Charts and Documents

Figure 1 - Action to be Taken based on Strikes

Strike One	Strike Two	Strike Three
Suspension for 1 - 3 games depending on severity	Manager to step down to lesser Volunteer Position	Suspension from League for remainder of year
	Coach will step down	
	Board Member to leave Board Position	
	Player to be suspended for 2 weeks.	

Figure 2 - Examples of Strike Assignment

Assign 1 Strike	Assign 2 Strikes	Assign 3 Strikes
Manager, Coach, Umpire or Fan criticizing an Umpire in a foul or abusive manner.	Manager, Coach, Umpire or Fan verbally abusing an individual Player or Child Umpire.	Physical Abuse or fighting of any kind.
Abuse of Saratoga Little League or other people's Property	A Board Member, Manager, Coach or Umpire creating an unsafe physical or mental environment for a Player	
Player verbally abusing another Player		

Saratoga Little League Safety Code

The Board of Directors of Saratoga Little League has mandated the following **Safety Code**. All managers and coaches will read this **Safety Code** and then read it to the players on their team. Signatures are required in the spaces provided below acknowledging that the manager, coach and players understand and agree to comply with the **Safety Code**. *Tear the signature sheet in the back of the manual and give it to your Commissioner.*

- Responsibility for safety procedures belong to every adult member of Saratoga Little League.
- Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/her and to others.
- Only league-approved managers and/or coaches are allowed to practice teams.
- Only league-approved managers and/or coaches will supervise batting cages.
- Arrangement should be made in advance of all games and practices for emergency medical services.
- Managers, designated coaches and umpires will have mandatory training in First Aid.
- First-aid kits are issued to each team manager during the pre-season and additional kits will be located at the concession stand and in the equipment shacks.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as “in play.”
- Only players, managers, coaches (of the two competing teams) and umpires are permitted on the playing field or in the dugout during games and practice sessions. No spectator should be on the playing field.
- Responsibility for keeping bats and loose equipment off the field of play should be that of the team’s manager and designated coaches.
- Foul balls batted out of playing area will be returned to the scorekeeper and not thrown over the fence during a game.
- During practice and games, all players should be alert and watching the batter on each pitch.



- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be supervised by a coach, performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators, (i.e. playing catch, swinging bats etc).
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit and required specifications.
- Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games. Facemasks and mouth guards re optional.
- Except when a runner is returning to a base, head first, slides are not permitted.
- During sliding practice, bases should not be strapped down or anchored.
- At no time should “horse play” be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide “safety glasses” for their children.
- On-deck batters are not permitted.
- Managers will only use the official Little League balls supplied by SLL.
- Once a ball has become scuffed, it cannot be used in a Game.
- All male players must wear athletic supporters and are encouraged to wear cups during games. Catchers must always wear a cup. Managers should encourage that cups be worn at practices.
- All catchers must wear catcher’s helmet with mask and bear the NOCSAE seal, “dangling” type throat protector, chest protector with neck collar, shin guards; all of which must meet Little League specifications and standards. All catchers must wear full gear during practice, pitcher warm-up, and games.
Note: Skullcaps are **not** permitted.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors
- Catchers must wear a catcher’s mitt (not a first baseman’s mitt or fielder’s glove) of any shape, size or weight consistent with protecting the hand.
- Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher’s gear and an athletic cup as described above.
- Shoes with metal spikes or cleats are **not** permitted. Shoes with molded cleats are permissible.
- Players will not wear watches, rings, pins, jewelry or other



metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place).

- Managers will never leave an unattended child at a practice or game.
- Never hesitate to report any present or potential safety hazard to the SLL Safety Officer immediately.
- Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- Speed Limit is 5 miles per hour in roadways and parking lots.
- No alcohol or drugs allowed on the premises at any time.
- **No medication** will be taken at the facility unless administered directly by the child's parent. This includes aspirin and Tylenol.
- No playing in the parking lots at any time.
- No playing on the railroad tracks at any time.
- No playing on and around lawn equipment, machinery at any time.
- No smoking within twenty feet of the dugouts and concession stands.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
- No throwing rocks.
- No climbing or leaning on fences, including the outfield fence. The yellow guard on top of the outfield fence is considered part of the playing field.
- No swinging on dugout roofs.
- Observe all posted signs.
- Players and spectators should be alert at all times for foul balls and errant throws.
- Gates to the fields and dugouts must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- During games, only the scorekeepers for each team and a scoreboard operator are allowed in the scorekeeper's cage. Home team scorekeeper is the official scorekeeper who also has pitch count responsibility. Away team scorekeeper is responsible for scoreboard if no there is no designated scoreboard operator. Spectators should not be in the scorekeeper's cage.
- Bicycle helmets must be worn at all times when riding bicycles on the premises as well as to and from the premises.
- Use crosswalks when crossing roadways. Always be alert for traffic.



- No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.
- There is no running allowed in the bleachers.



Saratoga Little League 2016 Local Rules

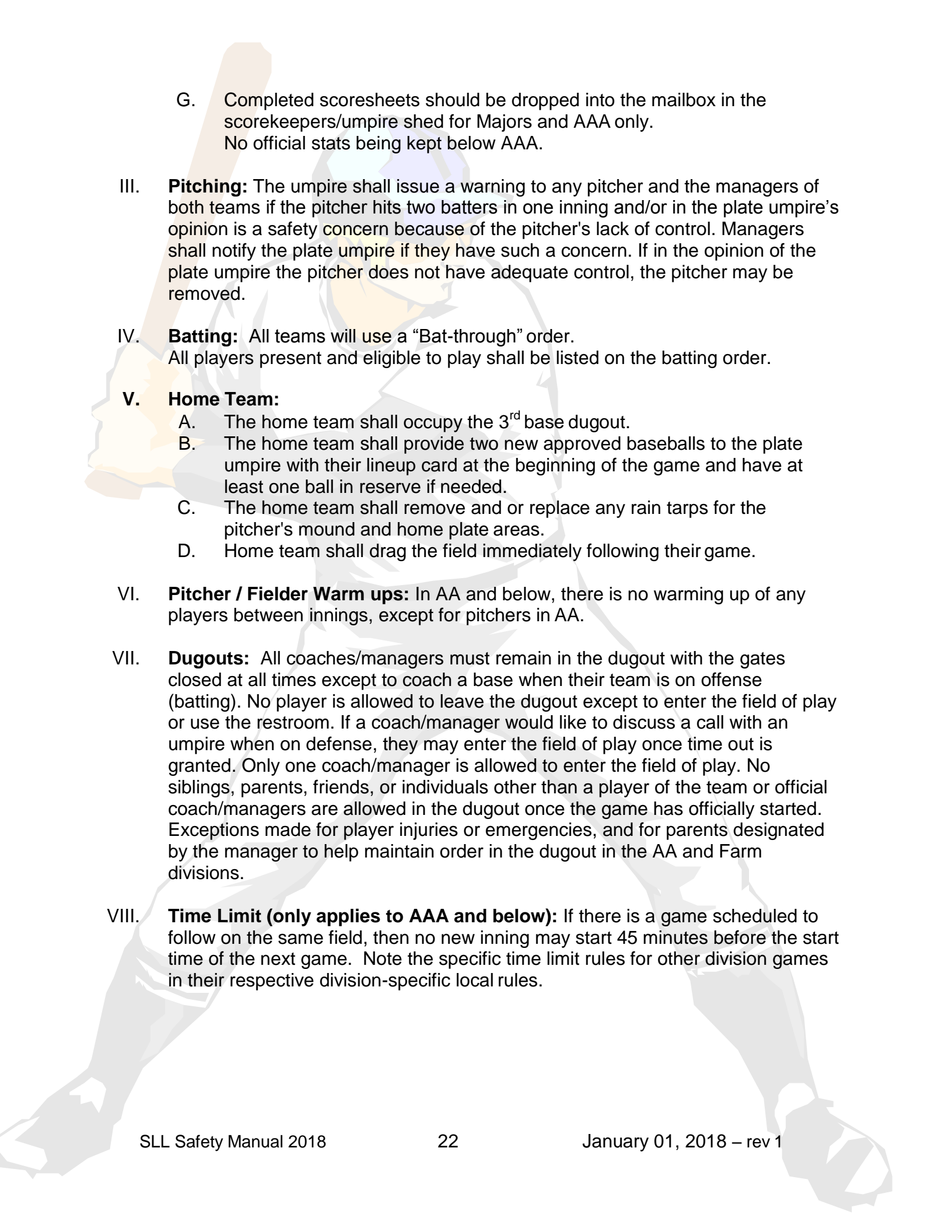
The following rules revised January apply to all Saratoga Little League divisions, as appropriate. All Official Little League Rules apply unless specifically noted below.

I. Start & End of the Game:

- A. Pre-game warm ups, line-ups, line-up cards and LL Baseball pledge protocol:
 - 30 minutes prior to the start time: Visitor team warm ups
 - 20 minutes prior to the start time: Home team warm ups
 - 10 minutes prior to the start time: Lineup cards delivered to the plate umpire, immediately followed by team lineups, LL pledge and the home team taking the field. Failure to finish a team warm up is not an excuse to delay the on-time start of the game.
- B. The City of Saratoga will notify SLL if the field is not available for use because of field conditions. Field availability will be posted on the SLL website daily. If the City has approved the field for use but the weather or field conditions are poor, the team managers must both agree the field is acceptable. Once the game is turned over to the umpire-in-chief, only the umpire-in-chief may end a game for weather, darkness or time.

II. Scorekeeping

- A. The home team shall be responsible for keeping the official scoresheet.
- B. The official scoresheet shall be kept inside the scorekeeper's booth (or by the home team dugout) at all times by the home team scorekeeper.
- C. Neither the official nor team scorekeepers seated outside the dugout may communicate with the manager, coach or others in the dugout during the game.
- D. The official scorekeeper is to record the last names and numbers of the players in their batting order for each team.
- E. All official scoresheets are to include the record of all pitchers and the number of innings and pitches thrown. Number of innings should be rounded up to the next whole number (a pitcher who throws 1 and 1/3 innings should reflect 2 innings completed).
- F. Upon completion of a game the official scoresheet will be signed by the plate umpire.

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- G. Completed scoresheets should be dropped into the mailbox in the scorekeepers/umpire shed for Majors and AAA only.
No official stats being kept below AAA.
- III. **Pitching:** The umpire shall issue a warning to any pitcher and the managers of both teams if the pitcher hits two batters in one inning and/or in the plate umpire's opinion is a safety concern because of the pitcher's lack of control. Managers shall notify the plate umpire if they have such a concern. If in the opinion of the plate umpire the pitcher does not have adequate control, the pitcher may be removed.
- IV. **Batting:** All teams will use a "Bat-through" order.
All players present and eligible to play shall be listed on the batting order.
- V. **Home Team:**
- A. The home team shall occupy the 3rd base dugout.
 - B. The home team shall provide two new approved baseballs to the plate umpire with their lineup card at the beginning of the game and have at least one ball in reserve if needed.
 - C. The home team shall remove and or replace any rain tarps for the pitcher's mound and home plate areas.
 - D. Home team shall drag the field immediately following their game.
- VI. **Pitcher / Fielder Warm ups:** In AA and below, there is no warming up of any players between innings, except for pitchers in AA.
- VII. **Dugouts:** All coaches/managers must remain in the dugout with the gates closed at all times except to coach a base when their team is on offense (batting). No player is allowed to leave the dugout except to enter the field of play or use the restroom. If a coach/manager would like to discuss a call with an umpire when on defense, they may enter the field of play once time out is granted. Only one coach/manager is allowed to enter the field of play. No siblings, parents, friends, or individuals other than a player of the team or official coach/managers are allowed in the dugout once the game has officially started. Exceptions made for player injuries or emergencies, and for parents designated by the manager to help maintain order in the dugout in the AA and Farm divisions.
- VIII. **Time Limit (only applies to AAA and below):** If there is a game scheduled to follow on the same field, then no new inning may start 45 minutes before the start time of the next game. Note the specific time limit rules for other division games in their respective division-specific local rules.



Majors-Specific Local Rules

- I. **Minimum Number of Players:** If a team cannot field nine players within 10 minutes of the scheduled start of the game, the team shall forfeit the game. The game may be played if a 9th player arrives after the forfeit; however, the score will not count.
- II. **Minimum Defensive Play:** Minimum defensive play for each player shall be nine defensive outs per six inning game. If a player plays fewer than nine defensive outs because the game was called before six innings were completed, and if the player did not play at least half the defensive innings, the player must start the next game and play at least nine defensive outs.
- III. **Player pull-up/replacement:** A manager or coach may make a request to the BOD (through the Player Agent) to remove any player that consistently misses practices or games. The Manager must notify the Player Agent by email the next day after any player has missed all games during a seven consecutive day period, whether excused or unexcused. The Player Agent will contact the parents to verify the situation and notify the Board as required pursuant to the Operating Manual. Injuries or illness requiring absence of six weeks rehabilitation or less do not require player replacement provided that they are corroborated by a physician in writing. Injuries or illnesses requiring greater rehabilitation time are at the discretion of the Player Agent based upon facts and circumstances. No requirement to pull-up for injury within last two weeks of regular season play. In the event that a player terminates the league, the Player Agent will instruct the manager to select a new player from AAA from the list of eligible players presented by the Player Agent. The list will exclude all AAA Managers', Coaches' and Assistant Coaches' sons/daughters unless the Manager/Coach parent agrees to allow their child to be considered for advancement to the Majors division. The Player Agent will not force any player to advance to Majors division against their or their parents' wishes. The Majors manager will have seven days from the date of the terminating player's last game to make a selection. If the Majors manager does not make a selection within that time period, the Player Agent will select a player, prioritizing 12 year-olds and any 11 year-old not selected in the Majors draft willing to advance to the Majors.

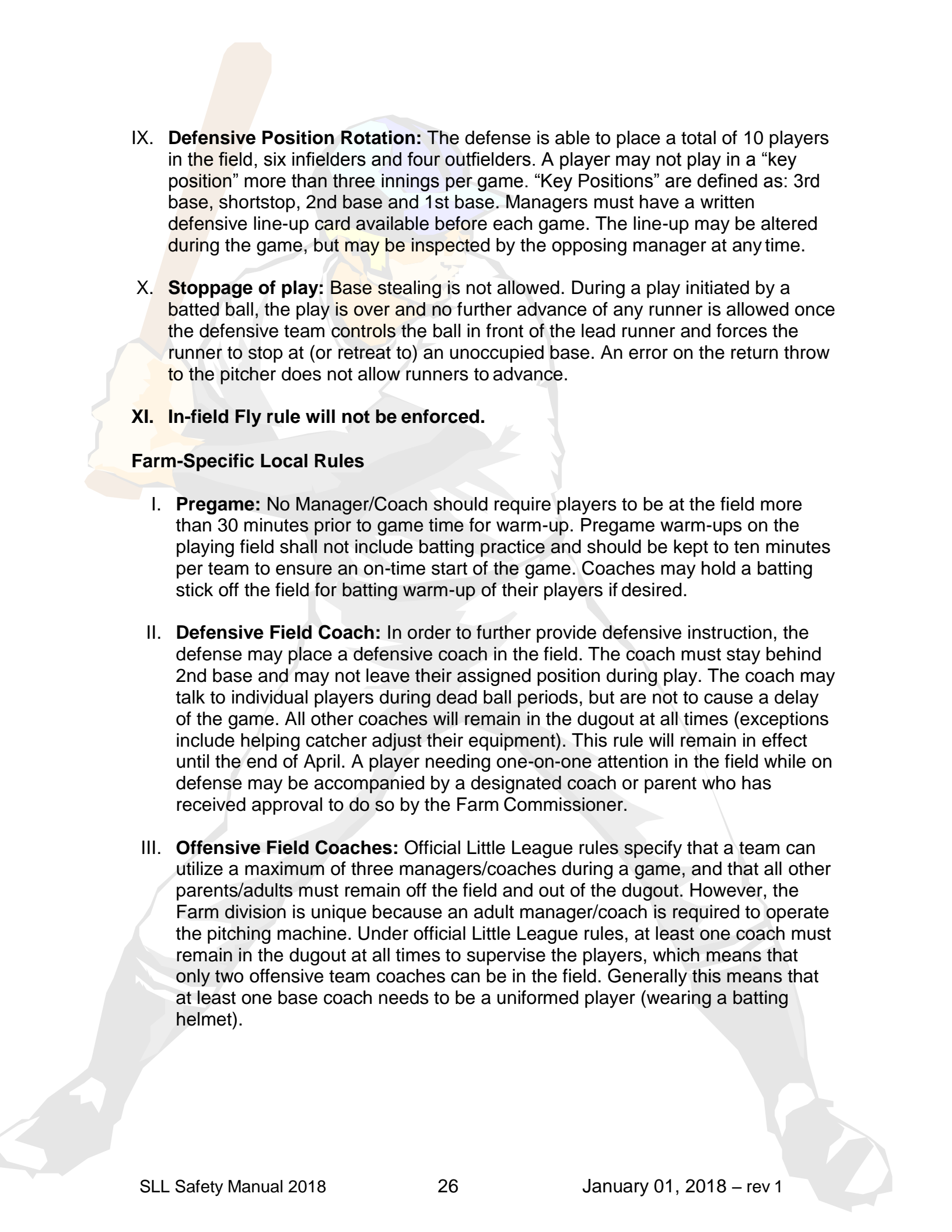
AAA-Specific Local Rules

- I. **Competition:** The first five games of the season will be deemed "Preseason" and standings will not be kept. For the remaining games of the season, standings will be kept. Standings will be used to determine seeding for the season-ending tournament.
- II. **Pregame:** No Manager/Coach should require players to be at the field more than one hour prior to game time for warm-up
- III. **Minimum Number of Players:** No team may start a game with fewer than eight players. If a team cannot field eight players within 10 minutes of the scheduled start of the game, the team shall forfeit the game. The game may be played if an 8th player arrives after the forfeit; however, the score will not count.
- IV. **Time Limit:** Weekday games must end at the earlier of 7:30 pm or 2.5 hours after the first pitch (with the score based on the last complete inning).
- V. **Pitching:**
Pitch Counts: Each team shall be provided with two pitch count clickers. Pitch counts shall be maintained by a player or coach in the dugout and an adult outside the dugout. The higher of the two counts shall be recorded in the official scorebook.
Curve balls, sliders, and knuckle balls are considered illegal pitches and shall be called a ball. Fastballs and change ups are the only two pitches permissible at this level. Plate umpires shall first issue a warning to the pitcher and manager of the offending team before a penalty is enforced.
- VI. **Batting:** Managers shall rotate bottom of order, no player bats last more than two games, and everyone gets to bat leadoff at least once.
- VII. **Minimum Defensive Play:** Each player plays two innings of a four inning game, three innings of a five inning game or four innings of a six inning game. No player shall sit on the bench more than one consecutive inning.
- VIII. **Last Inning:** In the last inning of a AAA game, the 5-run limit for Minors games is removed. However, each team can still only bat through their lineup once.

AA-Specific Local Rules

- I. **Defensive Field Coach:** In order to further provide defensive instruction, the defense may place a defensive coach in the field. The coach may talk to individual players during dead ball periods, but are not to cause a delay of the game. All other coaches will remain in the dugout at all times (exceptions include helping catcher adjust their equipment). The defensive coach will be allowed on the field for the first 6 weeks of the season.

