

# BISHOP LITTLE LEAGUE

## SAFETY PLAN

2026



League ID#: 405-51-02

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# I

## **Mission Statement**

The Objective of the Bishop Little League 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.

## II

# **Introduction**

In an effort to help our volunteers comply with our safety standards, the Bishop Little League Board of Directors has put forth a mandate of safety rules to be followed as outlined in this manual. Each team manager will ensure that the safety guidelines are met whether at practice or during a game. The commitment to this safety manual is proof that we at Bishop Little League are dedicated to our cause. Please read it carefully as it will familiarize you with safety fundamentals. Then use the manual as a reference guide throughout the season.

As further proof to our commitment to your child's safety, Bishop Little League has mandated that all volunteers must complete a volunteer application form. We do this to provide the safest environment we possibly can for your child. There are no exceptions to this rule!

Always use good sense, never doubt what children tell you, and report all accidents or safety infractions when they occur. Accident reporting forms are provided to all managers, are available on the Bishop Little League website and in the Snack Bar.

Thank you,  
Doug Cheshire, Safety Officer  
Bishop Little League  
waterfowl1@gmail.com  
(760) 920-7990

### III

## **Important Dates**

***Saturday, December 16<sup>th</sup>, 2026***

*Scorpions Baseball Clinic*

*9:00am-3:30pm, Bishop City Park, Field 3*

***Monday, January 1<sup>st</sup> to February 1<sup>st</sup> 2026***

*Registration opens*

***Saturday, March 2<sup>nd</sup> and 9<sup>th</sup>, 2026***

*Tryouts*

*9:00 am, Bishop City Park, Field 2*

***Saturday, March 16<sup>th</sup>, 2026***

*Pancake Breakfast*

*BAC*

***Saturday, March 16<sup>th</sup>, 2026***

*Couches Clinic: BAC*

*Bishop City Park*

*Required for all Managers, (or a representative that will be fulfilling your umpiring duties), the clinic will cover rules for baseball and softball and will cover field mechanics. This is a great clinic for veteran or rookie umpires.*

***Saturday, April 6<sup>th</sup>, 2025***

*Opening Ceremonies:*

*9:00 am Bishop City Park Field #3*

## VI

# **Bishop Little League Code of Conduct**

The board of directors of Bishop Little League has mandated the following Code of Conduct. All who are involved with Bishop Little League will be held to these standards, whether manager, coach, player, spectator, etc. By participating in Bishop Little League, you acknowledge that he/she understands and agrees to comply with Bishop Little Leagues 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 or player.
- ☒ Be guilty of heaping personal, verbal, or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- ☒ Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.
- ☒ Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- ☒ Be guilty of a physical attack upon any Board Member, Official Manager, Coach, Player, Umpire, 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 BLL fields while in an intoxicated state. Intoxicated will be defined as an odor or behavior issue.
- ☒ Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- ☒ Smoke while in the stands or on the playing/practice field or in any dugout. Smoking will only be permitted 20 feet from any spectator stands or dugouts.
- ☒ Be guilty of publicly discussing with spectators in a derogatory or abusive manner any play, decision, or a personal opinion on any players during the game.
- ☒ As a manager, coach, or player be guilty of mingling with or fraternizing with spectators during the course of the game.
- ☒ Speak disrespectfully to any manager, coach, official, or representative of the league.
- ☒ Be guilty of tampering or manipulating any league rosters, schedules, draft positions or selections, official score books, rankings, financial records, or procedures.
- ☒ Challenge an umpire's authority. The umpire shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including expulsion from the game.

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





## **SAFETY IS A RESPONSIBILITY**

The main responsibility of the Bishop Little League Safety Officer is to Develop and implement the Leagues safety program. The Bishop Little League Safety Officer is a link between the Board of Directors of Bishop Little League and its managers, coaches, umpires, team mom's, players, spectators, and any other third parties on the complex in regards to safety matters, rules and regulations. Bishop Little Leagues Safety Officer is on file with Little League headquarters.

### **Little League Policy**

One of the reasons for Little Leagues' wide acceptance and phenomenal growth is that it fills an important need in our free society. As our program expands, it takes, more and more, a major part in the development of young people. It instills confidence and an understanding of fair play and the rights of other people.

Many of the younger children who develop slower than others are given an opportunity not only to develop their playing skill, but to learn what competition and sportsmanship are all about. All who take part in the program are encouraged to develop a high moral code along with their improvement in physical skills and coordination. These high aims of Little League are more for the benefit of the great majority of children rather than the few who would otherwise come to the top in any competitive athletic endeavor.

### **Safety Responsibility**

The very fact that it is a basic principle of Little League to provide an opportunity for most of the youngsters who sign up for a team to receive these benefits, multiplies the exposure to accidental injury. Having accepted this large group of partly developed fledglings, we must also accept the moral responsibility for their safety. This obligation rests with every adult member of the league organization as well as with inactive parents who have entrusted their children to us.

### **Other Reasons**

In addition to our basic moral responsibility, other significant reasons for an organized effort to prevent accidents are to:

1. Stimulate public confidence in this high caliber youth program.
2. Hold insurance costs to a minimum.
3. Reassure parents as to the safety of their children.
4. Develop safety-mindedness for their protection in later life.

## **DEFINING TERMS**

To clarify the meaning of these guidelines, we are defining use of the terms essential to an understanding of a basic accident-prevention program in Little League Baseball.

They are as follows:

1. **ACCIDENT** is a sudden, undesirable and unplanned occurrence often resulting in bodily injury, disability and/or property damage.
2. **ACCIDENT CAUSE** is an unsafe condition, situation or act that may result directly in or contribute to the occurrence of an accident.

- 3. CORRECTIVE ACTION** is the positive steps or measures taken to eliminate, or at least minimize, an accident cause.
- 4. CASE** is used in the general sense, such as: accident case, injury case, claim case or insurance case.
- 5. HAZARD** refers to a condition or a situation that could cause an accident.
- 6. INJURY** is the physical harm or damage often resulting from an accident.
- 7. INSURANCE CLAIM** refers to the right of a parent, as in the case of accident insurance to have eligible medical expenses resulting from an accidental injury connected with a game or scheduled practice paid by the appropriate insurance company
- 8. TYPE OF ACCIDENT** is a phrase used to describe an unintentional, sudden incident that can be identified so effective counter measures may be taken.  
Examples are: struck by, tripped, fell, collision with, caught between, etc.
- 9. AN UNSAFE ACT** refers to unintentional human failure or lack of skill that can lead to an accident. It is one of the two general accident causes, the other being an unsafe condition.
- 10. AN UNSAFE CONDITION** is an abnormal or faulty situation or condition, which may cause an accident. Its presence, particularly when an unsafe act is committed, may result in an accident.

## **STRUCTURE OF A SOUND PROGRAM**

It is recognized that the area personnel and facilities available for the operation of Little League will dictate the structure of an effective safety program. These safety guidelines are presented as a goal toward which the adults who administer a league can work. The effectiveness of their efforts to prevent accidents will be measured more by their sincerity of purpose than by the amount of money and preponderance of volunteer effort at their disposal. Effective accident prevention is a commodity available only to those organizations which have a real desire to make it a part of their activities. It must be understood that although your safety program is designed to cover all personnel and all activities in the operation of your Little League, its scope does not supersede any existing lines of authority. We expect everyone to become "safety-minded" and be guided by safety considerations, but not attempt to change the structure of the Little League Organization.

# ADMINISTRATION

## **Responsibility**

The administration of an effective safety program is the responsibility of all who operate the Little League system on all levels. The inexperience and dependence of young children on adult guidance make it imperative that all levels of authority make safety an integral part of their behavior, transaction of league affairs and instructions to the players.

## **Point of View**

Everyone's approach to the problem of accident prevention must be from a positive point of view if it is to be effective. We should be concerned primarily with controlling the causes of accidents, which can be eliminated without taking any action, speed or competition out of the game. An attitude of alertness, hustle and enthusiasm without antagonism should be encouraged. Good equipment and proper instruction more than outweigh the risk of injury. A lively spirit of competition engenders that extra effort needed for development of skills.

## **Basic Factors**

To minimize accidents, particularly during the initial learning period, instruction in the basic skills should be approached gradually. This applies particularly to fundamentals such as running, ball handling, batting and sliding which produce the majority of accidents. A second basic factor very important to the safe development and continuing use of baseball skills is the understanding and practice of teamwork and good sportsmanship. These intangibles have a direct bearing on accidents involving another person and can be made a part of the game by the following:

1. A courteous and considerate attitude by adults. They must set a good example.
2. Many of the players will need to be instructed in cooperation between teammates and good sportsmanship toward opponents.

## **League Safety Officer's Authority**

The League Safety Officer's authority is mainly advisory with as much force behind advice as the league president has delegated that officer. It must be remembered that managers, player agents and umpires must carry out their own duties and responsibilities. Any differences of opinion on safety policy should be referred to the League President rather than argued. Further questions may be taken up with the District Safety Officer. The latter may refer such problems to Little League Headquarters.

## **Responsibilities**

The main responsibility of a League Safety Officer is to develop and implement the league's safety program. The following may help in carrying out the assigned duties.

1. Spot checks should be made at practices and games to be sure reasonable precautions are taken and assist wherever possible with advice and encouragement.
2. At the playing field, the League Safety Officer's first duty is to insure first aid facilities are available and emergency arrangements have been made for an ambulance or doctor.
3. The League Safety Officer's next obligation is to advise and follow up on the control of unsafe conditions. These will be brought to light by the adults in charge making a preliminary inspection of the field and being continually on the lookout for situations that might cause accidents. Since it would not only be impossible, but an invitation to "buck passing," for a League Safety Officer to keep a degree of control over accident exposures alone, such efforts will be effective only when that officer and league president have convinced fellow volunteer workers that safety should be a primary consideration in whatever they are doing.
4. In addition to the League Safety Officer's advising on the control of unsafe conditions throughout the season, it is a specific responsibility to follow up on procedures and methods of instruction that will help control the human elements that may be the cause of accidents. Here again the work must be done through existing lines of authority in the organization to make accident prevention a matter of league policy rather than an afterthought applied on a hit-or-miss basis.
5. It would be suitable if the League President delegates the handling of insurance claims to a League Safety Officer because:
  - (a) A League Safety Officer will be familiar with accidental injury cases that require an insurance claim.
  - (b) The personal knowledge of the people in the league will be helpful in following up on such cases.
  - (c) The League Safety Officer will recognize the pain and hardship which result from such injuries, and will serve as an additional incentive to see that everyone is kept on their toes to prevent the occurrence of other accidents.

## **Incentives for Safety Officers**

To people who are not familiar with the safety profession, the incentive and rewards for handling what seems to be a "thankless job" may appear to fall short of the inducements for taking other assignments in Little League Baseball. A dedicated Safety Officer gets a great deal of satisfaction from other people that they owe it to their families and themselves to be alert to prevent pain, suffering and general misfortune connected with the more severe accidents — the majority of which could be prevented. The Safety Officer's enthusiasm for making accident-prevention work will rub off on other people in the Little League program. It is similar to the maxim that "courtesy is contagious."

## **CONTROLS ARE ESSENTIAL**

Having set the stage for your Little League safety program, let's look at the control of unsafe conditions. It is a logical step, because accident causes can be controlled more readily than those involving human element.

## ***Responsibility***

The League President has the primary responsibility for safe conditions. However, it is not possible to cover all details personally, so it is necessary to delegate most of this responsibility to others. The following assignments are suggested:

1. Safe maintenance of fixed ball field property, including structures, to the head groundskeeper.
2. Procurement and upkeep of practice and playing equipment, particularly personal protective equipment, to the equipment manager.
3. Each manager should see that the use of field and playing equipment by players does not create hazards.
4. The umpire should take the initiative to ensure unsafe conditions are corrected on the playing field and in foul territory during games.
5. The responsibility for maintaining safe conditions for the entire league falls on the shoulders of the president. Some important safety jobs can be delegated to whoever is most suited to handle them, as follows:

- (a) The safety of players and adults going to and from fields is very important as shown by the severity of traffic accidents.
- (b) The first aid kit must be kept properly equipped and arrangements for emergencies up to date.
- (c) Taking measures to counteract the hazards that may be connected with special events such as picnics, fund-raising projects, etc.
- (d) The safety of spectators, including parking facilities.
- (e) The safe handling of food and drinks at the concession stand.
- (f) If the league operates under artificial lights, the president has the very important responsibility for making sure the lights meet minimum requirements. Check with the District Administrator for Little League Lighting Standards. This is a must for safe playing conditions. The only alternative to adequate lighting is to schedule practice and games during daylight hours. Light meter checks should be made at regular intervals to find out when it is necessary to clean reflectors and replace partly worn light bulbs.

## **ACCIDENT INSURANCE COVERAGE**

A complete safety program must be backed up by adequate accident insurance coverage. Responsible organizations providing athletic programs assume a moral obligation to assure each injured player adequate medical attention and to help parents or families of injured players by easing the burden of medical expenses. In addition, adults who volunteer to assist in the operation of the league are entitled to protection from possible costs of accidental injuries.

### **Accident Insurance**

This coverage is a requirement for chartering a league and is not to be confused with public liability insurance described in the foregoing chapter. Liability insurance protects a Little League against suits arising out of accidents to the general public. Adequate accident insurance provides

reimbursement for actual eligible medical costs arising out of accidental injuries to eligible individuals in the Little League organization directing or assisting with the games, tournament, practices, and when traveling directly to and from the field. See your League President for pamphlets that provide a detailed description of this insurance coverage's.

