

# San Marino National Little League

## Manager's Safety Manual 2024

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## **Policy Statement**

The San Marino National Little League (SMNLL) has traditionally emphasized the safety of its player as a critical part of a successful season. The purpose of our safety program is to make managers, coaches, parents and players aware of how to practice and play little league baseball and softball as safely as possible. The primary goal is to prevent injuries from occurring in the first place. However, since accidents can happen, another important goal is to ensure that injuries are treated in a prompt and effective manner. Prior to rendering any emergency first aid Managers and coaches are advised to inquire whether appropriately trained health professionals are present and when rendering first aid managers and coaches should know their limitations and make all effort to act in a reasonable and prudent manner. With everyone working together, the players will be able to participate in a safe and enjoyable environment.

The SMNLL Board of Directors will review any violation of National Little League rules and/or the SMNLL Safety Code by Board Members, Managers, Coaches, Paid Employees, Parents, Spectators or Players. Depending on the seriousness or frequency of the violation, particularly if it involves player safety, the Board may assess disciplinary action, which may include suspension or expulsion from SMNLL.

Thank you for your cooperation.

## **Emergency Phone Numbers**

<b>Police---Emergency</b>	<b>911</b>
<b>Police---Non-Emergency</b>	<b>(626) 300-0720</b>
<b>Fire ---- Emergency</b>	<b>911</b>
<b>Fire ---- Non-Emergency *</b>	<b>(626) 300-0735</b>
<b>Poison Control ---</b>	<b>(800) 876-4766</b>

- **SM Fire non-emergency number is best for cell phone use for quick assistance in San Marino fields.**

### Board of Directors and Key Contacts

President	Mark Hughes	H-xxx-xxx-xxxx	C-626-344-6449
Past President	Jason Rome	H-508-561-5584	C-508-561-5584
Past President	Brent Bilvado	H-626-234-2062	C-510-508-6956
Snack Bar	Jon Wilson	H-626-576-7991	C-310-916-2537
VP of Finance	Toby Hsieh	H-xxx-xxx-xxxx	C-917-528-2626
VP Safety	Rick Gute	H-xxx-xxx-xxxx	C-626-864-0955
VP Operations	Mark Ferrari	H-xxx-xxx-xxxx	C-626-945-5302
Baseball Commissioner	Andy Carpiac	H-xxx-xxx-xxxx	C-310-383-3899
Softball Commissioner	Jason Rome	H-508-561-5584	C-508-561-5584
Comm& Website	Ryan Zanotti	H-xxx-xxx-xxxx	C-303-947-0588
Umpires and Schedules	Howard Chan	H-xxx-xxx-xxxx	C-626-788-6947
VP Player Development	Mark Repstad	H-xxx-xxx-xxxx	C-213-453-1155
VP Coach Pitch	Toby Hsieh	H-xxx-xxx-xxxx	C-917-528-2626
VP TBALL	xxxxxx	H-xxx-xxx-xxxx	C-xxx-xxx-xxxx
VP Farm B Ball	Mark Repstad	H-xxx-xxx-xxxx	C-213-453-1155
VP Minors BBall	Jon Wilson	H-626-576-7991	C-310-916-2537
VP Majors BBall	Mark Carroll	H-xxx-xxx-xxxx	C-818-261-5347
VP Jrs Baseball	Daisy Wilson	H-626-576-7991	C-310-597-6346
VP Farm Softball	Ryan Zanotti	H-xxx-xxx-xxxx	C-303-947-0588
Minors Softball	Robert Felix	H-xxx-xxx-xxxx	C-323-854-3912
Majors Softball	Dan Giddings	H-626-234-2221	C-213-361-9502
VP Jrs Softball	Sean Reagan	H-xxx-xxx-xxxx	C-626-216-7571
Uniforms	Daisy Wilson	H-626-576-7991	C-310-597-6346
West Coast Umpires	Phil DiPrima		C-323-864-0083

# **San Marino National Little League Safety Code**

## **Our Goals are Education and Prevention**

- Everyone is held responsible for safety; Managers, Coaches and Umpires, Players, Parents, and Board Members.
- Managers and coaches must stress the importance of safety with their players.
- Managers and coaches must understand basic first aid and, attend first aid training session, fundamentals training session, and review first aid procedures.
- Fields should be inspected prior to use for any damage, holes, stones, glass, foreign objects, or any other potentially dangerous conditions. See pre-practice and pregame check sheet.
- Both league and player equipment should be inspected for wear and tear and replaced when needed. See pre-practice and pregame check sheet
- First aid kits will be located in the Majors, Minors scoring sheds. Farm, Coach Pitch and (Green storage bins). SMHS Upper field softball (Green storage bins) Del Mar Field in the scoring shed.
- In case of a medical emergency- call 911 (always erring on the side of caution), inquire for the presence of medical professionals, and recognize your limitations when rendering any first aid beyond comfort aid, Should a serious head or neck injury be suspected, the victim should not be moved.

