Cranston Western Little League

2020 Safety Plan

Prepared by Joe Corso

Safety Officer, 2020

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CWLL Policy Statement

Cranston Western Little League (CWLL) is a non-profit organization run by volunteers whose mission is to provide an opportunity for our community's children to learn the game of baseball in a safe and friendly environment.

The objective of CWLL shall be to implant firmly in the children of the community the ideals of good sportsmanship, honesty, loyalty, courage and respect for authority, so that they may be well adjusted, stronger and happier children and will grow to be good, decent, healthy and trustworthy citizens.

To achieve this objective, CWLL will provide a supervised program under the rules and regulations of Little League Baseball, Inc. All directors, officers and members shall bear in mind that the attainment of exceptional athletic skill or the winning of games is secondary, and the molding of future citizens is a prime importance.

A Note to All Managers and Coaches

This safety manual represents the latest in up-to-date information for CWLL. We have updated this manual to incorporate the latest guidelines as set forth from the Little League baseball headquarters.

The league's policy is to use the mandated volunteer application form which you signed during the registration period. This year's signup also incorporates background checks and sexual registry checks which have already been conducted on most of our coaches over the past few weeks. This will continue into the upcoming 2020 season. We feel that this is necessary to ensure the safety of our children, and is in accord with recommendations from Little League Headquarters (Volunteer Application form is included in this package, Appendix 6).

The safety sessions will be presented this year as part of the coach's training clinic on March 17th at Rhode Island Baseball Institute. Everyone that volunteers at CWLL must fill out a Volunteer Application form and will be checked for sex abuse, attend one of the Safety sessions and coaches/managers must attend the coach's clinic sessions, no exceptions. Last year, many coaches and managers attended, and received valuable training in safety issues. All the information from the First-aid sessions will be posted in this Safety Manual.

This manual includes emergency telephone numbers, as well as information on dealing with emergencies and reporting injuries to the Safety Officer, Joe Corso.

ALL INFORMATION REGARDING SAFETY AND OTHER ISSUES IS AVAILABLE ON OUR WEB SITE: https://www.cwllyouthbaseball.com

Every year, CWLL is required by the Little League Headquarters to submit a 'Qualified Safety Program Registration' and a 'Little League National Facility Survey'. These documents are sent to the Little League Headquarters prior to the start of the season. League Little Officials review these documents to make sure that we are conforming to Little League policies and procedures. If CWLL does not meet these requirements, actions must be taken to meet all requirements.

We will continue to carry out procedures for monitoring the food preparation and delivery for the concession stand. Since the concession stands grill hot dogs/hamburgers and does keep perishable food in the refrigerator for more than two or three days, we will review these procedures on a regular basis.

We have instituted procedures for prompt accident reporting by coaches and managers. All the required forms and information are included in this report. This includes the phone numbers and e-mail addresses of the safety officer and board members.

Review of 2019

- CWLL completed a very successful 2019 season for its Major's level, Minor's level, Instructional, T-Ball and Challenger divisions.
- Congratulations to the 12 year old All-Star team for winning the District 1 Championship and advancing to the State Championship.
- Congratulations to the 11 year old All-Star team for winning the District 1 Championship and advancing to the State Championship.
- Congratulations to the 10 year old All-Star for winning the District 1 Championship, State Championship, and New England Regional Championship.
- The CWLL Challenger Division experienced another successful season, capping it off with the annual Paw Sox Clinic at McCoy Stadium.
- CWLL hosted the 2019 9-10 Year-old Eastern Region Invitational.
- DiPrete Field on Oaklawn Ave. will continue to be used as a practice facility for T-Ball, AA, and Challengers.
- CWLL's background check has been very successful and is currently underway again for the upcoming season.
- Grounds Director held a training session on how to maintain a field focusing on raking and any other tasks required to keep the fields in safe playing conditions. This training session was held in the Spring during field cleanup,
- Safety nets to protect fans were installed on Varrato Field.
- Raised bleachers were installed, and improvements to the bullpens were made on Santamaria Field.
- Two additional batting cages were added at the Chafee Sports Complex on Hope Road, bringing the total to four.
- Concession stand, press box, and equipment shed received a complete makeover and painting at the Sherman Avenue Complex.
- CWLL continued the Michael P. Varrato Scholarship Fund to offer college scholarships to former CWLL players.

Previews for 2020

- Safety meetings for managers and coaches will be held as part of the coach's clinics on March 14th at Rhode Island Baseball Institute.
- CWLL will be host the 9-10 Year Old Eastern Region Invitational the week of August 7-15, 2020.
- Both Verrato Field and Santamaria Field will have the infields resodded.
- Lighting will be installed in the parking lot at the Chafee Sports Complex.
- CWLL will offer Girls Softball from ages 4-12 years old with All Star Team participation.
- The Sherman Ave. Complex will continue to serve as the Minor League Complex.
- We are in compliance with the new USA baseball bat standard.
- First-Aid kits, Defibrillators, and Cold Packs will be checked and any issues identified will be addressed before the start of season.
- Suggestions for improvements to Safety or other items are encouraged, please contact the Safety Officer or a Board member via phone or e-mail.
- A bulletin board is located at Sherman Ave. and the CWLL web site, https://www.cwllyouthbaseball.com, will be used to post meetings, newsletters and other items related to the league.

Safety Program Checklist - Summary Information

CWLL is committed to meeting the fifteen (15) requirements of the *A Safety Awareness Program* (ASAP) established by Little League.

1. CWLL has an active safety officer on file with Little League International - 2020 Joe Corso.
2. CWLL publishes and distributes a paper copy of this safety manual to volunteers.
3. CWLL posts and distributes emergency and key officials' phone numbers. They are included in this plan.
    - This plan includes emergency procedures for handling injuries and who to contact to track/report them.
    - This plan includes emergency phone numbers for ambulance, police, fire department, etc.
4. CWLL uses the 2020 Volunteer Application Form and check for sex abuse .
5. CWLL provides and requires fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.)
6. CWLL requires coaches/umpires to walk fields for hazards before use.
7. CWLL will complete the 2020 ANNUAL Little League Facility Survey.
8. CWLL has written safety procedures for concession stand included in this plan; concession manager will be trained in safe food handling/prep and procedures.
9. CWLL requires regular inspection and replacement of equipment.
10. CWLL implements prompt accident reporting, tracking procedure
    - Accident forms to safety officer within 24-48 hours of incident is common.
    - Forms are available through Little League website.

