



SCRIPPS RANCH LITTLE LEAGUE

(A member of Little League Baseball, Incorporated)

SAFETY PROGRAM 2023

Safety Officer

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Safety First

Common Sense Refresher

It is everyone's responsibility to keep our children safe:

- Please drive safely and slowly
- Notify managers if you see any field hazards
- Monitor your players' equipment
- Helmet in good shape
- Appropriate bat
- Shoelaces tied
- Protective cup worn
- Player attendance to increase his/her knowledge of the game



Code of Safety & Conduct

All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as “in play”.

Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.

Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team’s manager and coaches.

During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.

Except when runner is returning to a base, head-first slides are **not** permitted.



Code of Safety & Conduct

During sliding practice, bases should not be strapped down or anchored.

At no time should “horse play” be permitted on the playing field.

Player must not wear watches, rings, pins or metallic items during games and practices.

The Catcher must wear catcher’s helmet and mask **with a throat guard** in warming up pitchers. This applies between innings and in the bullpen during a game and also during practices.

Managers and Coaches may warm up pitchers before or **during a regular season game**. However, “catching”, during batting practice when a live pitcher is used, is prohibited.

New update 2023

On-deck batters are not permitted.



More on Bat Safety...

- On-deck batters are not allowed with Major League and below
- No on deck circle
- No bats are allowed in the dugout
- Store bats on the bat rack
- Teach players to keep bats below waist, or to hold a bat by its barrel when in their hands
- Highly recommended: Assign a coach to be the **Dugout Coach**. Their responsibilities include keeping an eye on the kids in that they observe bat safety rules and that bats are not inappropriately in players hands



SROLL Emergency Injury Response

1. If the injured is a player, notify parents immediately if they are not at the scene.
2. Stand by the injured until medical help arrives.
3. Determine what caused the accident/injury. You may have to interview other players/witnesses.
4. Notify the SROLL Safety Officer **within 24 hours**.
5. Complete the *Accident Report Form* and deliver to the Safety Officer **within 48 hours**.

➔ What to report to Scripps Ranch Little League –

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the SROLL Safety Officer. This includes even passive treatments such as the evaluation of the extent of the injury. Also report any unusual near misses which may assist us in identifying additional safety opportunities.



9-1-1 Emergency Calls

- Basics
- Give exact location
- What happened
- Injured persons condition
- What is or has been done
- Stay on the line, the EMS dispatcher may be able to provide instruction on how to care for the injured.

Police, Fire Department, Ambulance - 911

Poison Control – 1.800.222.1222

Police Dispatch (non-emergency only) – 619.531.2000

Public Utilities: Water or Sewer Emergencies – 619.515.3525



First-Aid Kits

Managers and coaches are required to assure a first aid kit and a cell phone is available at all Little League activities.

The First Aid Kit will become part of the Team's equipment package and must be taken to all practices, batting cage practices, games (whether season or post-season) and any other SRL Little League event where children's safety may be at risk.

Kits will also be provided at all game sites and stored in the field sheds.



What is First-Aid?

First-Aid means exactly what the term implies -- it is the *first care* given to a victim.

Performed by the *first person* on the scene and continued until professional medical help arrives, (9-1-1).

At no time should anyone administering First-Aid *go beyond* his or her capabilities. *Know your limits!*

Do not attempt to transport a victim to a hospital.

Perform whatever First Aid you can and wait for the paramedics to arrive.



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.



SRLI Emergency Injury Response

Coaches: It is MANDATORY that you have the original medical release form for each player at all practices, games, and other Little League activities (e.g., batting cages, etc.)