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- II. **Competition:** Standings will not be kept until the playoffs. Preseason for AA is the first half of the season (important for AA pitching rules).
- III. **Pregame:** No Manager/Coach should require players to be at the field more than one hour prior to game time for warm-up.
- IV. **Minimum Number of Players:** No team may start a game with fewer than eight players. If a team cannot field eight players within 10 minutes of the scheduled start of the game, the team shall forfeit the game. The game may be played if an 8th player arrives after the forfeit; however, the score will not count.
- V. **Time Limit:** For weekday games only, no new inning may begin after 2 hours and no game may go beyond 2.5 hours; for games halted at 2.5 hours, the score will be based on the last complete inning.
- VI. **Pitching:** Curve balls, sliders, knuckle balls and change-ups are considered illegal pitches and shall be called a ball. A “Fastball” is the only pitch permissible at this level. Plate umpires shall first issue a warning to the pitcher and manager of the offending team before a penalty is enforced.
Walks: Each pitcher may only walk two batters in an inning. After the second walk (during regular season and preseason games), an offensive adult base coach must pitch and close out the inning. During preseason games, teams must switch to coach pitching to finish the inning after 20 pitches have been thrown in the inning (player pitcher may finish the current batter). During the playoffs, the coach enters the game to finish the batter after there have been two walks and four balls to a subsequent batter. However, during the playoffs, the coach does not close out the inning but instead hands the ball back to the pitcher to face the next batter. The plate umpire shall notify the coach of the number of strikes when he/she enters to pitch.
Coach Pitching: Only one “warm up” pitch is permissible. Pitches must be thrown from the pitching rubber and cannot be thrown underhanded. Balls will not be called. The batter will be called out once three strikes are reached, either swinging or called. One adult must always remain in the dugout. There will be a maximum of five pitches per batter from the Manager/Coach, except that the batter can receive additional pitches if the fifth or subsequent pitch is fouled off. If the batter does not strike out or put the ball in play he/she will be called out. This will be recorded as a strikeout in the scorebook.
- VII. **Batting:** A player shall not bat last more than twice during the season. Every player shall be given the opportunity to bat lead-off at least once during the season. The AA strike zone shall be at least one ball width wider and taller than the NLL strike zone in order to encourage batters to swing at pitches. In general this means any pitch from the shoulders to the bottom of the knees and two ball widths on either side of the plate will be called a strike.
- VIII. **Minimum Defensive Play:** Two innings of a four inning game, three of five innings or four innings of a six inning game. No player shall sit more than one consecutive inning.

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- IX. **Defensive Position Rotation:** The defense is able to place a total of 10 players in the field, six infielders and four outfielders. A player may not play in a “key position” more than three innings per game. “Key Positions” are defined as: 3rd base, shortstop, 2nd base and 1st base. Managers must have a written defensive line-up card available before each game. The line-up may be altered during the game, but may be inspected by the opposing manager at any time.
- X. **Stoppage of play:** Base stealing is not allowed. During a play initiated by a batted ball, the play is over and no further advance of any runner is allowed once the defensive team controls the ball in front of the lead runner and forces the runner to stop at (or retreat to) an unoccupied base. An error on the return throw to the pitcher does not allow runners to advance.
- XI. **In-field Fly rule will not be enforced.**

Farm-Specific Local Rules

- I. **Pregame:** No Manager/Coach should require players to be at the field more than 30 minutes prior to game time for warm-up. Pregame warm-ups on the playing field shall not include batting practice and should be kept to ten minutes per team to ensure an on-time start of the game. Coaches may hold a batting stick off the field for batting warm-up of their players if desired.
- II. **Defensive Field Coach:** In order to further provide defensive instruction, the defense may place a defensive coach in the field. The coach must stay behind 2nd base and may not leave their assigned position during play. The coach may talk to individual players during dead ball periods, but are not to cause a delay of the game. All other coaches will remain in the dugout at all times (exceptions include helping catcher adjust their equipment). This rule will remain in effect until the end of April. A player needing one-on-one attention in the field while on defense may be accompanied by a designated coach or parent who has received approval to do so by the Farm Commissioner.
- III. **Offensive Field Coaches:** Official Little League rules specify that a team can utilize a maximum of three managers/coaches during a game, and that all other parents/adults must remain off the field and out of the dugout. However, the Farm division is unique because an adult manager/coach is required to operate the pitching machine. Under official Little League rules, at least one coach must remain in the dugout at all times to supervise the players, which means that only two offensive team coaches can be in the field. Generally this means that at least one base coach needs to be a uniformed player (wearing a batting helmet).

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- IV. **Minimum Number of Players:** No team may start a game with fewer than eight players. If a team cannot field eight players within 10 minutes of the scheduled start of the game, the SLL Board has determined this team shall forfeit the game. The game may be played if an 8th player arrives after the forfeit; however, the score will not count. When fielding only nine players, the outfield is reduced to three positions. When fielding only eight players, the pitcher and fourth outfielder are eliminated. A catcher is required at all times.
- V. **Time Limit:** During the regular season (weekday and weekend games) no game may exceed 2.0 hours regardless of the number of innings played. During the playoffs, no new inning may begin after 2.0 hours and all post-season games must end within 2.5 hours. Score reverts back to the last complete inning for all games halted due to time limit.
- VI. **Standings:** Division standings (regular season) will be maintained by the head scorekeeper for the Farm division and the Farm Commissioner only. Division standings (regular season) will not be posted and will not count towards any trophies or tournament.
- VII. **Pitching:** All players will hit from a pitching machine in order to provide pitch consistency. The pitching machine shall be operated by an offensive manager or coach who shall stay within six feet of the machine during play. The pitching machine speed shall not be changed during the game. Prior to delivering a pitch the machine operator shall hold the ball in the air to alert the defensive players of an impending pitch. No adjustments may be made to the pitching machine after the last out. The offensive coaches will keep the number of “test” pitches to a reasonable number between innings and only to calibrate the pitching machine if the pitching machine is throwing wild pitches.
- VIII. **Batting and batting machine/operator:** The home team shall install and remove the pitching machine equipment. All teams will have continuous batting – rotate bottom of batting order, no player bats last more than 2 games, everyone gets to bat leadoff at least once. No ball count is to be kept, therefore there are no walks. Only strikes are recorded. All strikes must be swinging strikes, until batter allows three pitches to go through the strike zone without swinging at them. At that point, the plate umpire shall also call non-swing strikes. Any batted ball that hits the pitching machine or the operator is a dead ball, no runners may advance, the batter returns to the batter's box and will receive a new count. Any thrown ball that hits the pitching machine or the operator is a dead ball, any runners shall advance to the base they were heading providing, in the umpire's judgment, they were past the half-way point between bases.
- IX. **Stealing is not permissible at any time.**

- X. **Defensive Play and Key Position Players:** The defense is able to place a total of 10 players in the field, six infielders and four outfielders. Each player will play 2 innings of 4, 3 innings of 5, 4 innings of 6. If a game situation (e.g., game called for time or darkness) prevents a player from playing her/his minimum innings for any given game, then that player will play additional innings in the next game. No player will sit on the bench more than one consecutive inning. The key positions are: Pitcher, 1st base, 2nd base, shortstop and 3rd base. A player may only play three innings in any combination of the defined key positions. Managers must have a written defensive line-up card available before game time. The line-up may be altered during the game, but may be inspected by the opposing manager at any time. If a team is found not following the Key Position rule, the team forgoes all runs scored in the 4th, 5th and 6th innings. The pitcher shall play within six feet on either side of the pitching machine. Infielders, except the pitcher, shall not encroach more than three feet onto the grass area before the ball is put into play. Outfielders will stay beyond the dirt infield area before the ball is put into play.
- XI. **Stoppage of play, dead ball:** During a play initiated by a batted ball, the play is over and no further advance is allowed by any runner once the defensive infielder controls the ball in front of the lead runner and forces that runner to stop at (or retreat to) an unoccupied base. An error on the return throw to the pitcher does not allow runners to advance. The play is also dead when the ball is thrown under control back to the coach who is operating the pitching machine. The coach operating the pitching machine should stay alert to receive the ball from the other team's fielders (leave the base coaching to the coaches stationed at first and third base).

XII. In-field fly rule will not be enforced.

T-Ball-Specific Local Rules

- I. **Game Length:** Three full innings will be played for all games--three innings at bat and in the field. Games not to exceed 1.5 hours.
- II. **Number of Players:** No minimum number of players is needed to play a game. Everyone plays all innings.
- III. **Defensive Play:** Defensive team puts all players in the field, with preferably 4-5 outfielders.
It is encouraged that players be moved to different positions each inning. Preferably, a child who can catch the ball safely should be positioned at first base.
If a child is thrown out at a base, the child moves off the base and returns to his/her team bench. This way both teams understand that their goal is to throw out the batter or runner.
If a fielder overthrows first, second, or third base, the runner(s) must return to their respective base(s) prior to the overthrow.

IV. **Offensive Play:** Everyone bats regardless of the number of outs per inning. The batting order should be rotated from game to game such that no player bats last more than 2 games and that everyone gets to bat leadoff at least once. The last batter is the clean-up batter and all runners including the batter run home. The defense should attempt to get an out as on any other play. Having the defense run to home for the out is not recommended due to safety concerns. The T is used for all offensive at bats in accordance with Official Little League rules. Coach pitch is not allowed in T-Ball.

Be very careful to make sure players are not throwing the bat. This is an important safety habit to form at these young ages. A good technique is to place a hula hoop (or equivalent) near home on the first base side and teach the players to lay the bat in the hoop after hitting.

If the ball is hit beyond an outfielder, the runner may advance to second. There are no triples or home runs.

Runners should remain on base until the ball is hit.

No scores or standings are kept.

V. **Coaches:** Defensive coaches may coach at any position.

Offensive coaches should be at first and third bases. A coach should be at the catcher position so that he/she can place the ball on the T and adjust the height of the T for each player.

Volunteer Responsibilities

MANAGERS and COACHES:

City of Saratoga Agreement

The City of Saratoga requires the Saratoga Little League to sign a Yearly Use Agreement for use of the Congress Springs fields. There are penalties that can be assessed including “loss of use” as outlined below.

The Use Agreement includes the following requirements:

- (a) Clean-up of Little League related litter and debris on all baseball fields, dugouts, bleacher areas, playground area, bathrooms and parking areas after each game or practice and deposit of all garbage in the trash containers and recyclables in recycle bins.
- (a) Maintain batter boxes, pitcher mounds, and dugouts after all games and practices.
- (b) Prepare fields for games including dragging and lining of infields.
- (c) Ensuring the safety of all Little League activities including, but not limited to: preventing baseballs from exiting the park onto Highway 85 during Little League practice or games. Little League shall immediately notify the Public Works Director if a baseball exits the park onto Highway 85 during a Little League practice or game. If it is determined that a ball is willfully hit or thrown onto Highway 85 by any Little League member during the Baseball Season, Little League’s rights to use of the Park shall terminate for the remainder of the Baseball Season and, if the event occurs in the second half of the Baseball Season, for the following Baseball Season.
- (d) Locking of batting cages, storage areas, and storage area in Maintenance Yard.

There are Penalties for field use violations as follows:

Unauthorized use of the Park by User Group (including, but not limited to, violations of Sections a thru d of this Agreement) may result in a penalty as determined by the Director of Public Works as follows:

- 1st Penalty during season: No use of Park for up to one week.
- 2nd Penalty during season: No use of Park for up to one month.
- 3rd Penalty during season: No use of Park for up to the remainder of the season.
- In addition, User Group shall compensate City for the actual costs of correcting any damage to the Park due to the unauthorized use. If payment is not made within ten (10) days of User Group’s receipt of City’s request for payment, the Director of Public Works may suspend User Group’s ability to use Park until such time as payment is made.

Pre-Season:

- One Manager or Coach from each team is required to attend a Fundamentals Training Seminar (i.e. hitting, sliding, fielding, pitching etc.) and a First Aid Seminar every year. All Managers and Coaches must attend each of these seminars at least once every three years.

2018 Fundamentals Training:

Al Herback Manager/Coach – Introduction to Baseball Basics (ages 4 thru 8)

Monday, February 26th, 2018 at Abbott, Stringham & Lynch, 1530 Meridian Avenue, Floor 2, San Jose, CA 95125. Registration starts at 5:45 pm and training is from 6:00-10:00 pm.

Al Herback Manager/Coach – Beyond Baseball Basics (ages 9 thru 12)

Tuesday, February 27th, 2018 at Abbott, Stringham & Lynch, 1530 Meridian Avenue, Floor 2, San Jose, CA 95125. Registration starts at 5:45 pm and training is from 6:00-10:00 pm.

2017 First Aid Seminar:

James Campagna Safety Officer – Clinic TBD

Season Play:

Managers will:

- Work with **Team Safety Officer** to make sure players use approved equipment and equipment is in proper working order.
- Make sure that *telephone access* is available at all activities including practices. It is suggested that a *cellular phone* always be on hand.
- Not expect more from their players than what the players are capable of.
- Be open to ideas, suggestions or help.
- Enforce that **prevention** is the key to reducing accidents to a minimum.
- Have players wear sliding pads if they have cuts or scrapes on their legs.
- Always have First-Aid Kit and Safety Manual on hand.
- Supervise players at all times.
- Use **common sense**.



Pre-Game & Practice:

Managers will:

- Make sure that players are healthy, rested and alert.
- Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they can't play.
- Make sure players wear the proper uniform and catchers are wearing a cup.
- Walk the field to check the field is free of hazards and obstructions (e.g. rocks and glass).before use.
- Make sure that the equipment is in good working order and is safe. Damaged equipment should be destroyed.
- Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, the President, Umpire or a duly delegated representative shall make the determination.
- Make sure that no coach or other adult catches for a pitcher at any location before or during games (Rule 3.09). Catchers should wear proper gear and cup.
- Have all players do stretching exercises for arm, shoulder, back and leg muscles.
- Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching.



During the Game:

Managers will:

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Keep players **alert**.
- Maintain **discipline** at all times.
- Be **organized**.
- Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game. Players should not be left alone in the dugout without an adult present.
- Make sure catchers are wearing the **proper equipment**.



- Encourage stretching before resuming play, especially pitchers and catchers, to protect young muscles.
- Encourage everyone to think **Safety First**.
- Observe the “**no on-deck**” rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.
- Keep players off fences and other structures.
- Get players to **drink** often so they do not dehydrate.
- Not play children that are ill or injured.
- Attend to children that become injured in a game.
- Not lose focus by engaging in conversation with parents and passerby's.

**** IF A MANAGER HAS NOT APPOINTED A TSO THEN HE OR SHE MUST ASSUME THOSE RESPONSIBILITIES**

Post-Game:

Managers will:

- Have players do cool down exercises.
- Not leave the field until every team member has been picked up by a known family member or designated driver.
- ***Notify parents if their child has been injured*** no matter how small or insignificant the injury is. **There are no exceptions to this rule** This protects you, Little League International and SLL.
- Discuss any safety problems with the **Team Safety Officer** that occurred before, during or after the game.
- If there was an injury, make sure an accident report was filled out and given to the SLL Safety Officer.
- Return the field to its pre-game condition, per SLL policy.

If a manager knowingly disregards safety, he or she will come before the SLL Board of Directors to explain his or her conduct

CONTACT WITH PLAYERS

Managers, coaches and other volunteers involved in working directly with players should protect themselves from any chance of misunderstandings or accusations. Avoid any contact or encounter that can even remotely be interpreted as physically, sexually or emotionally abusive, including comments.

- Do not hit, grab, push or even touch a player when disciplining.
- No hugs or pats – “high-fives” are better.
- Avoid being alone with a player where others can’t see you, especially in cars or restrooms.

Any report of possible sexual or physical abuse will be thoroughly investigated and the volunteer will be suspended from league activities until the issue is resolved.

UMPIRES:



Pre-Game:

- Before a game starts, the umpire shall:
- Check equipment in dugouts of both teams. Equipment that does not meet specifications must be removed from the game.
- Make sure catchers are wearing helmets when warming up pitchers.
- Make sure that bats are Little League-approved (especially composite bats) with a USA baseball.
- Run hands along bats to make sure there is no damage. Check bats for “round” and have grips in good condition.
- Make sure there are foam inserts in helmets and that helmets meet Little League **NOCSAE** specifications.
- Inspect helmets for cracks or other damage.
- Walk the field for hazards and obstructions (e.g. rocks and glass).
- Check players to see if they are wearing jewelry.
- Check players to see if they are wearing metal cleats.
- Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.
- Secure official Little League balls for play from both teams.
- Use the **FIELD SAFETY CHECK LIST** (included in the Addendum of this safety manual) to document that all of the above was carried out.

During the Game:

During the game the umpire shall:

- Govern the game as mandated by Little League rules and regulations.
- Check baseballs for discoloration, scuffs and nicks and declare a ball unfit for use if it exhibits these traits.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.
- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment.
- Continue to monitor the field for safety and playability.
- Make the calls loud and clear, signaling each call properly.
- Make sure players and spectators keep their fingers out of the fencing.



Post-Game:

After a game, the umpire shall:

- Check with the managers of both teams regarding safety violations.
- Report any unsafe situations to the SLL Safety Officer by telephone and in writing.



GAME COORDINATORS:

Responsibilities during the game include monitoring behavior and getting involved/resolving disputes or conflicts between players, coaches, parents and or umpires. In the simplest form, the adult Game Coordinator there to support the youth umpire as necessary.

The Game Coordinator is required to watch the entire game and file a report within 24 hours via the SLL Web Site. This report will include field and dugout safety, an overview of managers, coaches, umpires and players and their conduct as outlined in the Code of Conduct Policy.

Responsibilities include:

1. To be included in the pre-game meeting as noted in Rule 4.01.
2. To remain at the game at all times, including between half-innings, in a position to see all actions on the field and in close proximity to the field (not in any enclosure). If, for some reason, the Game Coordinator is not present or is unable to perform his/her duties for any reason, the game must be suspended until the Game Coordinator returns, or until a new adult Game Coordinator is present and assumes the duties of Game Coordinator for the remainder of the game.
3. To oversee the conduct of all players, managers, coaches and umpires in the game.
4. To have the authority to disqualify any player, coach, manager, or substitute for objecting to the decisions of an umpire, for unsportsmanlike conduct or language, or for any of the reasons enumerated in these Playing Rules, and to eject such disqualified person from the playing field. If the Game Coordinator disqualifies a player while a play is in progress, the disqualification shall not take effect until no further action is possible in that play.
5. To have the sole ability to judge as to whether and when play shall be suspended during a game because of inclement weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension. Said Game Coordinator shall not call the game until at least thirty minutes after play as suspended. The Game Coordinator may continue suspension as long as there is any chance to resume play. (This supersedes Rule 3.10.)

TEAM SAFETY OFFICERS (TSO) aka Team Coordinator:

Pre-Season:

In the pre-season, the **TSO** must:

- *Acquire this Safety Manual* from the team manager and read it.
- Have parents fill out *Emergency Medical Treatment Consent and Contact form on the back of the Player Card* and return them to you.
- *Inspect the equipment* when the Equipment Manager issues it to your team and replace any equipment that looks unsafe.
- Get to *know the players* on your team.
- Talk to parents, confidentially, and inquire if their child suffers from allergies, asthma, heart conditions, past injuries, ADD, ADHD, a communicable disease such as hepatitis, HIV, AIDS, etc. Fill out a *Medical History Form* on each child (see sample in Addendum).
- Find out if a child is taking any kind of *medication*.

Season:

During the season, the **TSO** will:

- Keep a *Safety Log* of all injuries that occur on his or her team and file accident reports via the Web if they occur.
- *Inspect players' equipment for damage on a routine basis.*
- *Communicate* any safety infractions to the SLL Safety Officer or any other Board Member.
- Help managers and designated coaches *give First-Aid* if needed.
- Act as a *conduit* between parents, managers, the SLL Safety Officer and the kids.
- Fill out *accident reports* if an injury occurs.
- Report an *injury* to the SLL Safety Officer within 12 hours of the occurrence.
- Track the *First-Aid Kit inventory* and ask the SLL Safety Officer for replacements when needed.



Pre-Game:

Before the game starts the TSO will:

- Make sure that this *Safety Manual*, *Player Cards* and the *First-Aid Kit* are present.
- Greet the players as they arrive and *make sure everyone is feeling all right*.
- Watch the players when they stretch and do *warm up exercises* for signs of stress or injury.
- *Check equipment* for cracks and broken straps.
- *Walk the field*; remove broken glass and other hazardous materials.
- *Be ready to go into action if anyone should get hurt*.

During the Game:

During the game the TSO will:

- *Watch players* to see that they are alert at all time.
- In case of injury, *help the team manager* treat the child until professional help arrives.
- Act as the *conduit* between the SLL Safety Officer, the team manager, the child and his or her parents.

Post-Game:

After the game the TSO will:

- *Record* any safety infractions or injuries in his/her *Safety Log*.
- *Report any injuries* to the SLL Safety Officer within 12 hours of the occurrence.
- Fill out an accident investigation report (*see Addendum*) and send a copy to the SLL Safety Officer if there is an injury requiring medical attention.
- *Assist parents* if child must go to a hospital or to see a doctor.
- Provide *insurance documentation* to the hospital if necessary (Claim form is in the Addendum with all necessary insurance information).
- Follow up with parents to make sure the child is all right.