- CWLL will encourage tracing of "near-misses" as a proactive tool to evaluate 6-7 practices and avoid future injuries.
- CWLL will share information on accidents and "near-misses" with District staff.

11. CWLL requires a first-aid kit at each game and practice.
12. CWLL enforces Little League rules including proper equipment.
13. CWLL will submit a qualified safety plan registration form with its ASAP plan.
14. CWLL will submit league player registration data or player Roster data and coach and manager data
    - League player registration data or player roster data and coach and manager data must be submitted via the Little League Data Center at www.LittleLeague.org. This is a mandatory requirement for an approved ASAP plan in 2020.

Important Reminders

- CWLL has two industrial-sized first-aid kits which include splints, arm slings, ace wraps, 3 inch cloth tape rolls and shoulder immobilizers. One is at Sherman Avenue Field at the concession stand, and the other is at Briggs Field complex in the concession stand.
- Each equipment bag includes a basic first-aid kit and cold packs. The safety kit is required to be at every game and practice. Replacements are made as necessary during the season.
- Coaches and umpires will be urged to check the playing surface and repair damage as much as possible prior to a game or practice. They will also continue to monitor their players for those who might be digging up sod, etc, during a game.
- Fields are to be prepared before each game by the home team and the visiting team will be responsible to maintain the field after each game. Managers, coaches and parents can assist with this.
- If you have any suggestions at any time, please feel free to contact any of the CWLL board officers, regarding any safety issues or player issues that you may have. Please refer to the phone numbers listed in this document.
- **Coaches are Medically and Legally responsible for ensuring the safety of their players…**
- IT IS NEVER MORE IMPORTANT TO FINISH AN INNING THAN TO PROTECT THEIR PLAYERS…

CWLL - 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 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 CWLL 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 in the stands or on the playing field or in any dugout at any time. Smoking will only be permitted in designated areas which will be 20 feet from any spectator stands or dugouts.
- 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 Board of Directors will review all infractions of the CWLL Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

Board of Directors 2019-2020

President	Steve Piscopiello
Vice President	Gary Bucci
Vice President/Minor League Director	James Sweeney
Treasurer	Steve Nani
Secretary	Emily Grammas
Registrar	Anthony Simeone
Assistant Registrar	Jon Small
Assistant Registrar	Dennis Phillips
Major League Coordinator	Michael Miller
AAA Coordinator	Joe Pizzuti
AA and T-Ball Coordinator	Nick Ruggieri
T-Ball Coordinator	Josh Weidenroth
Challenger Coordinator	Joe Corso
Fundraising Development Committee	Anthony Manzi
	John Palazzo
	Jimmy Grammas
	Chris Sonnor
	Matt Gomez
Safety Officer	Joe Corso
Field Maintenance	Wayne Jacques
Player Agents	Billy Guglietta
	Jon Small
Marketing /Social Media Committee	Randy Stoloff
Volunteer Coordinators	Francisco Albino
Equipment Manager	Al Sparling
Umpire Coordinator	John Fontaine
Special Events	Susan Gately

✓ **This list will be posted in the concession areas and dugout areas.**

CWLL - Safety Code

The Board of Directors of CWLL has mandated the following Safety Code. All managers and coaches will read and understand the following Safety Code and then read it to the players on their team. Responsibility for safety procedures belong to every adult member of CWLL.

- Arrangement should be made in advance of all games and practices for emergency medical services.
- Managers, coaches and umpires should have some training in first-aid. First aid kits are available at the field.
- No games or practices should be held when weather or field conditions are not suitable, particularly when there is lightning.
- Play will be halted with the first lightning strike. Play may resume according to league rules.
- Play area should be inspected frequently for holes, damage, glass and other foreign objects.
- Dugouts and bat racks should be positioned behind screens.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose or manager/coaches.
- Procedure should be established for retrieving foul balls batted out of the playing area.
- During practice sessions in games, all players should be alert and watching the batter on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by errant balls.
- Equipment should be inspected regularly. Make sure it fits properly.
- Batters must wear protective NOCSAE helmets during practice, as well as during games.
- Catchers must wear catcher's helmet (with facemask and throat guard), chest protector and shin guards. Male catchers must wear long model chest protector (divisions below junior/senior league), protective supporter and cup at all times.
- Except when runner is returning to a base, headfirst slides are not permitted. This rule applies to Little League (majors, minors and T-ball)
- During sliding practice bases should not be strapped down.
- At no time should "horseplay" be permitted on the playing field.
- 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.
- Catchers must wear catcher's helmet, facemask and throat guard in warming up pitchers. This applies between innings and in bullpen practice. Skullcaps are not permitted.
- Batting/catcher's helmet should not be painted unless approved by the manufacturer.
- Regulations prohibit on-deck batters. This means no player should handle a bat,

even while in an enclosure, until it is his/her time that bat. This rule applies to Little League majors, minors and T-ball. NO on deck hitters are allowed.

- Players who are ejected, ill or injured should remain under supervision until released to the parent or guardian.
- Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to himself / herself and to others.
- Umpires, Managers and Coaches are to inspect the playing fields for hazards prior to each game.
- Each manager and Coach will attend at least one baseball clinic to teach children the proper throwing, batting, catching and sliding techniques.
- Only league-approved managers and/or coaches are allowed to practice the teams.
- Managers and Coaches are responsible for ensuring that all players are wearing Little League approved athletic cups and supporters. They are to ensure that catchers are wearing the proper equipment, and those players that function as first base coaches are wearing batting helmets.
- Only league-approved managers and/or coaches will supervise batting cages.
- First aid kits are issued to each team manager during the preseason and additional kits and ice packs are located at the concession stand.
- CWLL will conduct a criminal background check of all volunteers. Each individual must fill out a 2018 volunteer application form.
- CWLL will complete the 2018 Annual Little League facility survey.
- Only players with the correct catching equipment are allowed to warm up the pitcher between innings, before or during the game.
- A cellular phone must be available at all times during games or practices by either the manager, coach or a parent.
- The pitching machine is to be operated by an adult only, **NO** players or minors are allowed inside the pitching machine building. Procedures are located on the door and they must followed, no exceptions.

Important Phone Numbers and Urgent Care Locations

- 911 Emergency
- 461-5000 Cranston Rescue
- 942-2211 Cranston police
- Urgent Care and Treatment Centers Locations:
    - CONCENTRA (STAT CARE) 400 Bald Hill Rd., Suite 511, 737-4420 (Near Macy's Warwick Mall) Warwick, RI 02886
    - GARDEN CITY TREATMENT CENTER 1150 Reservoir Ave. 946-2400, Cranston, RI 02920 (Across from Coastway Community Bank)
    - ATWOOD MEDICAL CENTER 1524 Atwood Ave. 272-1900, Johnston, RI 02919
    - MIDLAND MEDICAL URGENT CARE 1312 Oaklawn Ave. 463-3380, Cranston, RI 02920

Cell phones are required at all games and practices.