## **Before the Game (Review Field Safety Checklist – see Appendix)**

- Inspect field for unsafe conditions (holes, stones, glass or other foreign objects)
- Inspect equipment for damage and to meet regulations.
- Have players warm-up (stretching and joggings)
- Ensure all players are alert and ready before warm-up drills.
- Throwing and catching drills should be set up in two facing lines.
- Soft toss drills should be separate from other drills.
- No batting practice is allowed before a game on the playing field.
- Pitchers/Catchers should warm-up separately and away from fielders and use catching equipment and cups for boys. Coaches are not allowed to warm up pitchers on the field.
- Be ready for your team's fielding practice time (stay clear when it's not your turn)

## **During the Game**

- Encourage players to think safety first.
- Continue to monitor the field and equipment during the game.
- Ensure players are alert both on and off the field.
- **There is no batting circle, bats should only be swung at the plate. Repetitive dry swings at plate should be discouraged. They not only delay game but are dangerous.**
- Players and spectators should be alert for foul balls and errant throws.
- Encourage players to drink liquids to stay hydrated.
- Keep your catcher safe.
  - make sure catchers are wearing the proper equipment (chest protectors, mask with throat guard, shin guards and a cup (boys))
  - catchers should remain a safe distance from the batter, this generally means one foot farther than the outstretched hands of the catcher.
  - only a fully equipped player may warm-up a pitcher
- Keep your pitchers fresh.
  - enforce the pitch count allowed per game and per calendar week.
  - each manager should be conscious of / manage the number of pitches and workload of a player to avoid cumulative injury. (esp. if playing club also)
- Eliminate the chance of collisions.
  - **fielders should call for the ball in a loud voice.**
  - establish zones or responsibility for each fielder.
  - runners should run outside the foul lines (home to 1<sup>st</sup> /third to home)
  - **Runners must slide on a play at any base other than first.**
- Eliminate the opportunity of being hit by a bat.
  - **only one player at a time should have a bat –the batter!**
  - **No on deck circles are allowed.**
  - The batter must not throw the bat, corrective actions should be taken for repeat thrown bats.
  - First or third base coaches or designated player with helmet should carry bat to dugout after a hit ball.
- Eliminate the chance of being hit by the ball.
  - batters, runners and base coaches must wear batting helmets.
  - fielders must be alert at all times.
  - pitchers should be instructed to finish their motion in a ready position.

- encourage all of your players to be ready to be part of the play.
- players should remain seated in the dugout and watching the game when they are not directly involved in the game.
- No headfirst sliding (except when returning to base)
- Keep the fields in safe condition.
  - No bikes, motorbikes, skateboard or rollerblades on the playing fields, behind the dugouts or around bleachers
  - Children must be kept off backstops and sheds and off the playing fields.
  - Teams should see that all fields, bleachers and dugout areas are kept clean, orderly, and in good repair.
  - Players are not allowed to eat in the dugouts, water and other drinks only.
  - Smoking, vaping, and alcoholic beverages are not allowed on the fields or in the stands at any time.
- **Establish set drop off and pick up procedures, stay until all players are picked up.**

### **During Practice**

- ◆ Encourage your players to remain alert at all times (injuries occur when no one pays attention)
- ◆ Develop a routine set of drills for your practices so players will know what to do next.
- ◆ Establish pick-up and drop off rules with parents and enforce them. **Managers, Coaches and Parents should never leave an unattended player at a practice or game.**
- ◆ Make sure you have adequate coaches and/or parents to hold a safe and effective practice. **Managers are encouraged to have a parent volunteer present at all events.**
- ◆ Follow the “before the game” and “during the game” advice above.

### **Weather**

- ◆ In the event of adverse weather conditions (rain, lightning, smog or excessive heat) during a practice the Manager or Coach should evaluate the situation and the field conditions to determine if playing conditions are unsafe.

Prior to the start of a game, it is the responsibility of the President, Baseball Player Agent or Divisional VP (as available) to determine if play should commence. Once play has commenced the Umpire shall be the sole judge in determining whether a game should continue.

## 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 less than 5 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 reasonable First Aid and wait for the paramedics to arrive. This generally will be comfort care and keeping the victim still, except in the most extraordinary emergency instances.

### First Aid-Kits

**First Aid Kits are located in the Majors, Minors scoring sheds. Farm Coach Pitch / Prep. Green Storage Bins Jrs BB in the scoring room at Del Mar field. Softball SMHS upper fields in Green Storage Bins**

To **replenish materials** in the Team First Aid Kit, the Manager, or designated coaches must contact the SMNLL Safety Officer.