### ***Little League Insurance Obligations***

The payment of premiums for insurance coverage, even the required accident insurance, does not completely fulfill a league's requirement to its members. Misuse of an insurance contract may seem to provide extra benefits for the few individuals who have no scruples in this regard. In actual fact, they are only working to their own disadvantage and that of other leagues in their rating area. Unjustified overloading of claim costs can result in increased premium charges. In time it could price your league out of business, as well as other leagues having limited finances. These abuses may be unintentional or possibly based on the fallacy that "any insurance company is fair game." Some examples are:

1. Submitting claims for injuries or illnesses that are not directly related to Little League activities.
2. Concealing other insurance coverage which has a prior responsibility for the payment of a claim or permitting duplication of benefits.
3. Permitting medical services to overcharge just because insurance coverage is available.
4. The submission of unjustified claims by a league official who has not taken the trouble to have the essential details of an accident checked by a responsible person to make sure that it has resulted directly from a Little League activity covered by insurance.

### **Little League Headquarters Assistance**

Little League Headquarters, with its data processing equipment and research analysis department, is in an excellent position to take corrective action based on a review of claim cases. These safety improvements may take the form of:

1. Adjusting playing conditions.
2. Developing and improving protective equipment.
3. Advising on training procedures.
4. Changing playing rules or Safety Code.
5. Assisting leagues in areas where accidents are found to be excessive.

As a result of their detailed knowledge and their favorable bargaining position with large reputable insurance companies, Little League Headquarters is in the best position to administer adequate and economical group insurance coverage for all Little Leagues. This service includes the ability to give credit through reduced premium costs in areas which have shown a consistently good experience.

Little League officers are urged to take advantage of both the insurance and accident-prevention services that are available through Little League Headquarters.

## **Safety Officer Accident Reporting/Tracking Procedure**

Within 24 hours of receiving the preliminary accident, report the incident to the Bishop Little Leagues Safety Officer and he/she will contact the injured party or the party's parents and:

- ☐ Verify the information
- ☐ 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.) he/she will advise the parents or guardian of the insurance coverage and the provision for submitting any claims.

If the extents of the injuries are more than minor in nature, the Bishop Little League Safety Officer shall periodically call the injured party to:

- ☐ Check on the status of any injuries.
- ☐ 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".

### **Filing a Claim**

When filing a claim, all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's/guardians or claimant's employer explaining the lack of Group or Employer insurance must accompany a claim form. On dental claims, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant, or parent/guardian, if claimant is a minor. "Accident damage to whole, sound, normal teeth as a direct result of an accident" must be stated on the form and bills. Forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, League ID, and year of the injury on the form. Claims must be filed with the BLL Safety Officer. He/she forwards them to Little League Baseball Inc. P.O. Box 3485, Williamsport, PA 17701. Claim officers can be contacted at (717) 327-1674 and fax (717) 326-1074.

## **SAFETY CODE FOR LITTLE LEAGUE**

Responsibility for procedures should be that of an adult member of the local league.

Arrangements 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 Kit must be available at the field, practice, and game. A telephone should also be available at all practices and games.

No games or practices should be when weather or field conditions are not good (safe), particularly when lighting is inadequate.

Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.

Dugouts and bat racks should be positioned behind screens.

Only players, managers, coaches and umpires are permitted on the playing field during play and practice sessions.

Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose.

Procedure should be established for retrieving foul balls batted out of the playing area.

During practice and 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 wild throws or missed catches.

Equipment should be inspected regularly. Make sure it fits properly.

Batters must wear approved protective helmets during batting practice, as well as during games.

Catcher must wear catcher's helmet, mask, throat protector, long model chest protector, shin guards and male catchers must wear a protective supporter at all times.

Except when runner is returning to a base, head first slides should be avoided.

During slide practice bases should not be strapped down and should be located away from the base anchoring system.

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

Parents of players who wear glasses should be encouraged to provide "safety glasses."

Players should not wear watches, rings, pins or other metallic items.

Catchers must wear catcher's helmet and mask with a throat protector in warming up pitchers.

This applies between innings and in the bullpen.

Managers must fill out and return to the safety officer a little league accident report form within 24 hours of the player being injured. The forms were supplied with your first aid kits and more are available in the equipment shed next to field #4.

# CHAPTER #2

# VOLUNTEERS



“You get the best effort from others not by lighting a fire  
beneath them, but by building a fire within.”

## Managers and Coaches

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

- ☐ The manager shall always be responsible for the teams conduct, observance of the official rules and deference to the umpires.
- ☐ The manager is also responsible for the safety of his/her players. He/she is also ultimately responsible for the actions of designated coaches.
- ☐ If a manager leaves the field, that manager shall designate a coach as a substitute and such substitute manager shall have the duties, rights and responsibilities of the manager.

### Pre-Season

Managers Will:

- ☐ Complete mandatory concussion training course.
- ☐ Take Possession of this Safety Manual and the First Aid Kit supplied by BLL.
- ☐ Attend, or have a member of their coaching staff attend, a mandatory training session on CPR and First Aid given by BLL.
- ☐ Attend a mandatory Coaching Clinic given by BLL.
- ☐ Meet with all parents to discuss Little League philosophy and safety issues. Meeting must be scheduled before first practice and a board member must be present.
- ☐ Cover the basics of safe play with his/her team at start of first practice.
- ☐ Teach players the fundamentals of the game while advocating safety.
- ☐ Teach players how to slide before season starts. As with any fundamental if you're not sure how, ask. We here at BLL are fortunate to have lots of experience within our league.
- ☐ Notify parents that if a child is injured or ill, he or she cannot return to practice until they have a doctor's note. **There are no exceptions to this rule.**
- ☐ Encourage players to bring water bottles to practice and games.
- ☐ Encourage parents to bring sunscreen for their child.

### Season Play

Managers Will:

- ☐ Make sure equipment is in first-rate working condition.
- ☐ Make sure that telephone access is available at all activities including practices.
- ☐ Not expect more from their players than what the players are capable of.
- ☐ Enforce that prevention is the key to reducing accidents to a minimum.
- ☐ Encourage players to wear sliding pads.
- ☐ Always have First-Aid kit and Safety Manual on hand.
- ☐ Use good sense.

### Pre-Game and Practice

### Managers Will:

- ☐ Make sure players are healthy, rested, and alert.
- ☐ Make sure that players returning from being injured have a medical release form signed by their doctor.
- ☐ Make sure players are properly attired and equipped.
- ☐ Inspect and agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, the president or board member on duty shall make the determination.
- ☐ Make sure that all players have done their proper warm-up and stretching before practice and games.

### **During the Game**

#### Managers Will:

- ☐ Keep player's alert.
- ☐ Maintain discipline at all times.
- ☐ Be organized.
- ☐ Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- ☐ Make sure catchers are wearing the proper equipment.
- ☐ No player should handle a bat in the dugouts at any time.
- ☐ Encourage players to drink often so they do not dehydrate.
- ☐ Not play children that are ill or injured.

### **Post-Game**

#### Managers Will:

- ☐ Have team, parents, and coach's pick up after themselves. Do not leave trash, equipment, debris, etc. on or around the field.
- ☐ Not leave the field until every team member has been picked up by a known family member or designated driver.
- ☐ Notify parents if their child has been injured no matter how small or insignificant the injury is.
- ☐ Notify and discuss any safety problems with the Safety Officer that occurred before, during, or after the game.
- ☐ If there was an injury, make sure an accident report was filled out and given to the league Safety Officer.

**LITTLE LEAGUE'S GREATEST CHALLENGE**

**By**

**Dr. Arthur A. Esslinger**

A penetrating study and current analysis of the manager’s role, responsibility and position of leadership in Little League. The late Dr. Esslinger, who for many years was recognized as one of the nation’s foremost authorities in his field, was Past President, American Association for Health, Physical Education and Recreation and a long-time member of the Board of Directors of Little League Baseball

**Always Seldom or Usually Never (1) (2) (3)**

**RELATIONS WITH OTHERS** - The nature of a manager’s work brings him into close contact with many people.

**A. With Parents.** Do you...

- 1. Seek their cooperation and understanding in trying to achieve the goals of the Little League program.....
- 2. Show consideration for their opinions and feelings.....
- 3. Display friendliness and courtesy.....

**B. With Colleagues.** Are you...

- 1. Friendly .....
- 2. Cooperative .....
- 3. Courteous .....
- 4. Considerate .....

**C. With Game Officials.** Do you...

- 1. Display courtesy .....
- 2. Respect their decisions and accept them gracefully .....
- 3. Avoid bickering and “umpire baiting” .....

**MANAGERIAL DUTIES** - The manager should have knowledge of the game of baseball, of its fundamentals and its strategy.

**D. Coaching Procedures. Are...**

1. Practice sessions well planned and conducted as coaching and learning situations
  - a. Practice sessions snappy; everyone busy .....
  - b. Players properly taught fundamental skills and game strategy through the use of various drills .....
  - c. Instructions given at the players' level of understanding .....
2. Practice sessions ended before the players become bored or disinterested .....
3. Practice sessions spaced so they do not become a chore for players and managers alike .....
4. Adequate precautions taken to prevent accident or injury
  - a. Items of protective gear are used and are in good repair .....
  - b. Players kept from reaching extreme limits of physical and emotional fatigue .....
5. Players continually encouraged .....

**E. Development of Desirable Habits in Players. Do you...**

1. Encourage promptness .....
2. Encourage clean living and good health habits....
3. Encourage responsibility and leadership ....
4. Encourage sportsmanship and fair play at all times
  - a. Teaching good manners and courtesy ...
  - b. Congratulating opponents after each game...
  - c. Accepting defeat gracefully .....
  - d. Accepting victory humbly .....

Many a fine child has been led into almost unbelievable behavior by peers. In this situation a youth leader -- a YMCA physical director, a Sunday school teacher, a Scout leader, or a Little League manager can win the confidence of the peers and divert their energies into constructive channels. Parents have a difficult time controlling their children at this stage of their development and when their child becomes influenced by an adult whose ideals and aspirations are similar to theirs, it is a godsend. Parents desperately need help and Little League managers can provide it.

**IDOLIZE THE MANAGER**

Because baseball means so much in the lives of American youth, they idolize those who are their managers. The influence of these leaders upon these impressionable youngsters is very great --

so great, in fact that no community can afford to have anything short of the finest type of leadership. Through the medium of baseball, the manager can reach these children and profoundly affect their future behavior. It is through the manager that all our hopes and ambitions for the players will or will not be realized. Whatever good comes out of Little League will be the result of the manager's leadership. In other words, the program is as good as the manager.

As important as the manager is to the program, how much attention do we give to his selection, orientation and training? Is there not, in most leagues, a naive assumption that any volunteer will suffice. A district representative related the following incident to me:

A league president was presiding at an organizational meeting. He said: "We need six managers. Who will volunteer?" The six who volunteered first were selected, even though the president had never seen four of them previously.

We make a lot of claims about the wonderful benefits of this program for the participants. When managers are selected as indicated in the above example, the chances are 50-50 that the children will be benefited adversely -- that the program will have undesirable effects upon them. Women who volunteer as troop leaders for Brownies must take 16 hours of training -- preferably before they undertake their responsibility. At each successive stage in the Girl Scout programs, volunteer leaders must participate in a training program. Similarly, the non-professional leaders in the Boy Scout program are required in some Council and expected in others to undergo training and indoctrination for their assignments. The Boy Scout program has found from bitter experience that their adult volunteers do not provide the desired leadership unless they have been trained. Even volunteer workers in the Red Cross get more indoctrination and training than most Little League Managers

Little League has had many managers of the finest caliber. It is often surprising that we have had as many excellent managers as we have had. But despite our good managers, we are all forced to admit that we have had too many poor ones. Many managers have done harm to their players and have given critics an opportunity to blast our program. They constitute the greatest threat to our program. Our procedure in regard to managers is the Achilles' heel of Little League Baseball. We have stimulated the imaginations of 3 million children to come into this program. Yet for their leadership we have largely trusted to the luck of the draw -- to mere accident. The least we can do for all of the youngsters are to try to find them a good manager and, once selected, provide the manager with some indoctrination and in-service training. This, it seems to me, is a solemn obligation. The quality of leadership represents our biggest problem, and until we solve it, we can never realize the full potential we have.

It has always been disturbing to me that when Little League people get together, they spend their time discussing everything about the program except what is most important. The usual topics of discussion at Little League Congresses, as well as smaller local meetings, are rules interpretations, baseball techniques, duties of district representatives, tournament play, financial matters, insurance, player selection, etc.

Little consideration is given in these discussions to the Little Leaguer -- how the program can better help them, what mistakes we are making, the best methods of handling children, the

criteria of a good manager, selecting and training the manager, how to eliminate factors detrimental to Little Leaguers, and the like.

In the final analysis, what happens to the Little Leaguer himself is the major objective of this huge operation called Little League Baseball. The ultimate criterion of Little League is: Is the youngster a better person as a result of experience in the program? Have the children learned some lessons and acquired some habits and attitudes which will make them more effective in future work, better parents and finer citizens? Beside such a criterion such factors as the number of games won and lost, the leading hitter and pitcher, the league championship, tournament play, etc., are all very minor considerations.

As I see it, the real challenge of Little League is not to create more leagues, larger tournaments, develop better players, make more money, etc., but to make the program more qualitative -- to make it a better, more wholesome and enriching experience for the youngsters. This objective is exceedingly difficult to attain. Merely to involve over 3 million children in a program is not enough. Most people believe that participation in baseball is a fine thing for youngsters. Yet nothing could be further from the truth. Baseball is not automatically a desirable experience for youngsters. It might be under some circumstances, but under other conditions it could be positively detrimental. We have all seen Little League teams where children learned more undesirable habits and attitudes than desirable.