Each manager and coach must have the parents' home and cell numbers, as well as other emergency contacts during all games and practices. A good place to have this information is in the equipment bag.

Injury Referral

For any minor injury, best advice to give parent is to have child examined at the local treatment center or emergency room.

All are equipped with X-Rays, Lab, etc. to check for fractures, and are able to contact orthopedic specialist or other specialists, as needed.

9-1-1 Emergency Number

The most important help that you can provide to a seriously injured victim is a 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 to make the call from a nearby telephone. Be sure that you or another caller follows these steps.

Dial **9-1-1**.

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.

  Sherman Avenue complex is located at Sherman Avenue. Cranston, RI 02921 cross-streets are Sherman Avenue and Cranston Street

  Briggs Fields Complex is located at Hope Road Cranston, RI 02921. Landmark is the Chaffee Athletic Complex

- 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 were involved?
- The condition of the injured person – i.e., unconsciousness, chest pains, or severe bleeding
- What help (first aid) is being given.
- Do not hang up until the dispatcher hangs up. The dispatcher may be able to tell you how to best care for the victim.
- Continue to care for the victim until 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 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 a seizure, 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.
- Presence of poisonous gas.
- Vehicle Collisions.
- Vehicle/Bicycle Collisions.
- Victims who cannot be moved easily.

CWLL Important Do's and Don'ts
Do's

- Assess 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. 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.
- Advise the child that you are going to examine the injury before you touch the child.
- Reassure and aid children who are injured, frightened or lost.
- Provide, or assist in obtaining, medical attention for those who require it. (i.e. call rescue **9-1-1** immediately)
- Carry your first-aid kit to all games and practices.
- Have ice packs available for the game and practice.

Don'ts

- Administer any medications.
- Provide any food or beverages (other than water or ice).
- 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.
- Leave an unattended / injured child at a game.
- Conduct a practice without at least two adults in attendance at all times.

Little League rules state that "when a player misses more than seven (7) continuous days of participation for illness or injury, a physician or other accredited medical provider must give written permission for a return to full baseball activity."

Accident Reporting Procedure

What to report –

An incident that causes any player, manager, coach, umpires, or volunteers to receive medical treatment and/or first aid must be reported to the CWLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury. Accident Report form is located in the Appendix section.

When to report –

All such incidents described above must be reported to the CWLL Safety Officer within 24 hours of the incident. The CWLL Safety Officer, Joe Corso, can be reached at the following:
Phone: (401) 864-4360 Email: jjcorso@cox.net

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.
- First Aid given.
- Did the individual receive any professional care?
- Team manager is responsible for filling out the CWLL Activities/Reporting form and submitting it to the CWLL Safety Officer within 24 hours of the incident. CWLL
- Activities/Reporting form can be found in the Appendix 3.

Guidance on Urgent Care and First Aid

Checking the Victim

Conscious Victims:
If the victim is conscious, ask what happened. Look for life-threatening conditions. The victim may be able to tell you what happened, and also 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.

2) Check the victim from head to toe, so you don't overlook any problems.

- Do not ask the victim to move, and do not move the victim yourself.
- Examine the scalp, face, ears, nose, and mouth.
- Look for cuts, bruises, bumps, or depressions.
- Watch for changes in consciousness.
- 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, perhaps what care to give, 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.
- 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*:**

- 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.
- Begin CPR per guidelines further described in Appendix 7.

When treating an injury, remember:

Rest
Ice
Compression
Elevation

Safety Officer's Responsibilities
Accidents occurring outside the team or if a team does not appoint a Team Safety Officer (i.e., spectator injuries, concession stand injuries and third party injuries) shall be reported directly to the CWLL Safety Officer.

Within 24 hours of receiving the CWLL Activities/Reporting form, the CWLL 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 CWLL's insurance coverage and the provision for submitting any claims.

- If the extent of the injuries are more than minor in nature, the CWLL 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).

Muscle, Bone, or Joint Injuries

***Symptoms of Serious Muscle, Bone, or Joint Injuries*:**

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

- Significant deformity
- Bruising and/or swelling
- Inability to use the affected area 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 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 and elevate the 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 it's a twisted ankle, do not remove the shoe -- this will limit the swelling.
- Consult professional medical assistance for further treatment if necessary.

***Treatment for fractures*:**

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

***Treatment for broken bones*:**

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

***Concussion*:**

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

- Remove player from the game.
- See that the victim gets adequate rest.
- Note any symptoms and see if they change within a short period of time.
- If the victim is a child, tell parents about the injury and have them monitor the child after the game.
- Urge parents to take the child to a doctor for further examination.
- 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 spine injuries.)

Head and Spine Injuries

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

- A fall from a height greater than the victim's height.
- Any bicycle, skateboarding, rollerblade 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.

***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, or 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 until paramedics arrive and take over.

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.

Sudden Illness

When a victim becomes suddenly ill, s/he 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*:**

- Call 9-1-1
- Help the victim rest comfortably.
- Keep the victim from getting chilled or overheated.
- Reassure the victim.
- Watch for changes in consciousness and breathing.
- 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, only 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.

Refer to Appendix 7 for CPR Guidelines - CONTINUE UNINTERRUPTED UNTIL ADVANCED LIFE SUPPORT IS AVAILABLE.

Automated External Defibrillator (AED) – Setup (see box)

Automated External Defibrillator (AED) – Directions (see box)

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*:**

- 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.

Breathing Problems/Emergency Breathing
***If Victim is not breathing*:**

- Position victim on back while supporting head and neck.
- With victim's head tilted back and chin lifted, pinch the nose shut.
- Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.
- Check for a pulse at the carotid artery (use fingers instead of thumb)
- If pulse is present but person still not breathing give 1 slow breath every 5 seconds. Do this for about 1 minute (12 breaths).
- Continue rescue breathing as long as a pulse is present but person bit breathing.
- ***If Victim is not breathing and air won't go in*:**
    - Re-tilt person's head.
    - Give breaths again.
    - 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.
    - Give up to 5 abdominal thrusts.
    - Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.
    - Tilt head back, lift chin, and give breaths again.
    - Repeat breaths, thrust, and sweeps until breaths go in.