**Medical Releases: Must be taken to every game, event or practice;** all coaches should review the forms for pre-existing medical conditions and should be aware of those conditions.

### 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, Note: current CA Supreme Ct case has not allowed immunity where mistakes of fact may have caused or increased injuries. Good Samaritan immunity generally prevails, but volunteers are urged to know their limits prior to giving first aid that exceeds comfort. aid. Volunteers are strongly urged to inquire as to the availability of health professionals in attendance prior to giving any first aid to an injured party. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim’s injury unless your actions were unreasonable and lead to further injury. For example, a reasonable and prudent person would –

- ◇ Move a victim only if the victim’s life was clearly endangered.
- ◇ Ask a conscious victim for permission before giving care.
- ◇ Check the victim for life-threatening emergencies before providing further care.

- ◇ Summon professional help to the scene by calling **9-1-1**.  
**In S.M. from cell phone call (626) 300-0720 SM police business line.**

- ◇ 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 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. Please make sure that the person or player is in danger, liability may not be limited if mistakes of fact are made and injury results from treatment given.

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 (or if a minor approval of parents) before giving first aid. To get permission you must tell the victim who you are, 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 –**

#### **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 a 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 comfort aid, determine if death or serious injury may result from non-action and inquire as to the presence of health professionals prior to giving substantial first aid. Generally, one should wait for the arrival of paramedics if the injury is not significant or life threatening.
- Be afraid to ask for help if you're not sure of the proper procedures, (i.e., CPR, etc.). Elicit help from parents and or individuals such as doctors, nurses, or other medical professionals at site.
- As a mgr. or coach-, 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** **from cell phone in S.M. call (626) 300-0720 SM Police business line**
- 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, name of field, etc. Our address is:

#### **Field**

Major, Minors, Farm, Pitching Machine,  
Prep and T-ball Fields

1645 Sherwood Road, behind  
Huntington Middle School

Upper Field at San Marino  
High School

By: Southwest corner of Robles  
and Winston Ave.

Lacy Park Practice Field

Virginia Road Entrance-  
Middle of Lacy Park.

Del Mar field

East side of Del Mar at Melville Rd.

- The telephone number from which the call is being made:

- The caller's name.
- What happened –
- 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, time 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 –

**from cell phone in S.M. call (626) 300-0720 SM Police business line**

- |  |   |
|--|---|
| - Is or becomes unconscious.                                 | - Is vomiting or passing blood.                       |
| - Has trouble breathing or is breathing in a strange way.    | - Has seizures, a severe headache, or slurred speech. |
| - Has chest pain or pressure.                                | - Appears to have been poisoned.                      |
| - Is bleeding severely.                                      | - Has injuries to the head, neck - or back.           |
| - Has pressure or pain in the Abdomen that does not go away. | - Has possible broken bones.                          |

If you have any doubt at all, call 9-1-1 and request paramedics.

### **Also Call 9-1-1 for any of these situations:**

- |   |                                     |
|---|-------------------------------------|
| • Fire or explosion                       | • Vehicle Collisions                |
| • Downed electrical wire                  | • Vehicle/Bicycle Collisions        |
| • Swiftly moving or rapidly rising water. | • Victims who cannot be move easily |
| • Presence of poisonous gas               |                                     |

## **Checking the Victim**

### **Conscious Victims:**

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 noise 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 (only if spine injuries are not suspected).
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.

### **Unconscious Victims**

If the victim does not respond to you in any way assume the victim is unconscious.

Call 9-1-1 and report the emergency immediately.

**from cell phone in S.M. call (626) 300-0720 SM Police business line**

### **Checking An Unconscious Victim:**

1. Tap and shout to see if the person responds. If no response –
2. Look, listen and feel for breathing for about 5 seconds.
3. If there is no response, position victim on back, while supporting head and neck.
4. Tilt head back, lift chin and pinch nose shut (see breathing section to follow) (**Finger sweep maneuver administered to an unconscious victim of foreign body airway obstruction**)
5. Look, listen, and feel for breathing for about 5 seconds.
6. If the victim is not breathing, give 2 slow breaths into the victim's mouth.
7. Check pulse for 5 to 10 seconds.
8. Check for severe bleeding.