IN CASE OF A MEDICAL EMERGENCY:

1. Give first aid and comfort to the injured. Use First Aid Kit as necessary, most injuries will involve bleeding or swelling. Notify parents immediately.
2. Remember **RPM**: Respiration, Perfusion (blood loss/flow), Mental state: Call 911 immediately if an ambulance or emergency personnel are necessary (e.g.: neck injury, breathing problems, loss of consciousness and trauma). **If in doubt – CALL 9-1-1!**
3. No Pulse: prepare AED. **AEDs are located in the Dingeman, J-1, and J-9 equipment sheds, and Jerabek Park Snack Bar.** The AED will give you audio instructions once you open the device. Open the device and follow instructions. **Call 9-1-1 immediately!**

<https://www.youtube.com/watch?v=9KXvFtLU12s>

Locations of Fields	Addresses and Entry Points
Dingeman Elementary, Spring Canyon Community Park	11840 Scripps Creek Dr. Enter from west of campus off Scripps Poway Pkwy.
Jerabek Elementary	10050 Avenida Magnifica. Enter from North of school at ramp to lower field.
Jerabek Park	10200 Scripps Trail. Park is at the X of Ave. Magnifica and Scripps Trail.
SR Community Park	11454 Blue Cypress Dr. Enter from parking lot at EBS Elem. on Cypress Canyon Dr.
Stonebridge Neighborhood Park	15030 Sycamore Trail Rd, San Diego, CA 92131



Automated External Defibrillators (AEDs)

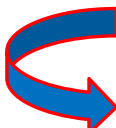
Life saving and used to convert potentially lethal cardiac arrhythmias

AEDs are located in the J-1, J-9, and SC1 equipment sheds

The AED will give you audio instructions once you open the device. Open the device and follow instructions. **Call 9-1-1 immediately!**



Click on link for user demo

 <https://www.youtube.com/watch?v=MMhSWnu0ST8>



Automated External Defibrillators (AEDs)



Know where the AED is located nearest the field where you practice or have games



Treatment at Site – Do's

Assess the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock. Check for *RPM: Respiration, Perfusion (blood loss/flow), Mental state*.

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.

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.



Treatment at Site: Don't

Administer any medications.

Provide any food or beverages (other than water and only if the victim is completely alert).

Hesitate in giving aid when needed.

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

Transport injured individual except in extreme emergencies.



Concussions

SIGNS OBSERVED BY COACHES OR PARENTS:

- Appears dazed, blank look, or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily. Balance problems or unsteady.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can't recall events prior to or after a hit or fall.



Concussions

SYMPTOMS REPORTED BY ATHLETES:

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right” or “feeling down”.
- Fatigue or low energy.
- Feeling like in a fog.



Concussions

REMOVE THE ATHLETE IMMEDIATELY FROM PLAY

- Any athlete with a suspected concussion
- When in doubt, sit them out!

KEEP AN ATHLETE WITH A POSSIBLE CONCUSSION OUT OF PLAY ON THE SAME DAY OF THE INJURY AND UNTIL CLEARED BY A HEALTH CARE PROVIDER.

INFORM THE PLAYER'S PARENTS ABOUT A POSSIBLE CONCUSSION

WRITTEN NOTE FROM HEALTH CARE PROVIDER TO RETURN TO PLAY



Hot Weather / Sunburn

1. Precautions must be taken in order to make sure the players on your team do not ***dehydrate*** or ***over heat***.
 - **Keep pitchers and catchers hydrated especially on hot days.** A good way to do this is to take water breaks in between batters for them.
2. Wear **sunblock** with at least SPF>15. Apply a thick layer at least 15 minutes before going outdoors. Reapply sunscreen every 2 hours while outdoors.
3. Suggest players take drinks of water when coming on and going off the field between innings. Bring water and cups should players/parents forget. During practices, take regular time outs for water breaks between drills.
 - **Work in a water break every 15 to 20 minutes of exercise.**
4. If a player looks tired or distracted on a hot day, substitute that player and get him/her into the shade of the dugout as soon as possible.
5. If a player should collapse as a result of heat exhaustion, call **9-1-1** immediately. Use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives. If the player is alert, encourage the player to drink water.