Post-Season Play

All Star / Tournament Play:

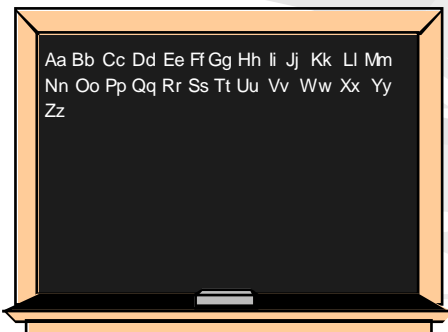
Everybody's responsibilities remain the same throughout the post season. This includes All Stars and Tournaments.

Insurance Riders:

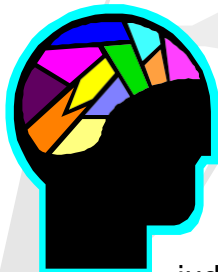
Insurance riders are needed if any practices, games or events involving baseball, on or off the SLL complex take place before or after the regularly scheduled season and "All Star" post season.

Insurance riders are also necessary if non-Little League teams practice, play games, or hold tournaments at the SLL facility.

COMMON SENSE



Playing safe boils down to using *common sense*. For instance, if you witnessed a strange person walking around the SLL complex who looked like he/she didn't belong there you would report the incident to a Board Member. There should generally be a Board Member on site (*see the telephone number list in the beginning of this manual to identify them*). The SLL Board Member, after hearing your concerns, would investigate the matter and have the person in question removed before anything could happen if, indeed, that person did not belong there.



Another example of *common sense* – You witness kids throwing rocks or batting rocks on the SLL complex. They are having fun but are unknowingly endangering others. Don't just walk on by figuring that someone else will deal with the situation. Stop and explain to the kids what they are doing wrong and ask them to stop.

Webster's Dictionary definition of *common sense* is: Native good judgment; sound ordinary sense. In other words, to use *common sense* is to *realize the obvious*. Therefore, *if you witness something that is not safe, do something about it!* And encourage all volunteers and parents to do the same.



RISKS UNIQUE TO OUR FACILITY

Railway Tracks

The railway tracks bordering our property are active railway tracks that are used daily. It is the responsibility of EVERY Team **Safety Officer** to assure that no children are playing on the tracks at any time. Each time a train approaches our area, it is the responsibility of EVERY Team **Safety Officer** to check to make sure no one is on or near the tracks.

Service Road

The dirt service road that borders our fields is not to be used for parking. The only vehicles that may be on this surface are 1) Handicapped Vehicles 2) Delivery Vehicles (for the duration of the delivery only) and 3) recognized Saratoga Park Maintenance Vehicles.



EQUIPMENT

Equipment Manager Responsibilities

The Equipment Manager is an elected SLL Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but it is the Manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice.

The SLL Equipment Manager will promptly replace damaged and ill-fitting equipment.

Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

At the end of the season, all equipment must be returned to the SLL Equipment Manager. First-Aid kits and Safety Manuals must be turned in with the equipment.

Equipment Specific Rules

Each team shall have protective helmets which must meet NOCSAE specifications and standards in the dugout. Some helmets will be provided by SLL at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.

Each helmet shall have an exterior warning label. **NOTE:** The warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.

No tape, added decals or writing on the outer helmet surface.

Use of a helmet by the batter and all base runners is mandatory.

Use of a helmet by a player base coach is mandatory. Use of a helmet by an adult base coach is optional.

Make sure helmets fit properly.

All male players must wear athletic supporters or cups.

Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector. Female catchers must wear long or short model chest protectors.

All catchers must wear catcher's helmet with mask with NOCSAE stamp, "dangling" type throat protector, chest protectors with throat guard, and shin guards, all of which must meet Little League specifications and standards.

All catchers must wear a cup and the above equipment during practice, pitcher warm-up, and games.

NOTE: Skullcaps are not permitted.

Bats must be Little League-approved with a USA baseball. The bat shall be no more than 33 inches length or more than 2-1/4 inch diameter. Composite bats are prohibited unless there is a waiver from Little League International. (There are no waivers for bats made before 2011.)

If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.

Bats with dents, or that are fractured in any way, must be discarded.

Fielders' gloves will not be more than 14 inches length, not be more than 8 inches width and webbing not more than 5-3/4 inches wide at the top.

Pitchers' gloves can no longer have gray or white colors, including multicolored gloves. Pitchers shall not wear sweat bands on their wrists or arms.

Only Official Little League balls will be used during practices and games.

Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Manager.

Replace questionable equipment immediately by notifying the SLL Equipment Manager. Make sure that players respect the equipment that is issued.

ACCIDENT REPORTING PROCEDURE

What to report:

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the SLL Safety Officer and the Player Agent. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury. If a Player leaves a game for medical reasons, a report *must* be filed.

“Near-misses” or unsafe situations should also be reported so that corrective actions can be taken BEFORE injuries occur.

When to report:

All such incidents described above must be reported to the SLL Safety Officer within 24 hours of the incident.

How to make a report:



To file a report, check the Web Site Forms section in this manual or contact the Safety Officer at the phone numbers listed in the Little League Phone Numbers Section. Incidents must be reported utilizing the Incident/Injury Tracking Form (see Addendum). 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 or witnessing the incident.

Team Safety Officer’s Responsibility:

The **TSO** will fill out the **SLL Accident Investigation Form** and submit it to the SLL Safety Officer **within 24 hours of the incident**. If the team does not have a safety officer then the Team Manager will be responsible for filling out the form and turning it in to the SLL Safety Officer.

SLL Safety Officer's Responsibilities:

Within 24 hours of receiving the *SLL Accident Investigation Form*, the SLL 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; and
- in the event that the injured party required other medical treatment (i.e. Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the League's insurance coverage and the provision for submitting any claims.

If the extents of the injuries are more than minor in nature, the SLL Safety Officer shall periodically call the injured party to:

- Check on the status of any injuries, and
- 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).

INSURANCE POLICIES



Saratoga Little League participates in the National League Insurance Policy. This policy is an excess policy (i.e. in addition to a participants existing Medical and Homeowners policy). You must consult with your Insurance Agent regarding the specifics of your Homeowners and Medical Policies and review the section on “What Parents should know about Little League Insurance” in the Addendum for more specific coverage and exclusion detail.

In the case of an incident requiring Medical Coverage, the participants existing Medical Policy provides medical related coverage. If the participant’s medical costs exceed the participants Medical Policy, the National League’s Policy would provide additional coverage. Please consult with your Insurance Agent regarding the specifics of your Medical Policy.

In the case of Liability related litigation, (i.e. a Volunteer being sued as a direct result of their Volunteer duties), the Volunteers Homeowners Policy would take priority coverage (if the Homeowners Policy specifically covered volunteer activity). If the legal defense costs exceeded their Homeowners Policy, the National League’s Policy would provide additional coverage. Please consult with your Insurance Agent regarding the specifics of your Homeowners Policy regarding Volunteer Activity.

All of this is predicated on the fact that the Volunteer or Player that was hurt or sued operated within the guidelines set by the National Little League and Saratoga Little League.

Insurance Policy Exclusions

First, it should again be noted that the Little League insurance policies are excess policies (i.e. in addition to a participants existing policy). It should also be noted that these are examples of exclusions only and in no way represent all of the exclusions that that may be in effect.

There are specific exclusions that eliminate coverage should any person involved with Saratoga Little League violate the policies set down by National Little League. For example, any unauthorized games or practices would be a violation, and thus any injuries as a result, would be excluded from the insurance coverage. A Game or Practice that occurred outside of the Start/End dates mandated by Little League would be considered unauthorized.

Also, parents who do not complete the background check and are involved with the children, violate the Little League National Policy, and thus any lawsuit resulting from the situation regarding the background check would be excluded from defense in the lawsuit.



Volunteer Application Policy

Starting with the 2003 season, Little League programs nationwide were required to annually conduct a background check of: Managers, Coaches, Board of Directors members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams.

The purpose of these background checks is, first and foremost, to protect children. Second, they maintain Little League as a hostile environment for those who would seek to do harm. Third, they will help to protect individuals and leagues from possible loss of personal or league assets because of litigation.

Failure to complete and submit the Volunteer Application Form by those required to do so will result in Saratoga Little League being barred from involvement in Little League. Failure by Saratoga Little League to conduct the proper background checks may result in suspension or termination of the league's charter and/or our tournament privileges.

These forms were filled out as part of the Saratoga Little League sign up process. If there is a change in a family Volunteer, the alternate family member must fill out a Volunteer Application. Please refer to "Addendum A" for a copy of the Volunteer Application Forms that must be filed for each individual that is performing Volunteer activities. A government issued Identification must accompany the form when submitted. This is mandatory, this is not an option !!

PARENTAL CONCERNS ABOUT SAFETY



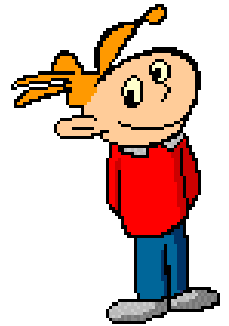
The following are some of the most common concerns and questions asked by parents regarding the safety of their children when it comes to playing baseball. We have also included appropriate answers below the questions.

I'm worried that my child is too small or too big to play on the team/division he has been assigned to.

Little League has rules concerning the ages of players on T-Ball, Farm, AA, AAA and Major Teams. Saratoga Little League observes those rules and then places children on teams according to their skills and abilities based on their try-out ratings at the beginning of the season. If for some reason you do not think your child belongs in a particular division, please contact the SLL Player Agent and share your concerns with him or her.

Should my child be pitching as many innings per game?

Little League has rules regarding pitching which all managers and coaches must follow. The rules are different depending on the division of play but the rules are there to protect children.



Do mouth guards and batting helmet face guards prevent injuries?

Mouth guards and batting helmet face guards are not required, but can prevent serious injuries such as concussions, cerebral hemorrhages, incidents of unconsciousness, jaw fractures and neck injuries by helping to avoid situations where the lower jaw gets jammed into the upper jaw. Mouth Guards are effective in moving soft tissue in the oral cavity away from the teeth, preventing laceration and bruising of the lips and cheeks, especially for those who wear orthodontic appliances.

How do I know that I can trust the volunteer managers and coaches not to be child molesters?



Saratoga Little League runs background checks on all board members, managers and designated coaches before appointing them. Volunteers are required to fill out applications which give SLL the information and permission it needs to complete a thorough investigation. If the League receives inappropriate information on a Volunteer, that Volunteer will be immediately removed from his/her position and banned from the facility. Coaches are instructed to avoid being alone with players and to avoid touching players.

How can I complain about the way my child is being treated by the manager, coach, or umpire?

You can directly contact the SLL Player Agent for your division or any SLL board member. Their names and telephone numbers are listed in the beginning of this Manual. The complaint will be brought to the SLL President's attention immediately and investigated.

Will that helmet on my child's head really protect him while he or she is at bat and running around the bases?

The helmets used at Saratoga Little League must meet NOCSAE standards as evidenced by the exterior label. These helmets are approved by Little League Incorporated and are the safest protection for your child. The helmets are checked for cracks at the beginning of each game and replaced if need be.

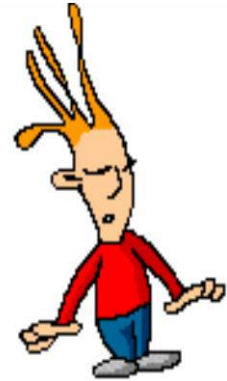
Is it safe for my child to slide into bases?

Sliding is part of baseball. Managers and coaches teach children to slide safely in the pre-season.



My child has been diagnosed with ADD or ADHD - is it safe for him to play?

Saratoga Little League now addresses ADD and ADHD in their Safety Manual. Managers and coaches now have a reference to better understand ADD and ADHD. The knowledge they gain here will help them coach ADD and ADHD children effectively. The primary concern is, of course, safety. Children must be aware of where the ball is at all times. Managers and coaches must work together with parents in order to help ADD and ADHD children focus on safety issues.



Why can't I smoke at the field?



Saratoga Little League has a No Smoking Policy. The SLL Board of Directors voted this rule on smoking into effect after the studies on second-hand smoke came out. Please obey the rules as they are there for the safety of our Children and all other Participants.

**** IF A MANAGER HAS NOT APPOINTED A TSO THEN HE OR SHE MUST ASSUME THOSE RESPONSIBILITIES**

Concession Stand Management

The Concession Stand at Congress Springs Park is not operated or controlled by Saratoga Little League. The vendor, Roussana, has been inspected by the Santa Clara County Department of Environmental Health and is responsible for the training of their employees and safety procedures. The vendor has been provided with a copy of Little League's 12-step Concession Stand Tips which address hand hygiene and food handling to minimize infection risk. The vendor has agreed to ensure that their employees are familiar with and follow these guidelines. (See Appendix F) Any issues regarding the Concession Stands should be directed to Roussana Nazari, owner, (408) 813-1663.

Congress Springs Park Management

The Congress Springs Baseball Park was built and is managed by the City of Saratoga. Any issues regarding park maintenance should be directed to the Saratoga Little League Fields Manager who will contact the City of Saratoga directly.

HYDRATION

Good *nutrition* is important for children. Sometimes, the most important nutrient children need is *water* -- especially when they're physically active. When children are physically active, their muscles generate *heat* thereby increasing their *body temperature*. As their body temperature rises, their cooling mechanism - sweat - kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become ***overheated***.

We usually think about ***dehydration*** in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly.

It does not matter if it's January or July; thirst is not an indicator of fluid needs. Therefore, ***children must be encouraged to drink fluids even when they don't feel thirsty***.

Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning.

During any activity water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. ***Caffeinated beverages (tea, coffee, Colas) should be avoided*** because they are diuretics and can dehydrate the body further. ***Avoid carbonated drinks***, which can cause gastrointestinal distress and may decrease fluid volume.



WEATHER



Most of our days in Northern California are warm and sunny but there are those days when the weather turns bad and creates ***unsafe weather conditions***.

Rain:

If it begins to rain:

1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
2. Determine the direction the storm is moving.
3. Evaluate the playing field as it becomes more and more saturated.
4. Stop practice if the playing conditions become unsafe -- use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.



Lightning:

The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second. The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour.

Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.

On average, the thunder from a lightning stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind; the storm can be less than 3 miles away!

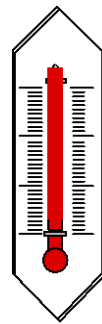
If you can **HEAR, SEE OR FEEL** a **THUNDERSTORM**:

1. **Suspend all games and practices immediately**
2. Stay away from metal including fencing and bleachers.
3. Do not hold metal bats.
4. Get players to walk, not run to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.

Hot Weather:

One thing we do get in Northern California is hot weather. Precautions must be taken in order to make sure the players on your team do not **dehydrate** or **hyperventilate**.

1. Suggest players take drinks of water when coming on and going off the field between innings (*Drinking fountains are located in all dugouts*).
2. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout ASAP.
3. If a player should collapse as a result of heat exhaustion, call **9-1-1** immediately. Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives (*See section on Hydration*).



Ultra-Violet Ray Exposure:

This kind of exposure increases an athlete's risk of developing a specific type of skin cancer known as **melanoma**.

The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time that they are 18 years old.

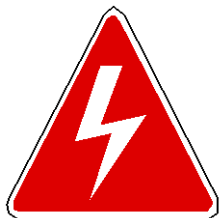


Therefore, SLL will recommend the use of sunscreen with a SPF (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light.

EVACUATION PLAN



Severe storms, lightning, earthquakes and fire are all possible in Northern California. For this reason, SLL must have an *evacuation plan*.



An Emergency Air Horn is located in the Snack Shack. If an emergency should arise that would require evacuation, the Air Horn will blow THREE times.

1. At that time all players will return to the dugout and wait for their parents to come and get them.
2. If a player's parent is not attending the game, the Manager will take responsibility for evacuating that child or make arrangements with the **Team Safety Officer**.
3. Once parents have obtained their children, they will proceed to their cars in a calm and orderly manner.
4. Drivers will then proceed slowly and cautiously out of the facility, observing the 5 MPH speed limit.
5. Once outside the facility, drivers will observe the posted speed limits.

**** IF A MANAGER HAS NOT APPOINTED A TSO THEN HE OR SHE MUST ASSUME THOSE RESPONSIBILITIES**



HEALTH AND MEDICAL - Giving First-Aid

What is First-Aid?

First-Aid means exactly what the term implies -- it is the ***first care*** given to a victim. It is usually performed by the ***first person*** on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should anyone administering First-Aid *go beyond* his or her capabilities. ***Know your limits!***

The average response time on ***9-1-1*** calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times 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 SLL Safety Officer's *name and phone number* are in the last flap of all First-Aid Kits.

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 season or post-season) and any other SLL Little League event where children's safety is at risk.

To ***replenish materials*** in the Team First Aid Kit, the Manager, designated coaches or the appointed Team Safety Officer must contact the SLL Safety Officer. (See contact information and address in phone # section of this Safety Manual or on First Aid Kit)

First Aid Kits and this Safety Manual must be turned in at the end of the season along with your equipment package.

Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. 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 would 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 was endangered.
- ◇ Ask a conscious victim for permission before giving care.
- ◇ Check the victim for life-threatening emergencies before providing 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 or her best to save a life or prevent further injury.

People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer’s response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

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. If the condition is serious, permission is implied if a supervising adult is not present.

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

Some Important Do's and Don'ts

Do . . .

- ⇒ **Access** the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- ⇒ **Know** your limitations.
- ⇒ **Call** 9-1-1 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 and soothe an excited child.
- ⇒ **Feel** gently and carefully 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 individual except in extreme emergencies.

9-1-1 EMERGENCY NUMBER

The most important help that 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 four steps.



- First Dial **9-1-1**.
- 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.
 - The telephone number from which the call is being made.
 - The caller's name.
 - What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
 - How many people are involved?
 - The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
 - What help (first aid) is being given.
 - Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
 - Continue to care for the victim till professional help arrives.
- Appoint somebody to go to the street and look for the **ambulance** and fire **engine** and flag them down if necessary. This saves valuable time. Remember, every minute counts.

When to call -

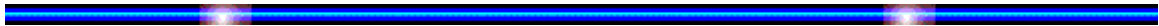
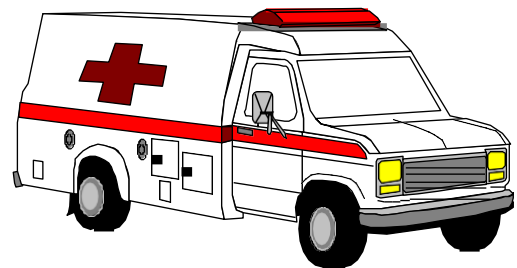
If the injured person is unconscious, call **9-1-1** immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call **9-1-1** anyway and request paramedics if the victim –
Is or becomes unconscious.



- 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.
- Is vomiting or passing blood.
- Has a seizure, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has an injury to the head, neck or back.
- Has a possible broken bone.

Also Call 9-1-1 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



What Parents should know about Little League Insurance

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball / Softball.

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and

Customary allowances for your area, after a \$50.00 deductible per claim, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.

4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
 - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
 - (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment.

Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.

No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.

Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program. Additional information is available at:
www.littleleague.org/Learn_More/About_Our_Organization/insurance.htm

Addendum A – Saratoga Little League Forms

Forms on the Web:

The National Little League has a section of their Web Site specifically for Medical and Insurance forms as follows:

<http://www.littleleague.org/programs/asap/index.asp>

You will find the following forms listed in the [ASAP Forms and Publications](#) section:

Volunteer Application:

Incident/Injury Tracking Form:

Player Accident Notification Form:

Accident Claim Form Instructions:

What Parents should know about Little League Insurance:

General Liability Claim Form:

Medical Release Form:

Field Safety Check List

Repair needed?

Repairs needed?