### **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. 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. **POLICY: No player suffering a suspected concussion may return to play without clearance from a Physician with specialized training in Concussion Protocols**

- 1) If a player, remove player from
- 5) Urge parents to take the child to

- |    |   |    |  |
|----|---|----|--|
|    | the game.   |    | A doctor for further examination.  |
| 2) | See that victim gets adequate rest.   | 6) | If the victim is unconscious after the blow to the head, assume a head/neck injury. <b>DO NOT MOVE</b> the victim. Call 9-1-1 Immediately. (See below on how to treat head and neck injuries)  |
| 3) | Note any symptoms and see if they change within a short period of time.                                     |    |  |
| 4) | If the victim is a child, tell the parents about the injury and have them monitor the child after the game. | 7) | Players with suspected concussions will be required to be cleared by a Doctor with specialized training in concussions and protocols, A clearance letter is required to return to competition. |

## **Head And Spine Injuries**

### **When to suspect head and spine injuries:**

- |  |   |
|--|---|
| • A significant fall   | • A person found unconscious. for unknown reasons.  |
| • A bicycle, skateboarding, rollerblade accident.  | • Any person thrown from a motor vehicle.   |
| • Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball. | • Any person struck by a motor vehicle.   |
| • Any injury that penetrates the head or trunk, such as an impalement.                                     | • Any injury in which a victim's helmet is broken. including a motorcycle, batting helmet, industrial helmet. |
| • A serious motor vehicle crash with airbag deployment   | • Any incident involving a lightning strike.  |

### **Signals of Head and Spine Injuries**

- |  |   |
|--|---|
| • Changes in consciousness             | • Heavy external bleeding of the head, neck or back |
| • Severe pain or pressure in back/neck | • Seizures 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.
- 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. **from cell phone in S.M. call (626) 300-0735 SM Fire business line**
2. Minimize movement of the head and spine. Stabilize the head and neck area.
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.
7. Players suffering suspected concussions will need a clearance letter provided by a physician with specialized training in concussions and sports protocol evaluations and treatment.  
A letter from a general pediatrician without such training will **not** be sufficient.

### **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 or go into fibrillation. Eventually the heart is compressed, and the victim could die. 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 a medical professional 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.

### **Caring for Shock**

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

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

Caring 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.

### **Breathing Problems/Emergency Breathing**

#### **If the Victim is not Breathing: Call 911!**

- 1) Position victim on back while supporting head and neck.
- 2) With victim's head tilted back and chin lifted, pinch the nose shut.
- 3) Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.



- 4) Check for a pulse at the carotid artery (use fingers instead of thumb).
- 5) If pulse is present but person is still not breathing, give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).
- 6) Continue rescue breathing as long as a pulse is present but person is not breathing.

### **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 with an upward thrust.
- 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.

### **Heart Attack**

#### **Signals of a 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.

⇒ Skin appearance –

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

⇒ Absence or pulse –

- The absence of a pulse is the main signal of cardiac arrest.

### **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.
- 9) Be prepared to give CPR if the victim's heart stops beating.

### **Giving CPR**

- 1) Check for dangers such as downed power lines or other hazards.
- 2) Position victim on back on a flat surface. (note inquire if AED unit is available)

- 3) Position yourself so that you can give chest compression without having to move (usually to one side of the victim).
- 4) Find hand position on breastbone.
- 5) Position shoulders over hands. Compress chest once every second. For adults it is likely the force necessary will disjunct or break the sternum. Compression should be 1/3 of the depth of the chest.
- 6) Recheck for pulse and breathing.
- 7) If there is no pulse continue compressions
- 8) When giving CPR to small children only use one hand for compressions

### **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 you are exhausted and unable to continue.
- 4) If the scene becomes unsafe.

### **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.

### **Treatment – The Heimlich Maneuver:**

- Stand behind the victim.
- Reach around the 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.

### **Bleeding in General**

Before initiating any First Aid to control bleeding, be sure to wear the nitrile **gloves** included in your First-Aid Kit in order to avoid contact with 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 dial **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.

## **Infection**

To prevent infection when treating open wound:

**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.

## **Deep Cuts**

If the cut is deep, apply pressure to control or stop bleeding, bandage, and encourage the victim to get to a hospital so he/she can be treated.

## **Splinters**

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

### **Symptoms:**

May include: Pain, redness and/or swelling.

### **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 people, 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. Check your medical release for insect allergies, **children with severe insect allergies should carry an epi-pen to all events and know how to use it.** Discuss this with the child's parents if the medical release discloses such allergy.

### **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")

## **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 the 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 the athlete is alert and conscious.
4. If unable to re-implant:

- Best – Place tooth in a Balanced Saline Solution.”
- 2<sup>nd</sup> best – Place tooth in milk. Cold whole milk is best, followed by cold 2% milk.
- 3<sup>rd</sup> best – Wrap tooth in saline soaked gauze.
- 4<sup>th</sup> best – Place tooth under victim’s tongue. **Do only** if athlete is conscious and alert. Caution- A small child may swallow the tooth.
- 5<sup>th</sup> 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 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 in balanced saline solution, milk or water.

