



766 N CENTRE ST. San
Pedro, CA 90731

2025 Safety Manual

**For Managers, Coaches,
and Team Safety Officers**

Dear Managers and Coaches,

Welcome to another fun and exciting season of Eastview Little League baseball. The Eastview Little League Board of Directors is committed to safety and ensuring a positive environment in-which all kids can benefit from Americas pastime.

Safety Mission

For everyone involved in our league; from the managers, coaches, the Board members, parents, umpires and players; we shall continue to make safety a top priority so that the game of baseball will continue to be enjoyable for all.

Accomplishing this mission is a team effort. With the assistance of all managers, coaches, umpires and parents alike, we can succeed in this endeavor. In an effort to fully comply with our safety standards, the Eastview Board of Directors has put forth a mandate of safety standards to be followed.

Each manager is encouraged to appoint a Team Safety Officer (TSO) who will assist the manager or coaches to ensure that safety guidelines are being met. Our Safety Manual is proof that we at Eastview Little League are committed to this cause. Please read this manual completely. It will familiarize you with basic safety procedures. After familiarizing yourself with the contents of this manual, keep it in a safe place for quick reference throughout the season.

In closing, remember that the responsibility for safety rests with each and every one of us, the volunteers of Eastview Little League. Always use common sense, never doubt what children tell you, and report all accidents or safety infractions as they occur. Play ball and play safe!

Bob Archer, President
Eastview Little League

Eli Moldonado, Safety Officer
Eastview Little League

Important Little League Phone Numbers

Police/Fire Safety – Emergency	9-1-1
EVLL Main Number/Snack Shack	(310) 518-5525
Williamsport Insurance Claim Office	(570) 327-1674
Providence Little Co of Mary San Pedro	(310) 832-3311
Torrance Memorial Medical Center	(310) 325-9110
Police – San Pedro – Wilmington. LAPD	(310) 832-5273
Fire – Harbor Department	(213) 485-6185

EVLL Board Members

OFFICER POSITION	OFFICER NAME	PRIMARY PHONE
President / Head Scorekeeper	Bob Archer	310-617-1103
VP / League Umpire in Chief	Gary Nee	310-806-3566
Communications / Social Media	Antionette Bristol	310-308-0481
Treasurer	Nicole Alvarado	310-507-3757
Secretary / Player Agent Farm	Jonathan D'Agostino	310-630-7671
League Safety Officer	Elias Maldonado	310-350-5872
VP of Player Agents / Scheduling / Jr League Coordinator	Stephanie Cuneo	310-208-6993
Player Agent Major	Antionette Jamison	562-794-0248
Player Agent Minors	James Weston	562-712-5362
Player Agent Rookies	Jason Schwartz	310-707-7940
Player Agent Tball	Cruz Duron	
Parent Liaison	Cira Joseph	310-349-6103
Community / Port Liaison	Jason Lomonaco	310-498-2983
Sponsorship	Tracy Pesic	310-892-2223
Commissioner All Kids Play	Board	
Scheduling	Board	
Equipment Manager	Michael Morrison	702-419-6454
Field Maintenance	Tom Hoagland	310-850-1853

CODE OF CONDUCT

The Eastview Little League board mandated the following Code of Conduct. All coaches and managers should read this Code of Conduct.

Eastview Little League Code of Conduct:

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

- At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands, or anywhere on the EVLL complex while in an intoxicated state at any time. Intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- Smoke while on the premises of Eastview Little League at any time.
- Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
- As a manager or coach be guilty of mingling with or fraternizing with spectators during the course of the game.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- Challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.
- The EVLL Board will review all infractions of the EVLL Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league

EVLL SAFETY CODE

The Board of Eastview Little League mandated the following Safety Code. All managers and coaches will read this Safety Code and then read it to the players on their team.

- Responsibility for safety procedures belongs to every adult member of EVLL.
- Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/herself and to others.
- Only league approved managers and/or coaches are allowed to practice teams.
- Only league-approved managers and/or coaches will supervise batting cages.
- First-aid kits are issued to each team manager and additional kits will be located in the Snack Shack.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.
- Team equipment should be stored within the team dugout or behind screens, a not within the area defined by the umpires as —in playlll.
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play belongs to Players assigned for this purpose or the team's manager and designated coaches.
- During practice and games, all players must be alert and watch batters on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators, (i.e., playing catch, pepper, swinging bats etc.)
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets.
- Except when a runner is returning to a base, head first, slides are not permitted.
- At no time should —horse play be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide —safety glasses for their children.
- On-deck batters are not permitted.
- Managers will only use the official Little League balls supplied by EVLL.
- Once a ball has become discolored, it will be discarded.

- All male players will wear athletic supporters or cups during games. Catchers must wear a cup. Managers should encourage that cups be worn at practices too.
- Male catchers must wear metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet; all must meet Little League specifications and standards.
- All catchers must wear a mask, —dangling-type throat protector and catcher's helmet during practice, pitcher warm-up, and games.
- Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible.
- Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)
- No food or drink, at any time, in the dugouts. (Exception: bottled water, Gatorade and water from drinking fountains)
- Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size or weight consistent with protecting the hand.
- Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher's gear and an athletic cup as described above.
- Managers will never leave an unattended child at a practice or game.
- No children under the age of 15 are permitted in the Snack Shack.
- Never hesitate to report any present or potential safety hazard to the EVLL Safety Officer immediately.
- Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- Speed limit is 5 miles per hour in the outfield parking lot
- Observe all posted signs—No alcohol or drugs allowed on the premises at any time.
- No medication will be taken at the facility unless administered directly by the child's parent. This includes aspirin and Tylenol.
- No playing in the parking area at any time.
- No smoking on the Eastview Little League premises.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
- No throwing rocks—No climbing fences—No climbing on dugout roofs.
- No pets are permitted on the premises at any time. This includes dogs, cats, etc.
- Players and spectators should be alert at all times for foul balls and errant throws.
- All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- Bicycle helmets must be worn at all times when riding bicycles on the premises as well as to and from the premises.
- Use crosswalks. Always be alert for traffic.
- No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.
- There is no running allowed in the bleachers.

BOARD RESPONSIBILITIES

The President:

The President of EVLL is responsible for ensuring that the policies and regulations of the EVLL Safety Officer are carried out by the entire membership to the best of his abilities.

EVLL Safety Officer:

The main responsibility of the EVLL Safety Officer is to develop and implement the League's safety program. The EVLL Safety Officer is the link between the EVLL Board and its managers, coaches, umpires, team safety officers, players, spectators, and any other third parties on the complex in regards to safety matters, rules and regulations.

The EVLL Safety Officer's responsibilities include:

- **Coordinating the individual Team Safety Officers in order to provide the safest environment possible for all.**
- **Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.**
- **Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.**
- **Keeping the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions (senior, junior, major, minor, tee ball), at what times, under what supervision.**
- **Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future.**
- **Insuring that each team receives its Safety Manual and its First-Aid Kit.**
- **Installing First-Aid Kit in the Snack Shack and re-stocking it as needed.**
- **Make Little League's —no tolerance with child abuse clear to all.**
- **Inspecting Snack Shack and checking fire extinguishers.**
- **Instructing Snack Shack workers on the use of fire extinguishers.**
- **Checking fields with the Field Managers and listing areas needing attention.**
- **Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.**
- **Making spot checks at practices and games to make sure all managers have their First-Aid Kits and Safety Manuals.**
- **Tracking all injuries and near misses in order to identify injury trends.**
- **Visiting other leagues to allow a fresh perspective on safety.**

- Making sure that safety is a monthly Board Meeting topic, and allowing experienced people to share ideas on improving safety. The EVLL Members will adhere to and carry out the policies as set forth in this safety manual.

