

Seaview Little League

2026 Safety Guide
League ID: 405-62-07





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*** Note***

A qualified Safety Plan Registration Form, Safety Plan, Annual Facility Survey, League Registration and Manager Data shall be completed and submitted to the District and National Little League offices.



A. General Safety Guidelines

1. Responsibility for Safety procedures should be that of an adult member of Seaview Little League.
2. Arrangements should be made in advance of all games and practices for emergency medical services.
3. Managers, coaches and umpires should have training in first-aid.
4. First-aid kits are available to be issued to each team manager and are located at each concession stand and/or score shack. Managers shall have first aid kits along with medical release/contact forms at all practices and games. Contact the league safety officer immediately if your first aid kit is lost, damaged or needs additional supplies.
5. No games or practices should be held when weather or field conditions are not safe, particularly when lighting is inadequate.
6. Play area should be inspected by the home Manager and Umpire before each game for holes, damage, stones, glass and other foreign objects. All issues that are unable to be resolved must be reported to the Safety Officer or another board member immediately.
7. All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as "in play".
8. Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
9. 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 coaches.
10. During practice and games, all players should be alert and watching the batter on each pitch.
11. During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.
12. All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (e.g., playing catch, pepper, swinging bats, etc.)
13. Equipment should be inspected regularly for the condition of the equipment as well as for proper fit. All damaged equipment must be reported to the Safety Officer for proper disposal.
14. Batters must wear Little League approved protective helmets during batting practice and games.
15. Catcher must wear catcher's helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter at all times (males) for all practices and games. NO EXCEPTIONS. Managers should encourage all male players to wear protective cups and supporters for practices and games.
16. Except when a runner is returning to a base, head first slides are not permitted.



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17. During sliding practice, bases should not be strapped down or anchored.
18. At no time should horseplay be permitted on the playing field.
19. Parents of players who wear glasses should be encouraged to provide safety glasses.
20. Players must not wear any jewelry that poses harm to injury during games and practices.
21. The Catcher must wear a catcher's helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bullpen during a game and also during practices
22. Managers and Coaches may not warm up pitchers at any time. This includes during practice, pre-game, and between innings.
23. On-deck batters are not permitted at Majors level and below. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat.
24. Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.
25. A minimum of one Manager/Coach shall attend the pre-season Managers Safety and Fundamental training meeting. Time and location of the meeting will be provided at the pre-season managers rule meeting.
26. The league Safety director shall complete an Annual Little League Facility Survey and submit to district headquarters prior to the fields being used for any league activity.
27. It is the obligation of each manager to become familiar with the Little League rule book and enforce the rules as stated.
28. Prior to games, both managers shall be responsible for inspecting the field. Specifically, identifying any items that could be hazardous such as rocks, glass, broken fences, etc. Any items identified should be remedied or reported to the board of directors for future remedy.

B. Warm-Up Drills

The subject of warming up before a practice session has been covered as a means of safeguarding youngsters, at least to a degree, from poor physical condition and lack of limbering up. Use of the term "warming-up drills," in connection with unsafe acts, refers to ball handling practice rather than calisthenics. This involves a serious accident exposure to misdirected balls. The following will reduce the danger of being struck by a misdirected ball:

1. All unauthorized people should remain off the field during drills.
2. After the number of targets has been reduced to minimum, one of the best preventive measures is to stress that the eye must be kept on the ball. This safe practice should be drilled into both adults and youngsters so continuously that it becomes a reflex action.



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3. Another danger from misdirected balls is the exposure of inexperienced batters to wild pitchers. The use of batter's helmets is a must. However, it does not justify permitting a potential pitcher throwing to an inexperienced batter until control is demonstrated.
4. The danger of being struck by a ball can be further minimized by the following plan:
 - a) Throwing and catching drills should be set up with players in two lines facing one another.
 - b) Random throwing should be permitted only to designated players.

C. Safe Ball Handling

- Misjudging the flight of a batted ball may be corrected by drilling with flys which begin easy and made more difficult as a player's judgment and skill improves. Everyone should eventually be able to handle balls that go overhead.
- In addition to a player never losing sight of a ball from the time it leaves the bat, the player should keep the glove positioned and the body relaxed for a last split second move.
- An infielder can best be protected by an aggressive short-hop fielding play by always keeping the "nose pointed at the ball" and the eyes glued on it. Also, if moving forward, the player is in a better position to make a throw.
- It is safer for the player to knock a ball down and re-handle it then to let the ball determine the play

D. Collisions

Collisions result in more injuries than is the case with most other types of accidents. They are usually caused by errors of judgment or lack of teamwork between fielders. It is important to establish zones of defense to avoid collisions between players. It is particularly important when players are chasing high fly balls. Once the zones are established, play situation drills should be held until these zones and patterns become familiar to the players. The responsible player should call out the intentions in a loud voice to warn others away. Here are some general rules to follow:

1. The fielder at third base should catch all balls which are reachable and are hit between third and the catcher.
 - a) The fielder at first base should catch all balls reachable which are hit between second and the catcher.
 - b) The fielder at first base should catch all balls reachable which are hit between second and the catcher.
 - a) The shortstop should call all balls reachable which are hit behind third base.