### **A TWO-EDGED SWORD**

Whether or not baseball is good for children who participate depends upon the total effect of the game upon them. Certainly, all children will benefit from the vigorous outdoor exercise. However, they derive more than exercise from baseball. Their minds and emotions are involved in the game, as well as their muscles. From the manager, teammates, opponents, officials, and spectators they learn many things. While they are acquiring the skills of the game, they are also learning many habits and attitudes in regard to themselves and other people which are extremely important to their future success and happiness. They can learn to win and to lose graciously or ungraciously, to be loyal or disloyal, cooperative or uncooperative, courteous or discourteous to opponents and umpires, prejudiced or unprejudiced to those of different color, race or creed, to swear or not to swear, to be considerate of those with lesser ability, to develop self-discipline and to subjugate their own selfish desires for the good of the team. Baseball is a two-edged sword. As a result of the experience, a child may acquire positive attributes.

Baseball is like a package of TNT with its potentialities for constructiveness or destructiveness - for good or for evil. The crucial factor in the situation is the leadership which is available. The heart of Little League Baseball is what happens between manager and player. It is your manager more than any other single individual who makes your program a success or failure. He controls the situation in which the players may be benefited or harmed. We have all seen managers who exerted a wonderful influence upon their players - an influence which was as fine an educational experience as any child might undergo. Unfortunately, we have also observed a few managers who were a menace to children.

If Little League is to become qualitative, then we must do something positive about improving the quality of leadership in its day-to-day operation. This assignment is made more difficult by two factors. The first of these is that we lose many of our experienced personnel every year.

Many parents stay in the program as long as their children are in it. Then, when they have gained invaluable experience and acquired some of the ideals of the program, we lose them. What would be the quality of teaching in our schools if our teachers turned over as rapidly as our managers?

The second handicapping factor is that many managers are untrained in youth leadership. Experienced youth leaders (in physical education or recreation) receive a four-year college program of preparation. There is a vast amount to be learned before a person can become an excellent Little League manager. Just because an individual is willing to devote the time to managing is not enough of a criterion upon which to base selection. Just because he or she knows something about baseball is likewise an inadequate basis for selection. Even a person of integrity, sincerity and high idealism needs other qualifications. All of these considerations are important but there is far more involved in being a successful Little League manager. Managers need to know the purposes of the program and how to evaluate progress toward attaining them. Managers should be acquainted with the best ways of imparting to the players what he/she knows about baseball. Then too, there is the critically important matter of understanding children and how to relate to them most effectively. Finally, there is the matter of exemplifying all the desirable things in Little League.

My contention is that from the league president's point of view, your manager is the most important person in the Little League program. A variety of reasons support this contention. A very important factor is that a child of Little League age wants to emancipate from his primary identification with his/her parents. Up to this time he/she has lived in submission and obedience to them. Although not in a state of hostile rebellion, the child is nonetheless experiencing pangs of doubt about the all-encompassing wisdom of his/her parents. As doubts continue, an increasing distance between parent and child develops and the child turns toward those of his/her own age as the ultimate determiners of their society.

Mohr and Despres express it this way:

*“The child seeks to discover meanings about himself and others through experiences that largely exclude his parents. This is a major psychological feature of the pre-adolescent. Up to this time, identification with the parents and dependence upon their approval and support have been paramount. Now, however, others begin to play more significant roles and serve in important ways to influence the outlook, feelings and values accepted by the child.”*

The child now seeks for other persons to typify the ideals and virtues that once used to be represented by the parents. This is an age of hero worship. If the child chooses as a model an adult who represents the highest ideals of gentlemanly behavior and clean living, both the child and his parents are fortunate. Children of the Little League ages are strongly influenced by their peers. It is a tragic fact that peer standards frequently are anti-social, destructive and immoral.

## **A CHECKLIST FOR LITTLE LEAGUE MANAGERS**

The following checklist is proposed as an aid to Little League managers so they can personally evaluate themselves with respect to those attributes regarded as important to a youth leader. By the thoughtful use of this tool, the individual manager can get a rather clear picture of himself/herself as a coach and as a person. If the inspection indicates certain weaknesses, then concentrate upon removing them to the betterment of service to the children and the program.

You can obtain an estimate of your rating by checking the most appropriate blank to the right of the question, then totaling up your score at the end of the checklist. If your answer is “seldom or never,” give yourself 1 point, “usually,” 2 points and “always,” 3 points.

Excellent is 130 and over, above average is 120 to 129, average is 90 to 119, below average is 80 to 89, and unsatisfactory is 79 and below.

### **Always, Seldom, or Usually Never**

**(1) (2) (3)**

**PERSONAL ATTRIBUTES** - The manager’s personality is an important factor in the success of Little League Baseball.

#### **A. Appearance.** Do you...

1. Dress suitably .....
2. Groom properly .....

#### **B. Disposition.** Do you display...

1. Pleasantness .....
2. A sense of humor .....
3. Even temper .....
4. Courtesy .....
5. Sympathy .....
6. Enthusiasm .....

#### **C. Poise.** Do you...

1. Have self-control .....
2. Behave in an adult manner .....

#### **D. Character.** Are you...

1. Sincere .....
2. Truthful .....
3. An example of Little League ideals .....

#### **E. Leadership.** Do you...

1. Accept responsibility .....
2. Have the ability to plan and organize .....
3. Have a good understanding of the emotional and psychological characteristics of pre-adolescents (9 thru 12 years of age)
4. Have good rapport with each player .....
5. Try to understand the personal needs and problems of players and adjust accordingly

6. Have discipline suited to the age level of the players ..
7. Discipline fairly and impartially.....
- a. Temper discipline with good judgment and humor .....

# **‘PREPARE THE CHILD FOR THE PATH...**

## **Not The Path for The Child.’**

**by Dr. Thomas P. Johnson, M.D.**

*Dr. Johnson was a consultant to the Public-School Department of Probation and the United States Navy Hospital at San Diego, California. Widely recognized for his work in the field of child psychiatry, Dr. Johnson graduated from the University of Minnesota and Medical School. He interned at Santa Barbara County Hospital, served his residency and Fellowship in psychiatry at Menninger School, Topeka, Kansas. Dr. Johnson has ample personal credentials for his observations -- in addition to his professional background -- having participated as a Little Leaguer at St. Louis Park, Minnesota, and later serving as coach and umpire.*

Parents and managers frequently will ask, “How do I get the youngster to care?” Children feel free to care when they have the self-confidence that makes them think they have a chance for some satisfaction in the activity. You help a person care by increasing his sense of confidence. Start by praising the small successes and his efforts.

### **Maintain Perspective**

One area that perhaps some people have not thought about as a potential problem is the team clown. I’m not referring to one of your better players who clown around, but the child whose main source of recognition is in being the oddball or clown. The manager should set the example for the way the other kids deal with him because a youngster like this is having troubles or he wouldn’t resort to being the clown for attention. Don’t be too quick to laugh at his jokes and pranks. Take him seriously. It’s easy to slip into a pattern of using nicknames that the other children use for the overweight, awkward or slow child. If they are all calling him “Fatso” it’s easy for the manager to use that name too. It’s better if he doesn’t. Even if it looks like Fatso doesn’t mind and the youngsters say, “Oh, he doesn’t care, we’ve always called him that and he just laughs,” don’t believe he doesn’t care. He’s got a first name or another name that’s not humiliating. Use it and maybe you can, by example, encourage the players to drop that nickname “Fatso.”

Managers, parents, all adults who are close to a child and his team should keep a sense of perspective. Little League baseball is a game for the children to enjoy and not something to bring up before the Security Council of the UN. It is when adults let their own wishes to succeed become tangled with the achievement of an individual or a particular team that there is a danger of too much psychological pressure. The adult who is bitter or angry after an error or a loss should consider helping the Little League program in some other capacity than as a manager or coach. The danger is that he will fill the players with an undue sense of guilt, failure, and shame. If you can’t walk away from the losses, then get into some other role – sell the popcorn or raise the money. Those vicarious needs for success that many of us have in sports as we follow a particular team are better kept with our favorite pro-team. If we’re unhappy with Johnny Bench or Tom Seaver, it isn’t going to bother them too much, but if we’re unhappy with a player on our team or our child, there’s dangerous pressure.

The key to the psychological impact of the Little League experience is set by the manager. Place the emphasis on the effort made and not the result. You can praise a player for his faithful attendance at practice, for his attitude and not just his batting and fielding percentage. This approach helps build children who keep trying, who don’t coast when they are ahead, who won’t

give up when they are behind or defeated, who won't feel the pressure to go beyond the bounds of the rules and good sportsmanship to win.

### **Make It a Good Experience**

One of my favorite coaches is John Wooden, UCLA basketball coach. He expresses the kind of philosophy I'd recommend for all coaches. He asks that his players go out and do their best, then win or lose; he wants them to walk off the court with their heads up. They ought to feel good about the job they have done out there regardless of the score.

I remember, as some of you may, the interview that he gave after a loss to Houston that ended a long victory string. I'd seen him in many interviews after winning. Here was a chance to see him after losing a big one. He was the same. I thought if this is what he does with his players in the locker room, then the players on his team are going to have a good experience regardless of how far they go in basketball.

The old, "It isn't whether you've won or lost, it's how you played the game" is really true. Rudyard Kipling, in his poem "IF," had these lines that to me have always meant a great deal in terms of dealing with wins and losses. There's a part that goes, "if you can meet with triumph and disaster and treat those two imposters just the same..." That's what they are – imposters and the manager who understands that gives a child the best possible kind of Little League experience.

I am very pleased to have the opportunity to be here because I place a high value on Little League's contribution to individuals and communities. If the world is going to change, it will probably be as the result of how we raise our children and the experiences we give them, and not what is said at conference tables between world powers. In this respect, I think Little League has tremendous responsibility and has contributed a great deal. Sports in general are probably making as many inroads into bettering international relations than any other field.

Over the years, it has been fashionable to criticize Little League. Critics have suggested that competitive athletics for youngsters of Little League age is damaging to their psyche. As a child psychiatrist who has been involved actively in organized baseball for this age group, first as a poor-hitting, left-handed first baseman, and later as a coach, manager, and umpire, I have had a chance to view Little League from a number of vantage points. As a player, I had to deal with the personal disappointment that is a normal part of defeat. As a manager, there were frustrating, provocative questions from parents: "Why isn't my boy playing more?" As an umpire, they questioned my

vision: "You're blind, ump," they said.

I would like to discuss some of the ways in which Little League can be good and some of the dangers -- how to spot and deal with them.

### **'Prepare the Child'**

From the standpoint of personality developments, we can divide life into a number of stages from the infant with the "I want what I want when I want it" attitude to the mature adult who can be the giving parent. Some main goals of the Little League age child are to gain increased self-control over feelings and channel them into appropriate actions, to increase his ability to subordinate his own wishes for the good of others or the group, to increase the ability to accept

delay in gratification, to learn new skills, and to gain the satisfaction of mastery. Finally, and perhaps most important of all, to feel an acceptance as a man by one's own father, or substitute father such as his coach or manager. This is the key to building self-esteem and confidence in children. Little League experience can provide a supportive environment for sharing in mutually accepted rules of the game. The team efforts of practice, of not quitting during a game or a season, are all extremely valuable. These are contributions that are important for a player who may never get a hit or catch a ball in a whole season. If they can do these things, their parents and their managers should be proud of them and praise them for their participation. There is a saying, "Prepare the child for the path, not the path for the child." There are many of us as parents who feel the urge to intercede on our child's behalf with the school teacher or the Little League manager about playing our child more. This is preparing the path for the child, not the child for the path. Every time we do it, we rob our youngsters of the chance to solve the problem on their own or to solve it with our support, without our actually doing it for them.

There is value in a child's experiencing some frustration, tension and anxiety. Properly dosed, it promotes psychological growth. In early childhood development, we find that some frustration promotes the child's will to move about, to communicate and to learn other skills necessary to get along in this world.

The key to frustration's being helpful is that it not overwhelms the child so that he quits or ends up spinning his wheels with a hopeless feeling. He needs support and guidelines to shift his focus and give him a new sense of direction so that he can finally accomplish some success in the task. The normal Little League age youngster can psychologically handle the disappointment of loss, of personal and team mistakes, if he feels a basic sense of self-worth, if he feels the support of his parents and his manager or coach, and if he feels that his relationship with them isn't changed by his losing, not getting a hit, or dropping the ball.

### **Praise Builds Confidence**

Little League managers and coaches should recognize the power they have to help youngsters. Even on a professional level, where I have had a chance to do some consulting work with coaches, we find that the athlete brings to his relationship with the coach attitudes and expectations carried over from his relationship with his own father. The coach who realizes this can provide a strengthening of the positive aspects of the attitude and, where it exists, a corrective experience for the negative attitudes. The manager and the coach truly do become symbolic fathers, even for the professional athlete. The younger the athlete, the more influence the coach may have over the child.

Here are some guidelines recommended for your consideration. Be liberal with praise. Nobody was ever ruined by being over praised. Praise sincerely given doesn't make people rest on their laurels; it gives them confidence to continue when the going is hard.

Be sparing of criticism and surround it with positive comments. I cringe when I hear an adult mention only something negative to a youngster so that the entire encounter is about what he did wrong. For example: A youngster playing in the infield lets a ground ball get through. He gets over to it or he makes a good try, but he bobbles it, and doesn't make the play. The coach might say, "Johnny, you got a great jump on that ball." He starts out with a positive comment about something in the play that was good. Find something to compliment and say that first. Then you can add, "I think if you'll start out with your other foot first, you'll make that play next time." I don't claim that every child is going to do it right the next time, but I think more children are

going to pay attention, try harder, and probably do better next time when the corrections are made in that way.