The EVLL Communication Manager:

The EVLL Communication manager is responsible for maintaining EVLL's web site at <http://www.eastviewlittleleague.com/> and updating the safety information.

Managers and Coaches:

The Manager is a person appointed by the president of EVLL to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

- a) The Manager shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
- b) The Manager is also responsible for the safety of his players. He/She is also responsible for the actions of designated coaches and the Team Safety Officer (TSO).
- c) If a Manager leaves the field, that Manager shall designate a Coach as a substitute and such Substitute Manager shall have the duties, rights and responsibilities of the Manager.

Team Safety Officer (TSO): The TSO is a:

Role model to younger children.

Defender of safety.

Liaison between the team and the EVLL Safety Officer.

Pre-Season

In the pre-season, the TSO must:

- ***Acquire this Safety Manual*** from the team manager and read it.
- ***Call the EVLL Safety Officer and introduce yourself.***
- Have parents fill out the ***Little League Baseball Medical Release Form*** and return them to you. (copy sample in the appendix)
- ***Inspect the equipment*** when the Equipment
- ***Get to know the players*** on your team.
- Talk to parents, confidentially, and inquire if their child suffers from allergies, asthma, heart conditions, past injuries, a communicable disease such as hepatitis, HIV, AIDS, etc.
- ***Consider —The Health Insurance Portability and Accountability Act of 1996.*** Health information privacy rules are in place nationally. Don't pry, consider what exactly you need to know and allow parent to divulge info.

- Find out if a child is taking any kind of *medication*.
- *Report your findings* in a written summary and submit it to the EVLL Safety Officer
- for his/her records.

Season

During the season, the TSO will:

- Complete Incident/Injury Tracking Reports as required.
- Inspect players' equipment for cracks and broken straps on a routine basis.
- Have a five-minute safety meeting with the team each week.
- Communicate any safety infractions to the EVLL Safety Officer or any other Board Member.
- Help managers and designated coaches give First-Aid if needed.
- Be a conduit between parents, managers, EVLL Safety Officer and the kids.
- Fill out accident reports if an injury occurs.
- Report an injury to the EVLL Safety Officer within 12 hours of the occurrence.
- Track the First-Aid Kit inventory and ask the EVLL Safety Officer for replacements when needed.

Pre-Game

Before the game starts the TSO will:

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

Miscellaneous Safety Tips

SAFETY FIRST!

- I. BE ALERT!
- II. CHECK PLAYING FIELD FOR HAZARDS
- III. PLAYERS MUST WEAR PROPER EQUIPMENT
- IV. ENSURE EQUIPMENT IS IN GOOD SHAPE
- V. MAINTAIN CONTROL OF THE SITUATION
- VI. MAINTAIN DISCIPLINE
- VII. BE ORGANIZED
- VIII. KNOW PLAYERS' LIMITS AND DON'T EXCEED THEM
- IX. MAKE IT FUN!

CONDITIONING & STRETCHING

Conditioning is an intricate part of *accident prevention*. Extensive studies on the effect of conditioning, commonly known as “*warm-up*,” have demonstrated that:

- The *stretching* and *contracting* of muscles just before an athletic activity improves general control of movements, coordination and alertness.
- Such drills also help develop the *strength* and *stamina* needed by the average youngster to compete with minimum accident exposure.

The purpose of stretching is to increase *flexibility* within the various muscle groups and prevent tearing from *overexertion*. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility.

Hints on Stretching

Stretch necks, backs, arms, thighs, legs and calves.

Don't ask the child to stretch more that he or she is capable of.

Hold the stretch for at least 10 seconds.

Don't allow bouncing while stretching. This tears down the muscle rather than stretching it.

Have one of the players lead the stretching exercises.

Hints on Calisthenics

Repetitions of at least 10.

Have kids synchronize their movements.

Vary upper body with lower body.

Keep the pace up for a good cardio-vascular workout

PITCHING

PITCH COUNT

Pitch count does matter. A child cannot be expected to perform like an adult!

Little League managers and coaches are usually quick to teach their pitchers how to get movement on the ball. Unfortunately the technique that older players use is not appropriate for children thirteen (13) years and younger. The snapping of the arm used to develop this technique will most probably lead to serious injuries to the child as he/she matures.

Arm stress during the acceleration phase of throwing affects both the inside and the outside of the growing elbow. On the inside, the structures are subjected to distraction forces, causing them to pull apart. On the outside, the forces are compressive in nature with different and potentially more serious consequences.

The key structures on the inside (or medial) aspect of the elbow include the tendons of the muscles that allow the wrist to flex and the growth plate of the medial epicondyle (Knobby bone on the inside of the elbow). The forces generated during throwing can cause this growth plate to pull away (avulse) from the main bone. If the distance between the growth plate and main bone is great enough, surgery is the only option to fix it. This growth plate does not fully adhere to the main bone until age 15! Similarly, on the outside (or lateral) aspect of the elbow, compressive forces can damage the two bony surfaces during throwing. This scenario can lead to a condition called Avascular Necrosis or Bone Cell Death as a result of compromise of the local blood flow to that area.

This disorder is permanent and often leads to fragments of the bone breaking away (loose bodies) which float in the joint and can cause early arthritis. This loss of elbow motion and function often precludes further participation.

Studies have demonstrated that curveballs cause most problems at the inside of the elbow due to the sudden contractive forces of the wrist musculature. Fastballs, on the other hand, place more force at the outside of the elbow. Sidearm delivery, in one study, led to elbow injuries in 74% of pitchers compared with 27% in pitchers with a vertical delivery style.

Dr. Glenn Fleisig at the American Sports Medicine Institute conducted a study funded by USA Baseball that evaluated pitch counts in skeletally immature athletes as they relate to both elbow and shoulder injuries. The study included 500 athletes, ages 9-14, from the Birmingham, Alabama area. Each child who pitched in a game was called after the game and interviewed over the phone. The investigators were able to conduct over 3000 interviews.

Approximately 200 of the 500 pitchers had videotape of their mechanics.

THE DATA DEMONSTRATED THE FOLLOWING:

- 1) A significantly higher risk of elbow injury occurred after pitchers reached 50 pitches/outing.
- 2) A significantly higher risk of shoulder injury occurred after pitchers reached 75 pitches/outing.
- 3) In one season, a total of 450 pitches or more led to cumulative injury to the elbow and the shoulder.
- 4) The mechanics, whether good or bad, did not lead to an increased incidence of arm injuries.
- 5) The preliminary data suggest that throwing curveballs increases risk of injury to the shoulder more so than the elbow.
- 6) The pitchers who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury to their throwing arm.
- 7) A slider increased the risk of both elbow and shoulder problems.