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- b) The fielder at second base should catch all balls reachable which are hit behind first base.
- c) The shortstop has the responsibility for fly balls hit in the center of the diamond and in the area of second base. Since the glove is on the left hand it is easier for the shortstop than the fielder at second to catch fly balls over second base.
- d) The centerfielder has the right of way in the outfield and should catch all balls which are reachable. Another player should take the ball if it is seen that it is not reachable by the centerfielder.
- e) Outfielders should have priority over infielders for fly balls hit between them.
- f) Priorities are not so easy to establish on ground balls, but most managers expect their base player to field all ground balls they can reach, cutting in front of the shortstop on slow hit grounders.
- g) The catcher is expected to field all topped and bunted balls which can be reached except when there is a force play or squeeze play at home plate.

E. Retrieving Ball

Balls that go out of the park should be retrieved by persons who have been specifically assigned to that duty. Such persons should be youngsters who can be relied on not to endanger themselves by climbing fences or getting into a scramble for possession of a ball.

F. Keeping Grounds Clear

Another duty that should be given in turn to alert substitute players is the picking up of bats and proper placement in the rack. The clearing up of other loose playing equipment should be included in this assignment.

G. Sliding Safety

As is the case with other baseball fundamentals, a correct slide is also a safe one. It is well, too, to guard against the accident of a collision and the possibility of a player being struck by a thrown ball as that player "hits the dirt." It goes without saying that steel spikes are not being worn. For safety purposes, head-first slides are not permitted at Majors level and below, except when a runner is returning to a base.

The following can make learning how to slide safer:

1. Long grass has been found to be better than a sand or sawdust pit to teach sliding.
 - a) The base must not be anchored down.
 - Sliding pads are recommended.
 - The player should make approaches at half speed and keep constantly in mind that hands and feet should be in the air. Once committed to slide, the player must not change strategy. Last minute hesitation causes most sliding injuries.



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- Tennis shoes are suggested for beginning sliding and tagging practice to avoid injury to the defensive player.
- If the ground along the baselines becomes soft on a rainy day, such weather offers an excellent opportunity to have sliding drills.

H. Batter Safety

A batter's greatest accident exposure is from the unsafe acts of others, namely wild pitches, which account for a major portion of all accidents. Again, the best defense is an alert, confident concentration on the ball. This type of injury is more prevalent in Regular than in Minor League play. Since the danger is increased as pitchers learn to throw with greater force and as more games are played, it is doubly important to take whatever counter measures necessary to offset this exposure.

- A well-fitted, NOCSAE approved helmet is the first requirement.
- The development of the novice batter's ability to take evasive action can be improved by getting the player to relax and concentrate on the ball from the time the pitcher starts delivery until it lands in the catcher's mitt. Players with slow reflexes can also be helped by stimulated batting and ducking practice with a tennis ball.
- The unsportsmanlike practice of crowding the plate or jumping around to rattle the pitcher must not be tolerated. This could endanger the batter if it causes the pitcher to lose control. Umpires should stop such actions.
- Painful finger and hand injuries can be reduced by making sure the batter holds the bat correctly when bunting. Youngsters have a tendency to lean too far over the plate and not keep the ball well out toward the end of the bat. This should be corrected.
- When the batter becomes a base runner, that player should be taught to run outside the foul lines when going from home plate to first and from third to home, to reduce the chance of being hit by a thrown ball.

I. Safe Handling of Bats

A review of the batter's potential for causing injuries to others points up the following:

1. The most easily prevented type of accident is the too frequent fault of beginners throwing the bat while running to first base. This unthinking act may be corrected through individual instruction to drop the bat safely by:
 - Having the player hand the bat to the coach will serve as a reminder before each ball is pitched.
 - Having the player drop the bat in a marked-off circle near where running starts
 - Providing bats with grips that are not slippery.
2. Coaches and umpires should be on the alert to correct batters that have a tendency to step into the catcher as they swing.