Field Condition	Yes	No	Catchers Equipment	Yes	No
Backstop repair			Shin guard OK		
Home plate repair			Helmets OK		
Bases Secure			Face masks OK		
Bases repair			Throat protector OK		
Pitchers mound			Catchers cup (boys)		
Batters box level			Chest protector		
Batters box marked			Catchers mitt		
Grass surface (even)					
Gopher holes					
Infield fence repair					
Outfield fence repair			Safety Equipment		
Foul ball net repair			First-aid Kit each team		
Foul lines marked			Medical Release forms		
Sprinkler condition			Ice for injuries		
Warning track			Blanket for shock		
Coaches boxes level			Saratoga Little League		
Coaches box marked			Safety Manual		
Dirt Needed			Injury report forms		
Dugouts	Yes	No	Players Equipment	Yes	No
Fencing needs repair			Batting helmets OK		
Bench needs repair			Jewelry removed		
Roof needs repair			Bats inspected		
Bat racks			Shoes checked		
Helmet racks			Uniforms checked		
Trash cans			Athletic cups (boys)		
Clean up needed			Little League patch		
Spectator Areas	Yes	No			
Bleachers need repair					
Hand rails need repair					
No smoking					
Parking area safe					
Protective screens OK					
Bleachers clean					

SAFETY FIRST

BE ALERT!

CHECK PLAYING FIELD FOR HAZARDS

PLAYERS MUST WEAR PROPER EQUIPMENT

ENSURE EQUIPMENT IS IN GOOD SHAPE

MAINTAIN CONTROL OF THE SITUATION

MAINTAIN DISCIPLINE

BE ORGANIZED

KNOW PLAYERS' LIMITS AND DON'T EXCEED THEM

MAKE IT FUN!

Form available on SLL Web Site

Addendum B – Signature Cards

The following Signature Card needs to be signed and returned to the Safety Officer.

If you did not receive this form as a handout, print it off of the web at:

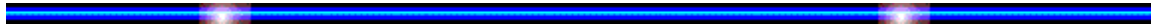
<http://www.saratogall.org>

The Signature Card may be mailed or faxed to the following:

James Campagna
PO Box 6150
San Jose, CA95125

Or

Fax: (408) 754-3833



Team Signature Card

I have received my Player Cards, Safety Manual and First Aid Kit. I have had the Medical Release forms signed by the parents of each Player on my team. I will have the Player Cards, Safety Manual and First Aid Kits present at all practices, batting cage practices, games (season games and post-season games) and any other event where team members could become injured or hurt.

Print name of Manager

Team name and division

Signature of Manager

Date

I have read the Saratoga Little League Code of Conduct and promise to adhere to its rules and regulations.

Signature Card available on Web - see Appendix

Print name of Manager

Team name and division

Signature of Manager

Date

Coach #1

Coach #2

I have reviewed the Saratoga Little League Safety Code with all Players and Coaches on our Team. Our Team promises to adhere to its rules and regulations.

Print name of Manager

Team name and division

Signature of Manager

Date

Coach #1

Coach #2

SIGN and return to James Campagna, SLL Safety Officer.

Be a hero, play it safe!

Addendum C - SLL First Aid Kit Minimum Requirements

Saratoga Little League First Aid Kit

Little League National requires that each Team, Field and Concession have at their disposal a First Aid Kit in case of injury to a Player, Fan or Volunteer.

The following lists the minimum that this First Aid Carry Kit should include:

- 1 – Instant Ice Packs**
 - 6 - Antiseptic Wipes**
 - 3 – Gauze Pads (3x3 min.)**
 - 2 – Large Bandages (2x4 max.)**
 - 2 – Large Non-Sick Bandages (3x3 min.)**
 - 10 – Band-Aids (1x3)**
 - 4 – Antiseptic Cream Packs**
 - 1 – Roll Adhesive Tape**
 - 2 – Sting Relief Pads**
 - 2 – Tongue Depressants (can be used as finger splints)**
 - 1 – Ace Stretch Bandage**
 - 1 – Scissors or Pocket Knife**
 - 1 – Tweezers**
 - 1 – Safety Pin**
 - 1 – Pair Latex Gloves**
 - 1 – Portable Carry Case**
-
- 1 – Safety Manual with First Aid Basics Addendum, Emergency Contact Phone Numbers and Directions to nearest Hospital**

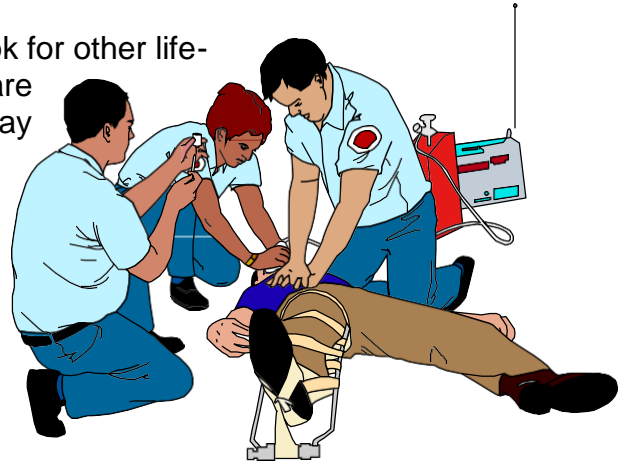
Additional Supplies to Purchase:

- 2 – Instant Ice Paks purchased separately**
- 2 – Plastic Bags for Ice (6x6 approximate Zip Lock)**

Addendum D – First Aid Basics

Checking a Conscious Victim:

If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life-threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed. This check has two steps:



- 1) Talk to the victim and to any people standing by who saw the accident take place.
- 2) Check the victim from head to toe, so you do not overlook any problems.
- 3) Do not ask the victim to move, and do not move the victim yourself.
- 4) Examine the scalp, face, ears, nose, and mouth.
- 5) Look for cuts, bruises, bumps, or depressions.
- 6) Watch for changes in consciousness.
- 7) Notice if the victim is drowsy, not alert, or confused.
- 8) Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
- 9) Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- 10) Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- 11) Ask the victim again about the areas that hurt.
- 12) Ask the victim to move each part of the body that doesn't hurt.
- 13) Check the shoulders by asking the victim to shrug them.
- 14) Check the chest and abdomen by asking the victim to take a deep breath.
- 15) Ask the victim if he or she can move the fingers, hands, and arms.
- 16) Check the hips and legs in the same way.
- 17) Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
- 18) Look for odd bumps or depressions.
- 19) Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
- 20) Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim; care to give for that problem, and who to call for help.
- 21) When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
- 22) When the victim feels ready, help him or her stand up.

Checking An Unconscious Victim:

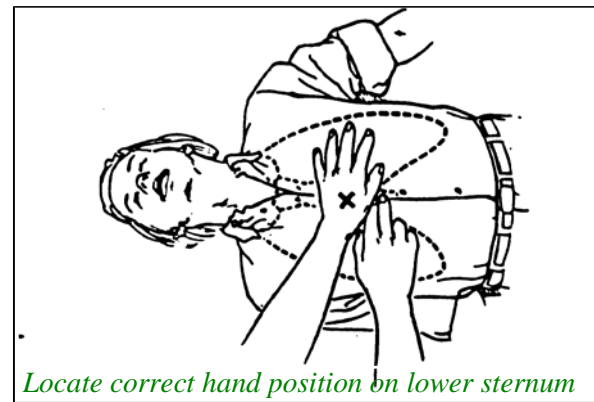
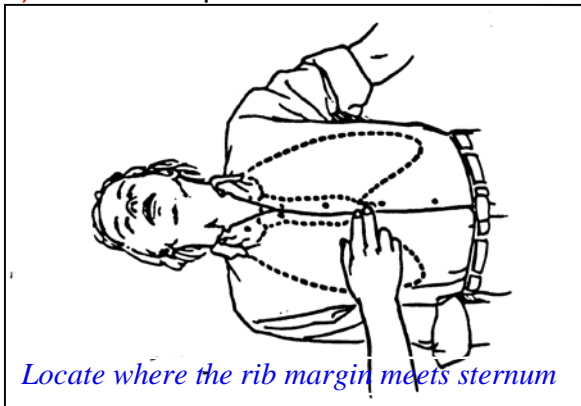
If the victim does not respond to you in any way, assume the victim is unconscious. **Start CPR***. Call 9-1-1 and report the emergency immediately. (CPR for 2 minutes, then call if no one else present)

- 1) Tap and shout to see if the person responds. If no response -
- 2) Look, listen and feel for breathing.
- 3) If there is no breathing or only irregular gasping, position victim on back, while supporting head and neck. (AHA 2010 Guidelines recommend starting compressions FIRST)

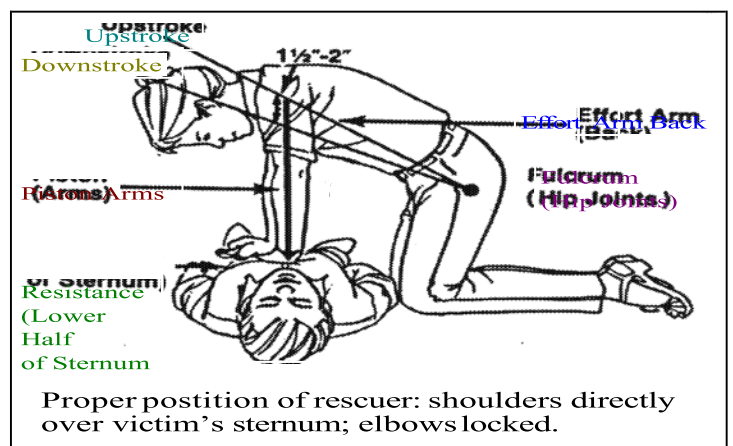
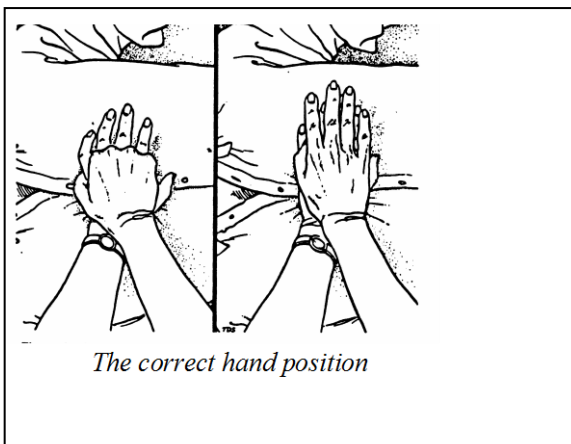


- 4) Position yourself so that you can give chest compressions without having to move (usually to one side of the victim).

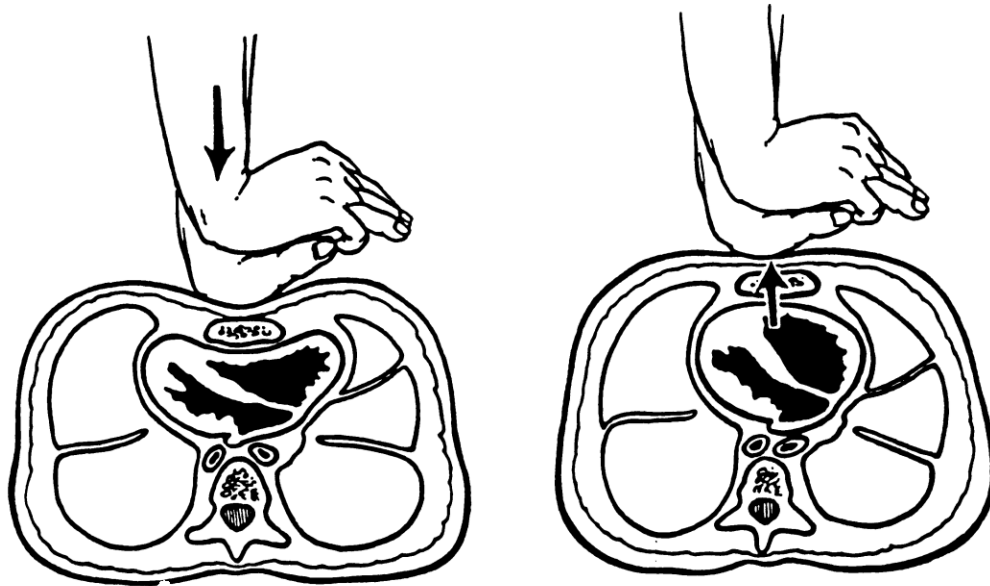
- 5) Find hand position on breastbone.



- 6) Position shoulders over hands.



- 7) Start chest compressions: Compress chest 2 inches and allow chest wall to recoil, at least 100 compressions per minute.



- 8) When giving CPR to infants and small children only use one hand for compressions to minimize breaking ribs.
- 9) If the victim is not breathing and less than 8 years old (also consider if older), give 2 slow breaths into the victim's mouth after every 30 chest compressions. (*If not trained in CPR, OK to just do chest compressions.*)
- 10) With victim's head tilted back and chin lifted, pinch the nose shut. Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.



It is possible that you will break the victim's ribs while administering CPR. Do not be concerned about this. The victim is clinically dead without your help. You are protected under the "Good Samaritan" laws.

If Victim is not Breathing and Air Won't Go In:

- 1) Re-tilt person's head.
- 2) Give breaths again.
- 3) If air still won't go in, place the heel of one hand against the middle of the victim's abdomen just above the navel.
- 4) Give up to 5 abdominal thrusts.
- 5) Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.
- 6) Tilt head back, lift chin, and give breaths again.
- 7) Repeat breaths, thrust, and sweeps until breaths go in.



Finger sweep maneuver administered to an unconscious victim of foreign body airway obstruction

When to stop CPR

- 1) If another trained person takes over CPR for you.
- 2) If Paramedics arrive and take over care of the victim.
- 3) If the scene becomes unsafe, move the victim and resume CPR.

**** This information is adapted from the 2010 American Heart Association CPR Guidelines, but is NOT a substitute for CPR training.***

Once a victim requires CPR you become the life support for that person -- without you the victim would be clinically dead. You must continue to administer CPR until the paramedics get there. It is your obligation and you are protected under the "Good Samaritan" laws.

HEART ATTACK

⇒ Heart attack pain is most often felt in the center of the chest, behind the breastbone. It may spread to the shoulder, arm or jaw. Signals of a heart attack include: Persistent chest pain or discomfort - Victim has persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication. Pain may range from discomfort to an unbearable crushing sensation.

- Breathing difficulty -
 - Victim's breathing is noisy.
 - Victim feels short of breath.
 - Victim breathes faster than normal.

- Changes in pulse rate -
 - Pulse may be faster or slower than normal
 - Pulse may be irregular. .
 - Absence of a pulse is the main signal of a cardiac arrest – **start CPR**

- Skin appearance -
 - Victim's skin may be pale or bluish in color.
 - Victim's face may be moist.
 - Victim may perspire profusely.

- The number one indicator that someone is having a heart attack is that he or she will be in denial. A heart attack means certain death to most people. People do not wish to acknowledge death therefore they will deny that they are having a heart attack.

Care For A Heart Attack

- 1) Recognize the signals of a heart attack.
- 2) Convince the victim to stop activity and rest.
- 3) Help the victim to rest comfortably.
- 4) Try to obtain information about the victim's condition.
- 5) Comfort the victim.
- 6) Call **9-1-1** and report the emergency.
- 7) Assist with medication, if prescribed.
- 8) Monitor the victim's condition.

Be prepared to give **CPR** if the victim's heart stops beating.

CHOKING

If A Victim is Choking -

Partial Obstruction with Good Air Exchange:

Symptoms may include forceful cough with wheezing sounds between coughs.

Treatment:

Encourage victim to cough as long as good air exchange continues. DO NOT interfere with attempts to expel object.

Partial or Complete Airway Obstruction in Conscious Victim:

Symptoms may include: Weak cough; high-pitched crowing noises during inhalation; inability to breathe, cough or speak; gesture of clutching neck between thumb and index finger; exaggerated breathing efforts; dusky or bluish skin color.

The Heimlich Maneuver :

- Stand behind the victim.
- Reach around victim with both arms under the victim's arms.
- Place thumb side of fist against middle of abdomen just above the navel. Grasp fist with other hand.
- Give quick, upward thrusts.
- Repeat until object is coughed up.



CONCUSSION

Concussions are defined as brain injuries from any blow to the head. A concussion is typically caused by a severe head trauma during which the brain moves violently within the skull. Some head injuries may appear to be mild but research is finding that concussions can have serious, long-term effects, including depression and memory loss. If there is any question of a concussion, the player should be removed from the game. Repeat head injuries or cumulative concussions significantly increase the risk of long-term effects. (See below on how to treat head and neck injuries)

EARLY SYMPTOMS

- 1) Confusion
- 2) Disorientation
- 3) Dazed
- 4) Headache
- 5) Visual symptoms
- 6) Irritability
- 7) Nausea

LATER SYMPTOMS

- 1) Memory disturbances
- 2) Poor concentration
- 3) Irritability
- 4) Sleep disturbances
- 5) Personality changes
- 6) Fatigue

TREATMENT

- 1) If a player, remove player from the game.
- 2) See that victim gets adequate rest.
- 3) Note any symptoms and see if they change within a short period of time.
- 4) If the victim is a child, tell parents about the injury and have them monitor the child after the game.
- 5) Urge parents to take the child to a doctor for further examination.
- 6) If the victim is unconscious after the blow to the head, diagnose head and neck injury. **DO NOT MOVE** the victim. Call 9-1-1.

A repeat concussion before complete recovery from the first concussion increases the severity and possibility of long-term problems.

Any player who has a concussion **MUST** have medical clearance by their physician to resume playing.

HEAD and SPINE INJURIES

When to suspect head and spine injuries:

- A fall from a height greater than the victim's height.
- Any bicycle, skateboarding, rollerblade mishap.
- A person found unconscious for unknown reasons.
- Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.
- Any injury that penetrates the head or trunk, such as impalement.
- A motor vehicle crash involving a driver or passengers not wearing safety belts.
- Any person thrown from a motor vehicle.
- Any person struck by a motor vehicle.
- Any injury in which a victim's helmet is broken, including a motorcycle, batting helmet, industrial helmet.
- Any incident involving a lightning strike

Signals of Head and Spine Injuries:

- Changes in consciousness
- Severe pain or pressure in the head, neck, or back
- Tingling or loss of sensation in the hands, fingers, feet, and toes
- Partial or complete loss of movement of any body part
- Unusual bumps or depressions on the head or over the spine
- Blood or other fluids in the ears or nose
- Heavy external bleeding of the head, neck, or back
- Seizures
- Impaired breathing or vision as a result of injury
- Nausea or vomiting
- Persistent headache
- Loss of balance
- Bruising of the head, especially around the eyes and behind the ears

Care for Head and Spine Injuries

- 1) Call 9-1-1 immediately.
- 2) Minimize movement of the head and spine.
- 3) Maintain an open airway.
- 4) Check consciousness and breathing
- 5) Control any external bleeding.
- 6) Keep the victim from getting chilled or overheated till paramedics arrive and take over care.

CONTUSION TO STERNUM

Contusions to the Sternum are usually the result of a line drive that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed and the victim dies. Do not downplay the seriousness of this injury.

- 1) If a player is hit in the chest and appears to be all right, urge the parents to take their child to the hospital for further examination.
- 2) If a player complains of pain in his chest after being struck, immediately call 9-1-1 and treat the player until professional medical help arrives.

MUSCLE, BONE, or JOINT INJURES

Symptoms of Serious Muscle, Bone, or Joint Injuries:

Always suspect a serious injury when the following signals are present:

- Significant deformity
- Bruising and swelling
- Inability to use the affected part normally
- Bone fragments sticking out of a wound
- Victim feels bones grating; victim felt or heard a snap or pop at the time of injury
- The injured area is cold and numb
- Cause of the injury suggests that the injury may be severe.

If any of these conditions exists, call **9-1-1** immediately and administer care to the victim until the paramedics arrive.

Treatment for muscle or joint injuries:

- If ankle or knee is affected, do not allow victim to walk. Loosen or remove shoe; elevate leg.
- Protect skin with thin towel or cloth. Then apply cold, wet compresses or cold packs to affected area. Never pack a joint in ice or immerse in icy water.
- If a twisted ankle, do not remove the shoe -- this will limit swelling.
- Consult professional medical assistance for further treatment if necessary.

Treatment for fractures:

Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, twigs, bats, etc...

Treatment for broken bones:

Once you have established that the victim has a broken bone, and you have called **9-1-1**, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary (see “Caring for Shock” section)

Osgood-Schlaugter’s Disease

Osgood Schlaugter’s Disease is the “growing pains” disease. It is very painful for kids that have it. In a nutshell, the bones grow faster than the muscles and ligaments. A child must outgrow this disease. All you can do is make it easier for him or her by:

- 1) Icing the painful areas.
- 2) Making sure the child rests when needed.
- 3) Using Ace or knee supports.