We teach best by the example we set. In victory, it's important the manager not take the team, himself, or individual player too seriously. In defeat, the manager should be a good listener to the players who are taking the loss hard. The art of listening isn't just saying, "uh, huh, uh, huh," while we're listening to four other people, reading the paper, or watching television. Real listening is looking at somebody, and giving him 100 percent of your attention. Run a test on yourself to see if you have really listened to a youngster by saying back to him in your own words what you think he has said to you. Say, "Is this what you mean, Johnny," and if he says, "Yes, that's it," then you both know you have listened and understood. Try to help elicit the child's feelings. Remain calm yourself. If you feel and act like you have just lost World War II, and are kicking the side of the dugout and throwing bats, it's pretty tough to set a good example. Try to avoid the trite supportive phrases, such as, "It's just a game," "There'll be other seasons," and "You'll get over it." If you have played sports, you know that people who use those phrases don't seem to really understand the way you are feeling at that moment.

Here are some signs a manager or parent can look for if he feels a youngster is experiencing undue emotional stress from athletics, school, or other areas.

In children, depression seldom presents itself as just plain sadness. Children of the 8-12 age group show depression more often in physical complaints. If you get an unusual number of physical complaints, one of the things to consider is that the youngster may be depressed about something.

The "I don't care" or "I won't try," attitudes may be masking the child's fear of failing. In Aesop's Fable, "The Fox and the Grapes," when the fox who wanted the grapes tried but couldn't reach them, he ended up by saying they were probably sour anyway. This is the kind of defense mechanism we may be dealing with in the "I don't care" child.

# **EMOTIONAL SECURITY AND ATTITUDES IN CHILDREN**

By  
Dr. Luke LaPorta

An understanding of children is the most important component of the Little League program. Adults working with youth should be constantly aware of emotional security and attitudes of children under their direction. Dr. LaPorta, of Liverpool, New York, is widely recognized as an authority in this field and was a recipient of the Athletic Director of the Year Award sponsored by the National Council of Secondary School Athletic Directors. He has been active in Little League for more than 40 years and served as the Chairman of the Board of Little League Baseball.

From the sum of the total experience, along with the physical and mental reactions to such experiences, the player begins to develop certain attitudes. These attitudes then manifest themselves in patterns of behavior, behavior that could prove to be acceptable or unacceptable. Thus, it is extremely important that the experiences arising out of Little League activity be healthy and stimulating. Furthermore, it is equally important that volunteer personnel recognize this fact and strive to help the youngster meet the challenges. It is within the province of responsibility of the volunteer to help the player to develop desirable attitudes.

I. Is an attempt made to point out the desirability of:

- a. Fair play.
- b. Playing without finding fault or making excuses about mistakes.
- c. Listening to directions.
- d. Winning without bragging.
- e. Recognizing certain standards of achievement.
- f. Subscribing to the spirit of give and take.

II. Have you observed any progress on the part of the youngsters in your league concerning the following:

- a. They participate in practice and drills as you have planned them.
- b. They accept the fact that there are some youngsters who have more or less skills than they do.
- c. They have respect for other people's property.
- d. They take care of equipment properly.

III. In working with the players, do you sense that:

- a. They are beginning to develop self-confidence.
- b. They are showing signs of courage.
- c. They are beginning to develop leadership qualities.
- d. They are beginning to set standards for themselves.

IV. In your observations, can you say that you have noticed improvement in the following areas:

- a. Learning to accept reversals without undue emotional upset.
- b. Accepting and playing by the rules of the game.

- c. Learning to develop self-control over personal feelings.
- d. Widening their circle of friends.

V. Do you feel that the youngsters under your supervision recognize that:

- a. Working to improve skills leads to self-satisfaction and achievement.
- b. Being a good follower in certain situations is as important as being a good leader.
- c. Self-sacrifice for the good of the team is necessary.
- d. There are occasions when one must accept certain responsibilities for others.

### **Emotional Security**

In order to grow, children must have food, fresh air, light and exercise. This food, fresh air, light and exercise provide children with nourishment and activity required to satisfy the needs of physical growth and development. Along with this physical development, children must also develop emotionally. As children reach maturity, they will also reach certain levels of emotional maturity. It is hoped that the emotional maturity attained will be at a desirable level so that the individuals may function normally within their own sphere of relationships, whether it be with their peers, their immediate family or other adults.

The nutrients or ingredients necessary for emotional growth are not the same as they are for physical growth. However, they are every bit as important as food and drink are to physical growth and development. These nutrients satisfy the needs for emotional security just as food and drink satisfy a physical hunger pain. If children are to attain a level of emotional maturity, they must first have certain securities.

For example, children need to know that they are loved. It is possible that children who are deprived of love will suffer in a number of ways. One of these ways would be the inability of children to relate to other children and adults. Usually, children who feel they are not loved will be withdrawn, will find it difficult to make friends and, many times, will react to social situations in a manner that is unacceptable as normal behavior. Very often unloved children will react in a way that is harmful to themselves and also to the community in which they live. Some quarters contend that juvenile delinquency, in part, is a result of the deprivation of love.

In addition to being loved, there are other ways that children are able to satisfy the need for emotional security. Children have to feel that they are accepted, whether it is acceptance as part of a family, a school group, church group, gang or club. The need for acceptance is not limited to children, of course. Young teenagers want to be accepted in sororities, fraternities, social cliques or athletic teams. Even adults sometimes feel the need for acceptance in local associations, clubs, school groups and neighborhood circles.

In its healthiest form, acceptance is based on what the child actually is and not what the child has done or what family history reflects. Many times, however, acceptance is not based on the human qualities of the child and is, in effect, denied for a variety of reasons. Some of these being: color, physical handicaps, speech handicaps, or even a mischievous childhood prank that just can't seem to be forgiven.

Children must be made to feel that they are liked and accepted for what they are.

This kind of acceptance fosters an independence and confidence, which the child needs in order to grow emotionally. This does not mean that children have Carte Blanche to do anything that they desire without disapproval of their acts. Much to the contrary, unacceptable behavior should be dealt with firmly and with decisive action. For example, a manager in Little League could encounter a problem with a youngster, which, if not handled firmly, might cause further trouble, i.e., talking back to an umpire or rough play. The player could be told that this is not the behavior

expected of a Little Leaguer and disapproval could be voiced quite strongly. However, it could be followed with, "remember I like you, but I sure didn't like what you did out on that field." When working with children it is important to remember that at this particular age, they are sensitive to the subtle pressures of acceptance and rejection.

In choosing activities in which they will take part, children make their choices for a variety of reasons. Some will choose an activity where they can be with someone they like, others will choose an activity that they enjoy, but, for the most part, children will choose the game or activity in which they have the greatest success. Children like to do the things that they can do best. The real fast runner wants to run races, the good basketball player wants to shoot baskets, and the heavy hitter wants to play baseball.

For the most part, children enjoy most games they play, but they enjoy them that much more when they have a certain degree of success in that game.

Success feelings are necessary for the emotional growth and emotional security in children. These feelings help immeasurably in establishing and developing confidence, independence, poise and positive attitudes in youngsters. Frequently when faced with something new, youngsters will balk somewhat. However, in facing the challenge they suddenly find that they achieve some degree of success. At this point, the balkiness changes to aggressiveness and the newness is met with vigor and confidence.

Furthermore, children seem to respond readily to solicitous encouragement and to recognition of small successes they achieve. Success experiences for children are important to emotional security and to eventual emotional maturity.

Love, acceptance and success are strong emotional needs. They are necessary for establishing emotional security in the child and, in turn, emotional security, if necessary, in the attainment of emotional maturity. Children will satisfy these emotional needs in one way or another. Their first choice, of course, is to do so in a socially acceptable manner. However, if they have no opportunity to do so, they will use other methods; usually in a socially unacceptable manner and from this derive satisfaction from the notoriety of unacceptable behavior.

Little League Baseball seems to be a well-established, acceptable way to provide degrees of satisfaction for the emotional needs of the child. Little League is an entirely new experience and, with its unique appeal to youngsters, plays a vital role in helping to fulfill these emotional needs. This is especially true if these needs are not met at home, or if there is a loss of a father or mother or if other complications deprive the child of an opportunity to satisfy these needs. In addition, Little League offers adult companionship which, for a variety of reasons, may be lacking at this age.

In an organization such as Little League Baseball, volunteer leaders will run into many problems with youngsters. They will be working with youngsters deprived of love and affection; they will work with highly over-protected children and come in contact with the out and out rejected child. Leaders must do their utmost to help these children, and, if they are unable to help them, the least that can be done is to attempt to understand them.

### **Attitudes**

In Little League Baseball there are many new and varied experiences facing the youngsters participating in the program. The children, probably for the first time, find themselves in situations that they alone must cope with. They alone must meet the challenge of each new experience.

# Umpires

## Pre-Game

Before a game starts, the umpire shall:

- ☐ Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.
- ☐ Make sure catchers are wearing helmets when warming up pitchers.
- ☐ Run hands along bats to make sure there are no splinters.
- ☐ Make sure bats have grips.
- ☐ Make sure helmets meet NOCSAE specifications.
- ☐ Inspect helmets for cracks.
- ☐ Walk the field for hazards and obstructions.
- ☐ Check players to see if they are wearing jewelry.

## During the Game

Umpires Shall:

- ☐ Govern the game as mandated by Little League rules and regulations.
- ☐ Check balls for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- ☐ Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- ☐ Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.
- ☐ Enforce the rule that no spectators shall be allowed on the playing field during the game.
- ☐ Continue to monitor the field for safety and playability.
- ☐ Make sure catchers are wearing the proper equipment.

## Volunteers

It is mandatory for all Bishop Little League volunteers to fill out the 2023 Little League Volunteer Application. There are no exceptions to this rule! All board members, managers, coaches, umpires, etc. will fill out and return to the league president a completed volunteer application. The application will be processed through J.D. Palatine where the safety officer will do a basic background check. All information is strictly confidential. If you have any questions as to why you were not chosen as a Bishop Little League volunteer, please contact the league president for an explanation. If you believe the information obtained from the background check is false you may appeal with any new or corrected information that you have obtained. This is for the safety of our children, which we hold very dear and take very seriously. We thank you for your understanding and cooperation.

**"In the final analysis it is not what you do for your children but what you have taught them to do for themselves that will make them successful human beings."**

# CHAPTER #3

# CHILD SAFETY

# #1 PRIORITY



"Children are likely to live up to what you believe in them."

## **Child Safety #1 Priority!**

Abduction, abuse, neglect, we've all heard the nightmares, some of you know victims, but what do we do to recognize and prevent this terrible thing from taking place? I'm hoping the following will shed some light on a touchy subject that no one wants to go through.

### **Abduction:**

The number of 725,000 children missing in 2001 is staggering and an easy candidate for media exploitation. However historical data indicates that most of those children had either briefly run away from home or, hard as it is to believe, had lost track of time. A STATS study showed that 73% of children reported missing that year wear home within 24 hours.

The figure of 100,000 child abductions by strangers every year is a massive over-estimate. Most abductions are related to child custody disputes, and of the 3,000 to 5,000 abductions of children by someone who is not a parent or relative that are reported, on average, each year, a substantial proportion are short-term or involve someone known to the children or their families. However, between 200 and 300 of these cases are serious, and involve ransom, murder, or sexual abuse. In about 50 of these the child is killed by his or her abductor. Horrific, yes. An epidemic? No. With 50 million children under the age of 13 in the United States, the actual chance of child abduction and murder turns out to be 1 in a million.

If the media's intense coverage of recent abductions suggests a growing problem, figures from the FBI actually show a significant decrease in the number of serious abductions, from an average of 200 to 300 per year during the 1990s to roughly 100 in 2001.

### **Could a Member of Your Family Become a Target for Abduction?**

The department of Justice has provided these vital statistics.

- ☒ Teenagers 12 to 19, especially girls, are the most victimized segment of the U.S. population.
- ☒ Children ages 12 to 15 are victimized at a rate 84% higher than the general population.
- ☒ Teenage girls are among the most frequent victims of sexual assault.
- ☒ The "average" victim of a "child abduction murder" is a girl slightly older than 11. Most are normal kids from middle class neighborhoods who first meet their abductors within a quarter mile from their home! Girls constitute 76% of all children murdered by abductors.

Why are young females so vulnerable? Partly because of how they see themselves and partly because of how others see them. Adolescent girls tend to be fearless. They feel sophisticated and immortal, even though they lack street savvy and adult judgment. They're often on their own, with lots of time unsupervised by parents or adults. Most do not have the necessary skills to know when they are in danger or ignore the signs. As girls enter puberty, they sometimes attract the interest of predatory family members, friends of older brothers or other acquaintances. Little girl behaviors or budding interest in boys can be misinterpreted as flirting or exploited by a deviant mind.

## **Strangers**

Teaching parents and children how to deal with strangers is essential for two reasons. First give children and parents good skills to prevent abduction. Second, to address anxiety created for parents and children alike at the thought of stranger abduction.

Stranger Danger programs have been taught for decades. Still, all the evidence shows that children go willingly with strangers. Why? Because children don't hear what adults think they are saying.

Reducing children's vulnerability requires that parents and children have basic information about stranger offenders and how they behave. It includes understanding what children believe about strangers and how that makes them more vulnerable. I hope this will help parents and children develop specific ground rules to enhance personal safety around strangers.

## **Who are Stranger Offenders?**

Stranger offenders (hereafter called offenders) are people who abduct and/or abuse children that they don't know. They do not seek a relationship with the child, as do abusers who know the child. Instead, they see children as objects for their use. They view children as weak, helpless, defenseless victims who can be manipulated to fulfill the offenders' needs.

These offenders range from the passive exhibitionist to the sadistic murderer. Bribery, flat threats, and requests for help are common tricks they use to engage children. While some strangers will actually snatch a child away, this rarely happens. Most children are lured into seemingly innocent situations with someone who acts like a "nice" person.

Of particular concern are those pedophiles who "hang out" in places where they have access to children, fast food restaurants, arcades, malls, movies, mini-markets, etc. These offenders will engage a child, molest them in the bathroom or other readily available area and then release the child. These perpetrators tend to prefer boys and report molesting hundreds of children in this manner.