Per the Little League Playbook the following restrictions are placed on Pitchers

- (a) Any player on a regular season team may pitch. (NOTE: There is no limit to the number of pitchers a team may use in a game.)
- (b) A pitcher once removed from the mound cannot return as a pitcher. **Junior, Senior, and Big League Divisions only:** A pitcher remaining in the game, but moving to a different position, can return as a pitcher anytime in the remainder of the game, but only once per game.
- (c) The manager must remove the pitcher when said pitcher reaches the limit for his/her age group as noted below, but the pitcher may remain in the game at another position:

League Age	17-18	105 pitches per day
	13 -16	95 pitches per day
	11 -12	85 pitches per day
	9-10	75 pitches per day
	7-8	50 pitches per day

Exception: Exception: If a pitcher reaches the limit imposed in Regulation VI (c) for his/her league age while facing a batter, the pitcher may continue to pitch until any one of the following conditions occurs: 1. That batter reaches base; 2. That batter is put out; 3. The third out is made to complete the half-inning. **Note 1: A pitcher who delivers 41 or more pitches in a game cannot play the position of catcher for the remainder of that day.**

- (d) Pitchers league age 14 and under must adhere to the following rest requirements:
 - If a player pitches 66 or more pitches in a day, four (4) calendar days of rest must be observed.
 - If a player pitches 51 - 65 pitches in a day, three (3) calendar days of rest must be observed.
 - If a player pitches 36 - 50 pitches in a day, two (2) calendar days of rest must be observed.
 - If a player pitches 21 - 35 pitches in a day, one (1) calendar days of rest must be observed.
 - If a player pitches 1-20 pitches in a day, no (0) calendar day of rest is required.

Pitchers league age 15-18 must adhere to the following rest requirements:
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- If a player pitches 76 or more pitches in a day, four (4) calendar days of rest must be observed.
- If a player pitches 61 - 75 pitches in a day, three (3) calendar days of rest must be observed.
- If a player pitches 46 - 60 pitches in a day, two (2) calendar days of rest must be observed.
- If a player pitches 31 -45 pitches in a day, one (1) calendar days of rest must be observed.
- If a player pitches 1-30 pitches in a day, no (0) calendar day of rest is required.

(e)Each league must designate the scorekeeper or another game official as the official pitch count recorder.

(f)The pitch count recorder must provide the current pitch count for any pitcher when requested by either manager or any umpire. However, the manager is responsible for knowing when his/her pitcher must be removed.

(g)The official pitch count recorder should inform the umpire-in-chief when a pitcher has delivered his/her maximum limit of pitches for the game, as noted in Regulation VI (c). The umpire-in-chief will inform the pitcher's manager that the pitcher must be removed in accordance with Regulation VI (c). However, the failure by the pitch count recorder to notify the umpire-in-chief, and/or the failure of the umpire-in-chief to notify the manager, does not relieve the manager of his/her responsibility to remove a pitcher when that pitcher is no longer eligible.

(h)Violation of any section of this regulation can result in protest of the game in which it occurs. Protest shall be made in accordance with Playing Rule 4.19.

(j)A player who has attained the league age of twelve (12) is not eligible to pitch in the Minor League. (See Regulation V - Selection of Players)

(k)A player may not pitch in more than one game in a day. (Exception: In the Big League Division, a player may be used as a pitcher in up to two games in a day.)

NOTES :

1.The withdrawal of an ineligible pitcher after that pitcher is announced, or after a warm-up pitch is delivered, but before that player has pitched a ball to a batter, shall not be considered a violation. Little League officials are urged to take precautions to prevent protests. When a protest situation is imminent, the potential offender should be notified immediately.

2.Pitches delivered in games declared "Regulation Tie Games" or "Suspended Games" shall be charged against pitcher's eligibility.

3.In suspended games resumed on another day, the pitchers of record at the time the game was halted may continue to pitch to the extent of their eligibility for that day, provided said pitcher has observed the required days of rest.

Example 1: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on the following Thursday. The pitcher is

not eligible to pitch in the resumption of the game because he/she has not observed the required days of rest.

Example 2: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on Saturday. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game because he/she has observed the required days of rest.

Example 3: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes two weeks later. The pitcher is

eligible to pitch up to 85 more pitches in the resumption of the game, provided he/she is eligible based on his/her pitching record during the previous four days.

Note: The use of this regulation negates the concept of the “calendar week” with regard to pitching eligibility.

- Ice is a universal First-Aid treatment for minor sports injuries. Ice controls the pain and swelling. Pitchers should be taught how to ice their arms at the end of a game. If the manager or coach is unsure how to do this, he/she can consult teaching materials or contact a EVLL board member for further instruction.

Children should not be encouraged to “play through pain.” Pain is a warning sign of injury. Ignoring it can lead to greater injury.

HYDRATION

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

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

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

Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning. During any activity water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. *Caffeinated beverages (tea, coffee, colas) should be avoided* because they are diuretics and can dehydrate the body further. *Avoid carbonated drinks*, which can cause gastrointestinal distress and may decrease fluid volume.

COMMON SENSE

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

EQUIPMENT

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

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

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

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

WEATHER

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

Rain:

If it begins to rain:

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

Lightning:

The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second.

The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour.

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

On average, the thunder from a lightning stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles!

The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

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

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

Hot Weather:

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

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

Ultra-Violet Ray Exposure:

This kind of exposure increases and athlete's risk of developing a specific type of skin cancer known as *melanoma*. The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time that they are 18 years old. Therefore, EVLL will recommend the use of sunscreen with a SPF (sun

protection factor) of at least 15 as a means of protection from damaging ultra-violet light

EVACUATION PLAN

Severe storms, lightning, earthquakes and fire are all possible in Southern California. For this reason, EVLL has an *evacuation plan*.

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

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 EVLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury. An accident report should be completed anytime a player is removed from the field of play (practice or game) due to an incident.

When to report –

All such incidents described above must be reported to the EVLL Safety Officer within 24 hours of the incident. The EVLL Safety Officer, ELI MALDONADO, can be reached as follows:

Phone: (310) 350-2572 Call/ Text

Email: eliasmaldonadojr@gmail.com

How to make a report -

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided:

- The name and phone number of the individual involved.
- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.

The EVLL accident report form is included in the appendix of this manual.

Team Safety Officer's Responsibility -

The TSO will fill out the EVLL Accident Form and submit it to the EVLL Safety Officer within 24 hours of the incident. If the team does not have a safety officer then the Team Manager will be responsible for filling out the form and turning it in to the EVLL Safety Officer. (The EVLL Accident Form can be found in the Appendix). Completed EVLL Accident Forms may be filed in the box on the inside wall of the Snack Shack. Provide the form to any snack shack worker and ask them to put them in the box.

Accidents occurring outside the team (i.e., spectator injuries, Snack Shack injuries and third party injuries) shall be handled directly by the EVLL Safety Officer.

EVLL Safety Officer's Responsibilities –

Within 24 hours of receiving the *EVLL Accident Investigation Form*, the EVLL Safety Officer will contact the injured party or the party's parents and;

- Verify the information received;
- Obtain any other information deemed necessary.
- Check on the status of the injured party; and in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Eastview Little League's insurance coverage and the provision for submitting any claims. If the extent of the injuries are more than minor in nature, the EVLL Safety Officer shall periodically call the injured party to:
 - Check on the status of any injuries, and
 - Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time as the incident is considered —closed (i.e., no further claims are expected and/or the individual is participating in the League again).