## **Burns**

**Care for Burns: Any Serious Burn – CALL 911 or SM non-emergency phone #**

The care for burns involved 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 and irrigate if particles are not adhered to eye.



3. Cover both eyes with dry sterile pads, clean cloths, or eye pads, bandage in place.

### **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 and then call the Poison Control at 1-800-876-4766 for the recommended First Aid for the specific poison involved, 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 is 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 involved 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 headfirst, keeping back as straight as possible.

**If victim must be lifted only if absolutely necessary:**

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

**Prescription Medication**

**Do not, at any time, administer any kind of prescription medicine.**

**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. Review the medical information supplied on the Application Form. 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.

**Diabetes**

If Diabetes is indicated on the medical release, a parent or designated person, who can test blood sugar, administer drugs, injections or other treatment be present at all team events. If an older player has diabetes, the coach or manager should inquire if the child is able to administer his own medications or treatments. It is highly suggested that the coach or manager secure from parent or guardian any direction about self-administration of medications/treatment in written form such as email, and that the email retained.

**Colds & 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.

## **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 SMNLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

### **When to report –**

All such incidents described above must be reported to the SMNLL Safety Officer and President within 24 hours of the incident. The SMNLL Safety Officer, Rick Gute, can be reached at the following:

Cell Phone: 626-864-0955

Email: [Gute2151@sbcglobal.net](mailto:Gute2151@sbcglobal.net)

Address: 3671 San Pasqual St Pasadena, Ca 91107

### **How to make a report –**

The manager will fill out the **Accident Report Form** AKA: Activities/Reporting Form and submit it to the SMNLL League President and Safety Officer **within 24 hours of the incident.** (See Appendix or forms section at SMNLL home page [www.smnll.org](http://www.smnll.org)) **A DETAILED explanation of the situation leading up to the accident, the accident, treatment, and follow-up will be sent in with the Activities Reporting Form. The facts need to be documented by those that are aware of the facts while those facts are fresh and easily recalled. Names of witnesses with knowledge of facts should be reported.**

**Contact information for the person injured or the child's parents will be provided.**

Accidents occurring outside the team (i.e., spectator injuries, concession stand injuries and third-party injuries) shall be reported to both SMNLL President and SMNLL Safety Officer.

### **SMNLL Safety Officer's Responsibilities –**

Within 24 hours of receiving the Accident Report Form, the SMNLL Safety Officer or President 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 SMNLL's insurance coverage and the provision for submitting any claims.

## INSURANCE POLICIES

*Little League accident insurance* covers only those activities approved or sanctioned by Little League Baseball, Incorporated. SMNLL shall not participate in games with other teams of other programs or in tournaments except those authorized by Little League Baseball.

### **Explanation of Coverage:**

The AIG Little League's insurance policy (see in Appendix) is designed to afford protection to all participants in SMNLL. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage AIG Little League insurance – which is purchased by the SMNLL, not the parent – takes over and provides benefits, after a \$50 deductible per claim, for all covered injury treatment costs up to the maximum states benefits.

### **How the insurance works:**

1. **Child's parents file a claim under their insurance policy and within 20 days of the injury will submit Little League a protective claim form to Williamsport,** SMNLL President will sign off on the form prepared by the parent. AIG and Little League may refuse to cover any expense if the protective claim form is not filed within the 20-day period. See the claim form on the website for exact instructions and time frames. **(note this is the start of a claim so all invoices are not expected to be submitted within 20 days)**
2. Should the family's insurance plan not fully cover the injury treatment, the Little League AIG Policy will help pay the difference, after a \$50 deductible per claim, up to the maximum sated benefits. LL insurance will be secondary coverage.
3. If the child is not covered by any family insurance, the Little League AIG Policy becomes primary and will provide benefits for all covered injury treatment costs, after a \$50 deductible per claim, up to the maximum benefits of the policy.
4. Treatment of dental injuries can extend beyond the normal fifty-two week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at the time treatment is given, even though it may be some years later. The maximum dollar benefit is \$500 for eligible dental treatment after the normal fifty-two week period, subject to the \$50 deductible per claim.

**All your players' parents should be given a copy of "What Parents Should Know About Little League Insurance" – on SMNLL.ORG website under forms.**

**Filing a Claim:**

When filing the final claim, (see claim forms in appendix or smnll.org website) all medical costs should be fully itemized. Please contact the Little League International Insurance Coordinators in Williamsport at all stages of the claim process to ensure compliance with requirements. 570-326-1921

Claim forms completed by the parents of the injured child must submit the completed form to the SMNLL President who will then sign off on the receipt of the claim and will file the claim form with ASAP Safety coordinators in Little League offices in Williamsport PA. Contact the SMNLL Safety Officer for more information.