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3. The player, usually a catcher, assigned to catching balls for the coach hitting flies should be given the specific assignment of warning away anyone who comes too close.
4. All players and adults should be trained to walk around the on-deck circle* whether it is in use or not. The ingrained safety habit of keeping clear may save someone a painful injury.

J. Catcher Safety

1. The catcher, as might be expected from the amount of action involved has more accidents than any other player. Statistics show that the severity of injuries is less in Regular than in Minor League play. Again, this bears out the fact that the more proficient the player, the less chance of injury. Assuming that the catcher is wearing the required protection the greatest exposure is to the ungloved hand. The catcher must learn to:
 - a) Keep it relaxed.
 - Always have the back of the throwing hand toward the pitcher when in position to catch.
 - Hold all fingers in a cupped position near the mitt, ready to trap the ball and throw it.
2. The catcher should also be taught to throw the mask and catcher's helmet in the direction opposite the approach in going for a high fly.
3. As the catcher learns to play this difficult position, a good habit is to keep a safe distance back from the swinging bat. Estimate this as one foot farther from the batter than the ends of the outstretched fingers.
4. To repeat, the best protection is keeping the eye on the ball.
5. It is a league requirement that any player playing the position of catcher must wear a protective cup.

K. General Inattention

Going one step back to the "whys" of most ball handling accidents, it appears that inattention due to inaction or boredom is an underlying accident cause with which we must deal. This situation can be partly offset by using idle time to practice basics of skillful and safe play, such as:

1. Otherwise idle fielders should be encouraged to "talk it up." Plenty of chatter encourages hustle and enthusiasm.
2. Players waiting for a game or practice to start can pair off and play catch to improve their basic eye-on-the ball technique.
3. Practice should include plenty of variety in the drill work.
4. Put a time limit on each drill and do not hold the total practice for more than two hours, or less if interest begins to lag.



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5. Idle players along the sidelines can be given the job of studying the form of other players to improve their own techniques. They may then report on what they have learned to improve their own form on running, ball handling, throwing, batting and sliding.

L. Control of Horseplay

No discussion of measures to control the human element in accident-prevention would be complete without going into the problem of horseplay. This includes any type of youthful pranks that could even remotely be the cause of an accident. Even a mild form of such childish behavior could distract any player about to catch a ball or possibly when at bat, and result in an accident. After all—team play requires 100% cooperation among all players, and good sportsmanship demands courtesy to opposing players. If show-offs and smart-alecks cannot find sufficient outlet for their high spirits in the game, quick and impartial management of the situation is warranted. On-deck areas have been eliminated for Majors and below.

M. First Aid

First aid is an important part of any safety program. Like insurance coverage, it is a form of protection that must be available in case of an emergency involving any injury.

1. Selection and Qualifications of First Aiders - It is recognized as impractical to have a completely trained and experienced first aider on duty at all times. However, every effort should be made to have several alternate first aiders, preferably adults whose duties keep them at the field, trained in the basic requirements of first aid treatment. Ideally, this training should be from an accredited agency such as the American Red Cross. The alternative is to have them trained briefly and specifically for this purpose by a licensed medical professional who is familiar with Little League operations. Minimum first aid training should include the handling of extreme emergencies such as the usage of mouth-to-mouth resuscitation and external cardiac massage.
2. This Safety Guide is not intended as a First Aid Manual; however, general treatment guidelines are presented later in this document. Both this and the proper equipment of the first aid kit should be left to the advice of local medical authorities. It is suggested, however, that in addition to the stock of bandages the following be available:
 - a) A supply of clean water, soap and towels
 - A blanket
 - Arm and leg splints
 - Easily accessible phone with emergency phone numbers, such as doctor, hospital and ambulance service.



N. Notification of Family

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

O. Follow-Up on First Aid Cases

Care of an ill or injured individual must always be the first consideration. In concern for their welfare, however, do not neglect the following:

1. A thorough investigation should be made to find the cause(s) of an accident and action started to prevent reoccurrence.
2. An insurance claim should be filed when outside medical attention is required. Do not wait for medical bills to arrive. They can be submitted as they become available. They must be identified by including the person's name, league name and number, date of injury, and city and state of residence. Bills should be itemized to show dates and type of treatments.
3. Any player under the care of a licensed medical professional should be required to bring a note from the licensed medical professional to the manager releasing the player to play ball before being allowed to return to the lineup.

P. Public Liability

The responsibility of all organizations and their individual members for the safety of the general public has become an increasingly important factor in present-day society.