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.

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.

Heart Attack
Signals of a heart attack

Heart attack pain is most often felt in the center of the chest, behind the breastbone. It may spread to the shoulder, arm or jaw. Signals of a heart attack include:

- Persistent chest pain or discomfort - Victim has persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication. Pain may range from discomfort to an unbearable crushing sensation.
- Breathing difficulty
- Victim's breathing is noisy.
- Victim feels short of breath.
- Victim breathes faster than normal.
- Changes in pulse rate
- Pulse may be faster or slower than normal.
- Pulse may be irregular
- Skin appearance
- Victim's skin may be pale or bluish in color.
- Victim's face may be moist.
- Victim may perspire profusely.
- Absence of pulse
- The absence of a pulse is the main signal of a cardiac arrest.
- The number one indicator that someone is having a heart attack is that he or she will be in denial. A heart attack means certain death to most people. People do not wish to acknowledge death therefore they will deny that they are having a heart attack.

Care for a heart attack

- Recognize the signals of a heart attack.
- Convince the victim to stop activity and rest.
- Help the victim to rest comfortably.
- Try to obtain information about the victim's condition.
- Comfort the victim.
  Call ***9-1-1*** and report the emergency.
- Assist with medication, if prescribed.
- Monitor the victim's condition.
- Be prepared to give CPR if the victim's heart stops beating (Refer to the CPR Guidelines in Appendix 7 of the Safety Plan)

When to stop

- If another trained person takes over CPR for you.
- If Paramedics arrive and take over care of the victim.
- If you are exhausted and unable to continue.
- If the scene becomes unsafe.

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.

Bleeding in General

Before initiating any First Aid to control bleeding, be sure to wear the **latex-free 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:

- **Act quickly**. Have the victim lie down. Elevate the injured limb higher than the victim's heart, unless you suspect a broken bone.
- **Control bleeding** by applying 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 or 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**... with ointment supplied in your First-Aid Kit to protect against ontamination.
- **COVER**... wound with Band-Aids, gauze, or sterile pads supplied in your First-Aid Kit to absorb fluids and protect. (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:

- First wash your hands thoroughly, then gently wash affected area with mild soap and water.
- 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.

- Loosen skin around splinter with needle; use tweezers to remove splinter. If splinter breaks or is deeply lodged, consult professional medical help.
- Cover with adhesive bandage or sterile pad, if necessary.

Bee Stings:

- Most bee stings result in significant swelling in the local area of the sting. Generally, the area of sting may be iced for 10-15 minutes without much further concern.
- However, limited individuals have significant reaction to bee stings which results in swelling of the lips, tongue, and larynx (voice box). These individuals need immediate treatment. Giving epinephrine (Epi-Pen) in these situations can be lifesaving. Check to see if the individual has an Epi Pen.
- Rescue should be called immediately.
- As soon as a player or fan complains of swelling of the lips or tongue following a bee sting, rescue should be contacted.
- Epinephrine should be administered (if available).
- Nothing should be put in the mouth.
- Player or fan should be kept comfortable.

Anaphylaxis

Anaphylaxis is defined as a severe systemic allergic reaction.

Anaphylaxis and anaphylaxis death are becoming more common and particularly affect children and young adults.

Anaphylaxis reactions usually involve one or both of the following:

- Respiratory difficulty (may be due to laryngeal swelling or asthma).
- Hypotension (decreased blood pressure presenting as fainting, collapse, or loss of consciousness).

Anaphylaxis is easily treatable, and patients can make a complete recovery. Coaches, managers, volunteers and parents should be aware of what anaphylaxis is, recognize it when it occurs, and be able to treat it quickly and calmly.

Don't give Epinephrine/Adrenalin if it's not Anaphylaxis

- Someone who has generalized itching does not have anaphylaxis because that person does not have respiratory difficulty or hypotension.
- Someone who has lip swelling does not have anaphylaxis because that person does

not have respiratory difficulty or hypotension.
- Someone who has rhinitis (runny nose) does not have anaphylaxis because that person does not have respiratory difficulty or hypotension

***Symptoms of allergic reactions*:**

- Erythema
- Generalized itching
- Urticaria (hives)
- Swelling of lips, face
- Swelling of throat (laryngeal edema)
- Asthma symptoms
- Rhinitis (allergy symptoms)
- Nausea, vomiting, abdominal pain
- Palpitations
- Sense of impending doom
- Fainting, lightheadedness
- Collapse
- Loss of consciousness

***Common Causes of allergic reactions*:**

- Foods
- Bee and wasp stings
- Drugs
- Latex rubber

***Foods commonly causing allergic reactions*:**

- Peanuts
- Peanut powders (in jelly beans and other candies, foods)
- Tree nuts (e.g., brazil nut, almond, hazelnut--muesli)
- Fish
- Shellfish
- Egg
- Milk
- Sesame
- MSG (Chinese foods)
- Soy
- Sulfites

***Medications commonly causing allergic reactions*:**

- Antibiotics (Penicillin, Sulfa, Codeine, Aspirin, Tylenol, Ibuprofen, Erythromycin, and others)
- Opioid analgesics

***Clinical Features of allergic reactions*:**

- If allergen injected systemically (insect stings) cardiovascular problems, especially hypotension and shock will usually be most prominent.
- If allergen ingested orally, lip, facial, and laryngeal edema will usually be prominent.

***Treatment of Anaphylactic Reactions*:**

- EpiPen (Epinephrine/adrenalin) delivers 300 mcg (**over age 11**)
- Epipen, Jr (Epinephrine/adrenalin) delivers 150 mcg (**under age 11**)
- Albuterol, Ventolin, or Proventil inhaler may be used if asthma is occurring. It may be mildly effective for laryngeal swelling/stridor, if EpiPen is not available.

***Side effects of Epinephrine (EpiPen*):**

- Palpitations, fast heart beat, sweating, nausea and vomiting and respiratory difficulty.

Emergency Anaphylaxis Care Plan for CWLL

***Key Points*:**

- Know which children have allergies to bees, peanuts and other foods, medications, etc.
- Inform parent that the child must have a responsible party available to administer an EpiPen or an EpiPen, Jr. The responsible party should have a cell phone and 911 programmed.
- If a responsible party designated by the parent is not available, a waiver must be signed resolving CWLL of any responsibility.

***Plan*:**

- CWLL does not have EpiPens in the first aid kits or concession stands. Please coordinate with parents regarding potential allergies (i.e. bees, peanuts, tree nuts, other foods, medications, etc.) and any need for EpiPens. If your team has a player(s) with an allergy that needs access to an EpiPen, please make sure you

coordinate with the parents.