## **NEW ITEMS**

Coaches and Managers are **MANDATORY REPORTERS** of suspected child abuse.

### A Summary of Mandated Reporter Responsibilities in California

California Penal Code (PC 11165) defines child abuse as any of the following: •A child is physically injured by other than accidental means.

- A child is subjected to willful cruelty or unjustifiable punishment.
- A child is abused or exploited sexually.
- A child is neglected by a parent or caretaker who fails to provide adequate food, clothing, shelter, medical care, or supervision.

Who are mandated reporters?

Mandated reporters are professionals who have regular contact with children and are therefore legally required to report suspected child abuse. In California there are 46 professions defined as mandated reporters. The full list of mandated reporters can be found in Section 11165.7 of the Penal Code. Mandated reporters include Youth Sports Coaches now.

What Must be Reported Any of the below acts involving anyone under the age of 18:

- Physical Abuse • Emotional Abuse • Sexual Abuse • Neglect

The mandated reporter must only have reasonable suspicion that a child has been mistreated; no evidence or proof is required prior to making a report. The case will be further investigated by law enforcement and/or child welfare services.

### How to Report

By Phone Immediately, or as soon as possible, make a telephone report to child welfare services and/or to a Police or Sheriff's department. 1-800-(540)-4000

In Writing Within 36 hours, a written report must be sent, faxed, or submitted electronically. The written report should be completed on a state form called the 8572, which can be downloaded at: [http://ag.ca.gov/childabuse/pdf/ss\\_8572.pdf](http://ag.ca.gov/childabuse/pdf/ss_8572.pdf)

### Other Information Safeguards for Mandated Reporters:

- The Child Abuse and Neglect Reporting Act (CANRA) states that the name of the mandated reporter is strictly confidential, although it is provided to investigative parties working on the case.
- Under state law, mandated reporters cannot be held liable in civil or criminal court when reporting as required; however, under federal law mandated reporters only have immunity for reports made in good faith. Failure to report:
- Failure to report concerns of child abuse or neglect is considered a misdemeanor and is punishable in California by six months in jail and/or up to a \$1,000 fine.

- For the complete law and a list of mandated reporters refer to California Penal Codes 11164-11174.3. This document and Mandated Reporting information and free training can be found at

<https://mandatedreporterca.com/>

## **USA BASE Training**

National Little League requires training of volunteers in bullying and other abuse to protect children in the program. It should be noted that in the case of some abuse such as sexual abuse the statute of limitations for filing suit has no limits in some cases.

Every volunteer, league official/Administrator, etc. that has contact with children in the program is required to take **USA Baseball Abuse Awareness for Adults**. To do that one will go to the USA Baseball site and register/create an account. In order to track completed training each volunteer will select/join San Marino Little League as your local league for Little League. Then each volunteer will go to the education tab and select the course on abuse training for adults. The approximate time to complete is 30 minutes and a quiz will be completed at the end to test knowledge. Each coach should print out a certificate of completion should USA BB tracking fail.

SMNLL highly recommends that any coach or league official always have another adult present when interacting with the children in the program. Note—the manager, coach, or league official should secure written approval for -- children to be released to other adults/ not parents from team events, to self-administer medications. If injury or other condition- the manager coach or league official should have parent present to participate in any treatment, enlist the assistance of any medical professional that is present, call 911 if serious condition, or at minimum secure consent of the victim before taking any action (if the victim is conscious).

Abuse Awareness for Adults course provides resources to create a positive and safe environment for all athletes, coaches, parents, umpires, and spectators by understanding how to recognize misconduct and abuse of all types. Topics covered include how to identify and report incidents and what abuse awareness policies should be in place.

### **Summary of BASE Training**

1. Definitions of abuse and reporting requirements
2. Abuse, bullying, hazing, physical misconduct, sexual misconduct, and cyber-bullying zero tolerance by all coaches and league officials as role models of behavior
3. Recognizing Grooming behavior by adults with children.
4. Athletes should never meet alone in a private setting with a coach or trainer.
5. A unit on bullying that includes both children in program and coaches.
6. Athletic Training should be conducted in open locations.
7. Electronic communications should be professional in nature- email text.
8. Staff should not drive alone with an unrelated minor unless agreed to by written consent of parent or guardian. In the case of split custody both parents must sign.