SUDDEN ILLNESS

When a victim becomes suddenly ill, he or she often looks and feels sick.

Symptoms of sudden illness include:

- Feeling light-headed, dizzy, confused, or weak
- Changes in skin color (pale or flushed skin), sweating
- Nausea or vomiting
- Diarrhea
- Changes in consciousness
- Seizures
- Paralysis or inability to move
- Slurred speech
- Impaired vision
- Severe headache
- Breathing difficulty
- Persistent pressure or pain.

Care For Sudden Illness

- 1) Call 9-1-1
- 2) Help the victim rest comfortably.
- 3) Keep the victim from getting chilled or overheated.
- 4) Reassure the victim.
- 5) Watch for changes in consciousness and breathing.
- 6) Do not give anything to eat or drink unless the victim is fully conscious.

If the victim:

Vomits -- Place the victim on his or her side.

Faints -- Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.

Has a diabetic emergency -- Give the victim some form of sugar.

Has a seizure -- Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

SHOCK

Shock is likely to develop in any serious injury or illness. Signals of shock include:

- Restlessness or irritability
- Altered consciousness
- Pale, cool, moist skin
- Rapid breathing
- Rapid pulse.

Care for shock involves the following simple steps:

- 1) Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
- 2) Control any external bleeding.
- 3) Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
- 4) Try to reassure the victim.
- 5) Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.
- 6) Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
- 7) Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

BLEEDING

Before initiating any First Aid to control bleeding, be sure to wear the **latex gloves** included in your First-Aid Kit in order to avoid contact of the victim's blood with your skin.

If a victim is bleeding,

- 1) **Act quickly**. Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
- 2) **Control bleeding** by applying direct pressure on the wound with a sterile pad or clean cloth.
- 3) If bleeding is controlled by direct pressure, **bandage firmly** to protect wound. Check pulse to be sure bandage is not too tight.
- 4) If bleeding is not controlled by use of direct pressure, **apply a tourniquet** only as a last resort and call **9-1-1** immediately.

Nose Bleed:

To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops.

Bleeding on the Inside and Outside of the Mouth:

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

Deep Cuts:

If the cut is deep, stop bleeding, bandage, and encourage the victim to get to a hospital so he/she can be assessed for deeper damage and get sutures.

Stitches prevent scars.

INFECTION

To prevent infection when treating open wounds you must:

CLEANSE... the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.

TREAT... to protect against contamination with ointment supplied in your First-Aid Kit.

COVER... to absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads supplied in your First-Aid Kit. (Handle only the edges of sterile pads or dressings)

TAPE... to secure with First-Aid tape (included in your First-Aid Kit) to help keep out dirt and germs.

SPLINTERS

Splinters are defined as slender pieces of wood, bone, glass or metal objects that lodge in or under the skin. If splinter is in eye, *DO NOT* remove it.

Treatment:

- 1) First wash your hands thoroughly, then gently wash affected area with mild soap and water.
- 2) Sterilize needle or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use.
- 3) Loosen skin around splinter with needle; use tweezers to remove splinter. If splinter breaks or is deeply lodged, consult professional medical help.
- 4) Cover with adhesive bandage or sterile pad, if necessary.

INSECT STINGS

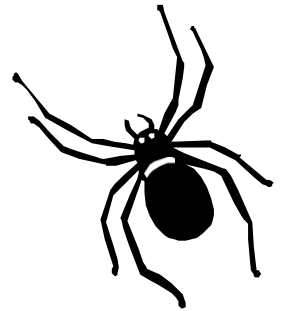
In highly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. Call **9-1-1**. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

Symptoms:

Signs of allergic reaction may include: nausea; severe swelling; breathing difficulties; bluish face, lips and fingernails; shock or unconsciousness.

Treatment:

- 1) For mild or moderate symptoms, wash with soap and cold water.
- 2) Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.
- 3) For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
- 4) If victim has gone into shock, treat accordingly (see section, "Care for Shock").



DENTAL INJURIES

Avulsion (Entire Tooth Knocked Out):

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down.

Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

- 1) Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
- 2) If debris is on tooth, gently rinse with water.
- 3) If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. **Do only** if athlete is alert and conscious.
- 4) If unable to re-implant:
 - * Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."
 - * 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2 % milk.
 - * 3rd best - Wrap tooth in saline soaked gauze.
 - * 4th best - Place tooth under victim's tongue. **Do only** if athlete is conscious and alert.
 - * 5th best - Place tooth in cup of water.



Time is very important. Re-implantation within 30 minutes has the highest degree of success rate. **TRANSPORT IMMEDIATELY TO DENTIST.**

Luxation (Tooth in Socket, but Wrong Position):

Three Positions -

EXTRUDED TOOTH - Upper tooth hangs down and/or lower tooth raised up.

- 1) Reposition tooth in socket using firm finger pressure.
- 2) Stabilize tooth by gently biting on towel or handkerchief.
- 3) **TRANSPORT IMMEDIATELY TO DENTIST.**



LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

- 1) Try to reposition tooth using finger pressure.
- 2) Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
- 3) **TRANSPORT IMMEDIATELY TO DENTIST.**

INTRUDED TOOTH - Tooth pushed into gum - looks short.

- 1) Do nothing - avoid any repositioning of tooth.
- 2) **TRANSPORT IMMEDIATELY TO DENTIST.**

Fracture (Broken Tooth):

- 1) If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding.
- 2) Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
- 3) Save all fragments of fractured tooth as described under Avulsion, Item 4.
- 4) **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST** in the plastic baggie supplied in your First-Aid kit.



BURNS

Care for Burns:

The care for burns involves the following 3 basic steps.

Stop the Burning -- Put out flames or remove the victim from the source of the burn.

Cool the Burn -- Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available-tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the cloths cool by adding more water.

Cover the Burn -- Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain. Covering the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

Chemical Burns:

If a chemical burn,

- 1) Remove contaminated clothing.
- 2) Flush burned area with cool water for at least 5 minutes.
- 3) Treat as you would any major burn (see above).

If an eye has been burned:

- 1) Immediately flood face, inside of eyelid and eye with cool running water for at least 15 minutes. Turn head so water does not drain into uninjured eye. Lift eyelid away from eye so the inside of the lid can also be washed.
- 2) If eye has been burned by a dry chemical, lift any loose particles off the eye with the corner of a sterile pad or clean cloth.
- 3) Cover both eyes with dry sterile pads, clean cloths, or eye pads; bandage in place.

Sunburn:

If victim has been sunburned,

- 1) Treat as you would any major burn (see above).
- 2) Treat for shock if necessary (see section on “Caring for Shock”)
- 3) Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water.
- 4) Give victim fluids to drink.
- 5) Get professional medical help immediately for severe cases.

DISMEMBERMENT



If part of the body has been torn or cut off, try to find the part and wrap it in sterile gauze or any clean material, such as a washcloth. Put the wrapped part in a plastic bag. Keep the part cool by placing the bag on ice, if possible, but do not freeze. Be sure the part is taken to the hospital with the victim. Doctors may be able to reattach it.

PENETRATING OBJECTS

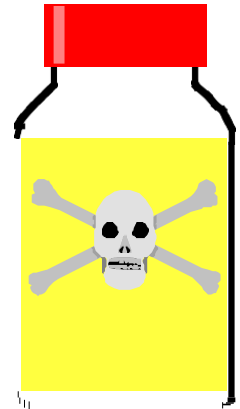
If an object, such as a knife or a piece of glass or metal, is impaled in a wound:

- 1) **Do not** remove it.
- 2) Place several dressings around object to keep it from moving.
- 3) Bandage the dressings in place around the object.
- 4) If object penetrates chest and victim complains of discomfort or pressure, quickly loosen bandage on one side and reseal. Watch carefully for recurrence. Repeat procedure if necessary.
- 5) Treat for shock if needed (see “Care for Shock” section).
- 6) Call 9-1-1 for professional medical care.

POISONING

Call 9-1-1 immediately before administering First Aid then:

- 1) **Do not** give any First Aid if victim is unconscious or is having convulsions. Begin rescue breathing techniques or CPR if necessary. If victim is convulsing, protect from further injury; loosen tight clothing if possible.
- 2) If professional medical help does not arrive immediately:
 - DO NOT induce vomiting if poison is unknown, a corrosive substance (i.e., acid, cleaning fluid, lye, drain cleaner), or a petroleum product (i.e., gasoline, turpentine, paint thinner, lighter fluid).
 - Induce vomiting if poison is known and is not a corrosive substance or petroleum product. To induce vomiting: Give adult one ounce of syrup of ipecac (1/2 ounce for child) followed by four or five glasses of water. If victim has vomited, follow with one ounce of powdered, activated charcoal in water, if available.
- 3) Take poison container,(or vomitus if poison is unknown) with victim to hospital.



HEAT EXHAUSTION

Symptoms may include: fatigue; irritability; headache; faintness; weak, rapid pulse; shallow breathing; cold, clammy skin; profuse perspiration.



Treatment:

- 1) Instruct victim to lie down in a cool, shaded area or an air-conditioned room. Elevate feet.
- 2) Massage legs toward heart.
- 3) Only if victim is conscious, give cool water or electrolyte solution every 15 minutes.
- 4) Use caution when letting victim first sit up, even after feeling recovered.

SUNSTROKE (Heat Stroke)

Symptoms may include: extremely high body temperature (106°F or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.

Treatment:

- 1) Call **9-1-1** immediately.
- 2) Lower body temperature quickly by placing victim in partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold, wet sheets or towels in well-ventilated room or use fans and air conditioners until body temperature is reduced.
- 3) **DO NOT** give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

Transporting an Injured Person

If injury involves neck or back, DO NOT move victim unless absolutely necessary. Wait for paramedics.

If victim must be pulled to safety, move body lengthwise, not sideways. If possible, slide a coat or blanket under the victim:

- a) Carefully turn victim toward you and slip a half-rolled blanket under back.
- b) Turn victim on side over blanket, unroll, and return victim onto back.
- c) Drag victim head first, keeping back as straight as possible.

If victim must be lifted:

Support each part of the body. Position a person at victim's head to provide additional stability. Use a board, shutter, tabletop or other firm surface to keep body as level as possible.

Communicable Disease Procedures

While risk of one athlete infecting another with *HIV/AIDS* or the *hepatitis B or C virus* during competition is close to non-existent, there is a remote risk other blood borne infectious disease can be transmitted. Procedures for guarding against transmission of infectious agents should include, but not be limited to the following:

- A bleeding player should be removed from competition as soon as possible.
- Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game.
- Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid is anticipated (*latex gloves are provided in First Aid Kit*).
- Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap (Lever 2000).
- Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach (*supplied in the concession stands and club house*). A 1:1 solution can be made by using a cap full of clorox (2.5cc) and 8 ounces of water (250cc).
- Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.
- Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Facts about AIDS and hepatitis

AIDS stand for acquired immune deficiency syndrome. It is caused by the human immunodeficiency virus (HIV). When the virus gets into the body, it damages the immune system, the body system that fights infection. Once the virus enters the body, it can grow quietly in the body for months or even years. People infected with HIV might not feel or appear sick. Eventually, the weakened immune system gives way to certain types of infections.

The *virus* enters the body in 3 basic ways:

- 1) Through direct contact with the bloodstream. *Example:* Sharing an non sterilized needle with an HIV-positive person -- male or female.
- 2) Through the mucous membranes lining the eyes, mouth, throat, rectum, and vagina. *Example:* Having unprotected sex with an HIV-positive person -- male or female.
- 3) Through the womb, birth canal, or breast milk. *Example:* Being infected as an unborn child or shortly after birth by an infected mother.

The virus cannot enter through the skin unless there is a cut or break in the skin. Even then, the possibility of infection is very low unless there is direct contact for a lengthy period of time.

Currently, it is believed that saliva is not capable of transmitting HIV.

The likelihood of HIV transmission during a First-Aid situation is very low. Always give care in ways that protect you and the victim from disease transmission.

- If possible, wash your hands before and after giving care, even if you wear gloves.
- Avoid touching or being splashed by another person's body fluids, especially blood.
- Wear disposable gloves during treatment.

If you think you have put yourself at risk, get tested. A blood test will tell whether or not your body is producing antibodies in response to the virus. If you are not sure whether you should be tested, call your doctor, the public health department, or the AIDS hot line (1-800-342-AIDS). In the meantime, don't participate in activities that put anyone else at risk.

Like AIDS, hepatitis B and C are viruses. Even though there is a very small risk of infecting others by direct contact, one must take the appropriate safety measures, as outlined above, when treating open wounds. There is now a vaccination against hepatitis B. Managers are strongly recommended to see their doctor about this.

Prescription Medication



Do not, at any time, administer any kind of prescription medicine. This is the parent's responsibility and GHLL does not want to be held liable, nor do you, in case the child has an adverse reaction to the medication.

Asthma and Allergies



Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to fill out the medical history forms (*included in the appendix of this safety manual*). Study their comments and know which children on your team need to be watched.

Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial **9-1-1** and request emergency service.

Colds and Flu



The baseball season usually coincides with the cold and flu season. There is nothing you can do to help a child with a cold or flu except to recognize that the child is sick and should be at home recovering and not on the field passing his cold or flu on to all your other players. **Prevention** is the solution here. Don't be afraid to tell parents to keep their child at home.

ATTENTION DEFICIT DISORDER

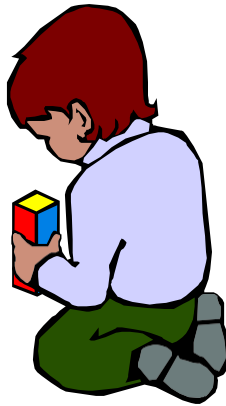


What is Attention Deficit Disorder (ADD)?

ADD is now officially called Attention-Deficit/Hyperactivity Disorder, or **ADHD**, although most lay people, and even some professionals, still call it ADD (the name given in 1980).

ADHD is a neurobiological based developmental disability estimated to affect between 3-5 percent of the school age population. This disorder is found present more often in boys than girls (3:1).

No one knows exactly what causes ADHD. Scientific evidence suggests that the disorder is genetically transmitted in many cases and results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior.



Why should I be concerned with ADHD when it comes to baseball?

Unfortunately more and more children are being diagnosed with ADHD every year. There is a high probability that one or more of the children on your team will have ADHD. It is important to recognize the child's situation for safety reasons because not paying attention during a game or practice could lead to serious accidents involving the child and/or his teammates. It is equally as important to not call attention to the child's disability or to label the child in any way.

Hopefully the parent of an ADHD child will alert you to his/her condition. Treatment of ADHD usually involves medication. **Do not, at any time, administer the medication** -- even if the child asks you to. Make sure the parent is aware of how dangerous the game of baseball can be and suggest that the child take the medication (if he or she is taking medication) before he or she comes to the practice/game.

A child on your team may in fact be ADHD but has not been diagnosed as such. You should be aware of the symptoms of ADHD in order to provide the safest environment for that child and the other children around him.

What are the symptoms of ADHD? -

Inattention - This is where the child:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities;
- Often has difficulty sustaining attention in tasks or play activities;
- Often does not seem to listen when spoken to directly;
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions);
- Often has difficulty organizing tasks and activities;
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework);
- Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools);
- Often easily distracted by extraneous stimuli;
- Often forgetful in daily activities.

Hyperactivity - This is where the child:

- Often fidgets with hands or feet or squirms in seat;
- Often leaves seat in classroom or in other situations in which remaining seated is expected;
- Often runs about or climbs excessively in situation in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings or restlessness);
- Often has difficulty playing or engaging in leisure activities quietly;
- Often “on the go” or often act as if “driven by a motor”;
- Often talks excessively.

Impulsivity - This is where the child:

- Often blurts out answers before questions have been completed;
- Often has difficulty awaiting turn;
- Often interrupts or intrudes on others (e.g., butts into conversations or games).

Emotional Instability - This is where the child:

- often has angry outbursts;
- is a social loner;
- blames others for problems;
- fights with others quickly;
- is very sensitive to criticism.

Most children with ADHD experience significant problems socializing with peers and cooperating with authority figures. This is because when children have difficulty maintaining attention during an interaction with an adult, they may miss important parts of the conversation. This can result in the child not being able to follow directions and so called “memory problems” due to not listening in the first place.

When giving directions to ADHD children it is important to have them repeat the directions to make sure they have correctly received them. For younger ADHD children, the directions should consist of only one or two step instructions. For older children more complicated directions should be stated in writing.

Children with ADHD often miss important aspects of social interaction with their peers. When this happens, they have a difficult time “fitting in.” They need to focus in on how other children are playing with each other and then attempt to behave similarly. ADHD children often enter a group play situation like the proverbial “bull in the china closet” and upset the play session.

There is no way to know for sure that a child has ADHD. There is not simple test, such as a blood test or urinalysis. An accurate diagnosis requires an assessment conducted by a well-trained professional (usually a developmental pediatrician, child psychologist, child psychiatrist, or pediatric neurologist) who knows a lot about ADHD and all other disorders that can have symptoms similar to those found in ADHD.



Addendum D – Concession Stand Safety

Concession Stand Tips

12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.

1. Menu.

Keep the menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum.

Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

2. Cooking.

Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.

3. Reheating.

Rapidly reheat potentially hazardous

foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

4. Cooling and Cold Storage.

Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

5. Hand Washing.

Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

Wash after –

- Using toilet
- Touch uncooked foods
- Handle other objects (phone, drawers, etc)
- Eating
- Touching soiled plates, utensils, appliances
- Touching nose, mouth or body
- Cough or sneeze

6. Health and Hygiene.

Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.)

or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

7. Food Handling.

Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.

8. Dishwashing.

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

1. Washing in hot soapy water;
2. Rinsing in clean water;
3. Chemical or heat sanitizing; and
4. Air drying.

9. Ice.

Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

10. Wiping Cloths.

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

11. Insect Control and Waste.

Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tightfitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

12. Food Storage and Cleanliness.

Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

End of Document

2018 Qualified Safety Program Registration Form



Registering your qualified safety plan is as easy as 1, 2, 3!

- 1) Complete all four sides of this Registration Form;
- 2) Complete the 2018 Little League Baseball and Softball National Facility Survey;

3) Submit **both** forms *with* your complete safety plan — including *all 13 minimum requirements clearly detailed* — with a **postmark** no later than **May 1, 2018**. This will register your safety program with Little League International (see pages 2.1-2.3 for more information). Due to the volume of plans received, plans may be submitted starting Jan. 1, 2018.

Approved safety plans will win your league a cash award based on the number of teams your safety plan covers, if you carry Little League Chartis Insurance. In addition, your program will automatically be entered in the 2017 ASAP Awards!

District Administrators: To earn the district incentive for ASAP participation, a district's league plans must be *submitted to and approved by Little League International by April 1*. This is different than the league deadline and requirement.

Districts achieving **86%** or better of their leagues submitting a qualified safety plan by April 1 will earn a **\$350 credit**.

Districts achieving **70%-85%** of their leagues submitting a qualified safety plan by April 1 will earn a **\$150 credit**.

This Registration Form MUST Accompany Safety Plan Submission

League Name Saratoga Little League League I.D. # 4051204

City Saratoga State CA League I.D. # _____

(If league operates more than one charter, please list all:) League I.D. # _____

League Safety Officer James Campagna

League President Josh Williams

Address PO BOX 6150

Address 13929 Vista Regina

City San Jose

City Saratoga

State CA Zip Code 95150

State CA Zip Code 95070

Work Telephone () _____

Work Telephone () _____

Home Telephone () _____

Home Telephone () _____

Cell/Pager Number (408) 754-3855

Cell/Pager Number (408) 896-9791

Email safety@saratogall.org

Email president@saratogall.org

Items included with this application form:

of pages of league's safety program outline: 165

of non-returnable photographs: _____

Person submitting application (if different from above):

Name Marie Lau Title Safety Officer's Assistant

Address PO Box 6150 City San Jose

State CA Zip Code 95150 Telephone (408) 754-3850

Signature _____ Date _____

Name and signature of professional photographer to be credited and granting permission for reproduction of photographs (if applicable)

Return this form and 2018 LL Facility Survey, along with supporting safety manual, to:

Mailing Address: ASAP Award Program
Little League International
P.O. Box 3485
Williamsport, PA 17701

or Shipping Address: ASAP Award Program
Little League International
539 U.S. Route 15 Hwy.
So. Williamsport, PA 17702

Return by April 1st to meet DA incentive or no later than May 1st for basic requirement

Over →

Qualified Safety Plan Requirements



Making It "Safer For The Kids"

These two pages contain the 13 minimum requirements for your safety plan to qualify for the cash award if you take Little League Chartis player accident insurance. Page 4 provides a list of ways to improve on the minimum requirements. ***This form does not constitute a safety program.*** Please submit the safety manual that was distributed to league personnel, as well as any other supporting pieces illustrating your safety program. Please specify all areas on which you wish your program to be judged (facilities improvements, safety equipment usage, etc.), and document to the best of your ability those changes (photos, forms, written procedures, etc.). **Judging:** All judging will be conducted based on the material submitted. Non-original, or copied, safety plans will not be considered for the awards portion.