Q. Little League's Obligation

As a non-profit organization supported by public funds and operated by volunteers we should have a deep interest in the safety of the general public as well as the protection of our Little League volunteers from lawsuits. Even though we cannot fully protect the public from all situations arising out of the operation of a league, we can safeguard them from our own unintentional negligence.

R. Protective Measures

1. Obviously our best protection against the relentless attacks of a few claim-minded individuals is to have adequate liability insurance coverage from a reputable company. This will protect local league officials but not the good name of the league and its members.
2. Some legal protection can be obtained by incorporating a league under the laws of the state in which it operates. This is not to be confused with Little League Baseball, Incorporated, which cannot pass the advantages of its incorporation on to individual Little Leagues. They must be incorporated under the laws of the state in which they operate. This relatively inexpensive protection will safeguard the league as a whole and its members, to a degree, from unlimited financial responsibility for a judgment against the league. However, it will not relieve anyone from the legal expenses



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required to defend against a suit, nor will it limit the legal responsibility of persons who may be sued as individuals. A league desiring to use the words "Little League" in its corporate title must first obtain consent from Little League Headquarters.

3. As in the case of player accidents, we can go a long way toward safeguarding the good name of Little League and the best interests of all individuals by taking a few common-sense precautions.

S. Avoid Negligence

The taking of precautions should be based on this main objective of avoiding any implication of negligence on the part of Little League people. In most successful public liability suits, the claimant must prove that some organization or individuals have been negligent in their obligation to safeguard the general public.

T. Do's and Don'ts

1. Do ...
 - a) Reassure and aid children who are injured, frightened or lost
 - b) Provide, or assist in obtaining, medical attention for those who require it.
 - c) Know your limitations.
 - d) Carry your first-aid kit to all games and practices.
 - Assist those who require medical attention. When administering aid, remember to look for signs of injury.
 - Listen to the injured describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
 - Gently feel the injured area for signs of swelling, or grating of broken bone.
 - Have your players' Medical Clearance Forms with you at all games and practices.
 - Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.
2. Don't ...
 - a) Administer any medications.
 - b) Provide any food or beverages (other than water).
 - c) Hesitate in giving aid when needed.
 - d) Be afraid to ask for help if you're not sure of the proper procedures (i.e., CPR, etc.).
 - e) Transport injured individuals except in extreme emergencies.
 - f) Leave an unattended child at a practice or game.



U. Baseball Complex Safety Guidelines

Failure to comply with the below may result in expulsion from the Seaview Little League field or complex.

1. Speed limit is 5 mph in roadways and parking lots while attending any little league function. Watch for small children around parked cars.
2. No Alcohol allowed in any parking lot, field, or common areas within a Little League complex. And No Alcohol allowed at any Little League function. This includes Angel Day, Team meetings, and Team parties.
3. No Playing in parking lots at any time.
4. No Playing on and around lawn equipment.
5. Use Cross walks when crossing road ways. Always be alert for traffic.
6. No profanity.
7. No swinging bats or throwing baseballs at any time within the walkways and common areas the Little League complex.
8. No throwing balls against dugouts or against backstop. Catchers must be used for all batting practice sessions.
9. No throwing rocks.
10. No horseplay in walkways at any time.
11. No climbing fences.
12. No pets are permitted at games or practices.
13. Only a player on the field and at bat or participating in batting/hitting practice at an approved location with a coach, may swing a bat (Majors and below).
14. Observe all posted signs. Players and spectators should be alert at all times for foul balls and errant throws.
15. During game, players must remain in the dugout area in an orderly fashion at all times.
16. After each game, each team must clean up trash in dugout and around stands.
17. All gates to the field must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
18. No smoking is allowed in any area of the complex.



V. Storage Shed Safety

The following applies to all of the storage sheds used by Seaview Little League and apply to anyone who has been issued a key to use those sheds.

- All individuals with keys to equipment sheds (i.e., Managers, Umpires, etc.) are aware of their responsibilities for the ***orderly and safe storage of rakes, shovels, bases, etc.***
- Before you use any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment.
- All chemicals or organic materials stored shall be properly marked and labeled as to its contents.
- All chemicals or organic materials (i.e., lime, fertilizer, etc.) stored within the equipment sheds will be separated from the areas used to store machinery and gardening equipment (i.e., rakes, shovels, etc.) to minimize the risk of puncturing storage containers.
- Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of as soon possible to prevent accidental poisoning



W. Concession Stand Safety

The following information is intended to help run a healthful concession stand. Following these guidelines will help minimize the risk of food borne illness. This information is excerpted from "Food Safety Hints" by the Orange County Department of Health.