INSURANCE POLICIES

Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated. Eastview Little League (Majors), Minor League and Tee Ball participants shall not participate as a Little League (Majors), Minor League and Tee Ball team in games with other teams of other programs or in tournaments except those authorized by Little League Baseball, Incorporated. Eastview Little League (Majors), Minor League and Tee Ball participants may participate in other programs during the Little League (Majors), Minor League and Tee Ball regular season and tournament provided such participation does not disrupt the Little League (Majors), Minor League and Tee Ball season or tournament team. Unless expressly authorized by the EVLL Board, games played for any purpose other than to establish a League champion or as part of the International Tournament are prohibited. (See IX - Special Games, pg. 15 in the Rule Book for further clarification).

Explanation of Coverage:

The *CNA Little League's insurance policy* (see in Appendix) is designed to afford protection to all participants at the most economical cost to EVLL. 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, CNA Little League insurance - which is purchased by the EVLL, not the parent - takes over and provides benefits, after a **\$50 deductible** per claim, for all covered injury treatment costs up to the maximum stated benefits. This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is in force at all times during the season.

How the insurance works:

1. First have the child's parents file a claim under their insurance policy; Blue Cross, Blue Shield or any other insurance protection available.
2. Should the family's insurance plan not fully cover the injury treatment, the Little League CAN Policy will help pay the difference, after a **\$50 deductible** per claim, up to the maximum stated benefits.
3. If the child is not covered by any family insurance, the Little League 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. Maximum dollar benefit is \$500 for eligible dental treatment after the normal fifty-two week period, subject to the \$50 deductible per claim.

Filing a Claim:

When filing a claim, (see claim forms in appendix) all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of Group or Employer insurance must accompany a claim form. On *dental claims*, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant, or parent(s)/guardian(s), if claimant is a minor. —Accident damage to whole, sound, normal teeth as a direct result of an accident must be stated on the form and bills. Forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, League ID, and year of the injury on the form.

Claims must be filed with the EVLL Safety Officer. He/she forwards them to Little League Baseball, Incorporated, PO Box 3485, Williamsport, PA, 17701. Claim officers can be contacted at (717) 327-1674 and fax (717) 326-1074. Contact the EVLL Safety Officer for more information.

SNACK SHACK SAFETY

No person under the age of fifteen will be allowed behind the counter in the Snack Shack. People working in the Snack Shack will be trained in safe food preparation. Training will cover safe use of the equipment.

- Cooking equipment will be inspected periodically and repaired or replaced if need be. (see “Snack Shack Weekly Check List” in appendix)
- Food not purchased by EVLL to sell in its Snack Shack will not be cooked, prepared, or sold in the Snack Shack.
- Cooking grease will be stored safely in containers away from open flames.
- Carbon Dioxide tanks will be secured with chains so they stand upright and can’t fall over.
- Report damaged tanks or valves to the supplier and discontinue use. (see “Snack Shack Weekly Check List” in appendix)
- Cleaning chemicals must be stored in a locked container.
- A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.
- All Snack Shack workers are to be instructed on the use of fire extinguishers.
- All Snack Shack workers will attend a training session in the Heimlich maneuver.
- A fully stocked First Aid Kit will be placed in the Snack Shack.

CHILD ABUSE

Volunteers

Volunteers are the greatest resource Little League has in aiding children’s development into leaders of tomorrow. But some potential volunteers may be attracted to Little League to be near children for abusive reasons.

Big Brothers/Big Sisters of America defines child sexual abuse as —the exploitation of a child by an older child, teen or adult for the personal gratification of the abusive individual. III So Abusing a child can take many forms, from touching to non-touching offenses. Child victims are usually made to feel as if they have brought the abuse upon themselves; they are made to feel guilty. For this reason, sexual abuse victims seldom disclose the victimization. Consider this: Big Brothers/Big Sisters of America contend that for every child abuse case reported, ten more go unreported. Children need to understand that it is never their fault, and both children and adults need to know what they can do to keep it from happening. Anyone can be an abuser and it could happen anywhere. By educating parents, volunteers and children, you can help reduce the risk it will happen at Eastview Little League. Like all safety issues, prevention is the key.

Eastview Little League has a three-step plan for selecting caring, competent and safe volunteers:

1. **Application:** To include residence information, employment history and three personal references from non-relatives. All potential volunteers must fill out the application that clearly asks for information about prior criminal convictions. The form also points out that all positions are conditional based on the information received back from a background check.
2. **Interview:** Make all applicants aware of the policy that no known child-sex offender will be given access to children in the Little League Program.
3. **Reference Checks:** Make sure the information given by the applicant is corroborated by references.

Reporting:

In the unfortunate case that child sexual abuse is suspected, you should immediately contact the EVLL President, or a EVLL Board Member if the President is not available, to report the abuse. EVLL along with district administrators will contact the proper law enforcement agencies.

Fiction and Fact

“Sex abusers are dirty old men.” Not true. While sex abusers cut across socioeconomic levels, educational levels and race, the average age of a sex offender has been established at 32.

“Strangers are responsible for most of the sexual abuse.” Fact: 80-85% of all sexual abuse cases in the US are perpetrated by an individual familiar to the victim. Less than 20% of all abusers are strangers.

“Most sex abusers suffer from some form of serious mental illness or psychosis.” Not true. The actual figure is more like 10%, almost exactly the same as the figure found in the general population of the United States.

“Most sex abusers are homosexuals.” Also not true. Most are heterosexual.

“Children usually lie about sexual abuse, anyway.” In fact, children *rarely* lie about being sexually abused. If they say it, don’t ignore it.

“It only happens to girls.” While females do comprise the largest number of sexual abuse victims, it is now believed that the number for male victims is much higher than reported.

Investigation

EVLL will appoint an individual with significant professional background to receive and act on abuse allegations. These individuals will act in a confidential manner, and serve as the League’s liaison with the local law enforcement community. *Little League volunteers should not attempt to investigate suspected abuse on their own.*

Suspending/Termination

When an allegation of abuse is made against a Little League volunteer, it is our duty to protect the children from any possible further abuse by keeping the alleged abuser away from children in the program. If the allegations are substantiated, the next step is clear -- assuring that the individual will not have any further contact with the children in the League.

Immunity From Liability

According to Boys & Girls Clubs of America, —Concern is often expressed over the potential for criminal or civil liability if a report of abuse is subsequently found to be unsubstantiated.!!!! However, we want adults and Little Leaguers to understand that they shouldn't be afraid to come forward in these cases, even if it isn't required and even if there is a possibility of being wrong. All states provide *immunity from liability* to those who report suspected child abuse in —good faith.!!!! At the same time, there are also rules in place to protect adults who prove to have been inappropriately accused.

Make Our Position Clear

Make adults and kids aware *that Little League Baseball and EVLL will not tolerate child abuse, in any form.*

The Buddy System

It is an old maxim, but it is true: There is safety in numbers. Encourage kids to move about in a *group* of two or more children of similar age, whether an adult is present or not. This includes travel, leaving the field, or using the restroom areas. It is far more difficult to victimize a child if they are not alone.