Rain / Lightning

- Evaluate Strength of Rain
- Direction of the Storm
- Playing Surface
- **STOP Practice / Play if conditions become unsafe**

Lightning -

- Average lightning strike is 5 – 6 miles long with up to 30 million volts in less than a tenth of a second
- If you are within 10 miles you are at risk, but don't measure miles, consider lives.
- Stay away from metal including fencing, backstops, and bleachers.
- Do not hold metal bats.
- 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.
- If you feel your hair stand on end (indicating that lightning is about to strike), crouch down on the balls of your feet, cover your ears, and bend your head down.

STOP PLAY IF YOU SEE LIGHTNING

STOP PLAY IF YOU HEAR THUNDER



Warm Ups

Make time to warm up before practice and games

Stretches are a type of warm up. It prepares the muscles for physical activity and in itself can prevent many injuries

- **Stretching prevents muscle sprains and strains**

Benefits: Stretching & contraction of muscles just before an athletic activity improves the following

- Control of movements
- Coordination
- Alertness



Field Checklist

FIELD SAFETY CHECK LIST

All umpires, managers, coaches, and parents are responsible for assuring the safety conditions of the field and protective equipment of the players. The following items must be inspected or verified by the manager or designee:

Field Condition	Player's Equipment	Safety Equipment
Backstop	Shin guards	First aid kits
Home Plate/Bases	Chest protectors	Medical Release forms
Grass and infield areas	Face masks	Ice packs
Pitcher's mound	Catcher's helmets	Presence of cell phone
"Gopher" holes	Throat protectors	Umpire's gear
Sprinklers	Batting helmets	
Fences enclosing the field	Molded cleats only	
Rocks, glass, debris		

COACHES ARE REQUIRED TO INSPECT THE FIELDS FOR HAZARDS BEFORE USE



Managers: *What are you required to bring?*

1.



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)/Legal Guardian Name: _____ Relationship: _____
 Parent(s)/Legal 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 _____

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/Legal Guardian Signature _____ Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

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

2.



3.



Printout of This Presentation

4.



Darkness

Practice and game times have been assigned to allow all teams adequate time during normal daylight.

Don't practice at night, nor run any practices involving hardballs during times with less than optimal lighting (e.g., dusk, dark, cloudy days).

CALLING A GAME HAS NOTHING TO DO WITH WINNING OR LOSING



Field Sheds & Equipment

- Combinations are for managers and coaches only
- Keep sheds locked at all times
- There are hazards in the sheds
- Keep the children out of the sheds
 - Have them leave items outside of shed doors if they want to help bring in equipment



Transportation

Before any manager or designated coach can transport any SRLL child, other than his/her own, anywhere, he or she must:

- Obtain parent permission
- Have a valid California Driver's License, follow all applicable traffic laws, and follow all license requirements (eg: wear corrective lenses if required)
- Must carry *proof of adequate auto insurance, including Uninsured Motorist coverage.*
- Wear *corrective lenses* when operating a vehicle if the Driver's License stipulates that the operator must wear corrective lenses.
- Not carry more children in their vehicle than for which the vehicle is equipped with seat belts.
- Make sure that the vehicle is in good running order and that it would pass a *CHP vehicle safety inspection* if spontaneously given.
- Not drive in a *careless or reckless* manner.
- Not drive under the influence of *alcohol, drugs, or medication.*
- Never transport a child without returning him/her to the point of origin, unless otherwise instructed by the parent(s).
- Avoid transporting a player that is not your child alone in a vehicle.



Youth Protection

Buddy system or parents to go to the restroom

Manager/Coach present until all players have left the field

Be aware of your surroundings

All volunteers **MUST** have background screen.

- Who? managers, coaches, Board of Directors, umpires, concession stand workers, team moms, scorekeepers
- This includes any parents who consistently volunteer at practices and has regular, direct contact with the players. They must complete a background check.
- Valid for one year



Reporting

Report all injuries and near misses within 24 hours to the Safety Officer. It is the responsibility of the Safety Officer to follow-up with the injured party as well as work with you and others to identify if there is something the League can do to avoid similar injuries.

Scripps Ranch Little League Insurance Policy is designed to supplement a parent's existing family policy.

Filing a Claim:

When filing a claim, 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 SRLL Safety Officer. He will forward 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 SRLL Safety Officer for more information.





