

**West Shore
Little League**

405-35-03



**SAFETY MANUAL
2019**

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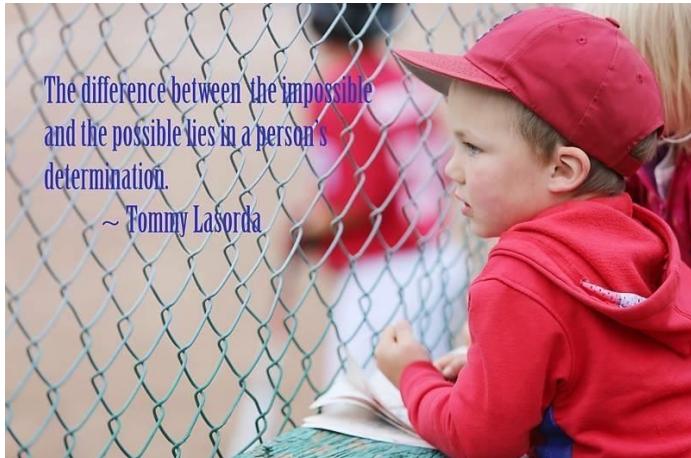
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Westshore Little League Mission Statement

Westshore Little League is committed to providing the children and the families of our community with a positive and safe environment in which to learn the game of baseball but, more importantly, the ideals of good sportsmanship, fair play, honesty, integrity and respect so that they will grow up to be well adjusted, healthy, hard working and trust-worthy role models for future generations.



Fifty years from now it won't matter who struck out, who dropped the fly ball, who hit the home run, or how many wins and losses your team had. But, what will matter is the difference that you made in the life of a child and how that difference can change the world.



The difference between the impossible and the possible lies in a person's determination.

~ Tommy Lasorda

2019 Board of Directors

League President	Jesse Smart	707-262-1632	jsmartmm@gmail.com
Baseball Vice President	Lars Ewing	707-533-3561	larsewing@gmail.com

Softball Vice President	Will Marcks	707-245-5436	marckswilliam@gmail.com
Treasurer	Dena Graham	707-263-1735	grahamsangel@sbcglobal.net
Information Officer	Brittany Albaum	707-533-1643	albaumb@yahoo.com
Safety Officer	Frank Lay	707-349-0912	jfranklinley@gmail.com
Secretary	Shenan Harris	707-245-8373	sjsbd@att.net
Umpire Coordinator	Lars Ewing	707-533-3561	larsewing@gmail.com
Snack Shack Coordinator	Katie Smart	707-533-5905	smartjkda@hotmail.com
Softball Player Agent	Paul Malley	707-245-7897	paulrmalley@gmail.com
A Player Agent	Jesse Smart	707-262-1632	
AA Player Agent	Jesse Smart	707-262-1632	
AAA Player Agent	Jorge Garcia	707-349-6089	garciapomo@yahoo.com
5070/Major Player Agent	Glenn Greer	707-245-0912	glnngreer@yahoo.com
Equipment Manager	Alex Albaum	707-533-6142	albauma@sutterhealth.org
Uniforms	Marie Henry	707-972-3439	marckswilliam@gmail.com

Safety Resources & Important Numbers

Use 911 for EMERGENCY CALLS ONLY

An emergency is any situation that can result in SERIOUS INJURY, or a THREAT TO HUMAN LIFE OR PROPERTY which demands an IMMEDIATE RESPONSE by emergency personnel. Calls to 911 from a cell phone do not

ring to local emergency resources. They are relayed to local resources from other public safety agencies so be sure to tell the call-taker exactly where you are.