- **Lateral thigh muscle is the only area where EpiPen may be delivered. EpiPen may be delivered through clothing.**
- **EpiPen is held in place for 8 seconds to assure delivery of medication**.
- Needle should be forcibly folded with the pen after usage.
- Know the signs and symptoms of anaphylaxis; when to administer, when **NOT TO** administer EpiPen or EpiPen, Jr.
- Call for help **9-1-1**; transport patient to nearest emergency care facility.
- Check breathing and pulse; if no breathing or pulse, CPR must be administered (Refer to the CPR Guidelines in Appendix 7 of the Safety Plan)
- **If patient becomes symptomatic again after 10-15 minutes, and has not been transported, re-administer another EpiPen or EpiPen, Jr. (up to 25% will have a reoccurrence.)**
- Give EpiPen or EpiPen, Jr even if adult or child has passed out (only *after obvious anaphylactic reaction has occurred*).
- Stay calm; keep child warm. Do not try to move, administer foods or fluids.
- Wait with child until rescue transports to emergency facility.
- If person is hypotensive (decreased pulse, etc), lay them flat and elevate both legs.
- If person is having respiratory difficulty, they should be sitting up and given oxygen as soon as possible.
- Antihistamines (Benadryl, Zyrtec, and Claritin) may need to be administered if breathing not compromised.
- Report EpiPen, EpiPen, Jr administration to emergency personnel when they come to scene.
- Child or adult should wear Medic Alert bracelet to alert others on medical condition.

Burns

***Care for Burns*:**

The care for burns involves the following 3 basic steps.

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

***Chemical Burns*:**

If a chemical burn,

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

***Eye Burn*:**

If an eye has been burned,

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

***Sunburn*:**

If victim has been sunburned,

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

Penetrating Objects

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

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

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

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.

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.
- Take poison container, or vomit 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.

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

Sunstroke (Heat Stroke)
Symptoms may include: extremely high body temperature (106°F or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.

- Call ***9-1-1*** immediately.
- Lower body temperature quickly by placing victim in partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold, wet sheets or towels in well ventilated room or use fans and air conditioners until body temperature is reduced.
- **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:

- Carefully turn victim toward you and slip a half-rolled blanket under back.
- Turn victim on side over blanket, unroll, and return victim onto back.
- 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.

Prescription Medication

Do not, at any time, administer any kind of prescription medicine. This is the parent's responsibility and CWLL 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 difficulty 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 fill out the medical history forms (*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 is able to breathe normally. If the asthma attack persists, dial **9-1-1** and request emergency service.

Attention Deficit Disorder

What is Attention Deficit Disorder (ADD)

ADD is now officially called Attention-Deficit/Hyperactivity Disorder, or **ADHD**, although most still call it ADD. ADHD is a neurobiological based developmental disability estimated to affect between 3-5 percent of the school age population. Scientific evidence suggests that

the disorder is genetically transmitted in many cases and results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior.

Why should I be concerned with ADHD when it comes to baseball?

Unfortunately more and more children are being diagnosed with ADHD. There is a high probability that one or more of the children on your team will have ADHD. It is important to recognize the child's situation for safety reasons because not paying attention during a game or practice could lead to serious accidents involving the child and/or his teammates. It is equally as important to not call attention to the child's disability or to label the child in any way. Hopefully the parent of an ADHD child will alert you to his/her condition.

Treatment of ADHD

Usually involves medication. **Do not, at any time, administer the medication** -- even if the child asks you to. Make sure the parent is aware of how dangerous the game of baseball can be and suggest that the child take the medication (if he or she is taking medication) before he or she comes to the practice/game. A child on your team may in fact be ADHD but has not been diagnosed as such. You should be aware of the symptoms of ADHD in order to provide the safest environment for that child and the other children around him.

What are the symptoms of ADHD?

Inattention - This is where the child:

- Often fails to give close attention to details or makes careless mistakes;
- Often has difficulty sustaining attention in tasks or play activities;
- Often does not seem to listen when spoken to directly;
- Often does not follow through on instructions (not due to oppositional behavior or failure to understand instructions);
- Often has difficulty organizing tasks and activities;
- Often avoids, dislikes, or reluctant to engage in tasks that require sustained mental effort;
- Often loses things necessary for tasks or activities;
- Often easily distracted by extraneous stimuli;
- Often forgetful in daily activities.

Hyperactivity - This is where the child:

- Often fidgets with hands or feet or squirms in seat;
- Often leaves seat in which remaining seated is expected;
- Often runs about or climbs excessively in situation in which it is inappropriate;
- Often has difficulty playing or engaging in leisure activities quietly;
- Often "on the go" or often act as if "driven by a motor";
- Often talks excessively.

Impulsivity - This is where the child:

- Often blurts out answers before questions have been completed;
- Often has difficulty awaiting turn;
- Often interrupts or intrudes on others.
-

Emotional Instability - This is where the child:

- Often has angry outbursts;
- Is a social loner;
- Blames others for problems;
- Fights with others quickly;
- Is very sensitive to criticism.

Most children with ADHD experience significant problems socializing with peers and cooperating with authority figures. When children have difficulty maintaining attention during an interaction with an adult, they may miss important parts of the conversation. This can result in the child not being able to follow directions and so called "memory problems" due to not listening in the first place. When giving directions to ADHD children, it is important to have them repeat the directions to make sure they have correctly received them. For younger ADHD children, the directions should consist of only one or two step instructions. For older children more complicated directions should be stated in writing. Children with ADHD often miss important aspects of social interaction with their peers. When this happens, they have a difficult time "fitting in." They need to focus in on how other children are playing with each other and then attempt to behave similarly. ADHD children often enter a group play situation like the proverbial "bull in the china closet" and upset the play session.

Communicable Disease Procedures:

- Gloves should be used at all times when contact with blood or bodily fluid is anticipated, such as during the examination of the injury or the administration of first-aid.

- Gloves are provided in first-aid kit.
- Immediately wash hands and other skin surfaces if contaminated with blood.

Equipment

The Equipment Manager is an elected CWLL Board Member and is responsible for purchasing and distributing equipment to the individual teams. An equipment bag will be given to each manager prior to the beginning of the season. This bag will contain batting helmets, bats, shin guards, chest protector, and catcher's helmet with flap, catcher's mitt and First Aid kit with chemical ice packs.