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.)

- 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.
- 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.
- 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.
- Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- 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.
- Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name		League I.D.	
Name of Injured Person/Claimant	SSN	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	Type of Injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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	
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	(Submit a copy of your approval from Little League Incorporated)
	<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/	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN	<input type="checkbox"/> 21 PARAPLEGIC	<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
------	---------------------------

League Name: _____ League ID: ____ - ____ - ____ 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 (5-8) Minor (7-12) Major (9-12) Junior (13-14)
 Senior (14-16) Big League (16-18)
 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 to being allowed in a game or practice.)

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for Little League purposes only, to report 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 claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

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

SROLL Injury / Accident Reporting Form

- Found on our website scrippsranchl.org under Resources & Info tab
- Deliver to safety officer within 48 hours



COVID

- Follow the guidance from CDC and the local / state guidelines
- Follow community levels and follow the guidelines and prevention measures set forth by San Diego County
 - You can find this data on the CDC website, which is updated weekly.



When to Isolate

Regardless of vaccination status, you should isolate from others when you have COVID-19.

You should also isolate if you are sick and suspect that you have COVID-19 but do not yet have [test](#) results. If your results are positive, follow the full isolation recommendations below. If your results are negative, you can end your isolation.



IF YOU TEST

Negative

You can end your isolation



IF YOU TEST

Positive

Follow the full isolation recommendations below

When you have COVID-19, isolation is counted in days, as follows:

If you had no symptoms

- Day 0 is the day you were tested (not the day you received your positive test result)
- Day 1 is the first full day following the day you were tested
- If you develop [symptoms](#) within 10 days of when you were tested, the clock restarts at day 0 on the day of symptom onset

If you had symptoms

- Day 0 of isolation is the day of symptom onset, regardless of when you tested positive
- Day 1 is the first full day after the day your [symptoms](#) started

Source: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>



What do we envision?

Understand that we are a community recreation league and represent the community

As such, we need to be leaders in the safety of our community

Understand that there are a wide range of views, and we need to incorporate them all

Many people have variable family situations which dictate their degree of caution



What do we envision?

All players must bring their own hat, glove, bat, and helmet to every practice and game.

A robust response to exposures

- Keeping our teams, volunteers, and community safe



Exposure

COVID-19 symptoms can include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea.

Direct exposure/contact is defined as being closer than 6 feet for 15 minutes or longer over a 24-hour period with an infected individual, within 48 hours prior to that person feeling sick or testing positive.



Exposure

Any instance of a player or volunteer with an exposure, symptoms or a positive COVID-19 test are required to notify SRL at

covid@scrippsranchll.org

We will work with the family and manager regarding next steps and what it means for team play



Guidance for Isolation

All individuals who test positive should follow [CDC guidance for isolation](#). This guidance includes the following:

1. Regardless of vaccination status, the COVID-19-positive individual should isolate at home for a minimum of 5 days.
2. After a full 5 days have passed from symptom onset or positive test result, the individual may end isolation if asymptomatic or symptoms are improving. Individuals with fever must remain in isolation until a minimum of 24 hours have passed while off fever-reducing medication.
3. All individuals who test positive for COVID-19 must mask when around others for a full 10-day period. This includes with all physical activity.

Reference: <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>



Return to Activity

As a policy, we will follow the COVID-19 Decision Trees from CDPH school guidance for managing confirmed or suspected COVID-19 in player or volunteer.

- <https://resources.finalsite.net/images/v1669302575/sdcoenet/vlt8kehqmywtvonsmyt/COVID-19-Decision-Tree.pdf>

Per American Academy of Pediatrics (AAP) guidelines for youth return to sports / physical activity:

- *All patients who test positive for a SARS-CoV-2 infection should have at least one follow-up conversation or visit with their primary care medical home. We recommend that this encounter occur either prior to resuming sports/physical activity or within 2 to 4 weeks of a positive SARS-CoV-2 test, whichever is sooner.*

Reference: <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>



Questions

Let's work together so we can safely play ball!

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