Because there is no way to anticipate who these offenders are or what they will do, the best defense is to keep unsupervised children away from strangers. This is first and foremost the responsibility of the parents and other responsible adults. But children also need to be educated and learn rules that will reduce their risk when adult efforts to protect them fail.

## **The Child's Point of View**

Strangers have been the focus of so much of our concern for our children's safety that most children have a pretty distorted sense of who and what strangers are. What we've said about strangers makes sense to us, but doesn't usually make sense to them.

Children believe that the world is divided into two types of people: good guys and bad guys. We've traditionally taught them that the ones they need to worry about and watch out for are the bad guys. (Don't take candy from strangers; beware of strangers; stranger danger.) Of course, this is as impossible for children as it is for adults.

Teaching children to be afraid of strangers not only doesn't work very well, it is frightening. When we say things like, "don't talk to strangers or get in their car because they might take you away and we'd never see you again", we scare children without really protecting them.

### **The Safe Child Approach**

Instead of using fear tactics, the safe child approach will teach you how to give your child specific guidelines and information to limit their vulnerability while maintaining their ability to move freely in their everyday lives.

Help your child to understand that there is no way to tell by the way someone looks how they are on the inside. Talk about stereotypes. They should know that judging someone by their appearance is a mistake. Children need to learn about strangers: not any one type of stranger in particular, but strangers in general, so that they can apply the safety rules.

The rules I teach children regarding strangers build upon two simple ideas. The first is that there is only one person who is with you all the time, who can be responsible for keeping you safe, all the time. That person is you.

The second basic idea is that when children are alone, it is their job to take care of themselves. It is not their job to take care of the adults in the world. If an adult needs assistance, they need to get it from another adult, not from a child.

One of the primary ways children get hurt with strangers is by being friendly and helpful. If they understand that taking care of themselves is their first priority when they're alone, they have permission to ignore or deny adult requests for assistance.

### **The Stranger Rules Checklist**

Our goal is to have clear, concrete rules that prevent problem situations, that enable a child to function safely and that allow them to perceive the world as a fundamentally safe and nurturing place.

- ☐ A stranger is anyone you don't know. You can't tell the good guys from the bad guys by how they look. You are responsible for keeping yourself safe when you're by yourself.
- ☐ You are responsible for taking care of yourself, not for grownups. Adults who need help should go to another adult.
- ☐ Instinct is nature's way of talking to you – listen to that inner voice (if it doesn't seem right believe that it's not)

The four stranger rules you should always follow when you're not with an adult who is taking care of you are:

1. Stay an arm's reach plus away from strangers. Stand up, back up, and run to someone who can help you if you feel afraid.
1. Don't talk to strangers.
1. Don't take anything from strangers – not even your own things.
1. Don't go anywhere with someone you don't know.

You don't do it alone. Protecting children from abuse and abduction by strangers is a partnership between you and your children. If you teach your children about strangers as positively and clearly as you teach them to cross the street, they will not only have a healthy attitude about the world, they will be safer.

## **Abuse**

For too many children, child abuse is what they know every day of their lives.

- ☐ Over 2.9 million cases of child abuse were reported last year in this country (NCPA) (see research section for all citations).
- ☐ Approximately 1/3 of sexual abuse cases involve children 6 years of age or younger (National Incidence Study, 1988).
- ☐ One in every four girls and one in every six boys will be sexually abused by the age of 18 (Kinsey, Finkelhor).
- ☐ Eighty-five to 90% of sexual abuse happens with a person known to the child (Russell).

But these figures do not tell the whole story. Evidence is mounting that child mistreatment is the precursor to many of the major social problems in this culture. Consider these figures:

- ☐ 95% of child abusers were themselves abused as children (Groth);
- ☐ 80% of substance abusers were abused as children (Daytop);
- ☐ 80% of runaways cite child abuse as a factor (Denver Police Dept.);
- ☐ 78% of our prison population were abused as children (Groth);
- ☐ 95% of prostitutes were sexually abused as children (Conte).

Not every child who is abused has problems of this magnitude, but we know child abuse robs far too many children of their ability to freely reach their full potential. Their loss is society's loss and "Band-Aid" measures are inadequate to address this epidemic.

Community resistance to prevention programs has fallen away as awareness has increased and as programs have become more appropriate to the developmental needs and abilities of children.

- ☐ 90% of the public believe that all elementary schools should offer prevention of child abuse programming (NCPA).
- ☐ 92% of all teachers believe such instruction is effective. (Duffell).
- ☐ 60% of all elementary school districts mandate prevention instruction. (NCPA)

The need is obvious. Yet most communities have no broad-based and consistent program to teach young children the skills they need to reduce their vulnerability to abuse.

## **Sexual Abuse**

Sexual abuse is any sexual contact with a child or the use of a child for the sexual pleasure of someone else. This may include exposing private parts to the child or asking the child to expose him or herself, fondling of the genitals or requests for the child to do so, oral sex or attempts to enter the vagina or anus with fingers, objects or penis, although actual penetration is rarely achieved.

- ☐ 1 in 4 girls and at least 1 in 10 boys is sexually abused in some way by the age of 18 (Kinsey, 1953; Finkelhor, 1979)
- ☐ 10% of those children are preschoolers (Children's Hospital, D.C.)
- ☐ 85-90% involve perpetrator known to the child (Groth, 1982; DeFrancis, 1969; Russell, 1983)
- ☐ 35% involve a family member (King County Rape Relief, Washington)
- ☐ Only 10% of the offenses involve physical violence (Jaffee, 1975)
- ☐ 50% of all assaults take place in the home of the child or the offender (Sanford, 1980)
- ☐ The average offender is involved with over 70 children in his or her "career" of offending (Sanford, 1980, Abel and Becker, 1980)

## **Physical Indicators**

- ☐ difficulty walking or sitting
- ☐ torn clothing,
- ☐ stained or bloody underwear
- ☐ pain or itching in genital area
- ☐ venereal disease, especially in preteens
- ☐ pregnancy

## **Behavioral Indicators in Child**

Children often do not tell us with words that they have been sexually abused or that they have successfully resisted an assault and don't know quite what to do next. There are many reasons children might hesitate or be afraid to tell us about what has happened, including their relationship to the offender, fear of the consequences, retaliation or uncertainty about whether or not they will be believed.

Any one of the following signs could indicate that there has been a sexual assault or it could be indicative of another problem. Whatever has caused the change in behavior should be explored.

- ☐ sudden reluctance to go someplace or be with someone
- ☐ inappropriate displays of affection
- ☐ sexual acting out
- ☐ sudden use of sexual terms or new names for body parts
- ☐ uncomfortableness or rejection of typical family affection
- ☐ sleep problems, including: insomnia, nightmares, refusal to sleep alone or suddenly insisting on a night light
- ☐ regressive behaviors, including: thumb-sucking, bed-wetting, infantile behaviors or other signs of dependency
- ☐ extreme clinginess or other signs of fearfulness
- ☐ a sudden change in personality
- ☐ problems in school
- ☐ unwilling to participate in or change clothing for gym class at school
- ☐ runs away from home
- ☐ bizarre or unusual sophistication pertaining to sexual behavior or knowledge, including sexual acting out
- ☐ reports sexual assault by parent or guardian

*NOTE: Again, any one of the following signs could indicate that there has been a sexual assault or it could be indicative of another problem. Whatever has caused the change in behavior should be explored.*

### **Indicators of Sexually Abusive Parent/Guardian**

- ☒ Overly protective or jealous of child and friends
- ☒ abuses alcohol or other drugs
- ☒ encourages exhibitionism in child
- ☒ voyeuristic, seductive to child
- ☒ exposes child to pornographic and sexually stimulating pictures
- ☒ encourages the child in promiscuous and/or prostitute acts
- ☒ freely talks or boasts about sexual themes with child

## **Physical Abuse**

Non accidental physical injury may include severe beatings, burns, biting, strangulation and scalding with resulting bruises, welts, broken bones, scars or serious internal injuries. (National Committee for the Prevention of Child Abuse) An "abused child", under the law, means a child less than 18 years of age whose parent or other person legally responsible for the child's care inflicts or allows to be inflicted upon the child physical injury by other than accidental means which causes or creates substantial risk of death or serious disfigurement, or impairment of physical health, or loss or impairment of the function of any bodily organ. It is also considered "abuse" if such a caretaker creates or allows to be created situations whereby a child is likely to be in risk of the dangers mentioned above. (see N.Y. Social Services Law, Sec.412;Family Court Act, Sec. 1012).

## **Physical Indicators**

- ☒ bite marks
- ☒ unusual bruises
- ☒ lacerations
- ☒ burns
- ☒ high incidence of accidents or frequent injuries
- ☒ fractures in unusual places
- ☒ injuries, swellings to face and extremities
- ☒ discoloration of skin

## **Behavioral Indicators**

- ☒ avoids physical contact with others
- ☒ apprehensive when other children cry
- ☒ wears clothing to purposely conceal injury, i.e., long sleeves
- ☒ refuses to undress for gym or for required physical exams at school
- ☒ gives inconsistent versions about occurrence of injuries, burns, etc.
- ☒ seems frightened by parents

- ☒ often late or absent from school
- ☒ comes early to school, seems reluctant to go home afterwards
- ☒ has difficulty getting along with others,
- ☒ little respect for others
- ☒ overly compliant, withdrawn, gives in readily and allows others to do for him/her without protest
- ☒ plays aggressively, often hurting peers
- ☒ complains of pain upon movement or contact
- ☒ has a history of running away from home
- ☒ reports abuse by parents

## **Family or Parental Indicators**

- ☒ many personal and marital problems
- ☒ economic stress
- ☒ parent(s) were abused as children themselves, were raised in homes where excessive punishment was the norm, and use harsh discipline on own children
- ☒ highly moralistic
- ☒ history of alcohol or drug abuse
- ☒ are easily upset, have a low tolerance for frustration
- ☒ are antagonistic, suspicious and fearful of other people
- ☒ social isolation, no supporting network of relatives or friends
- ☒ see child as bad or evil
- ☒ little or no interest in child's well-being;
- ☒ do not respond appropriately to child's pain
- ☒ explanation of injuries to child are evasive and inconsistent
- ☒ blame child for injuries
- ☒ constantly criticize and have inappropriate expectations of child
- ☒ take child to different physicians or hospital for each injury

*NOTE - Any one of these observations in isolation could be indicative of a number of other problems. Part of what we observe in physical abuse is a pattern or series of events. Be particularly aware of frequent occurrences which singularly seem to have a reasonable explanation, but which, as a whole, cause concern.*

## **Neglect**

"Neglected Child" means a child less than 18 years of age whose physical, mental or emotional condition has been impaired or is in danger of becoming impaired as a result of the failure of the child's legal guardian to exercise a minimum degree of care in supplying the child with adequate food, clothing, shelter, or education or medical care. Neglect also occurs when the legal guardian fails to provide the child with proper supervision or guardianship by allowing the child to be

harmful, or to be at risk of harm which includes when the guardian misuses drugs or alcohol him/herself.

## **Observable Indicators**

- ☒ Dirty skin
- ☒ Offensive body odor
- ☒ Unwashed, uncombed hair
- ☒ Tattered, under or oversized and unclean clothing
- ☒ Dressed in clothing that is inappropriate to weather or situation
- ☒ Frequently left unsupervised or alone for periods of time (*Note: This is the most frequent cause of child death and should not be minimized*)

## **Indicators of Poor Health**

- ☒ Drowsiness, easily fatigued
- ☒ Puffiness under eyes
- ☒ Frequent diarrhea
- ☒ Bruises, lacerations or cuts that are infected
- ☒ Untreated illnesses

## **Indicators of Malnutrition**

- ☒ Begging for or stealing food
- ☒ Frequently hungry
- ☒ Rummaging through garbage pails for food
- ☒ Hoarding food
- ☒ Obesity
- ☒ Overeating junk food

## **Indicators in Children**

- ☒ Cries easily when hurt even slightly
- ☒ Comes to school without breakfast
- ☒ Has no lunch or lunch money
- ☒ Needs dental care, glasses
- ☒ Falls asleep in class
- ☒ Often seems in a fog or dream world
- ☒ Comes to school early, does not want to go home
- ☒ Sees self as failure
- ☒ Troublesome at school
- ☒ Does no homework, refuses to try
- ☒ Destroys completed written work
- ☒ Destroys books, assignments and learning aids or toys
- ☒ Is withdrawn, overactive, under active and/or lethargic (depressed)

- ☒ Is cruel to classmates
- ☒ Lies, steals from classmates, school
- ☒ Breaks objects or damages school property
- ☒ Frequently absent or late for school

## **Indicators with Parents and Family**

- ☒ Promises but does not follow up on recommendations
- ☒ Fails to keep appointments and/or refuses help from school or other resources
- ☒ Abuses alcohol or drugs
- ☒ Lifestyle or relative isolation from relatives, friends
- ☒ History of abuse or neglect as a child
- ☒ Disorganized, chaotic home life
- ☒ History of chronic illness
- ☒ Gives impression of resignation and feeling that nothing makes much difference anyway
- ☒ Failure to provide supervision of children (***This is the most frequent cause of child death and should not be minimized***)

*NOTE Again, any one of these indicators could be attributable to a specific life event or other trauma. A pattern of behavior is the strongest indicator of abuse and should not be ignored.*

## **Who are Abusers?**

Abusers are family, friends and neighbors. As described by the National Committee for the Prevention of Child Abuse:

"It is a sad irony that many abusers genuinely love their children, but they find themselves caught in life situations beyond their control and they do not know how to cope. They are often isolated from friends and family and may have no one to give them emotional support. They may not like themselves and may not know how to get their emotional needs met" (National Committee for the Prevention of Child Abuse).