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 CWLL 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 CWLL Equipment Manager. First-Aid Kits must be turned in with the equipment.

Each team, at all times, shall have five (5) protective helmets which must meet NOCSAE specifications and standards. These helmets will be provided by CWLL at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.

- Each helmet shall have an exterior warning label.
  NOTE: The warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.

- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player/base coach is mandatory.
- Use of a helmet by an adult base coach is optional.
- All male players must wear athletic supporters.
- Male catchers must wear the 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 of which 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. **NOTE:** Skullcaps are not permitted.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.
- Only Official Little League balls will be used during practices and games.

Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Manager.

- Make sure helmets fit.
- Replace questionable equipment immediately by notifying the CWLL Equipment Manager.
- Make sure that players respect the equipment that is issued.

Weather

The weather in New England varies from very cold to very hot and humid and it changes very quickly. Be aware of your current weather condition as well as upcoming weather and know what to do when unsafe weather conditions arrive.

***Rain*:**

If it begins to rain:

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

***Lightning*:**

A lighting detector is available at Sherman Ave. complex and Briggs complex. Below are some helpful tips regarding 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***: ***_ Suspend all games and practices immediately***.

- Leave the field at once.
- Stay away from metal including fencing 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.

***Hot Weather*:**

It can get very hot/humid weather during the summer months. Precautions must be taken in order to make sure the players on your team do not ***dehydrate*** or ***hyperventilate***.

Suggest players take drinks of water when coming on and going off the field between innings.

Make sure that the players have plenty of water available. It might be good idea to assign a parent or coach the responsibility to bring water to the games or practices, or tell the players to bring their own water bottles.

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.

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 an 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, CWLL 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.

Storage Shed Procedures

The following applies to all of the storage sheds used by Cranston Western Little League and further applies to anyone who has been issued keys or lock combinations by Cranston Western Little League to use these sheds.

Keys and combinations to the equipment sheds will only be issued by CWLL's President.

Each team manager will be given the combination to the shed located at the Briggs complex. The combination is not to be given out.

Keys to the equipment and storage sheds at the Sherman Av. Complex will only be given to the people that need to use these storage sheds.

All storage sheds will be kept locked at all times.

All individuals with keys or combinations to the equipment/storage sheds are aware of their responsibility for the orderly and safe storage of heavy machinery, hazardous materials, fertilizers, poisons, tools, etc...

Before the use of any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment.

All chemicals or organic materials stored in storage sheds shall be properly marked and labeled and stored in its original container if available.

- Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of immediately to prevent accidental poisoning.
- Keep products in their original container with the labels in place.
- Use poison symbols to identify dangerous substances.
- Dispose of outdated products as recommended.
- Use chemicals only in well-ventilated areas.
- Wear proper protective clothing, such as gloves or a mask when handling toxic substances.
- Keep the sheds, storage locations clean and a safe place. Do not throw tools, equipment or chemicals into the shed; place them in where they belong.

General Facility

All bleachers are made of metal to avoid wood splinters.

All equipment in the dugouts are to up against the fence or in racks, not on the ground.

The backstops will always be padded and painted green for the safety of the catcher.

The dugouts will be clean and free of debris at all time.

Dugouts and bleachers will be free of protruding nails and wood slivers.

Home plate, batter's box, bases and the area around the pitcher's mound will be checked periodically for tripping and stumbling hazards.

Materials used to mark the field will consist of a non-irritating white pigment (no lime).

Chain-link fences will be checked regularly for holes, sharp edges, and loose edges and will be repaired or replaced accordingly.

All score booths will have a working P.A. system.

Fields, dugouts and surrounding property will be cleaned after every game and practice.

Only adults are allowed in the concession stand.

Batting cages are to be supervised by team manager or coach.

Managers and coaches are the only people allowed to operate the pitching machine.

Precaution is to be taken when a team is warming up outside the fields.

Concession Stand – Weekly Checklist

- All products meet visual quality standards and have no odors (no spoilage).
- All packaging is in good condition-not wet, no stains, leaks, holes, tears or crushing.
- Items put away in proper order (frozen, refrigerated, dry storage); in 30 minutes or less.
- Code dates are within code.
- Ensure that thermometer kit meter and probes are calibrated prior to taking temperatures.
- (Use ice and cold water procedure for probes, temperature reads 32 degrees plus or minus 2 degrees Fahrenheit.)
- All refrigerators and freezers must have a properly functioning thermometer in place (built-in or clampdown, easily visible, and not glass).
- Soft drink, ice machine and ice bin are free of soil.
- Temperature of coffee/tea water is greater than or equal to 180 degrees Fahrenheit.

- Cup and lid dispensers are clean and in good repair. Cup and lid holders are clean.
- Ice machine is clean, and sanitized. There is no standing water.
- Freezer interior is clean and sanitized.
- Temperature of freezer is less than or equal to 20 degrees Fahrenheit.
- Refrigerator interior is cleaned and sanitized.
- Temperature of refrigerator is 33-43 degrees Fahrenheit.
- Interior light is working and properly shielded.
- Shelving is clean, free of rust and in good repair. All items stored correctly on shelves. (Covered in a minimum of six inches off the floor)
- All stainless and walls above fryer are clean.
- No excessive grease buildup under the fryers.
- Fryer hood filters are in place and clean.
- Lights working and properly shielded.
- Cooking grease is stored safely in containers away from open flames.
- All tile and countertops around grill are clean and sanitized.
- Propane tanks are properly connected.
- Fuel lines from the propane tanks to the grill have been inspected for leaks.
- All air vents, Venture vents and valves are clear of obstructions (i.e. cobwebs).
- All grease is cleaned from under and around the grill.
- Propane tank valves are turned off when not in use.
- Proper dishwashing method is used.
- Hand sanitizer dispensers are mounted and in use.
- Personal items stored correctly (medication, drinks, food, clothing, etc.)
- Floors are clean-floor drains are unobstructed; proper drainage flow.
- No sign of pest infestation (insects, rodents, etc.)
- All trash is emptied from the inside containers.
- Dumpster enclosure and surrounding area are clean and free of debris.
- Dumpster is closed.
- Chemicals stored in locked containers and not on the same shelf or the shelf above food product packaging materials, food storage pans or tables where food is prepared.
- Maintain manufacturer's labels on or label containers accordingly.
- Concession stand workers have gone through CWLL's initiation safety and food preparation.
- Training before working in the concession stand.
- Children under 15 are not allowed in concession stand or in any area where food is prepared.
- Fire extinguisher with current certification is in plain sight.
- First-aid kit is in plain sight of everyone in concession stand.