Access

Controlling access to areas where children are present -- such as the dugout or restrooms -- protects them from harm by outsiders. It's not easy to control the access of large outdoor facilities, but visitors could be directed to a central point within the facility. Individuals should not be allowed to wander through the area without the knowledge of the Managers, Coaches, Board Directors or any other Volunteer.

Toilet Facilities

Generally speaking, Little Leaguers are capable of using toilet facilities on their own, so there should be no need for an adult to accompany a child into rest room areas. There can sometimes be special circumstances under which a child requires assistance to toilet facilities, for instance when the T-Ball and Challenge divisions, but there should still be adequate privacy for that child. Again, we can utilize the "buddy system" here.

HEALTH AND MEDICAL - Giving First-Aid

What is First-Aid?

First-Aid means exactly what the term implies -- it is the *first care* given to a victim. It is usually performed by the *first person* on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should anyone administering First Aid *go beyond* his or her capabilities. *Know your limits!* The average response time on 9-1-1 calls is 5-7 minutes. Do not attempt to transport a patient to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

First Aid-Kits

First Aid Kits will be furnished to each team. The EVLL Safety Officer's *name and phone number* are taped on the outside lid of all First-Aid Kits. Keep at least *two quarters* inside the First-Aid Kit for emergency telephone calls. The First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, (whether season or post-season) and any other EVLL Little League event where children's safety is at risk. To *replenish materials* in the Team First Aid Kit, the Manager, designated coaches or the appointed Team Safety Officer must contact the EVLL Safety Officer. (See contact information and address in phone # section of this Safety Manual or on First Aid Kit)

First Aid Kits and this Safety Manual must be turned in to the EVLL Equipment Manager at the end of the season along with your equipment package. The First Aid Kit will come in a plastic white box and include the following items:

3 Instant Ice Packs (1 inside kit & 2 external)	10 Gauze Pads – 2" x 2"
1 Adhesive tape (roll)	3 Gauze Pads 4" x 4"
3 Bandages – XL	1 Gauze Roll
10 Bandages – small	2 Latex Gloves
3 Sting Relief Pads	3 PVP Iodine Prep Pads
15 Alcohol Cleansing Pads	1 Scissors
25 Bandages – ¾" x 3"	1 First Aid Guide
2 Bandages – Finger Tip	2 Triple Antibiotic Cream
2 Bandages – Knuckle	1 Tweezers
3 Bandages – Patch	1 Vial & Cap
2 Blister Foam Pads	3 Tongue Depressors
9 Disinfecting Towelettes	

If you are missing any of the above items, contact the EVLL safety officer immediately.

Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. The ***“Good Samaritan Laws”*** give legal protection to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a *reasonable* and *prudent* person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim’s injury. For example, a reasonable and prudent person would –

- Move a victim only if the victim’s life was endangered.
- Ask a conscious victim for permission before giving care.
- Check the victim for life-threatening emergencies before providing further care. Summon professional help to the scene by calling 9-1-1.
- Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the “Good Samaritan” use common sense and a reasonable level of skill, not to exceed the scope of the individual’s training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury. People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer’s response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

Permission to Give Care

If the victim is conscious, you must have his/her permission before giving first-aid. To get permission you *must* tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present. Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

Treatment At Site -

Do . . .

Access the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.

Know your limitations.

Call 9-1-1 immediately if person is unconscious or seriously injured.

Look for signs of *injury (blood, black-and-blue, deformity of joint etc.)*

Listen to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.

Feel gently and carefully the injured area for signs of swelling or grating of broken bone.

Talk to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

Don't . . .

Administer any medications.

Provide any food or beverages (other than water).

Hesitate in giving aid when needed.

Be afraid to ask for help if you're not sure of the proper procedure, (i.e., CPR, etc.)

Transport injured individual except in extreme emergencies.

9-1-1 EMERGENCY NUMBER

The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these four steps.

1. First Dial 9-1-1.
2. Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
 - The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc. *Our address is "766 Centre St. San Pedro, @ the top of Knoll Hill".*
 - The telephone number from which the call is being made.
 - The caller's name.
 - What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
 - How many people are involved.
 - The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
 - What help (first aid) is being given.
 - Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
3. Continue to care for the victim till professional help arrives.
4. Appoint somebody to go to the street and look for the ambulance and fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

When to call -

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

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

If you have any doubt at all, call 9-1-1- and requests paramedics. Also Call 9-1-1 for any of these situations:

- **Fire or explosion**
- **Downed electrical wires**
- **Swiftly moving or rapidly rising water**
- **Presence of poisonous gas**
- **Vehicle Collisions**
- **Vehicle/Bicycle Collisions**
- **Victims who cannot be moved easily**

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 noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
9. Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
10. Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
11. Ask the victim again about the areas that hurt.
12. Ask the victim to move each part of the body that doesn't hurt.
13. Check the shoulders by asking the victim to shrug them.
14. Check the chest and abdomen by asking the victim to take a deep breath.
15. Ask the victim if he or she can move the fingers, hands, and arms.
16. Check the hips and legs in the same way.
17. Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
18. Look for odd bumps or depressions.
19. Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.

20. Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim, care to give for that problem, and who to call for help.
21. When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting
22. When the victim feels ready, help him or her stand 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. 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)
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. Finger sweep maneuver administered to an unconscious victim of foreign body airway obstruction

Muscle, Bone, or Joint Injuries

When treating an injury, remember **PRICES**:

Protection

Rest

Ice

Compression

Elevation

Symptoms of Serious Muscle, Bone, or Joint Injuries:

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

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

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

Treatment for muscle or joint injuries:

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

Treatment for fractures:

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

Treatment for broken bones:

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

Head And Spine Injuries

Concussion:

Concussions are defined as any blow to the head. They can be fatal if the proper precautions are not taken.

1. If a player, remove player from the game.
2. See that victim gets adequate rest.
3. Note any symptoms and see if they change within a short period of time.
4. If the victim is a child, tell parents about the injury and have them monitor the child after the game.
5. Urge parents to take the child to a doctor for further examination.
6. If the victim is unconscious after the blow to the head, diagnose head and neck injury. **DO NOT MOVE the victim. Call 9-1-1 immediately.** (See below on how to treat head and neck injuries)
7. A child with a diagnosed concussion **MUST BE CLEARED WITH A DOCTOR'S NOTE TO RETURN TO PLAY.**

When to suspect head and spine injuries:

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

Signs of Head and Spine Injuries

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

General Care for Head and Spine Injuries

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

Contusion to Sternum:

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

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

Sudden Illness

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

Symptoms of sudden illness include:

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

Care For Sudden Illness

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

If the victim:

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

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

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

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

Caring for Shock

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

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

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 Victim is not Breathing:

- 1) Position victim on back while supporting head and neck.
- 2) With victim's head tilted back and chin lifted (Head Tilt, Chin Lift)
- 3) Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises. ***Once a victim requires emergency breathing you become the life support for that person -- without you the victim would be clinically dead. You must continue to administer emergency breathing and/or CPR until the paramedics get there. It is your obligation and you are protected under the "Good Samaritan" laws.***
- 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.
- 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.