Major/Minor/Farm/T-Ball Fields

- Lake County Fairgrounds 591 Martin Street ~ Lakeport ~ CA

Junior/Senior/Big League Fields

- Upper Lake High School 675 Clover Valley Road ~ Upper Lake ~ CA

Local Public Safety Phone Numbers

- **Lakeport Police Dept** **707-263-5491**
- **Lake Co Sheriffs Dept** **707-263-2331**
- **Lakeport Fire Dept** **707-263-4396**
- **Upper Lake Fire Dept** **707-275-2446**
- **Kelseyville Fire Dept** **707-279-4268**
- **Lucerne Fire Dept** **707-274-3100**

Safety Code

Overview

In 1995, A Safety Awareness Program (ASAP) was introduced with the goal of reemphasizing the position of Safety Officer "to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball". This manual is offered as a tool to place some important information at managers and coaches fingertips. It is the policy of WSLL to provide an environment in which the risk of injury is reduced to the lowest possible level by the application and enforcement of our published safety code. Behavior in violation of the safety code will be treated as misconduct and may result in appropriate corrective action up to and including dismissal. The Safety Officer position is a voting member of the WSLL Board Member and is also registered with the National Little League office in Williamsport. The Safety Officer is responsible for the communication, application, and enforcement of the safety code as well as reporting any issues to the District Headquarters. The WSLL Board is committed to allocate funds annually to support it's ASAP.

Safety Plan Distribution

Safety Officer will submit a complete copy of this Safety Plan, including the Annual Facility Survey, to the National Little League Headquarters & the District Administrator, of whom the latter will review and comment on the Plan. In addition, all Team Managers will receive a complete copy of the Safety Plan and will be required to keep that plan with their equipment for all practices and games. There will also be an additional copy permanently kept in the concession stand. Each Board Member will receive a copy of the Safety Plan via electronic delivery. It is also encouraged that each League Umpire review the Safety Manual.

Volunteer Background Checks

WSLL will have all of their board members, managers, coaches, umpires and other volunteers (i.e.: scorekeepers and snack shack volunteers) complete a current Volunteer Application Form each new season. All leagues are mandated to require volunteer applications and the minimum background check: National Sex Offender Public Registry <http://nsopr.gov>. Leagues are encouraged by the District to use Choice Point as a back up to the NSOPS. It will be the Manager's responsibility to ensure that all of his/her team volunteers have completed and submitted to the Safety Officer a completed Volunteer Application Form. All Volunteer forms are kept on file with WSLL Safety Officer. The Safety Officer will maintain a system for tracking and ensuring that all appropriate volunteer forms have been received and checked.

Training

All managers, coaches, and umpires must have training in basic first aid. In compliance with requirements #5&6, the league will also provide training on fundamentals and mechanics for coaches and managers as well as classes on first aid. All managers and coaches must attend the classes at least once every three years. One team representative will attend each year. In order to be in compliance with the requirement, leagues will have a system in place to track the attendance of the managers and coaches of the meeting for Fundamentals & Mechanics and First Aid. This tracking will be available to the District... There will be a prominent posting of all Emergency Service contacts in the Concession Stand and all Board Member phone numbers, including the Safety Officer's, can be found in the front of this Safety Manual.

Accidents

The Safety Officer is responsible for filing and following through on accident reports with Little League Headquarters. **All accident forms need to be completed in a timely manner by the Manager/Coach and the Safety Officer must be notified.** Safety Officer will contact the injured players parent or guardian within 48 hours upon receiving the report. During this contact S.O. will verify that all information received is correct and advise them of the League's insurance coverage. Safety Officer will record accidents and near miss reports and will submit ideas to the Board on how to avoid such accidents/near misses in the future. See attached **Manager/Coach Accident Reporting Procedures on Page 12.**

First Aid Supplies

First aid kits will be issued to each team manager and should be kept up to date and complete for the duration of the season. Managers **MUST** always have their first aid kit with the equipment at each practice and game. Additional first aid kits will be located at the concession stand at each field.