- Please list dates when training was/will be held; and where each requirement can be found in your plan.
- **Please note: Leagues are required to conduct a background check for sexual abuse offenses for all applicable personnel. See Requirement 4. This is a regulation for all leagues: See Regulation I(b), Reg. I(c)8 and I(c)9.** This begins with leagues using the Little League Volunteer Application Form.

*** Please List Page Number Where Each Item Below Is Located In Your Safety Plan**

- | | |
|--|--|
| <p>1. Have active safety officer on file with Little League International</p> | <p>1. Page: 9</p> |
| <p>2. PUBLISH and distribute a paper copy of the applicable safety manual to volunteers</p> <ul style="list-style-type: none"> • The intent is to print and distribute the safety plan to all staff: concession manual to concession workers, equipment policies to facilities crew, first aid to managers and coaches, etc. Keep copies in common areas for all volunteers. • While safety plans may be posted on the internet, individuals must be provided with printed copies to carry with them to the areas where their duties are performed. • Samples can be found in the example safety manuals on the CD or LL web site. • Include all relevant material for coaches, including these minimum standards. • Keep a copy for your league. Send a copy to your DA or District Safety Officer. Little League International does not keep copies for leagues' future use. | <p>2. Page: 30</p> |
| <p>3. Post and distribute emergency and key officials' phone numbers</p> <ul style="list-style-type: none"> • Include emergency procedures for handling injuries and who to contact to track/report them. • Include emergency phone numbers for ambulance, police, fire department, etc. • Include league president and safety officer, consider head umpire, board members. | <p>3. Page: 9</p> |
| <p>4. Use 2018 Volunteer Application Form and check for sex abuse</p> <ul style="list-style-type: none"> • Managers, coaches, board members and any others, volunteers or hired workers, who provide regular services to the league and/or have repetitive access to or contact with players or teams must fill out application form as well as provide a government-issued photo identification card for ID verification. Check name spellings and numbers for accuracy. • Must conduct a search of the Department of Justice's <i>nationwide</i> sex offender registry, using 2017 Volunteer Application Forms, on all applicable volunteers. • Information on running background checks that contain not only those on a sex offender registry, but other crimes of a sexual and non-sexual nature, can be found on the Little League website (www.littleleague.org.) • May conduct nationwide criminal background check using resources such as <i>LexisNexis</i>. • Anyone refusing to fill out Volunteer Application is ineligible to be even league member. • League president must retain these confidential forms for the year of service. • Do not send in volunteers' forms; blank copy of league's application form from correct year should be sent. | <p>4. Page: 30</p> |
| <p>5. Provide and <u>require</u> fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.)</p> <ul style="list-style-type: none"> • <i>It is not necessary for the first aid and training fundamentals to be held before Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet requirement.</i> • Document date, location, who is required to attend and who did attend. Intent is to provide training to ALL coaches and managers; minimum of one participant per team. • Training qualifies volunteer for 3 years; but one team representative still required each year. • High school, college or experienced league coaches can be great resources. • Districts can assist by providing training sessions on a district-wide basis. • Training should be modified annually to meet the local needs of players and their facilities. | <p>5. Page:31</p> <p>5. Date Was/
Will Be Held: <u>2/26/18</u></p> <p>5. Date Was/
Will Be Held: <u>2/27/18</u></p> |

Qualified Safety Plan Requirements



Making It "Safer For The Kids"

- 6. Require first-aid training for coaches and managers, with at least one coach or manager from each team attending**

 - *It is not necessary for the first aid and training fundamentals to be held before Safety Plan is submitted. It is acceptable for scheduled dates/locations to be listed to meet requirement.*
 - Due to their training and education, it is not necessary for licensed medical doctors, licensed registered nurses, licensed practical nurses and paramedics to attend first aid training in order to meet requirement; however, it is recommended that leagues utilize these professionals from their league/community to present the training.
 - Other individuals who attend various outside first aid training and courses are **not** exempt.
 - Document date, location, who is required to attend and who did attend. Again, the intent is to provide training to ALL coaches/managers; **minimum of one participant per team.**
 - Training qualifies volunteer for 3 years, but one team representative still needed each year.

6. Page:31
6. Date Was/ Will Be Held: TBD
6. Date Was/ Will Be Held: TBD
- 7. Require coaches/umpires to walk fields for hazards before use**

 - Recommend leagues use form to track and document any facility issues needing to be fixed.
 - Common sense activity — look for rocks, glass, holes, etc.
 - Specify who is responsible for doing this — home coach, visitors, umpire, or all?

7. Page:35
- 8. Complete the 2018 ANNUAL Little League Facility Survey**

 - A requirement each year can help leagues find and correct facility concerns.
 - Provided with mailing to League Safety Officers, also available from web site — facilitysurvey.musco.com or email asap@musco.com
 - Excel spreadsheet included on CD for easy filing, recording for future use and records.
 - **Keep a copy on file** for future needs; Little League does not maintain copies of surveys.

8. Page:9
- 9. Written safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures**

 - Local restaurant operators are good resources for training assistance.
 - Training should also cover safe use, care and inspection of equipment.
 - See concession suggestions: April and June, 2000, issues of ASAP News available on Little League's website and Safety Officer Manual CD.

9. Page:48
- 10. Require regular inspection and replacement of equipment**

 - Inspect equipment before each use by coaches and umpires.
 - Don't just discard bad equipment: destroy it or make it unusable to stop children from attempting to "save it" from waste.
 - Recommend use form to remind coaches and to track equipment needs.

10. Page:38
- 11. Implement prompt accident reporting, tracking procedure**

 - Accident forms to safety officer within 24-48 hours of incident is common.
 - Forms are available through Little League website and now on CD.
 - Track "near-misses" as a proactive tool to evaluate practices and avoid future injuries.
 - Share information on accidents and "near-misses" with District staff.

11. Page:38
- 12. Require a first-aid kit at each game and practice**

 - Many leagues have a complex, but each team needs some form of first-aid kit for off-site practices or travel/tournament games.
 - Local hospitals and medical supply companies are good sources.
 - If necessary, fund through special drive.

12. Page:38
- 13. Enforce Little League rules including proper equipment**

 - Most Little League rules have some basis in safety — follow them.
 - Ensure players have required equipment at all times, even catchers warming up during infield.
 - Make sure coaches and managers enforce rules at practices as well as games.
 - Make sure all fields have all bases that disengage from their anchors, as required starting in 2008.
 - Remind managers, coaches they are not allowed to catch pitchers (Rule 3.09); this includes standing at backstop during practice as informal catcher for batting practice.

13. Page:37

2018 Qualified Safety Program Registration



Highly Recommended Ideas

Looking to improve your program? Here are ideas pulled from the leading safety plans in the country:

ORGANIZATION

14.	Conduct criminal checks on volunteers (i.e., thru Choice Point)	14.	Page: 46
15.	Have your safety plan reviewed by your DA or DSO	15.	Page: 38
16.	Include the safety officer as a board position	16.	Page: 9
17.	Have team safety representatives (i.e. team parents)	17.	Page: 38
18.	Have player safety representatives (i.e. team safety officers)	18.	Page: 38
19.	Allocate part of annual budget for safety	19.	Page: 140
20.	Distribute ASAP News newsletters within league	20.	Page: 9
21.	Use local safety resources (i.e. police, fire dept., hospital staff)	21.	Page: 9
22.	Have league safety mission statement	22.	Page: 4

TRAINING

23.	Provide CPR/AED training to coaches, managers, board members, parents	23.	Page:53
24.	Provide bicycle and traffic training to players	24.	Page:40
25.	Provide drug education training to players and volunteers	25.	Page:38
26.	Provide Parent Orientation Program on <i>Code of Conduct</i>	26.	Page:12
27.	Teach coaches/managers about heat illnesses, warning signs	27.	Page:50
28.	Teach coaches/managers about stopping play, breaks for weather: • Stop play for lightning; take breaks between innings for water, shade in high heat	28.	Page:50
29.	Teach coaches/managers about sports fundamentals, like: • Proper warm-ups, running safe practices and games	29.	Page:6
30.	Involve umpires in safety training and safety importance	30.	Page:6

FACILITIES AND EQUIPMENT

31.	Complete annual LL Lighting Safety Audit for lighted fields	31.	Page:41
32.	Complete a long-range facility plan for safety improvements	32.	Page:41
33.	Use reduced impact balls, especially for younger ages	33.	Page:41
34.	Use disengage-able bases (mandatory starting in 2008) for ALL fields	34.	Page:41
35.	Use double-first base to avoid collisions of fielders, runners at first	35.	Page:41
36.	Use warning tracks in the outfield to protect outfielders	36.	Page:41
37.	Use protective/padded fence tops to protect fielders	37.	Page:41
38.	Use fencing or netting to protect spectators from foul balls	38.	Page:41
39.	Have a telephone available to all fields even for practices	39.	Page:41
40.	Have back guard rails and side rails on taller bleachers	40.	Page:41
41.	Have an AED (automatic external defibrillator) available for use	41.	Page:41
42.	Have electronic weather detector to alert for approaching storms	42.	Page:41
43.	Have guidelines for safe equipment usage (i.e. no riders on mowers, etc.)	43.	Page:41
44.	Control speed and flow of traffic in and around facilities	44.	Page:41

ACTIVITIES

45.	Encourage league input through 'Safety Suggestion Box'	45.	Page:38
46.	Provide continuous safety messages through: • Bulletin boards, newsletters, emails, meetings	46.	Page:9
47.	Encourage and recognize safety efforts from players: • Safety poster contest, safety tips, player team safety officer	47.	Page:9
48.	Require/Encourage use of protective cups for players, esp. infielders	48.	Page:41
49.	Require/Encourage use of mouth guards for players, esp. infielders	49.	Page:41
50.	Require/Encourage use of face guards on batting helmets	50.	Page:41
51.	Encourage all adults to sign up for Little League E-News	51.	Page:41

Facility surveys may also be entered online at: <http://facilitysurvey.musco.com>.

ITTLE LEAGUE BASEBALL® & SOFTBAL NATIONAL FACILITY SURVEY

2018



League Name: **Saratoga L L**

District #: 12

ID #: **4051204**

(if needed) ID #: _____

(if needed) ID #: _____

City: Saratoga State: CA

President: Josh Williams
Address: 13929 Vista Regina
City: Saratoga
State: CA ZIP: 95070
Phone: 408-896-9791
Email: president@saratogall.org


Safety Officer: James Campagna
Address: PO Box 6150
City: San Jose
State: CA ZIP: 95150
Phone (work): 408-754-3855
Phone (home):
Email: safety@saratogall.org

PLANS FOR FUTURE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mths.	1-2 yrs.	2+ yrs.
a. New fields	0	0	0
b. Basepath/infield	0	0	0
c. Bases	2	0	0
d. Scoreboards	0	0	0
e. Pressbox	0	0	0
f. Concession stand	0	0	0
g. Restrooms	0	0	0
h. Field lighting	0	0	0
i. Warning track	0	0	0
j. Bleachers	0	0	0
k. Fencing	0	0	0
l. Bull pens	0	0	0
m. Dugouts	0	0	0
n. Other (specify):	0	0	0

SPECIFIC BALLFIELD QUESTIONS

• Please list all fields by name. For more than 20 fields, copy this form or request additional forms from ASAP (800/811-7443 or asap@musco.com).

Field Identification (List your ballfields 1-20)		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
 <p>ASAP - A Safety Awareness Program Limited Edition 10-year Pin Collection</p> <p>This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2017 Disney® character collector's pin shown at left featuring Windup the pitcher. Or enter this data online at: http://facilitysurvey.musco.com for your league. Check your email for your league identification and password.</p>	Name: PONY (no Little League use)																					
	Name: Majors																					
	Name: AAA																					
	Name: AA																					
	Name: Prep																					
	Name: T/Mimiball																					
	Name: Common Area																					
	Name:																					
	Name:																					
	Name:																					
	Name:																					
	Name:																					
	Name:																					
	Name:																					

Please answer the following questions for each field: **Field #** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

GENERAL INVENTORY (For the following questions, if the answer is "No" please leave the space blank.)

1. How many cars can park in designated parking areas?	None																					
	1-50																					
	51-100																					
	101 or more																					
2. How many people can your bleachers seat?	None/NA																					
	1-100		y	y	y	y	y															
	101-300																					
	301-500																					
	501 or more																					
3. What material is used for bleachers?	Wood																					
	Metal		y	y	y	y	y															
	Other																					
4. Metal bleachers: Ground wire attached to ground rod?	Yes		y	y																		
5. Wood bleachers: Are inspected annually for safety?	Yes																					
6. Is a safety railing at the top/back of bleachers?	Yes		y	y																		
7. Is a handrail up the sides of bleachers?	Yes		y	y																		
8. Is telephone service available?	Permanent																					
	Cellular		y	y	y	y	y	y														
9. Is a public address system available?	Permanent																					
	Portable		y	y	y	y	y	y														
10. Is there a press box?	Yes		y	y																		
11. Is there a scoreboard?	Yes		y	y	y																	
12. Adequate bathroom facilities available?	Yes					y	y	y														
13. Permanent concession stands?	Yes							y														
14. Mobile concession stands?	Yes																					

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
FIELD																					
15. Is field completely fenced?	Yes																				
16. What type of fencing material is used?	Chainlink	y	y	y	y																
	Wood																				
	Wire																				
17. What base path material is used?	Sand, clay, soil mix	y	y	y	y																
	Ground burnt brick																				
	Other:																				
18. What is used to mark baseline?	Non-caustic lime																				
	Spray paint																				
	Commercial marking	y	y	y	y																
19. What is the infield surface?	Grass	y	y	y	y																
	Skinned																				
20. Does field have conventional dirt pitching mound?	Yes	y	y	y																	
21. Does field have a temporary pitching mound?	Yes																				
22. Are there foul poles?	Yes	y	y																		
23. Backstop behind home plate?	Yes	y	y	y	y																
PERFORMANCE AND PLAYER SAFETY																					
24. Is there an outfield warning track?	Yes																				
24.a. If yes, what width is warning track? Please specify:	(Width in feet)																				
25. Batter's eye (screen/covering) at center field?	Yes																				
26. Pitcher's eye (screen/covering) behind home plate?	Yes	y	y																		
27. Are there protective fences in front of the dugouts?	Yes	y	y	y	y																
28. Is there a protected, on-deck batter's area? (On-deck areas have been eliminated for ages 12 and below.)	Yes																				
	No																				
29. Do you have fenced, limited access bull pens?	Yes																				
30. Is a first aid kit provided per field?	Yes	y	y	y	y																
	No																				
31. Do bleachers have spectator foul ball protection?	Overhead screens	y	y																		
	Fencing behind	y	y	y	y																
32. What type of bases are used? (Break-away bases are mandatory starting with the 2008 season.)	Standard																				
	Break-away	y	y	y	y																
33. Is the field lighted?	Yes																				
34. Are light levels at/above Little League standards? (50 footcandles infield/30 footcandles outfield)	Yes																				
	Don't know																				
35. What type of poles are used? (Wood poles have not been allowed by LLB for new construction of lighting since 1994)	Wood*																				
	Steel																				
	Concrete																				
36. Is electrical wiring to each pole underground?	Yes																				
37. Ground wires connected to ground rods on each pole?	Yes																				
38. Which fields tested/inspected in last two years? Please indicate month/year testing was done (ex. 3/01).	Electrical System																				
	Light Levels																				
39. Fields tested/inspected by qualified technician?	Electrical System																				
	Light Levels																				

	Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
FACILITY MANAGEMENT																					
40. Which fields have the following limitations:																					
a. Amount of time for practice?	Yes	y	y	y																	
b. Number of teams or games?	Yes																				
c. Scheduling and/or timing?	Yes																				
41. Who owns the field?																					
	Municipal	y	y	y																	
	School																				
	League																				
42. Who is responsible for operational energy costs?																					
	Municipal	y	y	y																	
	School																				
	League																				
43. Who is responsible for operational maintenance?																					
	Municipal	y	y	y																	
	School																				
	League																				
44. Who is responsible for purchasing improvements for the field - ie bleachers, fences, lights?																					
	Municipal																				
	School																				
	League	y	y	y																	
	Other																				
45. What divisions of baseball play on each field?																					
	T-Ball & Minor		y	y																	
	Major	y																			
	Jr., Sr. & Big																				
	Challenger																				
46. What divisions of softball play on each field?																					
	T-Ball & Minor																				
	Major																				
	Jr., Sr. & Big																				
	Challenger																				
47. Do you plan to host tournaments on this field?																					
	Yes	y	y																		

FIELD DIMENSION DATA

Please complete for each field. Use additional space if necessary.

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:						
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:			
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole	
1												
2	4*	200	200	175*	10	20	20	200	20	20	200	
3	4	200	200	200	10	20	20	200	20	20	200	
4	4	160	160	160	10	20	20		20	20		
5	4	135	135	135	6	20	20		20	20		
6	4	135	135	135	6	20	20		20	20		
7	* Note: Majors right field fence height increases above 8 feet											
8	to accommodate for shortened field, resulting in effective											
9	fence clearance of 200 feet.											
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

Return completed survey with safety program registration and supporting materials by **May 1, 2018** to:

Mailing address:
 Little League International
 PO Box 3485
 Williamsport, PA 17701

Shipping address:
 Little League International
 539 US Route 15 Hwy.
 South Williamsport, PA 17702

Teams completing their facility survey online at <http://facilitysurvey.musco.com> need not include it with safety plan submit

2018 LL Season

Saratoga Little League Safety/First Aid Training

James Campanga
Saratoga LL Safety Officer



Little League Mandates

Prior to Season Starting

1. Have an active **Safety Officer**
2. Publish, distribute **safety manual**
3. Post, distribute **emergency #'s**
4. **Check volunteers** on national SOR
5. Provide **fundamentals** training
6. Provide **first-aid** training basics
7. Provide Medical Release Forms



Little League Mandates

Safety on the Field – Managers/Coaches

- Require **field inspections** before use
- Regularly inspect, replace **equipment** as needed
- Require **first-aid kits/phone** at all events
- Medical Release Forms at all events
- Emergency Phone access available
- Enforce all Little League rules
- Use common sense



Code of Conduct Policy

Physical & Mental Well Being of our participants

- Enforce a League Wide Code of Conduct Policy
- Unique over last 5 years is the SLL Three Strikes Policy
 - Game Coordinators will attend games if no adult umpire
 - Managers, Coaches, Umpires, Game Coordinators and Board Members can file a COC Incident Form to be reviewed by the Code of Conduct Committee
 - Code of Conduct Committee is made up of Board Members that are not Commissioners or Managers and are not involved in the incident



Code of Conduct Policy

- **Three Strikes Policy Infractions**

- 1 Strike – Foul Language, Abuse of Property, Unsportsmanlike behavior, Breach of Confidentiality of personal Player information
- 2 Strikes – Manager, Coach, Umpire or Fan criticizing a Player or Umpire in foul or abusive manner
- 3 Strikes – Physical Abuse or Fighting of any kind

- **Three Strikes Policy Actions**

- Strike 1 – Player, Umpire, Manager, Coach or Fan suspended for 1 game
- Strike 2 – Manager or Coach steps down to lesser Position. Board Member leaves position unless covered above. Player suspended for 2 weeks
- Strike 3 – Suspension from the League for remainder of year

Strikes do not carry over to next year but are considered when reapplying for Coach or Manager position.