Giving CPR

- 1) Position victim on back on a flat surface.
- 2) Position yourself so that you can give rescue breaths and chest compression without having to move (usually to one side of the victim).
- 3) Find hand position on breastbone.
- 4) Position shoulders over hands. Compress chest 15 times. (For small children only 5 times)
- 5) With victim's head tilted back and chin lifted, pinch the nose shut.
- 6) Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises. (For small children only 1 time)
- 7) Do 3 more sets of 15 compressions and 2 breaths.
- 8) (For small children, 5 compressions and 1 breath)
- 9) Recheck pulse and breathing for about 5 seconds. It is possible that you will break the victim's ribs while administering CPR. Do not be concerned about this. The victim is clinically dead without your help. You are protected under the "Good Samaritan" laws.
- 10) If there is no pulse continue sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)
- 11) When giving CPR to small children only use one hand for compressions to avoid breaking ribs.

IF YOU ARE NOT CPR TRAINED, PERFORM "HANDS ONLY CPR" (100 COMPRESSIONS PER MINUTE)

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.

The sternum should be compressed to a depth of 1 1/2 - 2 inches.

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 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 latex gloves included in your First-Aid Kit in order to avoid contact of the victim's blood with your skin. If a victim is bleeding.

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

Nose Bleed

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

Bleeding On The Inside and Outside of the Mouth

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

Infection

To prevent infection when treating open wounds you must:

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

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

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

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

Deep Cuts

If the cut is deep, stop bleeding, bandage, and encourage the victim to get to a hospital so he/she can be stitched up. Stitches prevent scars.

Splinters

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

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

Symptoms:

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

Treatment:

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

Emergency Treatment of Dental Injuries

AVULSION (Entire Tooth Knocked Out)

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down. Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

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

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

LUXATION (Tooth in Socket, but Wrong Position)

THREE POSITIONS -

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

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

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

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

INTRUDED TOOTH - Tooth pushed into gum - looks short.

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

FRACTURE (Broken Tooth)

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

Burns

Care for Burns:

The care for burns involves the following 3 basic steps.

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

Cool the Burn -- Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available-tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the cloths cool by adding more water. **Cover** the Burn -- Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain. Covering the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

Chemical Burns:

If a chemical burn,

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

If an eye has been burned:

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

Sunburn:

If victim has been sunburned,

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

Dismemberment

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

Penetrating Objects

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

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

Poisoning

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

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

Heat Exhaustion

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

Treatment:

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

Sunstroke (Heat Stroke)

Symptoms

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 water (avoid overcooling). Briskly sponge victim's body until body temperature is reduced then towel dry . If tub is not available, wrap victim in cold, wet sheets or towels in well ventilated room or use fans and air conditioners until body temperature is reduced.
- 3) **DO NOT** give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

Transporting an Injured Person

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

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

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

If victim must be lifted:

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

Communicable Disease Procedures:

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

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

Facts about AIDS and hepatitis

AIDS stands for acquired immune deficiency syndrome. It is caused by the human immunodeficiency virus (HIV). When the virus gets into the body, it damages the immune system, the body system that fights infection. Once the virus enters the body, it can grow quietly in the body for months or even years. People infected with HIV might not feel or appear sick. Eventually, the weakened immune system gives way to certain types of infections. The *virus* enters the body in 3 basic ways:

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

The virus cannot enter through the skin unless there is a cut or break in the skin. Even then, the possibility of infection is very low unless there is direct contact for a lengthy period of time. Currently, it is believed that saliva is not capable of transmitting HIV. The likelihood of HIV transmission during a First-Aid situation is very low. Always give care in ways that protect you and the victim from disease transmission.

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

Wear disposable gloves during treatment. If you think you have put yourself at risk, get tested. A blood test will tell whether or not your body is producing antibodies in response to the virus. If you are not sure whether you should be tested, call health department, or the AIDS hot line (1-800-342-AIDS). In the meantime don't participate in activities that put anyone else at risk. Like AIDS, hepatitis B and C are viruses. Even though there is a very small risk of infecting others by direct contact, one must take the appropriate safety measures, as outlined above, when treating open wounds. There is now a vaccination against hepatitis B.

Prescription Medication

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

Asthma and Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to list any allergies/medical problems, including those requiring maintenance medication (i.e., Diabetic, Asthma, and Seizure Disorder) on the Medical Release form (*included in the appendix of this safety manual*). Study their comments and know which children on

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

Colds and Flu

The baseball season usually coincides with the cold and flu season. There is nothing you can do to help a child with a cold or flu except to recognize that the child is sick and should be at home recovering and not on the field passing his cold or flu on to all your other players

Prevention is the solution here. Don't be afraid to tell parents to keep their child at home.

PARENTAL CONCERNS ABOUT SAFETY

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

I'm worried that my child is too small or too big to play on the team/division he has been assigned to. Little League has rules concerning the ages of players on TBall, Farm, Minor, Major and Senior teams. Eastview Little League observes those rules and then places children on teams according to their skills and abilities based on their try-out ratings at the beginning of the season. If for some reason you do not think your child belongs in a particular division, please contact the EVLL Player Agent and share your concerns with him or her.

Should my child be pitching as many innings per game? Little League has rules regarding pitching which all managers and coaches must follow. The rules are different depending on the division of play but the rules are there to protect children.

Do mouth guards prevent injuries? A mouth guard can prevent serious injuries such as concussions, cerebral hemorrhages, incidents of unconsciousness, jaw fractures and neck injuries by helping to avoid situations where the lower jaw gets jammed into the upper jaw. Mouth Guards are effective in moving soft tissue in the oral cavity away from the teeth, preventing laceration and bruising of the lips and cheeks, especially for those who wear orthodontic appliances.

How do I know that I can trust the volunteer managers and coaches not to be child molesters? Eastview Little League runs background checks on all board members, managers and designated coaches before appointing them. Volunteers are required to fill out applications which give EVLL the information and permission it needs to complete a thorough investigation. If the League receives inappropriate information on a Volunteer, that Volunteer will be immediately removed from his/her position and banned from the facility.

How can I complain about the way my child is being treated by the manager, coach, or umpire? You can directly contact the EVLL Player Agent or any EVLL board member. Their names and telephone numbers are posted in the glass case outside the Snack Shack. The complaint will be brought to the EVLL President's attention immediately and investigated.

Will that helmet on my child's head really protect him while he or she is at bat and running around the bases? The helmets used at Eastview Little League must meet NOCSAE standards as evidenced by the exterior label. These helmets are certified by Little League Incorporated and are the safest protection for your child. The helmets are checked for cracks at the beginning of each game and replaced if need be.

Is it safe for my child to slide into the bases? Sliding is part of baseball. Managers and coaches teach children to slide safely in the pre-season.

Why can't I smoke at the field? There are posted signs throughout the park that stipulates no smoking. The EVLL Board voted this rule on smoking into effect in large part due to the studies on second-hand smoke. Please obey the rules as they are there for the safety of our children.

SUBMIT YOUR IDEAS FOR SAFETY

Your safety ideas are welcome at EVLL. Please submit them in written form and place them in the suggestion box that is inside the Snack Shack. The EVLL Safety Officer will retrieve safety suggestion at the end of each week and read them. If your safety idea warrants further investigation, you will be contacted. Safety ideas that are implemented at our ballpark will appear in next year's Safety Manual under Safety Contributions and the contributor will receive credit for his or her suggestion. If a **child** should submit a safety idea which is then implemented at our ballpark, then in addition to being credited in next year's Safety Manual, he or she will receive a **\$10 gift certificate** for the concession stand. So talk to your team. Let them know about these fabulous prizes.