Equipment

Work in conjunction with the Equipment Manager to ensure that all equipment is in safe condition. Instruct all managers and umpires to inspect equipment before and during each

game for good working and safe condition. All equipment shall be kept in the dugout or in designated fenced-in areas. Equipment shall be inspected regularly for condition as well as for proper fit. The pitching machines must be maintained in good and safe working order (including cords, electrical wiring, fencing, etc. Children are not allowed to operate the pitching machinery at any time.

Fields & Grounds

Before games umpires, managers and coaches will inspect the playing field to make sure that there are no dangerous materials on the ground, in the dugouts or on the fences, such as: sticks, rocks, glass, or holes. After each game the Managers will make sure that all waste is removed from the field and again inspect the entire playing field for dangerous materials or hazards. In addition, after each game the Managers will also check the spectator areas for waste and potential dangerous materials left behind and remove them so that the next game starts in a clean and safe environment for the next group of spectators, players, and coaches. After each game, home team Manager will be responsible to review cleanliness of concession stand and re-enforce concession stand closing procedures. On days when games are not scheduled, the fields and plays area shall be inspected often for holes and other field damage so that they may be repaired before the next scheduled game or practice. Managers must make every effort to make sure there are at least two adults present at practice sessions and games.

Games/Practices

The responsibility of all bats and loose equipment to be removed from the field are that of a regular player or coach assigned for this purpose by the manager. This player will wear a helmet when collecting bats and other equipment during a game. Only Background Cleared managers, coaches, umpires and players are permitted on the playing field or in the dugout during games and practice sessions. During practice sessions and games, all players should be alert and watching the batter on each pitch. Managers are required to have a phone available during all practices/games. If a manager does not have a cell phone available a parent/volunteer or coach must be identified to stay during the entire practice. During warm-up drills, players should be spaced so that errant balls endanger no one. In addition, in our major and minor league facilities, no one is allowed to throw balls to others in non-enclosed areas. Players will stay inside the dugout during the game and will not sit or stand in the door opening. Managers/coaches wills stay in the dugout or entirely behind the screen if available. No one will sit on buckets or squat at the doorway. Only players, managers, coaches, team moms, as needed, and umpires are permitted on the playing field or in the dugout during games and practice sessions. Players may use sunglasses when playing in games or practices. Players are not allowed to wear jewelry of any kind. The one exception is jewelry that alerts medical personnel to a specific medical condition is permissible.

Weather

No games or practice sessions will be held when weather or field conditions are not good, or when lighting is inadequate. Games/practices should not be held on excessively wet fields. The umpires and/or league officials will be responsible for calling games on the account of darkness and bad weather.

Batters

Batters must wear Little League approved protective helmets during all batting practices and games. Use of face guards on batting helmets are permitted and encouraged. Batting

helmets Batting/catchers helmets shall not be painted on nor have stickers placed upon them unless approved by the manufacturer in writing on their approved letterhead. Encourage players to use batting helmets with approved face guards. On deck batters are not allowed with the exception of the upper divisions.

Catchers

Catchers must wear a catcher's helmet (with face mask and throat guard), chest protector, shin guards, long model chest protector, and protective cup with athletic supporter at all times during practice sessions and games. In addition, anyone warming up a pitcher must wear catcher's helmet (with face mask and throat guard) and protective cup with an athletic supporter. (It is highly recommended that a Jill Pad be used for females.) This applies prior to game time, between innings and in bullpen practice. Spotters must also wear a helmet. Managers and Coaches **are not** to warm up pitchers.

Infielders

Infielders are encouraged to wear protective cups and to wear mouth pieces, especially if they have dental appliances (braces). Fielding face guards are permitted and encouraged especially for softball players because of the allowable use of composite bats. Pitchers are allowed to wear protective helmets.

Base-runners

Head- first slides are not permitted. Breakaway bases are placed on both the Major and Minor League Fields. Anchored bases are not allowed.