Appendix 1 - Safety Manual and Code of Conduct Acknowledgement

Every manager and coach is required to review the 2016 CWLL Safety Manual and acknowledge that they have reviewed it by signing this form and returning it to the Safety Officer prior to the start of the season.

Each team will be issued a First Aid Kit at the beginning of the season, containing basic First Aid items, including two ice compression bags. Larger First Aid Kits and a copy of the Safety Manual will be available in the concession stands at the Sherman Avenue Complex and Briggs Complex. Team First Aid Kits will be restocked upon request.

The First Aid Kit will include the necessary items to treat minor injuries until professional help arrives, if need be. The Safety Manual will include names and numbers to clinics and hospitals, names and numbers for all board members, and the Cranston Western Little League Code of Conduct, Do's and Don'ts for treating injured players.

Appendix 2 - Pitch Count Rules

Regular Season Pitching Rules - Baseball

VI - PITCHERS

a) Any player on a regular season team may pitch. (**Exception**: Any player, who has played the position of catcher in four or more innings in a game, is not eligible to pitch on that calendar day.)

b) A pitcher once removed from the mound cannot return as a pitcher. **Intermediate (50-70),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.

Exception: Exception: If a pitcher reaches a days of rest threshold 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.

The pitcher will only be required to observe the calendar day(s) of rest for the threshold he/she reached during that at bat, provided that pitcher is removed before delivering a pitch to another batter.

e) A player may not pitch in more than one game 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.

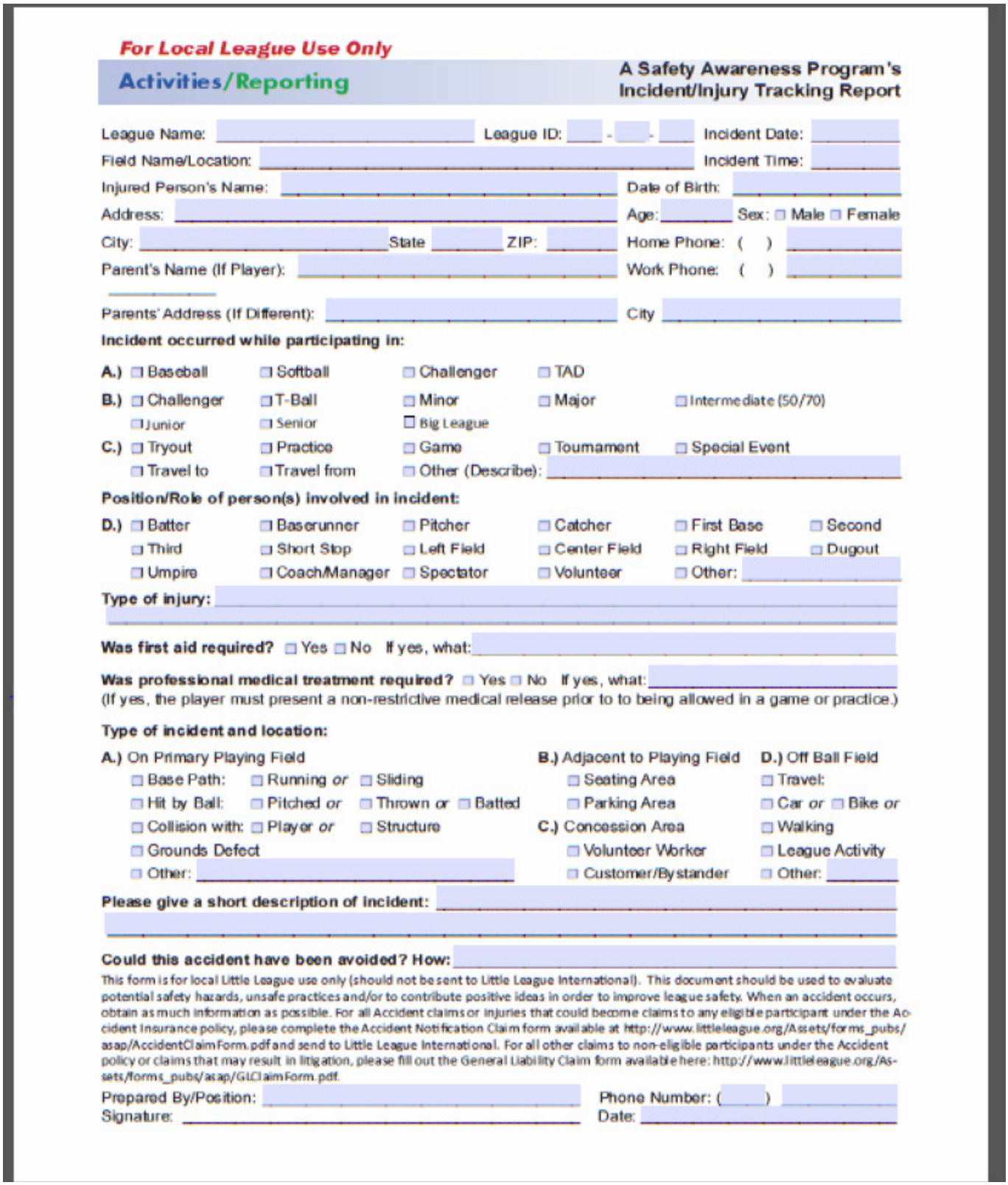
Example 2: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on Saturday. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game because he/she has observed the required days of rest.

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.

PLEASE REFER TO THE OFFICIAL REGULATIONS AND PLAYING RULES FROM LITTLE LEAGUE OR THE WEBSITE AT www.littleleague.org FOR MORE INFORMATION REGARDING PITCH COUNTS.

Appendix 3 - Incident/Injury Tracking Report



For Local League Use Only

Activities/Reporting

A Safety Awareness Program's Incident/Injury Tracking Report

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 ☐ 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 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: _____

Appendix 4 **- Hand Washing Flyer**

Volunteers Must Wash Hands

HOW

Wet
warm water

Wash
20 seconds
Use soap

Rinse

Dry
Use single service paper towels

Gloves

WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- use the toilet
- touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- interrupt working with food (such as answering the phone, opening a door or drawer)
- eat, smoke or chew gum
- touch soiled plates, utensils or equipment
- take out trash
- touch your nose, mouth, or any part of your body
- sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils.
Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand
when you can't remove your jewelry

If you wear gloves:

- wash your hands before you put on new gloves

Change them:

- as often as you wash your hands
- when they are torn or soiled

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in concert with the FDA Partnership for Food Safety Education. United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.