APPENDICES



Little League® Baseball and Softball MEDICAL RELEASE



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

Player: _____ Date of Birth: _____ Gender (M/F): _____
Parent (s)/Guardian Name: _____ Relationship: _____
Parent (s)/Guardian Name: _____ Relationship: _____
Player's Address: _____ City: _____ State/Country: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: _____ Email: _____

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

Family Physician: _____ Phone: _____
Address: _____ City: _____ State/Country: _____
Hospital Preference: _____
Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____
League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player
_____	_____	_____
_____	_____	_____

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature _____ Date: _____

FOR LEAGUE USE ONLY:

League Name: **EASTVIEW LITTLE LEAGUE** League ID: **40-52-703**
Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:
Little League® International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485
Accident Claim Contact Numbers:
Phone: 570-327-1674 Fax: 570-326-9280

Accident & Health (U.S.)

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. 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 claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the 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 incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name EASTVIEW LITTLE LEAGUE		League I.D. 40-52-703	
Name of Injured Person/Claimant		SSN	PART 1
Date of Birth (MM/DD/YY)		Age	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different	

The Little League Master Accident Policy provides benefits in excess of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Accident	Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM	Type of Injury
------------------	-----------------------------------------------------------------------------	----------------

Describe exactly how accident happened, including playing position at the time of accident:

Check all applicable responses in each column:

- | | | | | |
|-------------------------------------------|-------------------------------------------------------|-----------------------------------------------|-------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CHALLENGER (4-18) | <input type="checkbox"/> PLAYER | <input type="checkbox"/> TRYOUTS | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES) |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> T-BALL (4-7) | <input type="checkbox"/> MANAGER, COACH | <input type="checkbox"/> PRACTICE | <input type="checkbox"/> SPECIAL GAME(S) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (6-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12) | <input type="checkbox"/> PLAYER AGENT | <input type="checkbox"/> TRAVEL TO | |
| | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | |
| | <input type="checkbox"/> JUNIOR (12-14) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> SENIOR (13-16) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe) | |
| | <input type="checkbox"/> BIG (14-18) | | | |

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)
Date	Claimant/Parent/Guardian Signature

For Residents of California:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of All Other States:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()

Were you a witness to the accident? ☐ Yes ☐ No

Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use batting helmets with attached face guards? ☐ YES ☐ NO
If YES, are they ☐ Mandatory or ☐ Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date _____ League Official Signature _____

For Local League Use Only**Activities/Reporting****A Safety Awareness Program's
Incident/Injury Tracking Report**League Name: EASTVIEW LITTLE LEAGUE League ID: 40-63-703 - 52 - 703 Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: ☐ Male ☐ Female

City: _____ State: _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City: _____

Incident occurred while participating in:

- A.) ☐ Baseball ☐ Softball ☐ Challenger ☐ TAD
- B.) ☐ Challenger ☐ T-Ball ☐ Minor ☐ Major ☐ Intermediate (50/70)
- ☐ Junior ☐ Senior ☐ Big League
- C.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event
- ☐ Travel to ☐ Travel from ☐ Other (Describe): _____

Position/Role of person(s) involved in incident:

- D.) ☐ Batter ☐ Baserunner ☐ Pitcher ☐ Catcher ☐ First Base ☐ Second
- ☐ Third ☐ Short Stop ☐ Left Field ☐ Center Field ☐ Right Field ☐ Dugout
- ☐ Umpire ☐ Coach/Manager ☐ Spectator ☐ Volunteer ☐ Other: _____

Type of injury: _____

Was first aid required? ☐ Yes ☐ No If yes, what: _____Was professional medical treatment required? ☐ Yes ☐ No If yes, what: _____

(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)

Type of incident and location:

- A.) On Primary Playing Field
- ☐ Base Path: ☐ Running or ☐ Sliding
- ☐ Hit by Ball: ☐ Pitched or ☐ Thrown or ☐ Batted
- ☐ Collision with: ☐ Player or ☐ Structure
- ☐ Grounds Defect
- ☐ Other: _____
- B.) Adjacent to Playing Field
- ☐ Seating Area
- ☐ Parking Area
- C.) Concession Area
- ☐ Volunteer Worker
- ☐ Customer/Bystander
- D.) Off Ball Field
- ☐ Travel:
- ☐ Car or ☐ Bike or
- ☐ Walking
- ☐ League Activity
- ☐ Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

Prepared By/Position: _____ Phone Number: () _____

Signature: _____ Date: _____

FIELD AND GAME SAFETY CHECKLIST

All umpires, managers and coaches are responsible for checking field safety conditions before each game. Repair needed? Repairs needed?

- ☐ BE ALERT!
- ☐ CHECK PLAYING FIELD FOR HAZARDS
- ☐ ENSURE EQUIPMENT IS IN GOOD SHAPE
- ☐ MAINTAIN CONTROL OF THE SITUATION
- ☐ BE ORGANIZED
- ☐ KNOW PLAYERS' LIMITS AND DON'T EXCEED THEM
- ☐ MAKE IT FUN!

Field Condition	Yes	No	Catchers Equipment	Yes	No
Backstop in good shape			Shin guard		
Home plate OK			Helmets		
Bases Secure			Throat protector w/ throat guard		
Bases secured			Catchers cup (boys)		
Pitchers mound OK			Chest protector		
Batters box level			Catchers mitt (boys)		
Batters box marked					
Grass surface (even)					
Holes in field					
Infield fence OK					
Outfield fence OK					

Safety Equipment	Yes	No	Safety Equipment	Yes	No
Foul ball net repair			First-aid Kit each team		
Foul lines marked			Medical Release forms		
Sprinkler condition			Chemical ice packs for injuries		
Coaches boxes level			EVLL Safety Manual		
Coaches box marked			Injury report forms		
Dirt Needed					

Dugouts	Yes	No	Players Equipment	Yes	No
Fencing needs repair			Batting helmets		
Bench needs repair			Jewelry removed		
Roof needs repair			Bats inspected		
Bat racks			Shoes checked		
Bat racks			Uniforms checked		
Trash cans			Athletic cups (boys)		
Clean up needed					

Spectator Areas	Yes	No
Bleachers need repair		
Hand rails need repair		
No smoking		
Protective screens OK		
Bleachers clean		

SNACK SHACK - WEEKLY CHECK LIST

A) Deliveries

Date: _____	Date: _____	Date: _____	Yes	No
1. All products meet visual quality standards and have no off odors (no spoilage).			<input type="checkbox"/>	<input type="checkbox"/>
2. All packaging is in good condition – not wet, no stains, leaks, holes, tears or crushing.			<input type="checkbox"/>	<input type="checkbox"/>
3. Items put away in proper order (frozen, refrigerated, dry storage); in 30 minutes or less.			<input type="checkbox"/>	<input type="checkbox"/>
4. Code dates within code.			<input type="checkbox"/>	<input type="checkbox"/>

B) Food Temperature and Specifications

Thermometer Date: _____ Date: _____ Date: _____	Yes	No
NOTE: Ensure that thermometer kit meter and probes are calibrated prior to taking temperatures. (Use ice and cold water procedure for probes, temperature	<input type="checkbox"/>	<input type="checkbox"/>

All refrigerators and freezers must have a properly functioning thermometer in place (built in or clamped on, easily visible, and not glass).