Protective Equipment

Managers should encourage all players to wear protective cups and supporters for all practice sessions and games. The plastic covering on the outfield fences will be inspected at least weekly to ensure that it continues to be secured properly to the outfield fences in both the major and minor league fields. The outfield warning track on the major field will be inspected monthly to insure its proper condition. Use reduced impact balls for the T-ball Division and Softball Farm Division. Parents of players who wear glasses should be encouraged to provide Safety Glasses. Players must not wear watches, rings, pins, jewelry, or other metallic items.

Miscellaneous

- Youth umpires under the age of 18 will be REQUIRED to wear a mask with dangling throat guard while behind the plate.
- Adhere to the 5 mile an hour speed limit in the parking lot and watch for children coming out between cars and from any other obstacle (i.e.: the bridge over the creek at Pickle Field).
- No youth under the age of 18 shall use any power equipment including riding mowers.
- At no time shall horse play of any kind be permitted on the playing field.
- No alcohol, drugs, cigarettes or any other tobacco products may be used on Little League complexes or at any practices.
- Pets must be on a leash at all times in accordance with City Ordinances.
- No skateboards, scooters, or bikes are allowed near the Concession Stand.
- No climbing or running on the bleachers or standing on the benches in the dugout.
- Do not climb fences and keep gates to dugouts closed at all times.
- Players are not to handle a bat, even while in the dugout, until it is his/her time at bat.

- Skullcaps are not permitted in any division and metal cleats are allowed only in the upper divisions.

Reporting

Notify the appropriate League Safety Officer if any individual is not in compliance with the Safety Code or is in violation of the above safe procedures. In addition, the league president will submit all player and manager registration data to Little League International via the Little League Data Center.

REMEMBER:

A SAFE SEASON IS A SUCCESSFUL SEASON!

Accident Reporting Procedures

- **WHAT TO REPORT:** Any incident that causes any player, manager, coach, umpire, volunteer or spectator to receive medical treatment and/or First Aid MUST be reported to the League Safety Officer who will forward the report to the District Safety Officer. This includes passive treatments such as the evaluation and diagnosis of the extent of the injury and periods of rest. "Near misses" should also be reported to the League Safety Officer so that analysis of the occurrence can be done with preventive measures put into place. A copy of all accident reports will be forwarded to League Headquarters in Williamsport. Correct and timely reporting is imperative to avoid any potential lawsuits and to keep our insurance costs affordable while ensuring the welfare of all participants is protected.
- **WHEN TO REPORT:** A fully completed Accident Notification Form must be submitted to the League Safety Officer (LSO) within 48 hours of the incident. **The 2016 LSO is Heather Ewing and she may be reached at 707-349-1437.** Each Safety Manual includes a small supply of these forms. Additional forms may also be found in the main Safety Manual located in the Concession Stand.
- **HOW TO MAKE THE REPORT:** In the event of an incident, the Accident Notification Form must be completed and signed by the parent(s) or legal guardian of the child and the involved league official. It is imperative that the form be completed in its entirety and submitted to the LSO within 48 hours. Detailed form completion instructions can be found in this manual attached to the form.

- SAFETY OFFICER RESPONSIBILITIES:** Within 48 hours of receiving the incident report, the LSO will contact the injured party or the party's parents/legal guardian; and (1) verify the information received; (2) obtain any other information deemed necessary; (3) check on the status of the injured party; and (4) in the event that the injured party required other medical treatment (i.e.: emergency room visit, doctors visit, etc) will advise the parent/legal guardian of the Little League insurance coverage and the provisions for submitting a claim. If the extent of the injuries are more than minor in nature, the LSO shall periodically contact the injured party to (1) check on the status of the injury, and (2) to offer assistance in any necessary areas such as the completion of insurance forms until such time as the incident is deemed "closed" (i.e.: nor further claims are expected and/or the individual has returned to the league again). A sample of The General Liability Claim form used for insurance purposes can be found in this manual. Additional copies may be found in the main Safety Manual located in the Concession Stand or with the LSO.

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a \$50.00 deductible per claim, up to the maximum stated benefits. This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events. If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, Here is how the insurance works:

1. The Little League Baseball Accident Notification Form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
 - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time

limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.