9. If traveling with a team, minors can share rooms 2-4 per room, Minor athletes can only share rooms with other minors of the same gender, pay per view channels should be blocked for all rooms, Parents should be encouraged to stay in the same hotel. When not competing, training, or practice **the activities of minors should be monitored to ensure safety at hotels and facilities. Children should not be allowed to leave the premises without being accompanied by their parents without prior written permission of parents.**

# **APPENDIX**

- ◆ **Field and Game Safety Checklist**
- ◆ **SMNLL Injury Tracking Report (go to [smnll.org](http://smnll.org))**
- ◆ **Claim Form Instruction (see forms at [smnll.org](http://smnll.org))**
- ◆ **AIG Accident Notification Form  
(see forms at [smnll.org](http://smnll.org))**
- ◆ **Manager and coaches' responsibilities**
- ◆ **Concussion Protocols American Academy of  
Neurology**
- ◆ **What Parents Should Know About Little League®  
Insurance**

<b>Field Condition</b>	<b>Yes</b>	<b>No</b>	<b>Catchers Equipment</b>	<b>Yes</b>	<b>No</b>
Backstop Repair			Shin Guards OK		
Home Plate Repair			Helmet OK		
Bases Secure			Face Mask OK		
Bases Repair			Throat Protector OK		
Pitchers Mound			Catcher Cup Equiped		
Batters Box level			Req. for boys		
Batters Box Marked			Chest Protector		
Grass surface (even)			Catchers Mitt OK		
Gopher Holes/damage					
Infield fences			<b>Safety Equipment</b>		
Outfield fences			First Aid Kit shed/box		
Foul Lines Marked			Interleague team first aid kit		
Sprinkler condition			Medical Releases here		
Coaches Boxes Marked			Ice or cold packs		
Coaches Boxes Level			Safety Manual		
Dirt Needed					
<b>Dugout</b>			<b>Players Equipment</b>		
Fence Repair			Inspect Helmets		
Bench Repair			Jewelry Removed		
Bat Rack			Bats Inspected		
Helmet Racks			Shoes Checked		
Trash picked up			Uniforms Checked		
No Hazards			Gloves Repair		
<b>Stands/Spectator Area</b>			<b>Umpire</b>		
Bleachers need repair			Properly equiped		
Hand Rails			Balls provided		
No Smoking Signage					
Parking Area safe			<b>Conduct</b>		
Clutter and Tripping hazards			No Chanting		
			Coaches		
			PA Volume at #2.		

### **Field and Game Safety Checklist: Before Every Game**

All umpires, managers, and coaches are responsible for checking field safety and equipment safety prior to and during all games and practices.

**Repairs needed**

**Repairs Needed**



*Congratulations on your selection as a SMNLL team manager.*

*Below are some of the off the field responsibilities that you need to be prepared to handle. Your division Player Agent or VP will remind you when these commitments are approaching.*

### **SMNLL Team Manager Responsibilities**

- Managers, coaches and other volunteers must submit to the Little League JDP background check and complete a volunteer form within the portal. You will receive a copy of the JDP report findings. A hard copy LL volunteer form can be submitted however, the same info will be submitted to JDP by the safety officer so online submission by volunteer is more secure.
- Managers must ensure that every coach, team mom, or “parent just helping out” submits the volunteer application and background check through JDP. The manager must submit the volunteer’s email address and correct name to the league and safety officer when volunteer is first determined. No volunteer can interact with a player without submitting a volunteer form and JDP background check. This is also for liability purposes as no unapproved volunteers can be used by league policy and unapproved volunteers will not be covered by LL insurance if an injury to the volunteer or volunteer may injure a child. You as manager would be potentially liable for injuries resulting from use of unapproved volunteers.
- The Manager should inform the volunteer of the mandatory volunteer form and JDP background check process. The mgr. should follow up with the volunteer to confirm their submission to JDP and access the SMNLL Master Roster to confirm clearance.
- Managers must attend the mandatory safety meeting prior to the season.
- Managers must collect player medical release forms and bring them to each game and practice. Additional sets should be given to your coaches if you miss games and or practices. **Mgr.’s and coaches should be aware of medical conditions disclosed.**
- Managers should read and carry their manager’s safety manual to familiarize themselves with guidelines, rules, and regulations. (Little League requirement)
- Managers must submit a Little League Team Roster form to their VP.
- Manager should recruit a team mom to help organize picture day, other events, and snacks.
- Managers must complete USA Baseball BASE adult abuse training.