Drink Machine Date: _____ Date: _____ Date: _____	Yes	No
5. Soft drink, Ice machine and Ice bin are free of soil.	<input type="checkbox"/>	<input type="checkbox"/>
F.	<input type="checkbox"/>	<input type="checkbox"/>
7. Cup and lid dispensers are clean and in good repair. Cup and lid holders are clean.	<input type="checkbox"/>	<input type="checkbox"/>
8. Ice machine is clean, and sanitized. There is no standing water.	<input type="checkbox"/>	<input type="checkbox"/>
9. Water filter follower needle is not in the red zone.	<input type="checkbox"/>	<input type="checkbox"/>
10. Ensure that syrup tanks are flushed clean and sanitized.	<input type="checkbox"/>	<input type="checkbox"/>
11. CO2 canisters are chained and locked in the upright position.	<input type="checkbox"/>	<input type="checkbox"/>
Freezer/Food Storage Date: _____ Date: _____ Date: _____	Yes	No
12. Freezer interior is clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>

Refrigerator/Food Storage Date: _____ Date: _____	Yes	No
Date: _____		
14. Refrigerator interior is clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
15. Temperature of refrigerator is 33-	<input type="checkbox"/>	<input type="checkbox"/>
16. Interior light is working and is properly shielded.	<input type="checkbox"/>	<input type="checkbox"/>
17. Shelving is clean, free of rust and in good repair.	<input type="checkbox"/>	<input type="checkbox"/>
18. All items stored correctly on shelves (covered and a minimum of 6" off the floor).	<input type="checkbox"/>	<input type="checkbox"/>

Fryer Area Date: _____ Date: _____ Date: _____	Yes	No
19. All stainless and walls above fryer are clean.	<input type="checkbox"/>	<input type="checkbox"/>
20. No excessive grease buildup under the fryers.	<input type="checkbox"/>	<input type="checkbox"/>
21. Fryer hood filters are in place and clean.	<input type="checkbox"/>	<input type="checkbox"/>
22. Light(s) working and properly shielded.	<input type="checkbox"/>	<input type="checkbox"/>
23. Cooking grease is stored safely in containers away from open flames.	<input type="checkbox"/>	<input type="checkbox"/>
Grill Area Date: _____ Date: _____ Date: _____	Yes	No
24. All tile and countertops around grill are clean and sanitized.	<input type="checkbox"/>	<input type="checkbox"/>
25. All grease is cleaned from under and around the grill.	<input type="checkbox"/>	<input type="checkbox"/>

C) Sanitation

Date: _____ Date: _____ Date: _____	Yes	No
26. Proper dishwashing method used.	<input type="checkbox"/>	<input type="checkbox"/>
27. Hand sanitizer dispensers are mounted and in use.	<input type="checkbox"/>	<input type="checkbox"/>
28. Personal items stored correctly (medication, drinks, food, clothing, etc.).	<input type="checkbox"/>	<input type="checkbox"/>

29. Floors clean	<input type="checkbox"/>	<input type="checkbox"/>
a. floor drains unobstructed; proper drainage flow		
b. no leaks or openings around pipes/plumbing		
30. No sign of pest infestation (insects, rodents, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
31. All trash is emptied from the inside containers.	<input type="checkbox"/>	<input type="checkbox"/>
32. Dumpster enclosure and surrounding area are clean and free of debris.	<input type="checkbox"/>	<input type="checkbox"/>
D) Chemicals	<input type="checkbox"/>	<input type="checkbox"/>
Date: _____ Date: _____ Date: _____	Yes	No
33. Chemicals stored in locked containers and not on the same shelf or the shelf above food ingredients, product packaging materials, food storage pans or tables where food is prepared.	<input type="checkbox"/>	<input type="checkbox"/>
34. Maintain manufacturer's labels on or label containers accordingly.	<input type="checkbox"/>	<input type="checkbox"/>
Other Date: _____ Date: _____ Date: _____	Yes	No
35. Snack shack workers have gone through initiation safety and food preparation training before working in the Snack Shack.	<input type="checkbox"/>	<input type="checkbox"/>
36. Children under 15 are not allowed in the Snack Shack or in other areas where food is prepared.	<input type="checkbox"/>	<input type="checkbox"/>
37. A fire extinguisher with a current certification is in plain sight.	<input type="checkbox"/>	<input type="checkbox"/>
38. A fully stocked First-Aid kit is in plain sight.	<input type="checkbox"/>	<input type="checkbox"/>

Corrective Action Report

If any item on this check list is checked "No" then complete the steps below:

Stop the person, food, process, or use of equipment, as appropriate.

Determine if the product(s) or ingredient(s) are not safe to serve (for example, cross contamination has occurred, or ingredient is undercooked). **If not safe, discard the item!**

Identify source of problem.

Take corrective action, as appropriate.

- Troubleshoot equipment problem using the Equipment Management Reference Manual.
- Re-train Snack Shack workers.
- Wash and sanitize hands.
- Wash and sanitize counter/equipment.

Notify the Snack Shack Manager, and/or another EVLL Board Member if the problem cannot be resolved.

Note corrective action below (include number identification of infraction):

**The physical address for EVLL is:
766 N Centre St., San
Pedro, CA 90731**



Driving directions to Providence Little Company of Mary Hospitals

- 1. Head south on N Centre St toward Knoll Dr**
- 2. Turn left onto Knoll Dr**
- 3. Take the 1st left onto N Front St**
- 4. Turn left onto N Pacific Ave**
- 5. Turn right onto W 7th St**

Destination will be on the right

Providence Little Company of Mary Hospitals
1300 West 7th Street
San Pedro, CA 90732

SAFETY MANUAL AND FIRST AID KITS

Each team will be issued a Safety Manual and a First Aid Kit. The manager or the team will acknowledge the receipt of both by signing in the space provided below when taking possession of these articles.

Two chemical ice packs of physical therapy quality will be issued to each team as part of the First Aid Kit. Others are available at all times in the Snack Shack.

The head umpire will be issued 10 copies of the Safety Manual.

The Snack Shack will have a First Aid Kit and a Safety Manual in plain sight at all times.

The Safety Manual includes maps to hospitals and other emergency services, phone numbers for all board members, the Eastview Code of Conduct, Do's and Don'ts of treating injured players.

The First Aid Kit will include the necessary items to treat an injured player until professional help arrives if need be (see First Aid section).

-

I have received my Safety Manual and First Aid Kit and will have them both present at all practices, batting cage practices, games (season games and post-season games) and any other event where team members could become injured or hurt. I will read the EVLL Safety Manual in its entirety and provide an overview to my coaches. I acknowledge that I am encouraged to appoint a Team Safety Officer (TSO), and if I

choose not to do so, I understand that I assume the duties of TSO as outlined in this manual.

Print name of Manager

Team Name and division

Signature of Manager

Date

Tear on the above dotted line and give to the EVLL Safety Officer upon signing.