(b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. a maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment. Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs. No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program. Should there be additional questions, direct those to the League Safety Officer.

Manager/Coach Responsibilities

The Manager is appointed by the president of WSLL and approved by WSLL Board of Directors. The Manager is ultimately responsible for not only the team's actions on the field, but also the actions of their coaches and the encouragement of parents to act in a professional manner as well. The Manager will represent his/her team and the League in a professional and courteous manner during all communications with the umpires, the opposing team, parents and League Officials.

In addition the Manager is responsible for the following items and is also required to ensure that the entire coaching staff complies with these standards:

- ✓ Responsible for the team's conduct, observance of the official rules and deference to the umpires.
- ✓ Responsible for the safety of his players at all times and ensuring that the safety procedures outlined in this manual are adhered to at all times.
- ✓ If a Manager leaves the field, that Manager shall designate a Coach as a substitute and such Substitute Manager shall have all the duties, rights and responsibilities of the Manager.
- ✓ Maintain possession of this Safety Manual at all practices and games in addition to a well stock First-Aid Kit supplied by WSLL. Medical Release Forms for each child will also be in the Manager's possession during all Little League activities.
- ✓ The Manager and designated coaches will attend the mandatory training session on First Aid and fundamentals training given by WSLL.
- ✓ Responsible for ensuring that each team volunteer has completed a Volunteer Application and said form is submitted to Safety Officer for appropriate background check.
- ✓ Appoint a volunteer team parent.
- ✓ Meet with all parents to discuss Little League philosophy of instilling sportsmanship and fair play as well as the various safety issues outlined in this manual.
- ✓ Cover the basics of safe play and the expectation of good sportsmanship at all times with his/her team prior to the start of the first practice.
- ✓ Ensure that the entire coaching staff is dedicated to teaching the players the fundamentals of the game being mindful of positive coaching practices while advocating for safety.
- ✓ Notify a parent immediately if a child is injured or ill.
- ✓ Encourage players to bring water bottles to practices and games and will encourage parents to bring sunscreen for themselves and their children.
- ✓ Ensure equipment is in first-rate working order prior to every session and that the grounds are free from hazards.
- ✓ Ensure that telephone access is available at all activities including practices.
- ✓ Ensure that players returning from an injury leave have a medical release form signed by their doctor. Otherwise, they can not play.

- ✓ Make sure players are wearing the proper uniform and catchers are wearing a cup with athletic supporter in addition to the other required safety equipment.
- ✓ Encourage the concept that *prevention* is the key to reducing accidents to a minimum.
- ✓ Enforce a rule that no bats or balls are permitted on the field until all players have done their proper stretching and a light jog around the field before starting to warm up muscles.
- ✓ Do not leave a child alone at the field.
- ✓ The Manager and the coaching staff will not expect more from their players than what the players are capable of and will help players strive to do their best by teaching safety, team work, sportsmanship and respect for one another.

Volunteer Code of Conduct

The Westshore Little League Board of Directors has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and sign in the space provided below, acknowledging that he or she understands and agrees to comply with the Code of Conduct. Tear the signature sheet on the dotted line and deliver by hand or mail to: Heather Ewing, WSLL Safety Officer, and PO Box 993, Lakeport, CA 95453. In addition, Parents are encouraged to sign up for the Little League E-News.

Westshore 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 a child, an official or any other individual at any time.
- 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-like action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands, or anywhere on the Little League complex while in an intoxicated state. Intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- Smoke while in the stands or on the playing field or in any dugout.
- Be guilty of publicly discussing with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
- In post season play, 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 manipulating 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 expulsion from the game.