1. Menu - Keep your 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 food borne 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 the temperature periodically to see if the food is cooling properly. *Allowing hazardous foods to remain un-refrigerated for too long has been the number ONE cause of food borne illness.*
5. Hand Washing. *Frequent and thorough hand washing remains the first line of defense in preventing food borne disease.* The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!
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. *Ideally, dishes and utensils should be washed in a four-step process:*
 - Washing in hot soapy water



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- Rinsing in clean water
- Chemical or heat sanitizing
- 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 food-borne 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 tight-fitting 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.



X. Accident Reporting

1. Coach/Manager Responsibilities
 - a) 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 Director of Safety. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.
 - m) When to report - All such incidents described above must be reported to the League Safety Officer **within 24 hours** of the incident.

Name: Brian Zitt
Day Phone: (714) 496-5540
Email: safety@seaviewlittleleague.com

- n) How to make a report – Managers/Coaches are required to have with them at all times a Safety Awareness Incident/Injury Track report. All the appropriate questions are outlined in this form. If an incident occurs, fill out the report and contact your Safety Officer for further instructions. At a minimum, the following information must be provided:
 - i. Name and phone number of the individual involved
 - ii. Date
 - iii. Time
 - iv. Location of incident
 - v. Detailed location of the incident
 - vi. Preliminary estimation of the extent of any injuries
 - vii. Name and phone number of the person reporting the incident
2. Director of Safety's Responsibilities - Within 48 hours of receiving the incident report, the Director of Safety will contact the injured party or the party's parents and:
 - a) Verify the information received.
 - o) Obtain any other information deemed necessary.
 - p) Check on the status of the injured party.
 - q) Advise the parent or guardian of the applicable insurance coverage(s) and the provisions for submitting any claims in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.)
 - r) Report all injuries to the district Safety Officer.
3. Near Miss Reporting – To provide the safest environment possible, it is the leagues responsibility to work towards preventing incidents. If a near miss occurs in your presence, please report this to your Safety Officer along with any suggestions on



how the incident could be prevented in the future. This will be reviewed by the Safety Officer along with the appropriate board members to set additional measures of safety into effect.

Emergency 911 Police Emergency 911

Huntington Beach Police Non-emergency
Best from a cell phone 714-536-5333

SVLL Safety Officer Brian Zitt (714) 496-5540	SVLL Vice President OPEN
SVLL President Al Ortiz (714) 804-3054	Player Agent-Upper Divisions Justin Brown (714) 724-6209

Little League Baseball requires every Board Member, Coach, Manager, Umpire (and anyone else who has direct interaction with children on behalf of our Little League program) complete the Volunteer applications. Seaview Little League uses the Little League approved form. The League Safety Officer will oversee background checks with the information provided, including Megan's Law checks and criminal status with all State requirements.

MANAGERS

Please keep a copy of your Safety Guide with you at all times during games and practices.

If you require additional copies, please see your Safety Officer or League President



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APPENDIX A: Seaview Little League Safety/Injury Report

SEAVIEW LITTLE LEAGUE SAFETY / INJURY REPORT

Injured Information

Name of Injured: _____ Date of Injury: _____
Phone Number: _____ Email Address: _____

Division

T-Ball (Ages 5-8) Minor (Ages 7-12) Major (Ages 9-12)
 Junior (Ages 13-14) Senior (Ages 14-16) Big League (Ages 16-18)

Category

Player Volunteer Umpire Scorekeeper
 Manager, Coach Player Agent Volunteer Worker

Type of Event

Tryouts Scheduled Game Tournament
 Practice Special Event (Not Game) Other

Incident Information

Description of Incident: _____

Action Taken

First Aid at Field To Doctor To Hospital

Person Filing Report

Name: _____ Date: _____
Phone Number: _____ Email Address: _____

**THIS FORM MUST BE SUBMITTED FOR EVERY INJURY WHICH OCCURS DURING
A LITTLE LEAGUE FUNCTION, PRACTICE OR GAME.**

Complete the form and send it to the Safety Officer:

**Brian Zitt
safety@seaviewlittleleague.com
(714) 496-5540**



APPENDIX B: First Aid

Treating Common Sports Injuries

- 1) Bruises - Given enough time, bruises will happen in 99% of sports. Usually, they're nothing to worry about... they're busted vessels in the skin, and the blood will diffuse and the bruise will fade in a few days. You can speed up the process by applying heat or commercially available creams to the area. Should the bruise darken or spread after several days, or red lines or additional irritation appear, visit a licensed medical professional in case infection or blood poisoning has begun to set in.
- 2) Scrapes - Another common injury, scrapes and abrasions usually look worse than they are. They don't usually bleed too much, but can be quite painful for a few days. Clean the wound and apply a topical cream, then wait for it to scab over. Should additional redness or irritation occur after a few days, have a licensed medical professional look at it in case of infection.
- 3) Sprains - When joints turn in ways that they shouldn't, the muscles can become sprained. Intense pain and swelling occur, and the joint (often the ankle or wrist) become more or less useless until it is healed. Lesser injuries called strains can also occur; in the event of either, having a licensed medical professional check it out in case of breakage isn't a bad idea. For treatment, stay off of the ankle or don't use the joint, and apply heat and cold in intervals. Ibuprofen or other anti-inflammatory medication can be taken for both pain and swelling.
- 4) Cuts/Punctures - Cuts and punctures in sports most often occur when a piece of sports equipment breaks the skin. The severity of the injury can vary from minor to extreme, but should always be checked for additional damage below the skin. Very minor cuts require very little care at all other than cleaning and bandaging, but any cut or puncture with even moderate bleeding needs medical attention. In case of heavy bleeding, apply pressure to the wound with a clean dry cloth until help can arrive. Large wounds, even if they do not bleed an extreme amount, still should be taken to a licensed medical professional in case stitches are needed. Punctures, even very small ones, should be watched for a while because they tend to get infected easier than larger wounds.
- 5) Concussions - When an athlete takes a bump, blow, or jolt to the head or body, they may sustain a concussion (a mild traumatic brain injury). Loss of consciousness is not required—many concussions occur without “blacking out,” and symptoms can appear right away or develop over the next several hours (e.g., headache, dizziness, confusion, “foggy” feeling, balance problems, vision changes, nausea, sensitivity to light/noise, or behavior changes). If a concussion is suspected, remove the player from activity immediately and do not allow return the same day; notify the parent/guardian and continue to monitor. Call 911/seek emergency care right away for “danger signs” such as worsening headache, repeated vomiting, seizure/convulsions, increasing confusion/agitation, slurred speech, weakness/numbness, trouble waking up or unusual drowsiness, or one pupil larger than the other. All suspected concussions should be evaluated by a licensed healthcare provider, and return-to-play should occur only after medical clearance and a gradual return plan (consistent with California requirements).
- 6) Breaks - Broken bones are a serious matter. Unless properly set, the bone can heal incorrectly, and can also cause further internal injury. In the event of a broken bone or even a suspected broken bone, the victim should be taken to a doctor or hospital immediately for



treatment. Hopefully, all of your sports experiences will be safe ones, but should the worst happen, you may as well be prepared with the knowledge of what to do.

The R.I.C.E. Method of Acute Injury Treatment

- Rest - Resting is important immediately after injury for two reasons. First, rest is vital to protect the injured muscle, tendon, ligament or other tissue from further injury. Second, your body needs to rest so it has the energy it needs to heal itself most effectively.
- Ice - Use ice bags, cold packs or even a bag of frozen peas wrapped in a thin towel to provide cold to the injured area. Cold can provide short-term pain relief. It also limits swelling by reducing blood flow to the injured area. Keep in mind, though, that you should never leave ice on an injury for more than 15-20 minutes at a time. Longer exposure can damage your skin. The best rule is to apply cold compresses for 15 minutes and then leave them off for at least 20 minutes. (Read The Proper Use of ICE).
- Compression - Compression helps limit and reduce swelling, which slows down healing. Some people also experience pain relief from compression. An easy way to compress the area of the injury is to wrap an ACE bandage around the swollen part. If you feel throbbing, or if the wrap just feels too tight, remove the bandage and re-wrap the area so the bandage is a little looser.
- Elevation - Elevating an injury reduces swelling. It's most effective when the injured area is raised above the level of the heart. For example, if you injure an ankle, try lying on your bed with your foot propped on one or two pillows.

After a day or two of R.I.C.E., many sprains, strains or other injuries will begin to heal. But if your pain or swelling does not decrease after 48 hours, make an appointment to see your primary care physician or go to the emergency room, depending upon the severity of your symptoms.

Once the healing process has begun, very light massage may improve the function of forming scar tissue, cut healing time and reduce the possibility of injury recurrence.

Gentle stretching can begin once all swelling has subsided. Try to work the entire range of motion of the injured joint or muscle, but be extremely careful not to force a stretch, or you risk re-injury to the area. Keep in mind that a stretch should never cause pain.

Heat may be helpful once the injury moves out of the acute phase and swelling and bleeding has stopped. Moist heat will increase blood supply to the damaged area and promote healing.