*Dear SMNLL managers,*

*As we approach the season, let us remember that our primary goal is to provide an environment that is in the best interest of the players. Let us do our best to live up to the ideals set forth in the SMNLL coaches manual.*

- Create a safe and caring environment for players to learn, practice and play.
- Become familiar with current coaching and teaching techniques.
- Be kind and approachable.
- Provide all players the opportunity to learn and play.
- Demonstrate good health habits and physical fitness.
- Make every player feel an important part of the team.
- Be knowledgeable of the rules of the game.
- Set clear and reasonable expectations.
- Set reachable goals.
- Be courteous and polite.
- Use good judgment as to when and how to discipline.
- Teach the fundamentals of the game.
- Be positive in situations where there seems to be failure.
- Be fair to all players.
- Share ideas and expertise with other managers in the league.
- Demonstrate poise, self-control, and self-confidence.
- Ensure that all the players are instructed on safety.
- Warm up the players before every practice and game
- Support the work of the league organizers and volunteers.
- Be honest to your players and don't be afraid to admit your mistakes.
- Maintain the dignity of the person you may be in conflict with
- Be open-minded.
- Model good sportsmanship
- Understand that progress and growth often come one small step at a time
- Understand that players improve at different rates.
- Communicate appropriately with players and parents.
- Be a good role model.
- Model a high level of respect for volunteers and umpires.
- Remember that the game is for the players.

# Concussion Symptoms

The signs and symptoms of a concussion can be subtle and may not show up immediately. Symptoms can last for days, weeks or even longer. Common symptoms after a concussive traumatic brain injury are headache, loss of memory (amnesia) and confusion. Amnesia usually involves forgetting the cause of the concussion.

Signs and symptoms of a concussion may include:

- Headache or a feeling of pressure in the head
- Temporary loss of consciousness
- Confusion or feeling as if in a fog
- Amnesia surrounding the traumatic event
- Dizziness or "seeing stars"
- Ringing in the ears
- Nausea
- Vomiting
- Slurred speech
- Delayed response to questions
- Appearing dazed

You may have some symptoms of concussions immediately. Others may be delayed for hours or days after injury, such as:

## See a doctor if:

- You or your child experiences a head injury, even if emergency care isn't required

If child doesn't have signs of a serious head injury, remains alert, moves normally and responds to you, the injury is probably mild and usually doesn't need further testing.

## Seek emergency care for an adult or child who experiences a head injury and symptoms such as:

- Repeated vomiting
- A loss of consciousness lasting longer than 30 seconds
- A headache that gets worse over time
- Changes in physical coordination, such as stumbling or clumsiness.
- Confusion or disorientation, such as difficulty recognizing people or places
- Slurred speech or other changes in speech
- Seizures
- Vision or eye disturbances, such as pupils that are bigger than normal (dilated pupils) or pupils of unequal sizes
- Lasting or recurrent dizziness
- Obvious difficulty with mental function or physical coordination

## Athletes

Never return to play or vigorous activity while signs or symptoms of a concussion are present. **An athlete with a suspected concussion should not return to play until he or she has been medically evaluated and a clearance letter secured from a physician trained in evaluating and managing concussions.** Adult, child and adolescent athletes with concussion also should not return to play on the same day as the injury.

Return to Competition Guidelines  
From The American Academy of Neurology  
for Athletics-sustained  
Concussion Syndrome

Grade I: No LOC, Symptoms resolved < 15 minutes.

Minor head injury: Remove victim from contest; and observe, may return if asymptomatic *within 15 minutes. Parents must be informed and concur*

Concussion: Terminate contest; may return *after 1 week* without symptoms at exertion or rest  
**Physician trained in sports concussion mgmt. clearance letter required.**

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Grade II: Same as Grade I however, Symptoms last < 15minutes

1<sup>st</sup> Concussion: Terminate contest; may return after one *full week* without symptoms at rest and exertion **Physician trained in sports concussion mgmt. Clearance letter required to return to competition.**

2<sup>nd</sup> Concussion: Terminate contest; may return to play *after two weeks* asymptomatic at rest and exertion. **Physician trained in sports concussion mgmt. clearance letter required.**

Grade III: Any Loss of Consciousness, Brief or Prolonged from Head trauma

1<sup>st</sup> Concussion: Terminate contest; if concussion < **1 minute**, may return in *1 week* if no symptoms; if > **1 minute**, may return in *two weeks* -- **Physician trained in sports concussion mgmt. clearance letter required.**

2<sup>nd</sup> Concussion: Terminate contest; may return after a minimum of 1 *month* asymptomatic.  
**Physician trained in sports concussion mgmt. clearance letter required.**

3<sup>rd</sup> Concussion: Consider no further contact sports. Neurologist clearance letter required.

The above are just a general guide all head and neck injuries should be considered as a concussion **San Marino Little League Requires that any suspected head injury be reported to the President and Safety Officer via the Activity reporting forms within 24 hours of the injury**, Such reporting shall include a narrative in detail as to the description of the details of the accident/injury, Including if the injury could have been prevented, the facts surrounding the injury, any treatment, notification of parents and others present who observed the injury and treatment.

**In all cases, the parents shall secure a clearance letter from a Physician who is trained in sports concussion protocols and is qualified to render such an opinion.**

**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 mo. 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 summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program.