Our Goal: Fewer Injuries

Prevention

Reducing avoidable injuries like this player hit by a bat in the dugout – **DO NOT LEAVE PLAYERS UNSUPERVISED**



Injury Prevention

Stretching

- Make **stretching** of major muscle groups of backs, arms and legs part of every warm-up for practices and games
- Warm up before throwing hard
- Have pitchers stretch **rotator muscles** before pitching and starting a new inning



Injury Prevention

Pitching

- Know the **Pitch Count Rules**
- Follow Pitch Count Rules in practice
- Limit “moving” pitches (curveballs, etc)
- Never have a player pitch if their arm is **sore**



First Aid Basics

In an Emergency

➔ Call **9-1-1**

- If 911 doesn't answer
- check First Aid Kit or Safety Manual for alternate numbers & hospital directions
 - Santa Clara Sheriff – (408) 299-3233
 - Saratoga Fire Dispatch – (408) 867-3896



First Aid Basics - Do

- **Access** the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- **Know** your limitations.
- **Call 9-1-1** 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 and soothe an excited child.
- **Feel** gently and carefully 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.



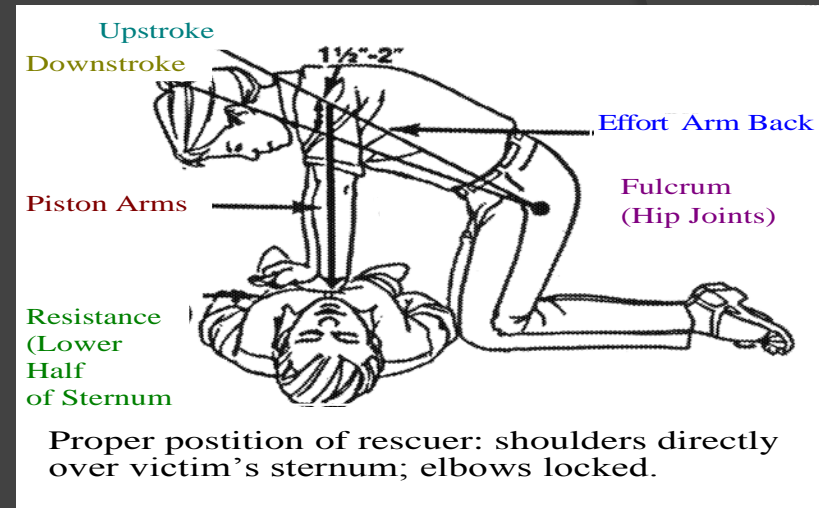
First Aid Basics – Do NOT

- 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 individual except in extreme emergencies.



First Aid Basics – CPR 2010*

- **Step 1: Attempt to wake victim** if not breathing, call **9-1-1**
- **Step 2: chest compressions** compress 2 inches, at least 100 per minute
- **Step 3: if child less than 8, 2 rescue breaths** after every 30 chest compressions (consider for older victims)
- **DO NOT STOP**



* This slide is not a substitute for CPR training



First Aid Basics

Heart Attack

- Persistent chest pain or discomfort
- Breathing difficulty
- Change in pulse rate – faster or slower than normal
- Victim's skin pale or bluish, face may be moist
- Number one indicator can be denial!
- Care for Heart Attack – stop activity and rest, comfort victim, assist with medication if prescribed
- Give CPR if victim's heart stops beating
- Call **9-1-1** and report the emergency



First Aid Basics

Choking

- Symptoms may include forceful cough with wheezing
- Encourage victim to cough as long as good air exchange
- Change in pulse rate – faster or slower than normal

Heimlich Maneuver

Stand behind victim

Reach around victim with both arms

Place thumb side of fist against middle of abdomen

Grasp fist with other hand

Give quick upward thrusts until object coughed up



First Aid Basics

Caring for Shock

Likely to develop in serious injury or illness

Symptoms of Shock

- Restlessness or irritability
- Altered consciousness
- Pale, cool, moist skin
- Rapid breathing
- Rapid pulse

Call **9-1-1** immediately

Caring for Shock

- Have victim lie down
- Control bleeding
- Maintain body temperature
- Reassure the victim
- Elevate the legs unless head, neck or back injury
- Do not give victim drink or food

First Aid Basics

Concussion

Head trauma from blow to the head. Concussions can appear mild but have long-term consequences, especially if cumulative.

- Remove player from game
- Victim must get adequate rest
- Note any symptoms and see if they change over time
- Tell parents and urge them to take child to a Doctor

If unconscious, Do Not Move victim – Call **9-1-1**



First Aid Basics

Concussion Symptoms

EARLY SYMPTOMS

Confusion

Disorientation

Dazed

Headache

Visual symptoms

Irritability

Nausea

LATER SYMPTOMS

Memory disturbances

Poor concentration

Irritability

Sleep disturbances

Personality changes

Fatigue



First Aid Basics

Contusion To Sternum

Usually result of line drive that hits Player in the chest

- If blow is hard enough, heart is bruised and fills with fluid

Do Not downplay seriousness of this injury

- If Player seems all right, urge parents to take child to hospital for further examination
- If Player complains of pain in chest after being hit

Call **9-1-1** and report the emergency



First Aid Basics

Bleeding

- Have victim lie down
- Elevate injured limb higher than heart
- Apply direct pressure to control bleeding
- Apply tourniquet if bleeding does not stop
- Minimize direct contact and clean any spill
 - **Nose Bleed** – have victim lean forward & pinch nostrils together until bleeding stops
 - **Bleeding Inside & Outside the Mouth** – use folded dressings against the wound
 - **Deep Cuts** – stop the bleeding, bandage & go to hospital to get stitches



First Aid Basics

Dental Injuries

Entire Tooth Knocked Out

- Tell victim to bite down on sterile dressing placed over space left
- Do Not handle tooth by root, brush or scrub tooth, sterilize tooth
- If possible, re-implant and stabilize by biting down gently on a towel or handkerchief
- If unable to re-implant
 - Best – Place tooth in “Save-a-tooth” Saline Solution
 - 2nd best – Place tooth in milk
 - 3rd best – Wrap tooth in saline soaked gauze
 - 4th best - Place tooth under victim’s tongue if conscious & alert
 - 5th best – Place tooth in cup of water

TRANSPORT IMMEDIATELY TO DENTIST



First Aid Basics

Dental Injuries

Tooth in Socket, but Wrong Position

- **Extruded or Lateral Displaced Tooth**
 - Try to reposition using finger pressure
 - Stabilize tooth by gently biting on towel or handkerchief
- **Intruded Tooth (tooth pushed into gum)**
 - Do nothing – avoid repositioning of tooth
- **Fractured Tooth**
 - Save broken portion and bring to dentist
 - Nerve may be exposed – limit contact with teeth, air or tongue

TRANSPORT IMMEDIATELY TO DENTIST



First Aid Basics

Check for serious Muscle, Bone or Joint Injuries

- Significant Deformity
- Bruising and swelling
- Inability to use the affected part normally
- Bone fragments sticking out of a wound
- Victim felt or heard a snap or pop at time of injury
- The injured area is cold and numb
- Cause of the injury suggests the injury may be severe

If any of these conditions exist, call **9-1-1** immediately



First Aid Basics

Bone Fracture

- Fractures need to be splinted in the position they were found in
- Do not put pressure on the area
- Make a splint from twigs, bats, tongue depressor or magazines

If victim has a broken bone, call **9-1-1** and keep victim warm and still. Check for shock.



First Aid Basics

Pulled or Strained Muscle

- If ankle or knee is affected, don't allow victim to walk
- If knee injured, loosen or remove shoe; elevate leg
- Apply cold, wet compresses or cold packs
- If twisted ankle, limit swelling - do not remove shoe
- Consult professional medical assistance



First Aid Basics

Osgood Schlaugther's Disease

- ⦿ This is a “growing pains” disease
 - Bones grow faster than muscles and ligaments
 - Can be very painful for child

Treatment

- Ice the painful areas
- Make sure child rests when needed
- Use Ace or knee supports



First Aid Basics

Splinters & Insect Stings

Splinters

- Do not remove if splinter is in eye
- Use alcohol pad to clean area, sterilize hands & tweezers
- Loosen skin around splinter, remove & bandage

Insect Stings

- Ask if allergic to sting and call **9-1-1** if so!
- **Signs of allergic reaction** are nausea, severe swelling, breathing difficulties, bluish face, lips and fingernails, shock or unconsciousness
- Remove stinger by gently scraping to avoid more toxins being released into victim's body



First Aid Basics

Burns

- **Cool the Burn** – use large amounts of cold water. DO NOT use ice. Ice causes body heat loss.
- **Cover the Burn** – use dry, sterile dressing. Loosely bandage. Cover burn to keep air out and reduce the pain.
- **Chemical Burn** – flush burned area with cool water for at least 5 minutes.
- **Sunburn** – give victim fluids to drink, treat as outlined above



First Aid Basics

Poisoning

- Call **9-1-1** immediately
- Do Not induce vomiting if poison is unknown or a corrosive substance or petroleum product
- Induce vomiting if poison is known and not a corrosive substance
- Take poison container to hospital



First Aid Basics

Heat Exhaustion

- Instruct victim to lie down in cool shaded area, elevate feet
- Massage legs toward heart
- If victim is conscious, give water or electrolyte solution every 15 minutes
- Use caution when letting victim first sit up.



First Aid Basics

Sunstroke or Heat Stroke

Symptoms may include:

- Extremely high body temperature (106° or higher)
 - Rapid pulse, convulsions or unconsciousness

Treatment:

- Call **9-1-1** immediately
- Lower body temperature with cold wet towels
- DO NOT give stimulating beverages such as coffee, tea or soda



Accident Reports

- An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the SLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury. If a Player leaves a game for medical reasons, a report *must* be filed. Unsafe situations (near misses) should also be reported.
- All such incidents described above must be reported to the SLL Safety Officer within 24 hours of the incident.



Accident Reports

To file a report, check the Web Site Forms or contact the Safety Officer. Incidents must be reported utilizing the Incident/Injury Tracking Form.

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 or witnessing the incident.

Players must have medical clearance before resuming practices and games.



Safety Summary

- **Prevention is the key – 3 S's**
 - Supervision of players
 - Safe habits – behavior, use of bats & balls
 - Stretching
- Report **ANY** injury to parents & urge them to have it evaluated and treated
- Be prepared to administer first aid
- Call **9-1-1** immediately for serious injuries
- Accident form for injuries that require leaving a game or practice
- All presented information is in the Safety manual



How You Can Help

Together, Let's Make It Even 'Safer for the Kids'



**SARATOGA LITTLE LEAGUE
SAFETY BUDGET 2018**

First aid kits/supplies	\$500.00
Safety manual printing (Donation)	\$0.00
Volunteer background checks	\$200.00
Cold Paks	\$200.00
TOTAL	\$900.00

Saratoga Safety Officer Responsibilities

Overview:

The Saratoga Little League Safety Officer has the following overall responsibilities:

- A) Safety Plan - the Saratoga Little League Safety Manual must be updated on a year-to-year basis with the changes as outlined by the National Little League and our own league's local requirements as outlined by the Saratoga Little League Board. A copy of this manual must then be distributed to each manager on each Saratoga Little League team and Distributed to each member of the Board of Directors.

Further, the Manual and QSPR Documentation (supplied by National) must be filled out and given to the District 12 Safety Officer so that he can review it and forward it to Little League National. It is important that this is done in a timely manner due to the fact that Safety Plans that are turned into Little League National within the stated due date will allow the league to receive a discount on our insurance rates.

- B) Volunteer Management -- the Saratoga Little League safety officer is responsible for managing two Safety Assistants and one Game Monitor Supervisor. The Safety Assistants are required to assist the Safety Officer on registration nights. Once the Volunteer Coordinator has assigned the Game Monitor positions, the Game Monitor Supervisor will coordinate and assign Game Monitors to monitor individual games. The games that they monitor cannot be in their son or daughters division.
- C) Manager and Coach First Aid Training – Each year Little League National requires that the Managers and Coaches attend a mandatory Manager and Coach First Aid Training Clinic. Usually this coincides with Coach Training provided by someone else. The Safety Officer must arrange to have someone in the medical profession come in and provide this training. SLL has a PowerPoint Presentation that is used as the template for this presentation. Usually there is someone in the league with these medical credentials (i.e. a Doctor or Nurse) although we have used Saratoga Fire Department Paramedics as a last resort in the past.
- D) First Aid Kits -- the Saratoga Little League Safety Officer is responsible for purchasing first aid kits for each team and providing the equipment manager with these kits in a timely manner so that he/she can include them in the team equipment bags.
- E) Background Safety Checks -- the Saratoga Little League Safety Officer is responsible for collecting the appropriate information required by Little League National for volunteers in our Saratoga Little League. This is done at signups and the Safety Officer must set up the Saratoga Little League Printer/Copier so that the Safety Assistants can copy all Volunteer Drivers License on the reverse side of the Volunteer Application Form. As of this date (2009) the Volunteer Applications (printed as part of Web Signups) must include a Social Security Number. This Social Security Number is necessary due to the fact that we use Choicepoint (a Web service) to perform background checks on our volunteers.
- F) Code of Conduct Policy -- the Saratoga Little League Safety Officer is responsible for managing the Code of Conduct policy as authorized by the Saratoga Little League board. This policy is over and above that which is outlined by Little League National. This local policy puts in place a Code of Conduct Committee that will review and assign Strikes based on any Code of Conduct issues. This policy provides for Game Monitors to attend games in the Farm, Majors, AAA and AA divisions to monitor the safety for our players in those divisions usually for the Playoff Games only. A Manager, Coach, Umpire or Little League Board Member may initiate a code of conduct report and it is the responsibility of the Saratoga safety officer to review such report. The Safety Officer will then discuss the issue with the President of Saratoga Little League and determine whether a Code of Conduct Committee Meeting should take place to review the incident and if necessary, assign strikes accordingly.

Detailed Procedures:

- Web Documentation
 - Make changes to Safety Officer Welcome Letter (1st page of Safety Manual) and give to the IT Director for posting on the Web. This can be found on our web site <http://www.saratogall.org/> under “Letter of Introduction from your Safety Officer”.
 - Provide any other pertinent documentation that needs to be on the web (i.e. Code of Conduct Policy if it has changed, Safety manual etc.) Check with IT Director to determine if this should be in Word or PDF format.
 - Provide the IT Director with the current years ChoicePoint Batch Template so that the information collected via Web Signups includes the necessary information. Further, the IT Director could provide it in a form that would be compatible for the ChoicePoint Batch File upload that will be performed once all of the Volunteer Data is collected and entered.

- Board Meetings
 - Attend Board Meetings and make proposals for change to procedures for the protection of our Participants. For example – I would propose a change to the Code of Conduct Policy for next year that would allow a group of Parents (5 signatures) to file a Code of Conduct Incident Report. Currently only Board Members, Umpires, Managers or Coaches may file one. Having a single Parent be able to file could create a deluge of paperwork but for Parents to be able to file as a group has its’ merits.

- Safety Plan
 - Open Safety Manual (in Word Format) and make changes to Contact Information and any other changes made necessary by National Little League. Confirm the Emergency Phone Numbers are still accurate.
 - Give copy to Office Max (generally on Memory Stick) and have them print and assemble small (8.5 x 5.5) booklets. Each Manager, Board Member, Snack Shack and Umpire should have one.
 - Access National Web Site http://www.littleleague.org/Learn_More/forms.htm and download copy of Yearly Qualified Safety Plan Requirements Document and Facility Survey Document. Both have to be filled out in detail and must be accurate. The QSPR document asks specific compliance questions and must have accurate page reference numbers to the Safety manual. The Facility Survey lists the specifics of our Baseball Fields and can be entered on the web and printed out. The problem is that you can never get web access when you need it so you are better off just entering the data into each year’s supplied Excel sheet.
 - Make a copy of the QSPR, Facility Survey, Safety Manual and give to your District 12 Safety Officer for his review and distribution to National.
 - Put copy of the Safety Booklet (the one you had printed) into each First Aid Kit.
 - Follow up to be sure your Safety Plan is accepted at <http://www.littleleague.org/districtadmins/safetyplanstatus.htm>

- First Aid Kits
 - Purchase First Aid Kits online, one for each team. We’ve used <http://www.readykor.com/sport/sm-134.html> in the past. One year we tried to get First Aid Kits back from the Teams at the end of the year and literally band aide them back together. This was a time sink and a liability if all kits were not complete. First Aid Kits should be a yearly cost of doing business for Saratoga Little League.
 - Put a copy of the printed Safety manual into each First Aid Kit.
 - Give First Aid Kits to the Equipment Manager for inclusion in each of the Team Equipment Bags.
 - Note: The Equipment Manager is responsible for purchasing and distributing the Cold Paks to the teams.

- Volunteer Management
 - Currently the Safety Officer has three assistants working for him/her. They are 2 Safety Assistants and 1 Game Monitor Scheduler.
 - Safety Assistants – help with signups collecting Volunteer Applications (signed) and Drivers License copies. Confirm address information is correct. Each Safety Assistant needs to sign a Confidentiality Form since they will be handling Confidential Data.
 - All Little League Volunteer Documentation needs to be on files yearly even Buyouts as sometimes they are unofficially volunteering with the kids.
 - Volunteer Assistants collect all Volunteer information from signups and input into the Database. It is critical that this database entry is accurate as this is the data used for background checks. This Saratoga Little League Database is in Excel format and must be checked in and out via the web. Get instruction on how to do this from the IT Director.
 - Game Monitor Scheduler – send Game Monitor Scheduler the document outlining their responsibilities and email templates. The Game Monitor Scheduler will assign Game Monitors to the Playoff Games and follow up that they filed a Game Monitor Report via the web.

- Code of Conduct Policy
 - At the beginning of the season, have the Board elect 3 Members to the Code of Conduct Review Committee and 2 Alternates.
 - You are responsible for chairing and Code of Conduct Review Committee that is convened unless you needed to excuse yourself due to a conflict of interest.
 - The most important trait of the Safety Officer is to try to remain impartial with any incidents that are reported. Remember, there are always two or more sides to every story.
 - If a Code of Conduct Incident Report is filed, you need to follow up and research the incident. This involves talking to each of the parties involved and collecting information. Once you have an overview of the incident, review the incident with the President to determine if a Code of Conduct Committee Meeting needs to be convened.
 - You will receive copies of the Game Monitor Reports via email. Check each report to assure there was not an incident. If there was an incident, follow up with the parties involved.
 - Prior to Manager and Coach selection, review past history so you can report at the Board Meeting if any Manager or Coach has previously been assigned strikes.

- Background Safety Checks
 - At the end of each Little League Season (including Playoffs and TOCs), all Volunteer Documentation must be shredded. Saratoga Little League owns a shredder.
 - As mentioned previously, Volunteer Forms including Full Name, Address, Birthdate, Social Security Number are collected and entered into the database. In addition, a photocopy of a Government issued ID (i.e. CDL) must be on file.
 - National Little League recommends First Advantage for performing the mandatory Background Checks. Saratoga Little League adopted this policy in 2008. Download the First Advantage Batch Submission File in Excel CSV format from First Advantage here <http://littleleague.choicepoint.com/>. It may change year to year. You will have to Copy and paste the necessary information from the Saratoga Little League Database into this form. Add your Account Number, Password, Requester Name and Phone Number to the form and save it in the CSV format.
 - Create an account under your name using your own credit card. Log In and select Batch. Verify your file then Submit it. Check back in a couple of days to assure that everyone cleared.
 - Notify the President if anyone does not clear the Background Check. This is highly confidential information, do not discuss it with anyone else.
 - Notify the Volunteer Administrator if everyone clears.
 - After Manager and Coach selection has been made by the Board, confirm that all Managers and Coaches have cleared.

- Team Emergency Documentation
 - Parents are required to fill out Emergency Contact Information and Consent Forms to be kept in the Team Binder. The Manager is responsible for collecting this information and having the Team Binder, First Aid Kit and Cell Phone at each Practice and Game. The actual Consent Form is printed as part of the Registration Packet and the Player Agent is responsible for putting the binders together. The Safety Officer is responsible for assuring the Consent Forms are signed.
- Injury Documentation
 - Keep documentation on any and all injuries that occur during the season.
 - Provide direction for filing insurance claims with National if necessary
- Expenses
 - Provide Treasurer with a budget. This generally is the same each year and includes First Aid Kits, Background Checks via First Advantage, Safety Signs (if necessary) or other miscellaneous Office Expenses (i.e. Toner Cartridge)
- Field Review
 - Review the fields to make sure that signs are posted, warning tracks are in place, removable bases work, no exposed electrical, no rocks on field etc.
 - Review First Aid Kit in Snack Shack, stands to be sure they are electrically grounded batting cages etc.