Finally, after the injury has healed, strengthening exercises can begin. Start with easy weights and use good form.



Broken Arm or Leg

a) Signs and Symptoms

- Pain
- Swelling
- Bruising
- Deformity
- Broken skin with bone visible
- Limited mobility of the arm or leg

b) Treatment

It is still acceptable to summon an ambulance for a broken arm, but call on the ambulance agency's non-emergency line. If an ambulance is responding, have the victim remain still and wait for the ambulance.

- i. Call 911 for a leg broken above the knee, a broken hip, a broken pelvis, a neck or back injury, or a head injury.
- ii. If an ambulance is unavailable, it may be necessary to splint the broken arm. Be sure to immobilize the joints (elbow, wrist, shoulder) above and below the break. Do not wrap the arm too tight.
- iii. Put ice on the break to reduce swelling. Put a sheet or towel between the ice and the skin to prevent frostbite. Leave ice on for 15 minutes, then remove ice for 15 minutes.
- iv. Do not move a victim with suspected head, neck, or back injuries unless it is to keep rescuers or victim safe.
- v. Straighten a broken arm or change its position unless the victim's hand (on the arm with the break) is cold, blue, numb, or paralyzed.
- vi. If splinting the broken arm, make a sling to support the arm's weight and wrap a swath around the victim's torso to immobilize the broken arm.

Broken Foot or Wrist

a) Treatment

- If an ambulance is unavailable, it may be necessary to splint the broken foot. Before splinting, check circulation, sensation, and motion.
- Check circulation by comparing the color and temperature of the injured foot against the uninjured foot.
- Check sensation by asking the victim which toe you are touching.
- Check motion by having the victim wiggle his or her toes.
- To splint a broken foot, immobilize the foot with padding, such as a rolled-up towel or a pillow. Be sure to immobilize the ankle as well. Any movement of the ankle will result in pressure on the foot. Do not wrap the foot too tight.
- After splinting, re-check circulation, sensation, and motion.
- Put ice on the break to reduce swelling. Put a sheet or towel between the ice and the skin to prevent frostbite. Leave ice on for 15 minutes then remove ice for 15 minutes.
- To splint a broken wrist, follow the steps for splinting a broken arm. Be sure to immobilize the hand. Any movement of the hand will result in pressure on the wrist. Do not wrap the wrist too tight.
- After splinting, re-check circulation, sensation and motion.



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- Put ice on the break to reduce swelling. Put a sheet or towel between the ice and the skin to prevent frostbite. Leave ice on for 15 minutes then remove ice for 15 minutes.

Head Injury

A victim struck with a blunt object should be watched for signs and symptoms of a closed head injury. If a victim of blunt head trauma has any of the following, call 911 immediately:

- loss of consciousness at the time of the injury (getting knocked out)
- short-term memory loss (victim keeps repeating questions)
- unable to wake the victim from sleeping
- confusion
- vomiting
- dizziness
- very high blood pressure
- very slow pulse

In all cases of injury to the head and neck, it's vital not to move the victim's neck. Support his or her head in the position you found it. Bones of the spine (vertebra) can be injured from movement of the head during trauma. Broken or displaced spinal bones can cut or put pressure on the nerves of the spinal cord, causing temporary or permanent paralysis and loss of feeling.

Vomiting can lead to problems with the victim's airway. If the victim begins vomiting and is unconscious, place the victim in the recovery position to let the vomit drain from the victim's mouth.

It is a myth that closed head injury victims should not be allowed to sleep. If a victim of trauma to the head does not have any of the signs or symptoms of closed head injury or skull fracture, there is no reason to keep him or her awake. Once asleep, wake the victim about 30 minutes after falling asleep to make sure he or she can be aroused. If you are unable to wake a victim of blunt head trauma 30 minutes after falling asleep, call 911 immediately.



APPENDIX C: Concussion Protocol

HEADS UP ACTION PLAN

Remove the young athlete from play. When it doubt, sit them out!

Keep a young athlete with a possible concussion out of play the same day of the injury and until cleared by a health care provider. Do not try to judge the severity of the injury yourself. Only a health care provider should assess a young athlete for a possible concussion. After you remove a young athlete with a possible concussion from practice or play, the decision about return to practice or play is a medical decision that should be made by a health care provider. As a coach, recording the following information can help a health care provider in assessing the young athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss right after the injury
- Any seizures right after the injury
- Number of previous concussions (if any)

SEEK MEDICAL ATTENTION:

Ask for written instructions from the young athlete's health care provider on return to play. These instructions should include information about when they can return to play and what steps you should take to help them safely return to play. Before returning to play an athlete should:

- Be back to doing their regular school activities.
- Not have any symptoms from the injury when doing normal activities.
- Have the green-light from their health care provider to begin the return to play process.