UMASS EXTENSION

Appendix 5 - Concession Stand Tips

Concession Stand Tips

SAFETY FIRST

Requirement 9

12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.

1. Menu.
Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

2. Cooking.
Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.

3. Reheating.
Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices.

Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

4. Cooling and Cold Storage.
Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

5. Hand Washing.
Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

6. Health and Hygiene.
Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

7. Food Handling.
Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.

8. Dishwashing.
Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:
1. Washing in hot soapy water;
2. Rinsing in clean water;
3. Chemical or heat sanitizing; and
4. Air drying.

9. Ice.
Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

10. Wiping Cloths.
Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

11. Insect Control and Waste.
Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

12. Food Storage and Cleanliness.
Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

13. Set a Minimum Worker Age.
Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

Safety plans must be postmarked no later than May 1st.

Appendix 6 - VolunteerApplication for 2020

Little League® Volunteer Application - 2020

Do not use forms from past years. Use extra paper to complete if additional space is required.

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meet the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/localBGcheck for more information.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name _____ Date_____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip_____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

_____

Community affiliations (Clubs, Service Organizations, etc.):

_____

Previous volunteer experience (including baseball/softball and year):

_____

1. Do you have children in the program? Yes ☐ No ☐
   If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? Yes ☐ No ☐ If yes, list: _____

3. Do you have a valid driver's license? Yes ☐ No ☐
   Driver's License#: _____ State _____

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?
   If yes, describe each in full: _____ Yes ☐ No ☐
   (If volunteer answered yes to Question 4, the local league must contact the Little League International Security Manager.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes ☐ No ☐
   If yes, describe each in full: _____
   (Answering yes to question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes ☐ No ☐
   If yes, describe each in full: _____
   (Answering yes to question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs? Yes ☐ No ☐
   If yes, explain: _____

In which of the following would you like to participate? (Check one or more.)

☐ League Official ☐ Umpire ☐ Manager ☐ Concession Stand
☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ Other _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone

_____

_____

_____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/BgStateLaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature_____ Date _____

If Minor/Parent Signature_____ Date _____

Applicant Name(please print or type) _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____

on _____

System(s) used for background check (minimum of one must be checked):
Regulation I(c)(9) Mandates all checks include criminal records and sex offender registry records

* JDP ☐

Sex Offender Registry Data and National Criminal ☐ Records check, as mandated in the current season's official regulations

*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this application.

Last Updated: 10/10/2019

Appendix 7 - CPR Guidelines

2010 Interim Materials
BLS for Healthcare Providers Student Manual
Comparison Chart
Based on *2010 AHA Guidelines for CPR and ECC*

American Heart Association
GUIDELINES CPR ECC 2010

BLS Changes			
	New	**Old**	**Rationale**
CPR	Chest compressions, Airway, Breathing (C-A-B) New science indicates the following order: 1. Check the patient for responsiveness. 2. Check for no breathing or no normal breathing. 3. Call for help. 4. Check the pulse for no longer than 10 seconds. 5. Give 30 compressions. 6. Open the airway and give 2 breaths. 7. Resume compressions.	Airway, Breathing, Chest compressions (A-B-C) Previously, after responsiveness was assessed, a call for help was made, the airway was opened, the patient was checked for breathing, and 2 breaths were given, followed by a pulse check and compressions.	Although ventilations are an important part of resuscitation, evidence shows that compressions are the critical element in adult resuscitation. In the A-B-C sequence, compressions are often delayed.
	Compressions should be initiated within 10 seconds of recognition of the arrest.	Compressions were to be given after airway and breathing were assessed, ventilations were given, and pulses were checked.	Although ventilations are an important part of resuscitation, evidence shows that compressions are the critical element in adult resuscitation. Compressions are often delayed while providers open the airway and deliver breaths.
	Compressions should be given at a rate of at least 100/min. Each set of 30 compressions should take approximately 18 seconds or less.	Compressions were to be given at a rate of about 100/min. Each cycle of 30 compressions was to be completed in 23 seconds or less.	Compression rates are commonly quite slow, and compressions >100/min result in better perfusion and better outcomes.

Continued on Next Page

CPR	Compression depths are as follows: • Adults: **at least** 2 inches (5 cm) • Children: **at least** one third the depth of the chest, approximately 2 inches (5 cm) • Infants: **at least** one third the depth of the chest, approximately 1½ inches (4 cm)	Compression depths were as follows: • Adults: 1½ to 2 inches • Children: one third to one half the diameter of the chest • Infants: one third to one half the diameter of the chest	Deeper compressions generate better perfusion of the coronary and cerebral arteries.
Airway and Breathing	Cricoid pressure is no longer routinely recommended for use with ventilations during cardiac arrest.	If an adequate number of rescuers were available, one could apply cricoid pressure.	Randomized studies have demonstrated that cricoid pressure still allows for aspiration. It is also difficult to properly train providers to perform the maneuver correctly.
	"Look, listen, and feel for breathing" has been removed from the sequence for assessment of breathing after opening the airway. Healthcare providers briefly check for no breathing or no normal breathing when checking responsiveness to detect signs of cardiac arrest. After delivery of 30 compressions, lone rescuers open the victim's airway and deliver 2 breaths.	"Look, listen, and feel for breathing" was used to assess breathing after the airway was opened.	With the new chest compression–first sequence, CPR is performed if the adult victim is unresponsive and not breathing or not breathing normally (ie, not breathing or only gasping) and begins with compressions (C-A-B sequence). Therefore, breathing is briefly checked as part of a check for cardiac arrest. After the first set of chest compressions, the airway is opened and the rescuer delivers 2 breaths.
AED Use	For children from 1 to 8 years of age, an AED with a pediatric dose-attenuator system should be used if available. If an AED with a dose attenuator is not available, a standard AED may be used. For infants (<1 year of age), a manual defibrillator is preferred. If a manual defibrillator is not available, an AED with a pediatric dose attenuator is desirable. If neither is available, an AED without a dose attenuator may be used.	This does not represent a change for children. In 2005 there was not sufficient evidence to recommend for or against the use of an AED in infants.	The lowest energy dose for effective defibrillation in infants and children is not known. The upper limit for safe defibrillation is also not known, but doses >4 J/kg (as high as 9 J/kg) have provided effective defibrillation in children and animal models of pediatric arrest, with no significant adverse effects. AEDs with relatively high energy doses have been used successfully in infants in cardiac arrest; with no clear adverse effects.