Conclusion:

Remember, Safety is our prime concern -- the Saratoga Little League Safety Officer is responsible for maintaining a safe environment for all of our Players within our league. This involves both the physical and mental well-being of our Participants.

Saratoga Little League Safety Code Detail:

The Board of Directors of Saratoga Little League has mandated the following **Safety Code**. All managers and coaches will read this **Safety Code** and then read it to the players on their team. Signatures are required in the spaces provided below acknowledging that the manager, coach and players understand and agree to comply with the **Safety Code**. *Tear the signature sheet in the back of the manual and give it to your Commissioner.*

- Responsibility for safety procedures belong to every adult member of Saratoga Little League.
- Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/her and to others.
- Only league approved managers and coaches are allowed to practice teams.
- Only league-approved managers and/or coaches will supervise batting cages.
- Arrangement should be made in advance of all games and practices for emergency medical services.
- Managers, coaches and umpires will have mandatory training in First Aid.
- First-aid kits are issued to each team manager before the season and additional kits will be located at the concession stand.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as "in play."
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and designated coaches.
- Foul balls batted out of playing area will be returned to the scorekeeper and not thrown over the fence during a game.
- During practice and games, all players should be alert and watch the batter on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.

- All pre-game warm-ups should be supervised by a coach, performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators (i.e. playing catch, swinging bats etc).
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit and required specifications.
- Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games.
- Except when a runner is returning to a base, head first slides are not permitted.
- During sliding practice, bases should not be strapped down or anchored.
- At no time should “horse play” be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide “safety glasses” for their children.
- On-deck batters are not permitted.
- Managers will only use the official Little League balls supplied by SLL.
- Once a ball has become scuffed, it cannot be used in a Game.
- All male players will wear athletic supporters or cups during games. Catchers must wear a cup. Managers should encourage that cups be worn at practices.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher’s helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, “dangling” type throat protector and catcher’s helmet during practice, pitcher warm-up, and games. **Note:** Skullcaps are **not** permitted.
- Shoes with metal spikes or cleats are **not** permitted. Shoes with molded cleats are permissible.
- Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place).
- No food or drink, at any time, in the dugouts (Exception: bottled water, Gatorade, water from drinking fountains and sunflower seeds).
- Catchers must wear a catcher’s mitt (not a first baseman’s mitt or fielder’s glove) of any shape, size or weight consistent with protecting the hand.

- Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher's gear and an athletic cup.
- Managers will never leave an unattended child at a practice or game.
- Never hesitate to report any present or potential safety hazard to the SLL Safety Officer immediately.
- Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- Speed Limit is 5 miles per hour in roadways and parking lots.
- No alcohol or drugs allowed on the premises at any time.
- **No medication** will be taken at the facility unless administered directly by the child's parent. This includes aspirin and Tylenol.
- No playing in the parking lots at any time.
- No playing on the Railway Tracks at any time.
- No playing on and around lawn equipment, machinery at any time.
- No smoking within twenty feet of the dugouts and concession stands.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
- No throwing rocks.
- No climbing fences.
- No swinging on dugout roofs.
- Observe all posted signs.
- Players and spectators should be alert at all times for foul balls and errant throws.
- All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- Bicycle helmets must be worn at all times when riding bicycles on the premises as well as to and from the premises.
- Use crosswalks when crossing roadways. Always be alert for traffic.
- No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.
- There is no running allowed in the bleachers.

Managers and Coaches Responsibilities:

Pre-Season:

- One Manager or Coach from each team is required to attend a Fundamentals Training Seminar (i.e. hitting, sliding, fielding, pitching etc.) and a First Aid Seminar every year. All Managers and Coaches must attend each of these seminars at least once every three years.

Season Play:

Managers will:

- Work with **Team Safety Officer** to make sure players use approved equipment and equipment is in proper working order.
- Make sure that *telephone access* is available at all activities including practices. It is suggested that a *cellular phone* always be on hand.
- Not expect more from their players than what the players are capable of.
- Be open to ideas, suggestions or help.
- Enforce that **prevention** is the key to reducing accidents to a minimum.
- Have players wear sliding pads if they have cuts or scrapes on their legs.
- Always have First-Aid Kit and Safety Manual on hand.
- Supervise players at all times.
- Use **common sense**.

Pre-Game & Practice:

Managers will:

- Make sure that players are healthy, rested and alert.
- Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they can't play.
- Make sure players wear the proper uniform and catchers wear a cup.
- Walk the field to check the field is free of hazards and obstructions (e.g. rocks and glass).before use.
- Make sure that the equipment is in good working order and is safe.
- Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, the President, Umpire or a duly delegated representative shall make the determination.

- Make sure that no coach or other adult catches for a pitcher at any location before or during games (Rule 3.09). Catchers should wear proper gear and cup.
- Have all players do stretching exercises for arm, shoulder, back and leg muscles.
- Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching.

During the Game:

Managers will:

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Keep players **alert**.
- Maintain **discipline** at all times.
- Be **organized**.
- Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the **proper equipment**.
- Encourage stretching before resuming play, especially pitchers and catchers, to protect young muscles.
- Encourage everyone to think **Safety First**.
- Observe the "**no on-deck**" rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugout at any time.
- Keep players off fences.
- Get players to **drink** often so they do not dehydrate.
- Not play children that are ill or injured.
- Attend to children that become injured in a game.
- Not lose focus by engaging in conversation with parents and passerby's.

Post-Game:

Managers will:

- Have players do cool down exercises.
- Not leave the field until every team member has been picked up by a known family member or designated driver.
- ***Notify parents if their child has been injured*** no matter how small or insignificant the injury is. **There are no exceptions to this rule** This protects you, Little League Baseball, Incorporated and SLL.
- Discuss any safety problems with the **Team Safety Officer** that occurred before, during or after the game.
- If there was an injury, make sure an accident report was filled out and given to the SLL Safety Officer.
- Return the field to its pre-game condition, per SLL policy.

ACCIDENT REPORTING PROCEDURE

What to report:

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the SLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury. If a Player leaves a game for medical reasons, a report *must* be filed.

When to report:

All such incidents described above must be reported to the SLL Safety Officer within 24 hours of the incident.

How to make a report:

To file a report, check the Web Site Forms section in this manual or contact the Safety Officer at the phone numbers listed in the Little League Phone Numbers Section. Incidents must be reported utilizing the Incident/Injury Tracking Form (see Addendum). 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 or witnessing the incident.

Team Safety Officer's Responsibility:

The TSO will fill out the ***SLL Accident Investigation Form*** and submit it to the SLL Safety Officer ***within 24 hours of the incident***. If the team does not have a safety officer then the Team Manager will be responsible for filling out the form and turning it in to the SLL Safety Officer.

What is First-Aid?

First-Aid means exactly what the term implies -- it is the **first care** given to a victim. It is usually performed by the **first person** on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should anyone administering First-Aid *go beyond* his or her capabilities. **Know your limits!**

The average response time on **9-1-1** calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times 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 SLL Safety Officer's *name and phone number* are in the last flap of all First-Aid Kits.

Keep at least *two quarters* inside the First-Aid Kit for emergency telephone calls.

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 season or post-season) and any other SLL Little League event where children's safety is at risk.

To **replenish materials** in the Team First Aid Kit, the Manager, designated coaches or the appointed Team Safety Officer must contact the SLL Safety Officer. (See contact information and address in phone # section of this Safety Manual or on First Aid Kit)

First Aid Kits and this Safety Manual must be turned in at the end of the season along with your equipment package.

Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. 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 would 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 was endangered.

- Ask a conscious victim for permission before giving care.
- Check the victim for any 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 or her best to save a life or prevent further injury.

People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer’s response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

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. If the condition is serious, permission is implied if a supervising adult is not present.

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 -

Some Important Do's and Don'ts

Do . . .

- ⇒ **Access** the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- ⇒ **Know** your limitations.
- ⇒ **Call** 9-1-1 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 and soothe an excited child.
- ⇒ **Feel** gently and carefully 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 individual except in extreme emergencies.

9-1-1 EMERGENCY NUMBER

The most important help that 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 four steps.

- First Dial **9-1-1**.
- 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.
 - The telephone number from which the call is being made.
 - The caller's name.
 - What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
 - How many people are involved?
 - The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
 - What help (first aid) is being given.
 - Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
 - Continue to care for the victim till professional help arrives.
- Appoint somebody to go to the street and look for the **ambulance** and **fire engine** and flag them down if necessary. This saves valuable time. Remember, every minute counts.

When to call -

If the injured person is unconscious, call **9-1-1** immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call **9-1-1** anyway and request paramedics if the victim –
Is 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.
- Is vomiting or passing blood.
- Has a seizure, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has an injury to the head, neck or back.
- Has a possible broken bone.

Muscle, Bone, or Joint Injuries:

Symptoms of Serious Muscle, Bone, or Joint Injuries:

Always suspect a serious injury when the following signals are present:

- Significant deformity
- Bruising and swelling
- Inability to use the affected part normally
- Bone fragments sticking out of a wound
- Victim feels bones grating; victim felt or heard a snap or pop at the time of injury
- The injured area is cold and numb

Cause of the injury suggests that the injury may be severe

If any of these conditions exists, call **9-1-1** immediately and administer care to the victim until the paramedics arrive.

Treatment for muscle or joint injuries:

- If ankle or knee is affected, do not allow victim to walk. Loosen or remove shoe; elevate leg.
- Protect skin with thin towel or cloth. Then apply cold, wet compresses or cold packs to affected area. Never pack a joint in ice or immerse in icy water.
- If a twisted ankle, do not remove the shoe -- this will limit swelling.
- Consult professional medical assistance for further treatment if necessary.

Treatment for fractures:

Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, twigs, bats, etc...

Treatment for broken bones:

Once you have established that the victim has a broken bone, and you have called **9-1-1**, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary (see "Caring for Shock" section)

Concussion:

Concussions are defined as any blow to the head. They can be fatal if the proper precautions are not taken. (See below on how to treat head and neck injuries)

- 1) If a player, remove player from the game.
- 2) See that victim gets adequate rest.
- 3) Note any symptoms and see if they change within a short period of time.
- 4) If the victim is a child, tell parents about the injury and have them monitor the child after the game.
- 5) Urge parents to take the child to a doctor for further examination.
- 6) If the victim is unconscious after the blow to the head, diagnose head and neck injury. DO NOT MOVE the victim. Call 9-1-1.

Head And Spine Injuries:

When to suspect head and spine injuries:

- A fall from a height greater than the victim's height.
- Any bicycle, skateboarding, rollerblade mishap.
- A person found unconscious for unknown reasons.
- Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.
- Any injury that penetrates the head or trunk, such as impalement.
- Signals of Head and Spine Injuries Changes in consciousness
- Severe pain or pressure in the head, neck, or back
- Tingling or loss of sensation in the hands, fingers, feet, and toes
- A motor vehicle crash involving a driver or passengers not wearing safety belts.
- Any person thrown from a motor vehicle.
- Any person struck by a motor vehicle.
- Any injury in which a victim's helmet is broken, including a motorcycle, batting helmet, industrial helmet.
- Any incident involving a lightning strike
- Partial or complete loss of movement of any body part
- Unusual bumps or depressions on the head or over the spine
- Blood or other fluids in the ears or nose
- Heavy external bleeding of the head, neck, or back
- Seizures

- Impaired breathing or vision as a result of injury
- Nausea or vomiting
- Persistent headache
- Loss of balance
- Bruising of the head, especially around the eyes and behind the ears

General Care for Head and Spine Injuries

- 1) Call 9-1-1 immediately.
- 2) Minimize movement of the head and spine.
- 3) Maintain an open airway.
- 4) Check consciousness and breathing.
- 5) Control any external bleeding.
- 6) Keep the victim from getting chilled or overheated till paramedics arrive and take over care.

Contusion to Sternum:

Contusions to the Sternum are usually the result of a line drive that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed and the victim dies. Do not downplay the seriousness of this injury.

- 1) If a player is hit in the chest and appears to be all right, urge the parents to take their child to the hospital for further examination.
- 2) If a player complains of pain in his chest after being struck, immediately call 9-1-1 and treat the player until professional medical help arrives.

SHOCK:

Shock can develop in any serious injury or illness. Signals of shock include:

- Restlessness or irritability
- Altered consciousness
- Pale, cool, moist skin
- Rapid breathing
- Rapid pulse.

Caring for shock involves the following simple steps:

Have the victim lie down. Helping the victim rest comfortably is important since pain can intensify the body's stress and accelerate the progression of shock.

Control any external bleeding.

Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.

Try to reassure the victim.

Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.

Do not give the victim anything to eat or drink.

Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

Bleeding in General:

Before initiating any First Aid to control bleeding, be sure to wear the **latex gloves** included in your First-Aid Kit in order to avoid contact of the victim's blood with your skin.

If a victim is bleeding,

- 1) **Act quickly.** Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
- 2) **Control bleeding** by applying direct pressure on the wound with a sterile pad or clean cloth.
- 3) If bleeding is controlled by direct pressure, **bandage firmly** to protect wound. Check pulse to be sure bandage is not too tight.

If bleeding is not controlled by use of direct pressure, apply a tourniquet only as a last resort and call 9-1-1 immediately.

Nose Bleed

To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops.

If A Victim is Choking -

Partial Obstruction with Good Air Exchange:

Symptoms may include forceful cough with wheezing sounds between coughs.

Treatment:

Encourage victim to cough as long as good air exchange continues. **DO NOT** interfere with attempts to expel object.

Partial or Complete Airway Obstruction in Conscious Victim

Symptoms may include: Weak cough; high-pitched crowing noises during inhalation; inability to breathe, cough or speak; gesture of clutching neck between thumb and index finger; exaggerated breathing efforts; dusky or bluish skin color.

The Heimlich Maneuver:

- Stand behind the victim.
- Reach around victim with both arms under the victim's arms.
- Place thumb side of fist against middle of abdomen just above the navel. Grasp fist with other hand.
- Give quick, upward thrusts.
- Repeat until object is coughed up.



Emergency Treatment of Dental Injuries:

Avulsion (Entire Tooth Knocked Out)

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down.

Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

- 1) Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
- 2) If debris is on tooth, gently rinse with water.

- 3) If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. **Do only** if athlete is alert and conscious.
- 4) If unable to re-implant:
 - * Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."
 - * 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2 % milk.
 - * 3rd best - Wrap tooth in saline soaked gauze.
 - * 4th best - Place tooth under victim's tongue. **Do only** if athlete is conscious and alert.
 - * 5th best - Place tooth in cup of water.

Time is very important. Re-implantation within 30 minutes has the highest degree of success rate. **TRANSPORT IMMEDIATELY TO DENTIST.**

Luxation (Tooth in Socket, but Wrong Position) **Three Positions -**

EXTRUDED TOOTH - Upper tooth hangs down or lower tooth raised up.

- 1) Reposition tooth in socket using firm finger pressure.
- 2) Stabilize tooth by gently biting on towel or handkerchief.
- 3) **TRANSPORT IMMEDIATELY TO DENTIST.**

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

- 1) Try to reposition tooth using finger pressure.
- 2) Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
- 3) **TRANSPORT IMMEDIATELY TO DENTIST.**

INTRUDED TOOTH - Tooth pushed into gum - looks short.

- 1) Do nothing - avoid any repositioning of tooth.
- 2) **TRANSPORT IMMEDIATELY TO DENTIST.**

Fracture (Broken Tooth)

If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding.

Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.

Save all fragments of fractured tooth as described under Avulsion, Item 4.

IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST in the plastic baggie supplied in your First-Aid kit.

Bleeding On The Inside and Outside of the Mouth

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

INSECT STINGS:

In highly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. Call **9-1-1**. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

Symptoms:

Signs of allergic reaction may include: nausea; severe swelling; breathing difficulties; bluish face, lips and fingernails; shock or unconsciousness.

Treatment:

- 1) For mild or moderate symptoms, wash with soap and cold water.
- 2) Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.
- 3) For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
- 4) If victim has gone into shock, treat accordingly (see "Care for Shock").

Throwing Curve Balls in Youth Baseball

Should Kids be Taught to Throw Breaking Pitches?

Mar 13, 2010 [Kurt Johnson](#)



Little League has no formal position on curves. - *Little League Baseball*

The curve ball remains a raging debate in youth baseball circles. With rules being brought in to protect young arms, it seems leagues need to address the breaking ball.

A few years ago, in an effort to protect young pitchers from injury, Little League Baseball changed its pitching availability rules to limit the number of pitches that can be thrown by a young player in a game. When the world's largest organization of youth baseball league made that change, it also addressed the status of its research on the impact of throwing curve balls on young arms.

Stating that its results are inconclusive, Little League has thus far chosen to do nothing with regard to slowing or stopping altogether the popularity of breaking pitches with younger and younger players.

Local Leagues Step Up

Some local leagues within Little League have acted on their own and banned curve balls for players younger than 13 years old. While the official research may be inconclusive, there are clearly a lot of experts out there who suggest that the motion involved in throwing breaking pitches can have an adverse effect and be injurious to kids whose arms are not fully developed.

Winning Games the Primary Motivation

While there is may be no definitive evidence that the throwing of curve balls by a 10-year-old will have a lasting negative impact on his arm, there is also no evidence that that same player must start throwing that pitch so early in order to be a successful pitcher later in life. There are plenty of Major League pitchers who talk about working on arm strength by throwing the fast ball and working on pitch location with the fast ball and a straight change-up as the keys to becoming a great pitcher. It is possible to perfect the mental aspects of pitching and then add the curve ball as the player gets closer to high school ball.

The biggest motivation for having young kids throw breaking pitches comes from the fact that other young kids can't hit them. Coaches who want to win games at the youth level teach the curve ball as a means to that end. The competition factor is the only compelling reason to have youngsters take any risk to their throwing arm at such a tender age.

Coaches Teaching the Curve Ball

One of the biggest issues with younger players and the curve ball is that there are few youth baseball coaches who know how to teach the pitch. Perhaps if there were more coaches who knew what they were doing, it would not be such an issue, but having parent coaches who are not baseball experts attempting to teach kids how to throw curve balls is a recipe for disaster. Those coaches are the lifeblood of any youth baseball league, but when they get caught up in winning games and copying other coaches, it can be a difficult situation.

Kids Overthrowing the Breaking Pitch

It is the nature and disposition of young people, once given the curve ball as an option, to use it too much and to use it incorrectly. It is not uncommon to see players practicing their curve ball while warming up. Once they get the pitch to break, there is a tendency for young athletes to tweak their throwing motion to get more and more movement out of the pitch. The result is damage to a young arm.

Leagues Need a Solution

The responsibility is on the adults in the room to come up with solutions that protect young athletes. It certainly does not help that Little League's widely televised World Series glorifies the exploits of 12-year-olds throwing a high number of curve balls. While they may not feel justified in taking the pitch away from young players, perhaps the organization could put a pitch count regulation on the number of breaking pitches that can be thrown. It would be almost impossible to manage as it would rely heavily on the honor system among coaches, but at some point someone needs to address this just as they have addressed other situations. Even if there is no harm in a young pitcher breaking a few off, there certainly should be cause for concern when every other pitch is a breaking ball.

Perhaps Little League is waiting for the lawsuit filed by a parent whose child was injured while throwing too many curve balls after not being taught correctly before they, or the other youth leagues out there will act.

Coaches Can Self-Regulate

Even if a coach feels the need to have his pitchers use the curve ball, he should use the pitch judiciously. The No. 6-9 hitters in a 12-and-under lineup are not going to hit well enough to warrant throwing curve balls to them. Perhaps you save one or two to provide a different look to the dangerous hitters rather than throwing 25-30 a game just because you can.

There is nothing in the rules that forces a coach to use the curve ball just because other coaches are using it. We tell our kids that the "everyone else is doing it" defense does not fly in other aspects of their lives, and it would surely seem that the same is true for the adults managing youth baseball teams.

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