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

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

Name of Manager/Coach: _____ Team Name & Division:

Signature: _____ Date:

Safety Training Dates

In order to be in compliance with the requirements set forth by the National Little League, training must be provided on an annual basis in the areas of Fundamentals and Mechanics, Safety Training, Umpire Training, and Basic First Aid. All new managers and coaches are required to attend while returning individuals are required to go through the training once every 3 years although it is recommended that they participate annually. Attendance will be tracked and will be made available to the District Officials upon request.

❖ Administration, Basic First Aid & Safety Training

Date: March 17th

Location: Pickle Field, Lakeport

Presenter: Jesse Smart, or Lars Ewing

❖ Umpire Safety Training

Date: March 23rd 3 pm

Location: Terrace Gym, or field Lakeport

Presenter: Lars Ewing, Jesse Smart

Fire Extinguishers

Remember to use PASS:

1. Pull the pin
2. Aim at a distance of 6 feet
3. S- 4. Sweep at the bottom of the fire

- Contact the Fire Department immediately
- If the fire is out of control, evacuate the building and the surrounding areas

Westshore Little League has three (3) fire extinguishers that are purchased new every year. The locations are listed below. All managers, coaches, parent volunteers and concession stand workers should familiarize themselves with both the locations of the extinguishers and how to operate them prior to the working in any capacity.

- ❖ Pickle Field Concession Stand
- ❖ Minor Field Storage Room
- ❖ Batting Cage

All three of these extinguishers were purchased February 2019.

Field Maintenance Procedures

- Prior to the beginning of each season, the Safety officer will conduct a visual inspection of all fields planned to be used in the upcoming season. The report of the condition of each field shall be recorded on Little League's annual Facility Survey, which shall become part of the Safety plan submitted to Little League International and the District Office. In addition, the plan shall become the basis for updating the League's Long-Range Facility Improvements Plan.
- No one is allowed to accompany the operator on any driven machinery at any time.
- No one under the age of 18 may operate machinery of any kind.
- Read instructions thoroughly prior to the use of any equipment.
- In sheds containing chemicals, field maintenance equipment, or any compounds used in marking the fields the door must be kept closed and locked at all times.
- Do not use pesticides.
- Maintain a clean, tidy and safe environment in sheds at all times.
- Children are not allowed on the field during field maintenance procedures such as dragging the infield or mowing the grass.
- Anyone performing field maintenance activities should always be on the lookout for any unsafe conditions such as high spots or holes in the field, damaged outfield fencing and/or protective fence tops, damages to dugout or bullpens, hazards in the infield including the pitching mound and batters box. Any hazards either need to be corrected right away or reported to appropriate league officials for repair prior to any subsequent practices or games.

First Aid

First Aid Do's . . .

- ✓ Assess the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- ✓ Do not ask the victim to move, and do not move the victim yourself.
- ✓ Look for signs of *injury* (*blood, black-and-blue, deformity of joint etc.*).
- ✓ Feel gently and carefully the injured area for signs of swelling or grating of broken bone. Check the victim from head to toe, so you do not overlook any problems.
- ✓ Notice if the victim is drowsy, not alert, or confused.
- ✓ 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.
- ✓ Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- ✓ Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- ✓ Ask the victim again about the areas that hurt.
- ✓ Ask the victim to move each part of the body that doesn't hurt.
- ✓ Check the shoulders by asking the victim to shrug them.
- ✓ Check the chest and abdomen by asking the victim to take a deep breath.
- ✓ Ask the victim if he or she can move the fingers, hands, and arms.
- ✓ Check the hips and legs in the same way.
- ✓ Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
- ✓ Look for odd bumps or depressions.
- ✓ 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.
- ✓ 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.
- ✓ When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
- ✓ Know your limitations.
- ✓ Call 9-1-1 immediately if person is unconscious or seriously injured.
- ✓ 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 and how to prevent it in the future.

First Aid Don'ts...

- ✓ 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.) Do not transport injured individual except in extreme emergencies.

9-1-1 Procedures...