Child abuse happens in all socio-economic, racial, ethnic and religious groups although it is now known that it does not occur equally over all groups (Fryer, 1990).

### **What Abuse does to Children**

Children who have been physically, sexually and/or emotionally abused not only suffer a wide range of effects from their victimization, but are at greater risk to be abused again.

Abuse commonly produces feelings of:

- ☒ guilt
- ☒ violation
- ☒ loss of control
- ☒ lowered self-esteem.

Even those who seem to be handling their abuse are concerned that:

- ☒ it might happen again
- ☒ they did something wrong
- ☒ future relationships might be abusive

# Long-Term Effects of Abuse

Common problems for abused children include:

- ☐ emotional problems
- ☐ behavioral problems
- ☐ poor performance in school
- ☐ further abuse

While these effects are not always obvious, they are important.

**Long-term studies of low achievers, runaways, drug abusers, prostitutes and incarcerated individuals paint a disturbing picture. Abuse is a consistent and pervasive element in their backgrounds. Low self-esteem and poor self-concept are ever-present.**

Knowing this, there can be little doubt that children, who are abused, as well as adults who were abused as children, need assistance to resolve the questions that the abuse experience has raised, even if that assistance does not come until years after the abuse.

## We Must Remember

Child victims are usually made to feel as if they have brought the abuse upon themselves; they are made to feel guilty. For this reason, sexual abuse victims seldom disclose the victimization. Consider this: Big Brothers/Big Sisters of America contend that for every child abuse case reported, ten more go unreported. Children need to understand that it is never their fault, and both children and adults need to know what they can do to keep it from happening.

Anyone can be an abuser and it could happen anywhere. By educating parent, volunteers, and children, you can help reduce the risk it will happen at Bishop Little League. Like all safety issues, prevention is the key.

## Child Abuse: A Five-Step Review

### 1. Know what it is, and where to look.

Defining child abuse, and separating the truth from the myths, better enables us all to spot potentially dangerous situations.

### 2. Educate parents, volunteers, and children.

They need to be supplied with the information necessary to protect everyone, let the children know that it's never their fault.

### 3. Follow safety procedures.

Employing basic rules, such as the buddy system can keep child abuse from happening in many cases.

### 4. Screen applicants carefully.

An effective plan can keep potential child abusers out of our Little League programs, and keep our kids safe.

## **5. Don't be afraid to speak out.**

Both Little League children and adults need to feel safe to come forward. If an individual honestly feels something is wrong, the laws are in place to protect them.

### **Reporting**

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

### **Investigation**

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

### **Suspending/Termination**

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

### **Immunity from Liability**

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

## **Make Our Position Clear**

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

### ***The Buddy System***

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

## **Access**

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

## **Lighting**

Child sexual abuse is more likely to happen in the dark. The lighting of fields, parking lots and any and all indoor facilities where Little League functions are held should be bright enough so that participants can identify individuals as they approach, and observers can recognize abnormal situations.

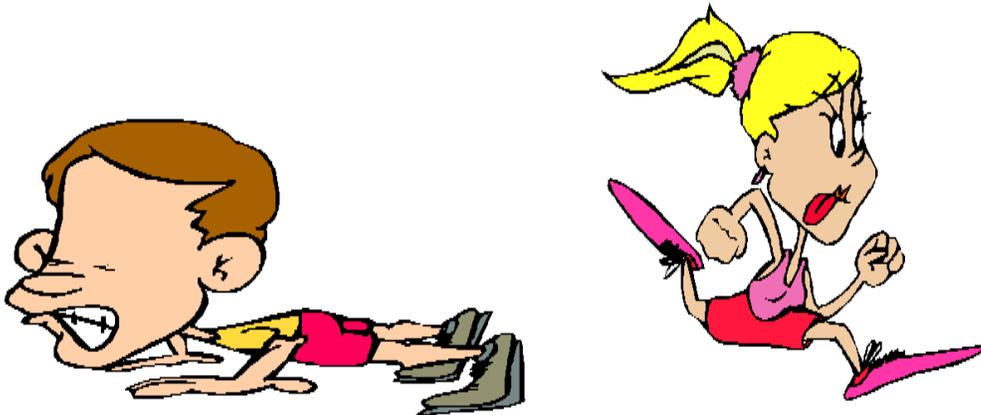
## **Toilet Facilities**

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

"Life affords no greater responsibility, no greater privilege, than the raising of the next generation."

# CHAPTER #4

# CONDITIONING



"If it weren't for the fact that the TV set and the refrigerator are so far apart, some of us wouldn't get any exercise at all".

## Conditioning “Warm-Ups”

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

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

The purpose of stretching is to increase flexibility within the various muscle groups and prevent tearing from overexertion. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility. Never stretch cold muscles, start with simple warm-ups.

**Dynamic Warm-up** (increase reps as endurance will allow)

**Easy jog-** around the bases

**Heel walk-** walk on heels (toes up) from home plate to first base, walk normal to second base, heel walk to third base, walk normal to home plate

**Skipping-** around the bases

**Carioca-** right foot over left, left foot over right from foul line to second base line and back

**Backward jog-** around the bases

**Forward run/Backward run-** run forward to mid court execute a jump stop and forward pivot run backwards to end of court, run forward to mid court and repeat.

### Hints on Stretching

- ☐ Stretch necks, backs, arms, thighs, legs, and calves.
- ☐ Don't ask the child to stretch more than he or she is capable of.
- ☐ Hold the stretch for at least 10 seconds.
- ☐ Don't allow bouncing while stretching. This tears down the muscle rather than stretching it.
- ☐ Have one of the player's lead the stretching exercises.

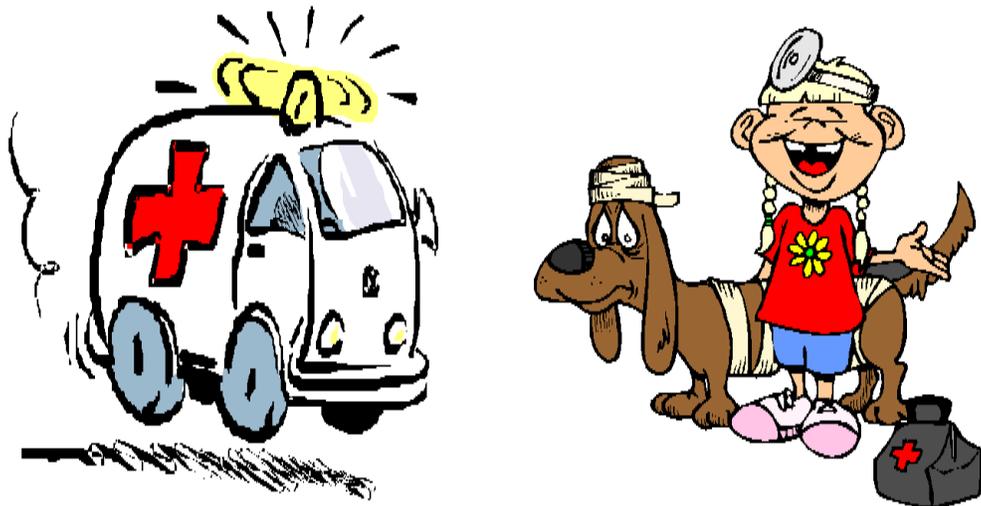
### Hints on Calisthenics

- ☐ Repetitions of at least 10.
- ☐ Have kids synchronize their movements.
- ☐ Vary upper body with lower body.

**Keep the pace up for a good cardio-vascular workout.**

# CHAPTER #5

## FIRST AID, HYDRATION, ENVIRONMENTAL CONDITIONS



"Success has nothing to do with what you gain in life or accomplish for yourself. It's what you do for others."

## *Health and Medical*

### **What is first-aid?**

First-Aid means exactly what the term implies -- it is the *first care* given to a victim. It is usually performed by the *first person* on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should anyone administering First-Aid *go beyond* his or her capabilities. **Know your limits!** The average response time on *9-1-1* calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital.

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

### **First Aid-Kits**

First Aid Kits will be furnished to each team at the beginning of the season. The First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or post-season) and any other BLL Little League event where children's safety is at risk.

To **replenish materials** in the Team First Aid Kit, the Manager, designated coaches or the appointed Team Safety Officer must contact the BLL Safety Officer. (See contact information and address in phone # in this Safety Manual)

**First Aid Kits and this Safety Manual must be turned in at the end of the season** along with your equipment package.

The First Aid Kit will come in a red or blue soft sided bag and include the following items:

- ⇒ 3 Instant Ice Packs
- ⇒ 1 Scissors
- ⇒ 1 Cloth Athletic Tape
- ⇒ 1 Roll of Gauze
- ⇒ 1 Ace Bandage
- ⇒ 1 Pair of Latex Gloves
- ⇒ 1 Combine Dressing 5x9
- ⇒ 3 Sterile Gauze Pads (2-3x3, 1-4x4)
- ⇒ 1 Eye Pad
- ⇒ 2 Large Bandages 2"x4"
- ⇒ 1 Large Non-stick Bandages
- ⇒ 10 Band-Aids 1"x3"
- ⇒ 2 Antiseptic Cream Packs
- ⇒ 4 Antiseptic Wipes
- ⇒ 1 Kit

If you are missing any of the above items, contact the BLL safety officer immediately. An additional First-Aid kit will be available in the snack bar and the equipment shed.

## **Good Samaritan Laws**

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

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

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the “Good Samaritan” use common sense and a reasonable level of skill, not to exceed the scope of the individual’s training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury.

People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer’s response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

### **Permission to Give Care**

If the victim is conscious, you must have his/her permission before giving first-aid. To get permission you *must* tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care.

Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present. Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

## Treatment at Site

### Important Do's and Don'ts

#### Do . . .

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

⇒ **Know your limitations.**

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

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

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

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

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

#### Don't . . .

. Administer any medications.

. Provide any food or beverages (other than water).

. Hesitate in giving aid when needed.

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

. Transport injured individual except in extreme emergencies.

### 9-1-1 EMERGENCY NUMBER

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

— First 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.

— The telephone number from which the call is being made.

— The caller's name.

— What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.

— How many people are involved.

— The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.

— What help (first aid) is being given.

— Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.

— Continue to care for the victim till professional help arrives.

— Appoint somebody to go to the street and look for the *ambulance* and *fire engine* and flag them down if necessary. This saves valuable time. Remember, every minute counts.

## When to call -

If the injured person is unconscious, call 9-1-1 immediately.

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

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

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

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

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

## ***Checking the Victim***

### **Conscious Victims:**

If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed. This check has two steps:

- 1) Talk to the victim and to any people standing by who saw the accident take place.
- 2) Check the victim from head to toe, so you do not overlook any problems.
- 3) Do not ask the victim to move, and do not move the victim yourself.
- 4) Examine the scalp, face, ears, nose, and mouth.
- 5) Look for cuts, bruises, bumps, or depressions.
- 6) Watch for changes in consciousness.
- 7) Notice if the victim is drowsy, not alert, or confused.
- 8) Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
- 9) Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- 10) Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- 11) Ask the victim again about the areas that hurt.

- 12) Ask the victim to move each part of the body that doesn't hurt.
- 13) Check the shoulders by asking the victim to shrug them.
- 14) Check the chest and abdomen by asking the victim to take a deep breath.
- 15) Ask the victim if he or she can move the fingers, hands, and arms.
- 16) Check the hips and legs in the same way.
- 17) Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
- 18) Look for odd bumps or depressions.
- 19) Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
- 20) Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim; care to give for that problem, and who to call for help.
- 21) When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
- 22) When the victim feels ready, help him or her stand up.

### **Unconscious Victims**

If the victim does not respond to you in any way, assume the victim is unconscious. Call 9-1-1 and report the emergency immediately.

### **Checking an Unconscious Victim:**

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

### ***Muscle, Bone, or Joint Injuries***

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

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

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

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

#### **Treatment for muscle or joint injuries:**

- \_ If ankle or knee is affected, do not allow victim to walk. Loosen or remove shoe; elevate leg.
- \_ Protect skin with thin towel or cloth. Then apply cold, wet compresses or cold packs to affected area. Never pack a joint in ice or immerse in icy water.

- \_ If a twisted ankle, do not remove the shoe -- this will limit swelling.
- \_ Consult professional medical assistance for further treatment if necessary.

### **Treatment for fractures:**

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

### **Treatment for broken bones:**

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

### ***Concussion:***

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

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

For additional information, please refer to your training as well as the resources available at <https://headsup.cdc.gov/> or you can find information on the safety tab of our website at [www.Bishopll.com](http://www.Bishopll.com)

### ***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 an impalement.
- . A motor vehicle crash involving a driver or passengers not wearing safety belts.
- . Any person thrown from a motor vehicle.
- . Any person struck by a motor vehicle.
- . Any injury in which a victim's helmet is broken, including a motorcycle, batting helmet, industrial helmet.
- . Any incident involving a lightning strike.

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

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

## **General Care for Head and Spine Injuries**

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

### ***Contusion to Sternum:***

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

- 1) If a player is hit in the chest and appears to be all right, urge the parents to take their child to the hospital for further examination.
- 2) If 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, he or she often looks and feels sick.

#### **Symptoms of sudden illness include:**

- . Feeling light-headed, dizzy, confused, or weak
- . Changes in skin color (pale or flushed skin), sweating
- . Nausea or vomiting
- . Diarrhea
- . Changes in consciousness
- . Seizures
- . Paralysis or inability to move
- . Slurred speech

- . Impaired vision
- . Severe headache
- . Breathing difficulty
- . Persistent pressure or pain.