TO LEARN MORE GO TO > www.cdc.gov/HEADSUP



APPENDIX D: Sudden Cardiac Arrest (SCA) Protocol

The reality is that we live in a very competitive world, and kids are daily encouraged to rise to the challenge. Young people often don't tell adults if they experience symptoms, and parents often urge their kids to play hard.

- Athletes (and often their parents) don't want to jeopardize their playing time, so they may avoid telling parents or coaches in hopes that the symptoms will "just go away" on their own.
- Kids may be embarrassed they can't keep up, thinking they're out of shape and just need to train harder.
- Having felt this way all their life, they may be unaware that what they are feeling indicates a potentially fatal condition.

Student athletes should know that if they experience any of the following symptoms, it is crucial to alert an adult and get follow-up care right away with an appropriate physician. Additionally, if the athlete has any of the SCA risk factors, these should also be immediately discussed with a doctor to determine if a heart screening is needed.

TO LEARN MORE GO TO >> <https://epsavealife.org/sca-prevention-training/>

APPENDIX E: Abuse Awareness Protocol

In 2018, the "Protecting Young Victims from Sexual Abuse and SafeSport Authorization Act of 2017" became Federal law. The mission of the U.S. Center for SafeSport is to make the athlete well-being the centerpiece of our nation's sports culture. All athletes deserve to participate in sports free from bullying, hazing, sexual misconduct, or any form of emotional or physical abuse. Education and awareness are the most critical components to creating safe and respectful sporting environments, free of abuse and harassment.

Little League Baseball and Softball have always strived to create a safe and healthy environment for all Little Leaguers and their families. There are certain requirements from the SafeSport Act that Little League International and all local little league programs must adhere to.

- Reporting of Sexual Abuse involving a minor to the proper authorities
 - All volunteers of a local league are now mandated reporters and could face criminal charges if the league chooses to ignore, or not report to the proper authorities, any witnessed act of child abuse, including sexual abuse, within 24 hours.



- Local leagues must be aware of the proper procedures to report sexual abuse in their state. Please reference LittleLeague.org/ChildAbuse
- Leagues must adopt a policy that prohibits retaliation on “good faith” reports of child abuse
- Leagues must adopt a policy that limits one-one-one contact with minors
- Leagues are highly encouraged to complete the below Abuse Awareness training provided by USA Baseball and SafeSport

TO LEARN MORE GO TO >> <https://usabdevelops.com/memberships/131/login>

THE FOLLOWING IS A MESSAGE FROM LITTLE LEAGUE INTERNATIONAL THAT WAS SENT TO ALL LITTLE LEAGUES IN CALIFORNIA.

Dear California District and League Officers,

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

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

What Leagues Need to Know:

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

What Leagues Need to Do:

A Little League-appointed board member must oversee the background check process for the league, including the new requirements under California law. Below is a breakdown of the



California background check process which includes the application process to acquire an Originating Agency Identifier (ORI) code:

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

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

What Volunteers Need to Know:

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

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

The fingerprint background check can cost from \$15 to \$70 depending on the Live Scan location. The local Little League volunteer would be responsible for the fingerprint background check cost.

If leagues have questions about the new California legislation or the Little League background check process, they can contact Little League International's Security Manager at SecuritySpecialist@LittleLeague.org. Little League has included supplement documents throughout the email that can assist the local Little League board and volunteers through this new background check process. These links are indicated in red throughout the email.

Sincerely,
Samantha Mahaffey
Security Manager, Little League International

Live Scan Instructions:

- 1) Read the instructions fully and carefully
- 2) Download the PDF form and use Chrome (not Adobe) to fill out the section highlighted within the RED box. (Applicant Information).
- 3) **Do NOT** sign and date yet.
- 4) **Do NOT** include your social security number, you will provide it when meeting with the Live Scan operator.



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- 5) **Do NOT** include your driver's license number, you will provide it when meeting with the Live Scan operator.
- 6) Either save as PDF (or print to PDF) the completed application.
- 7) Open the saved (or printed) PDF to verify all information was retained.
- 8) Email the PDF to Curtis Vincent (our Live Scan operator) at cdvincent4@gmail.com
- 9) If you are uncomfortable emailing the PDF, please print 2 copies and bring with you. It will take longer to process since he has to input all your information before scanning.
- 10) Show up at the Live Scan event, bring your driver's license (photo ID) and remember your social security number.