- ✓ The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these four steps.
 - First Dial **9-1-1**.
 - Give the dispatcher the necessary information. Answer any questions that he or she might ask.
 - Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim. Continue to care for the victim till professional help arrives.
 - Appoint somebody to go to the street and look for the **ambulance** and **fire engine** and flag them down if necessary. This saves valuable time. Remember, every minute counts.

When to call...

- ✓ If the injured person is unconscious, call **9-1-1** immediately.
- ✓ Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call **9-1-1** anyway if your instincts are telling you to. Better to be safe than sorry.
- ✓ 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.

Also call **9-1-1** for any of these situations...

- ✓ Fire or explosion
- ✓ Downed electrical wires
- ✓ Presence of poisonous gas
- ✓ Vehicle Collisions
- ✓ Vehicle/Bicycle Collisions
- ✓ Victims who cannot be moved easily

Checking an Unconscious Victim...

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

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 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. Do not try to move victim as to potentially damage further the injured area.

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.

Head & Spine Injuries: 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 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.

First Aid Signals of Head and Spine Injuries...

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

General Care for Head and Spine Injuries...

- ✓ Call 9-1-1 immediately.
- ✓ Minimize movement of the head and spine.
- ✓ Maintain an open airway.
- ✓ Check consciousness and breathing.
- ✓ Control any external bleeding.
- ✓ 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.

- ✓ 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.
- ✓ If a player complains of pain in his chest after being struck, immediately call 9-1-1 and treat the player until professional medical help arrives.

Treatment 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:

- ✓ 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.
- ✓ Control any external bleeding.
- ✓ Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
- ✓ Try to reassure the victim.
- ✓ Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.
- ✓ Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
- ✓ Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

Bleeding in General

- ✓ Before initiating any First Aid to control bleeding, be sure to wear the ***latex gloves** to avoid contact of the victim's blood with your skin.
- ✓ Have the victim lie down.
- ✓ Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
- ✓ Apply direct pressure on the wound with a sterile pad or clean cloth.
- ✓ If bleeding is controlled by direct pressure, **bandage firmly** to protect wound. Check pulse to be sure bandage is not too tight.
- ✓ If bleeding is not controlled by use of direct pressure, **apply a tourniquet** only as a last resort and call **9-1-1** immediately.

Nose Bleed

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

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.
- ✓ **COVER**... to absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads. (Handle only the edges of sterile pads or dressings)
- ✓ **TAPE**... to secure with First-Aid tape help keep out dirt and germs.

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.
- ✓ Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
- ✓ If debris is on tooth, gently rinse with water.
- ✓ If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. **Do only** if athlete is alert and conscious.
- ✓ If unable to re-implant:
 - Best - Place tooth in Saline Solution
 - 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)

- ✓ **EXTRUDED TOOTH** - Upper tooth hangs down and/or lower tooth raised up.
 - Reposition tooth in socket using firm finger pressure.
 - Stabilize tooth by gently biting on towel or handkerchief.
 - **TRANSPORT IMMEDIATELY TO DENTIST.**

- ✓ **LATERAL DISPLACEMENT** - Tooth pushed back or pulled forward.
 - Try to reposition tooth using finger pressure.
 - Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
 - **TRANSPORT IMMEDIATELY TO DENTIST.**

- ✓ **INTRUDED TOOTH** - Tooth pushed into gum - looks short.
 - Do nothing - avoid any repositioning of tooth.
 - **TRANSPORT IMMEDIATELY TO DENTIST.**

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

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:

- ✓ For mild or moderate symptoms, wash with soap and cold water.
- ✓ 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.
- ✓ For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
- ✓ If victim has gone into shock, treat accordingly

Heat Illnesses...

Players can experience this illness especially in the late spring early summer months where ambient temperatures can reach 110 degrees. Some individuals can develop symptoms of heat stroke suddenly and rapidly without warning.