### **Care For Sudden Illness**

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

### **If the victim:**

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

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

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

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

### ***Caring for Shock***

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

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

### **Caring for shock involves the following simple steps:**

- 1) Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
- 2) Control any external bleeding.
- 3) Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
- 4) Try to reassure the victim.
- 5) Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.
- 6) Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
- 7) Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

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

### **If Victim is not breathing:**

- 1) Position victim on back while supporting head and neck.
- 2) With victim's head tilted back and chin lifted, pinch the nose shut.
- 3) Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.
- 4) Check for a pulse at the carotid artery (use fingers instead of thumb).
- 5) If pulse is present but person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).
- 6) Continue rescue breathing as long as a pulse is present but person is not breathing.

### **If Victim is not breathing and Air Won't Go In:**

- 1) Re-tilt person's head.
- 2) Give breaths again.
- 3) If air still won't go in, place the heel of one hand against the middle of the victim's abdomen just above the navel.
- 4) Give up to 5 abdominal thrusts.
- 5) Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.
- 6) Tilt head back, lift chin, and give breaths again.
- 7) Repeat breaths, thrust, and sweeps until breaths go in.

**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.**

## **Bleeding in General**

Before initiating any First Aid to control bleeding, be sure to wear the **latex gloves** included in your First-Aid Kit in order to avoid contact of the victim's blood with your skin.

### **If a victim is bleeding,**

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

### ***Nose Bleed***

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

### ***Bleeding On the Inside and Outside of the Mouth***

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

### ***Infection***

To prevent infection when treating open wounds, you must:

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

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

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

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

### ***Deep Cuts***

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

### **Splinters**

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

#### **Symptoms:**

*May include:* Pain, redness and/or swelling.

#### **Treatment:**

- 1) First wash your hands thoroughly, then gently wash affected area with mild soap and water.
- 2) Sterilize needle or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use.
- 3) Loosen skin around splinter with needle; use tweezers to remove splinter. If splinter breaks or is deeply lodged, consult professional medical help.
- 4) Cover with adhesive bandage or sterile pad, if necessary.

### ***Insect Stings***

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

#### **Symptoms:**

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

**Treatment:**

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

***Emergency Treatment of Dental Injuries*****AVULSION (Entire Tooth Knocked Out)**

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down.

Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

- 1) Avoid additional trauma to tooth while handling.

**Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.

- 2) If debris is on tooth, gently rinse with water.

- 3) If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. **Do only** if athlete is alert and conscious.

- 4) If unable to re-implant:

. Best - Place tooth in Hank's Balanced Saline Solution, i.e., "Savea-tooth."

. 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2 % milk.

. 3rd best - Wrap tooth in saline-soaked gauze.

. 4th best - Place tooth under victim's tongue. **Do only** if athlete is conscious and alert.

. 5th best - Place tooth in cup of water.

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

**LUXATION (Tooth in Socket, but Wrong Position)**

THREE POSITIONS -

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

- 1) Reposition tooth in socket using firm finger pressure.

- 2) Stabilize tooth by gently biting on towel or handkerchief.

- 3) **TRANSPORT IMMEDIATELY TO DENTIST.**

**LATERAL DISPLACEMENT** - Tooth pushed back or pulled forward.

- 1) Try to reposition tooth using finger pressure.

- 2) Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.

- 3) **TRANSPORT IMMEDIATELY TO DENTIST.**

**INTRUDED TOOTH** - Tooth pushed into gum - looks short.

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

**FRACTURE (Broken Tooth)**

1) If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding.

2) Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.

3) Save all fragments of fractured tooth as described under Avulsion, Item 4.

4) **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST** in the plastic baggie supplied in your First-Aid kit.

### ***Burns***

#### **Care for Burns:**

The care for burns involves the following 3 basic steps.

**Stop** the Burning -- Put out flames or remove 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.

#### **Sunburn:**

If victim has been sunburned,

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

### ***Heat Exhaustion***

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

#### **Treatment:**

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

## ***Sunstroke (Heat Stroke)***

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

### **Treatment:**

- 1) Call **9-1-1** immediately.
- 2) Lower body temperature quickly by placing victim in partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold, wet sheets or towels in well-ventilated room or use fans and air conditioners until body temperature is reduced.
- 3) **DO NOT** give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

### ***Transporting an Injured Person***

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

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

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

### **If victim must be lifted:**

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

### ***Communicable Disease Procedures:***

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

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

## **Facts about AIDS and hepatitis**

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

The *virus* enters the body in 3 basic ways:

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

The virus cannot enter through the skin unless there is a cut or break in the skin. Even then, the possibility of infection is very low unless there is direct contact for a lengthy period of time. Currently, it is believed that saliva is not capable of transmitting HIV. The likelihood of HIV transmission during a First-Aid situation is very low. Always give care in ways that protect you and the victim from disease transmission. If you think you have put yourself at risk, get tested. A blood test will tell whether or not your body is producing antibodies in response to the virus. If you are not sure whether you should be tested, call your doctor, the public health department, or the AIDS hot line (1-800-342-AIDS). In the meantime, don't participate in activities that put anyone else at risk.

Like AIDS, hepatitis B and C are viruses. Even though there is a very small risk of infecting others by direct contact, one must take the appropriate safety measures, as outlined above, when treating open wounds. There is now a vaccination against hepatitis B. Managers are strongly recommended to see their doctor about this.

### ***Prescription Medication***

**Do not, at any time, administer any kind of prescription medicine.** This is the parent's responsibility and BLL 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 difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening.

Encourage parents to fill out the medical history forms. Study their comments and know which children on your team need to be watched.

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

## Hydration

Good nutrition is important for children. Sometimes, the most important nutrient children need is water, especially when they're physically active. When children are physically active, their muscles generate heat thereby increasing their body temperature. As their body temperature rises, their cooling mechanism – sweat – kicks in. When sweat evaporates, the body is cooled.

Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become overheated.

We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. It does not matter if it's January or July; thirst is not an indicator of fluid needs. Therefore, children must be encouraged to drink fluids even when they don't feel thirsty.

Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning.

During any activity water is an excellent fluid to keep the body well hydrated. Offering flavored fluids like sports drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sport drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea, and diarrhea when the child becomes active. Beverages containing caffeine (tea, coffee, sodas) should be avoided because they are diuretics and can dehydrate the body further. Avoid carbonated drinks, which can cause gastrointestinal distress and may decrease fluid volume.

## Weather

Living in the land of four seasons is, to say the least, an adventure. Where else can you experience all four seasons in one day? As those who have been with the league for any amount of time, knows that no matter how beautiful the weather might be weeks before on opening day, it might snow, rain, be foggy or all the above. We try to accept the weather and go on with games and practices but sometimes it gets to be a little too much. So here are some tips for unsafe weather conditions;

### **Rain:**

1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
1. Determine the direction the storm is moving.
1. Evaluate the playing/practice field as it becomes more and more saturated.
1. Stop play/practice if the conditions become unsafe, use good sense.

## **Low Clouds/Fog:**

If the clouds start to roll in:

1. Evaluate visibility, if you can't see the outfielders, they can't see you either. Throw a ball high in the air, can you see it at its peak, can you follow it all the way up and down without losing it or it fading. Remember, it's coming off a bat a lot faster than you can throw it so use some good sense.
1. Determine if it's just passing through or if it's sticking around a while.
1. Don't leave your players standing around for a long time hoping to get in that extra 10 minutes. Players will get cold and bored; muscles will get stiff and players will get hurt.

## **Snow:**

If it starts to snow:

1. Again, evaluate visibility; you have to be able to see to play.
1. Evaluate the playing field, is it covered, too slippery, too cold, etc.
1. Is it starting to stick on the roads, parents aren't too keen on driving in adverse conditions.

## **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!

If you can hear, see, or feel a Thunderstorm:

1. Suspend all games and practices immediately.
1. Stay away from metal including fencing and bleachers.
1. Do not hold metal bats.
1. 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:**

Precautions must be taken in order to make sure the players on your team do not dehydrate or hyperventilate.

1. Suggest players take drinks of water when coming on and going off the field between innings.
1. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade A.S.A.P.
1. 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.

## **Ultra-Violet Ray Exposure (Sunburn):**

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 they are 18 years old.

Therefore, BLL will highly 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.

## **Earthquakes**

### **What is an earthquake?**

An earthquake is a sudden, rapid shaking of the Earth caused by the breaking and shifting of rock beneath the Earth's surface. This shaking can cause buildings and bridges to collapse; disrupt gas, electric, and phone service; and sometimes trigger landslides, avalanches, flash floods, fires, and huge, destructive ocean waves (tsunamis). Buildings with foundations resting on unconsolidated landfill, old waterways, or other unstable soil are most at risk. Buildings or trailers and manufactured homes not tied to a reinforced foundation anchored to the ground are also at risk since they can be shaken off their mountings during an earthquake. Earthquakes can occur at any time of the year.

### **What Should I Do?**

#### **DURING AN EARTHQUAKE**

- ❑ **Drop, cover, and hold on!** Move only a few steps to a nearby safe place. It is very dangerous to try to leave a building during an earthquake because objects can fall on you. Many fatalities occur when people run outside of buildings, only to be killed by falling debris from collapsing walls. In U.S. buildings, you are safer to stay where you are.

- ❑ **If you are outdoors, find a clear spot away from buildings, trees, streetlights, and power lines. Drop to the ground and stay there until the shaking stops.** Injuries can occur from falling trees, street-lights and power lines, or building debris.
- ❑ **If you are in a vehicle, pull over to a clear location, stop and stay there with your seatbelt fastened until the shaking has stopped.** Trees, power lines, poles, street signs, and other overhead items may fall during earthquakes. Stopping will help reduce your risk, and a hard-topped vehicle will help protect you from flying or falling objects. Once the shaking has stopped, proceed with caution. Avoid bridges or ramps that might have been damaged by the quake.
- ❑ **Stay indoors until the shaking stops and you're sure it's safe to exit.** More injuries happen when people move during the shaking of an earthquake. After the shaking has stopped, if you go outside, move quickly away from the building to prevent injury from falling debris.
- ❑ **Stay away from windows.** Windows can shatter with such force that you can be injured several feet away.
- ❑ **If you are in a mountainous area or near unstable slopes or cliffs, be alert for falling rocks and other debris that could be loosened by the earthquake.** Landslides commonly happen after earthquakes.

#### **AFTER THE EARTHQUAKE**

- ❑ **Check yourself for injuries.** Often people tend to others without checking their own injuries. You will be better able to care for others if you are not injured or if you have received first aid for your injuries.
- ❑ **Protect yourself from further danger by putting on long pants, a long-sleeved shirt, sturdy shoes, and work gloves.** This will protect you from further injury by broken objects.
- ❑ **After you have taken care of yourself, help injured or trapped persons.** If you have it in your area, call 9-1-1, and then give first aid when appropriate. Don't try to move seriously injured people unless they are in immediate danger of further injury.
- ❑ **Look for and extinguish small fires. Eliminate fire hazards.** Putting out small fires quickly, using available resources, will prevent them from spreading. Fire is the most common hazard following earthquakes. Fires followed the San Francisco earthquake of 1906 for three days, creating more damage than the earthquake.
- ❑ **Leave the gas on at the main valve, unless you smell gas or think it's leaking.** It may be weeks or months before professionals can turn gas back on using the correct procedures. Explosions have caused injury and death when homeowners have improperly turned their gas back on by themselves.
- ❑ **Clean up spilled medicines, bleaches, gasoline, or other flammable liquids immediately and carefully.** Avoid the hazard of a chemical emergency.
- ❑ **Open closet and cabinet doors cautiously.** Contents may have shifted during the shaking of an earthquake and could fall, creating further damage or injury.
- ❑ **Help neighbors who may require special assistance.** Elderly people and people with disabilities may require additional assistance. People who care for them or who have large families may need additional assistance in emergency situations.
- ❑ **Listen to a portable, battery-operated radio (or television) for updated emergency information and instructions.** If the electricity is out, this may be your main source of

information. Local radio and local officials provide the most appropriate advice for your particular situation.

- ☐ **Expect aftershocks.** Each time you feel one, drop, cover, and hold on! Aftershocks frequently occur minutes, days, weeks, and even months following an earthquake.
- ☐ **Watch out for fallen power lines or broken gas lines, and stay out of damaged areas.** Hazards caused by earthquakes are often difficult to see, and you could be easily injured.
- ☐ **Stay out of damaged buildings.** If you are away from home, return only when authorities say it is safe. Damaged buildings may be destroyed by aftershocks following the main quake.
- ☐ **Avoid smoking inside buildings.** Smoking in confined areas can cause fires.
- ☐ **When entering buildings, use extreme caution.** Building damage may have occurred where you least expect it. Carefully watch every step you take.
  - ☐ **Examine walls, floor, doors, staircases, and windows to make sure that the building is not in danger of collapsing.**
  - ☐ **Check for gas leaks.** If you smell gas or hear a blowing or hissing noise, open a window and quickly leave the building. Turn off the gas, using the outside main valve if you can, and call the gas company from a neighbor's home. If you turn off the gas for any reason, it must be turned back on by a professional.
  - ☐ **Look for electrical system damage.** If you see sparks or broken or frayed wires, or if you smell burning insulation, turn off the electricity at the main fuse box or circuit breaker. If you have to step in water to get to the fuse box or circuit breaker, call an electrician first for advice.
  - ☐ **Check for sewage and water line damage.** If you suspect sewage lines are damaged, avoid using the toilets and call a plumber. If water pipes are damaged, contact the water company and avoid using water from the tap. You can obtain safe water from undamaged water heaters or by melting ice cubes.
  - ☐ **Watch for loose plaster, drywall, and ceilings that could fall.**
- ☐ **Use the telephone only to report life-threatening emergencies.** Telephone lines are frequently overwhelmed in disaster situations. They need to be clear for emergency calls to get through.
- ☐ **Watch animals closely. Leash dogs and place them in a fenced yard.** The behavior of pets may change dramatically after an earthquake. Normally quiet and friendly cats and dogs may become aggressive or defensive.