Symptoms:

- ✓ nausea,
- ✓ vomiting,
- ✓ fatigue or weakness
- ✓ Dizziness or disorientation
- ✓ headache,
- ✓ Facial flush or redness

Treatment:

- ✓ Get the victim to a shady area, remove clothing, apply cool or tepid water to the skin (for example you may spray the victim with cool water from a garden hose), fan the victim to promote sweating and evaporation, and place ice packs under armpits and groin.
- ✓ If the person is able to drink liquids, have them drink cool water or other cool beverages that do not contain alcohol or caffeine.
- ✓ Monitor body temperature

CPR Quick Reference Guide

Determine unresponsiveness (ask the person if he or she is okay, gently tap the shoulders). If no response, yell for help. If no one responds to your call for help and the victim is an adult, you must call EMS (911) NOW. If the victim is a child or infant and no one responds to your call for help, provide 1 minute of care, then call EMS (911). If another bystander is present, have him or her call EMS (911) and provide care until EMS takes over.

A = Open the airway.

- Look at the chest (up/down movement).
- Listen for breaths.
- Feel with your cheek for breaths.

B = Breathe (2 times).

C = Check circulation.

Table 2. Guidelines for Chest Compressions

	INFANT Ages 0 - 1	CHILD Ages 1 - 8	ADULT Over 8 years old
Compress with	2 fingers	Heel of 1 hand	Heel of 2 hands
Depth of compressions	½ to 1 inch	1 to 1½ inches	1½ to 2 inches
Compression rate	At least 100/min.	Approximately 100/min.	Approximately 100/min.
Ratio compressions to ventilations	5:1	5:1	15:2
Count	1, 2, 3, 4, 5	*1 & 2 & 3 & 4 & 5	*1 & 2 & 3 & 4 & 5... 10,11,12,13,14,15

*Any mnemonic that meets the approximate rate of 100 compressions per minute is acceptable. This cadence for adult drops the "and" between numbers at 10.

Child Abuse

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." 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 WSLL. Like all safety issues, prevention is the key.

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 everyone should be aware of any suspicious visitors and/or activity. Individuals should not be allowed to wander through the area without the knowledge of the Managers, Coaches, Board Directors or any other Volunteer.

Reporting:

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

Disaster Procedures

Earthquakes & Lightning

- LIGHTNING PROCEDURE

1. Stop Game/Practice
2. Stay away from metal fencing
3. Do not hold metal bat
4. Walk, do not run, to car and wait for a decision on whether to continue.
5. Remove spectators from the metal bleachers
6. Avoid high places and open fields.

- EARTHQUAKE PROCEDURE

1. Stop where you are, do not attempt to run or walk.
2. If you are outdoors, lay down on the ground and brace yourself. Placing your hands over your head protecting you head and neck.
3. Move away from building, light poles, and fences so falling or disturbed objects will not hit you.
4. Stay calm.

Evacuation Plan

Severe storms, lightning, earthquakes and fire are all possible in Northern California. While less likely to occur in Lake County than these types of natural disasters, we should never rule out the possibility of a bomb threat, hazardous material spill or even a terrorist attack impacting the facilities used by the Westshore Little League.

Mass panic can be one of the greatest dangers during a disaster, whether it be real or perceived. Managers, coaches, and other volunteers must remember that young people will look for leadership to those who are normally in an authoritative position. It is therefore critical that you remain calm, size up the situation, and take action based on known facts and plans.

Should an emergency arise that would require the evacuation of any game or practice, the following general guidelines should be followed:

- All players shall return to the dugout and wait for their parents or guardians to come and get them. If the dugout is itself a hazard, keep all players in another central location.
- During an emergency, players should only be released to the parent, guardian or other person specified on the Little League Medical Release form.
- If a player's parent or guardian is not attending the game or practice, the Manager shall take responsibility for evacuating that child.

- Once parents have obtained their children, they will proceed to their vehicles in a calm and orderly manner.
- Drivers must then proceed slowly and cautiously out of the facility at not more than 5 MPH.
- Once outside of the facility or grounds, drivers will observe the posted speed limits while being mindful of any incoming emergency vehicles.