## RATTLESNAKES

How dangerous are Rattlesnakes?

In the United States, humans experience about 8000 bites from venomous snakes each year. Of those, an average of 12 per year, less than 1%, result in death. Far more people die each year from bee stings, lightning strikes, or almost any other reason. Incidentally, one-third of all rattlesnake bites are “dry”, when no venom has been injected.

Rattlesnakes will make every effort to avoid contact with people. We are far more dangerous to this reptile than it is to us. In almost every case, we are treading on the snakes’ home territory when we encounter them.

The only poisonous snakes found in southern California are six species of rattlesnakes. Rattlesnakes bite their victims with two fangs that are hinged to swing downward. The rattlesnake can open its mouth amazingly wide, allowing venom to be injected into the victim through grooves along the fangs. The amount and toxicity of venom determine the danger to the victim. For example, venom from the Mojave Green Rattlesnake is approximately 44 times more potent than venom from a Copperhead; and venom from a baby rattlesnake may be 12 times more potent than venom from adults.

Not all rattlesnake bites result in the injection of venom. However, the mouth of a rattlesnake is very unsanitary, from eating small animals, and infection, with the possibility of gangrene, is an ever present danger. The injection of venom is called envenomation.

- ☒ Mild envenomation's hurt, swell, turn black and blue, and may blister at the bite.
- ☒ Moderate envenomation's result in swelling that moves up the arm or leg towards the heart, with numbness and swelling of the lymph nodes.
- ☒ Severe envenomation's result in large jumps in pulse and breathing rates, with profound swelling, blurred vision, headache, lightheadedness, sweating, chills, and possibly death.

Because all rattlesnake bites are dangerous, the victim needs to seek medical help immediately. The degree of danger depends on the age, size, and health of the victim, how allergic they are to the venom, where they were bitten (near vital organs being the most dangerous), how deep the fangs go, how upset the snake is, the species and size of snake, and the first aid given. A person will normally know within the first 30 minutes, how serious a bite is. Remember that the after effects from any rattlesnake bite may last for months, even years.

### **First-Aid Guidelines**

The first-aid guidelines that follow are for bites from all poisonous snakes in the U.S., including rattlesnakes, copperheads, and water moccasins.

- ☒ Calm and reassure the victim, treat for shock, and keep them at rest with the bitten area immobilized and placed lower than the heart.
- ☒ Remove rings, watches, and anything else that might reduce circulation if swelling occurs. Wash the wound, and monitor swelling.
- ☒ Call 9-1-1 as soon as possible, if you have to transport them to a hospital carry them gently to your vehicle, or, if the victim is stable, have them walk very slowly.
- ☒ **Do Not** cut the wound and **Do Not** try to suck the venom out by mouth. Mechanical suction for 30 minutes with a reverse syringe helps if you begin suction within five minutes after bite occurs.
- ☒ **Do Not** give painkillers, such as aspirin, Tylenol, or Advil.
- ☒ **Do Not** apply ice, or immerse the wound in cold water.
- ☒ **Do Not** apply a tourniquet.
- ☒ **Do Not** give alcohol to the victim to drink.
- ☒ **Do Not** electrically shock the victim.

### **Avoiding Rattlesnakes**

Following these precautions if traveling in snake country.

- ☐ Learn to identify rattlesnakes. All snakes with pointed tails in California are non-venomous. Even newborn rattlesnakes have a rattle segment called a “button” at the end of their tails (never a pointed tail), and adults may have several rattles. Rattlesnakes also have flat and broad, or triangular-shaped heads. The pupils (black portion) of a rattlesnake’s eyes are cat-like or elliptical, whereas non-venomous snakes have round pupils.
- ☐ Be careful where you put your hands and feet, and watch where you sit and step. Most snakes are inactive and hide for protection. Because a motionless rattlesnake in its natural habitat is almost impossible to see, do not put your hands or feet in or on places where you cannot see. Also, do not depend on a rattlesnake to rattle before it strikes, as most rattlesnakes do not rattle unless frightened or endangered. Some rattlesnakes may not rattle at all.
- ☐ Do not jump or step over logs, rocks, or shrubs. Walk around these obstacles instead. Also, be careful when turning over logs, rocks, or other large objects, as a snake may be resting underneath or looking for food. When walking, watch where you step, stay on paths or in clearings, and avoid tall grassy areas with heavy underbrush. Look closely at the ground before crossing over or under fences.
- ☐ Stay at least a body length away from any snake you encounter, until you are certain it is not a rattlesnake. Although rattlesnakes normally strike only ½ their body length, they can strike farther if they are facing downhill. Most rattlesnakes are not aggressive, but they may come towards you inadvertently when seeking escape cover.
  - ☐ Wear loose-fitting clothes and leather boots when outdoors. Leather boots provide protection for the feet and ankles. Low-cut shoes or sandals should never be worn in rattlesnake country, especially at night. Rattlesnake’s fangs can penetrate clothing, and loose-fitting clothes are better than tight styles.

## **Animal Bites**

To help prevent animal bites, you should not leave your younger child unsupervised around animals and you should teach them not to play with or touch stray animals.

While stray or unfamiliar animals cause some bites, most children are bitten by their own pets or other animals that they know. Minor wounds that simply scratch the skin surface can be treated by washing the area with soap and water and applying an antibiotic cream.

More serious bites, including those that break the skin, should be evaluated by your physician. Animal bites that become infected will become red, tender, have drainage of pus, and your child may have swollen glands and or fever. Consult your doctor immediately if any of these signs appear.

You may also need to notify your local animal control department or health department if it is possible that the animal that bit your child has rabies. Although rare today, your child may be at risk for catching rabies if he is bitten by an unimmunized dog or cat or by a wild animal, including bats, skunks, raccoons, or foxes.



## HAVE YOU:

- ✓ Walked field for debris/foreign objects
- ✓ Inspected helmets, bats, catchers' gear
- ✓ Made sure a First Aid kit is available
- ✓ Checked conditions of fences, backstops, bases and warning track
- ✓ Made sure a working telephone is available
- ✓ Held a warm-up drill



# Make Sure They Are Safe!

**REMEMBER:**

**Catchers must wear helmets during warm-ups and infield/outfield practice.**

**RULE 5.11\***

\*...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games.\*

## Don't Swing It

...Until You're Up to the Plate!



(Photos from North Scott, Iowa, Little League)

**Don't let this happen to you, or to a teammate.**

**REMEMBER:**

**Don't pick up your bat until you leave the dugout, to approach the plate.**

**RULE 1.08, Notes**

\*1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division.\*

## Coach, Please Let Players Catch!



**REMEMBER:**

**Coaches and managers must not warm up pitchers. Let Players Catch.**

**RULE 3.09**

\*...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen.\*

# CHAPTER #6

# SNACK BAR



"Other things are just food. But chocolate's  
chocolate".

## Snack Bar Safety

- ☒ People working in the snack bar will be trained in safe food preparation. Training will cover safe use of the equipment.
- ☒ Cooking equipment will be inspected periodically and repaired or replaced as needed.
- ☒ Propane tanks will be turned off at the grill and at the tank after use.
- ☒ Food not purchased by BLL to sell in its snack bar will not be cooked, prepared, or sold in the snack bar.
- ☒ A certified fire extinguisher suitable for grease fires must be placed in plain sight at all times.
- ☒ All snack bar workers are to be instructed on the use of the fire extinguisher.
- ☒ A fully stocked First Aid Kit will be placed in the snack bar.
- ☒ Use only foods from approved sources, avoiding foods that have been prepared at home.
- ☒ Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41 degrees F or below (if cold) or 140 degrees F or above (if hot).
- ☒ Rapidly reheat potentially hazardous foods to 165 degrees F.
- ☒ Foods that require refrigeration must be cooled to 41 degrees F as quickly as possible and held at that temperature until ready to serve.
- ☒ Frequent and thorough hand washing remains the first line of defense in preventing food borne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing.
- ☒ 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. Smoking is prohibited in the snack bar. The use of hair restraints is recommended to prevent hair ending up in food products.
- ☒ Avoid hand contact with raw, ready-to-eat foods, and food contact surfaces. Use acceptable dispensing utensils to serve food.
- ☒ Use disposable utensils for food service. Ideally, dishes and utensils should be washed in a four-step process:
  1. Washing in hot soapy water.
  1. Rinsing in clean water.
  1. Chemical or heat sanitizing.
  1. Air drying.
- ☒ Use a scoop to dispense ice; never use hands.
- ☒ Rinse and store your wiping cloths in a bucket of sanitizer.
- ☒ Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper waste in a refuse container with a tight-fitting lid. Dispose of waste water in an approved method (do not dump it outside).
- ☒ Keep foods stored off the floor at least six inches.
- ☒ After your event is finished, clean the snack bar area and discard unusable food.

Since the staff at the snack bar may not be professional food workers, it is important that they are thoroughly instructed in the proper method of washing their hands. The following may serve as a guide:

- ☒ Use soap and warm water.
- ☒ Rub your hands vigorously as you wash them.
- ☒ Wash all surfaces including the backs of hands, wrists, between fingers, and under fingernails.
- ☒ Rinse your hands well.
- ☒ Dry hands with a paper towel.
- ☒ Turn off the water using a paper towel instead of your bare hands.

Wash your hands in this fashion before you begin work and frequently during the day, especially after performing any of these activities:

- ☒ After touching bare human body parts other than clean hands and clean, exposed portions of arm.
- ☒ After using the restroom.
- ☒ After caring for or handling animals.
- ☒ After coughing, sneezing, using a handkerchief or disposable tissue.
- ☒ After handling soiled surfaces, equipment, or utensils.
- ☒ After drinking, using tobacco, or eating.
- ☒ During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks.
- ☒ When switching between working with raw food and working with ready-to-eat food.
- ☒ Directly before touching ready-to-eat food or food contact surfaces.
- ☒ After engaging in activities that contaminate hands.

# CHAPTER #7

## PARENTS CONCERNS



"I've been very blessed. My parents always told me I could be anything I wanted. When you grow up in a household like that, you learn to believe in yourself".

## ***PARENTAL CONCERNS ABOUT SAFETY***

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

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

***Should my child be pitching as many innings per game?***

Little League has rules regarding pitching which all managers and coaches must follow. The rules are different depending on the division of play but the rules are there to protect children.

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

***How do I know that I can trust the volunteer managers and coaches not to be child molesters?***

Bishop Little League runs background checks on all board members, managers and designated coaches before appointing them. Volunteers are required to fill out applications which give BLL the information and permission it needs to complete a thorough investigation. If the League receives inappropriate information on a Volunteer, that Volunteer will be immediately removed from his/her position and banned from the facility.

***How can I complain about the way my child is being treated by the manager, coach, or umpire?***

You can directly contact the BLL Player Agent for your division or any BLL board member. Their names and telephone numbers are posted in the snack bar. The complaint will be brought to the BLL President's attention immediately and investigated.

***Will that helmet on my child's head really protect him while he or she is at bat and running around the bases?***

The helmets used at Bishop Little League must meet NOCSAE standards as evidenced by the exterior label. These helmets are certified by Little League Incorporated and are the safest protection for your child. The helmets are checked for cracks at the beginning of each game and replaced if need be.

***Is it safe for my child to slide into the bases?*** Sliding is part of baseball.

Managers and coaches teach children to slide safely in the pre-season.

Beginning in the 2008 season, Bishop Little League has implemented the use of breakaway bases for all baseball divisions in accordance with Rule 1.06 of the 2012 Official Regulations and Playing Rules of Little League Baseball. Netting has been added to many of the fields in the last year to prevent foul balls from hitting spectators. We have placed protective shields for protection on the tops of all field fences, as well.

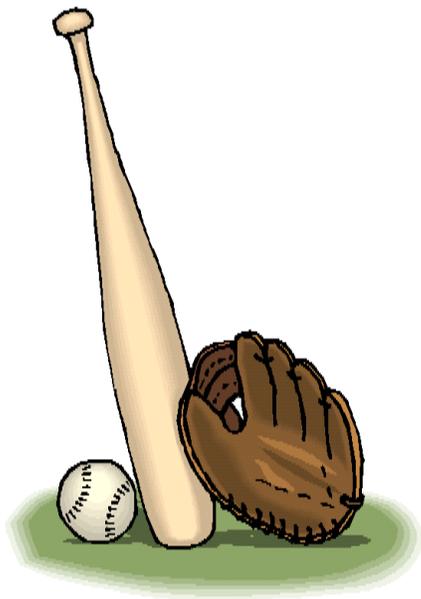
Thank you, for your time and patience. We at Bishop Little League hope that you have an enjoyable experience and not only come back next year but tell all your friends so they can enjoy the fun and friendly competition next season. Our number one priority is the safety of the children we are responsible for; this is something that we take very seriously and will strive to improve our knowledge and methods on the subject.

If at any time before, during, or after the season you can see or think of anything we might have missed or you think we might be doing better please do not hesitate to contact the Safety Officer or and Board Member. We have added a safety suggestion box at the Snack bar for any helpful ideas. We feel that safety is everybody's responsibility and would love to have your input.

Thanks again and have a great season!

# CHAPTER #8

## FACILITY AND EQUIPMENT



**"Sports Do Not Build Character...They Reveal  
It"**

## **Storage Shed Procedures**

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

- ☒ Keys to the equipment sheds will only be issued by the league president.
- ☒ A record shall be kept of all individuals possessing keys.
- ☒ Keys will be returned to the league president immediately once someone ceases to have responsibility for equipment sheds.
- ☒ All storage sheds will be kept locked at all times.
- ☒ All individuals with keys to the equipment 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 machinery located in the shed please locate and read the written operating instructions 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.
- ☒ Use poison symbols to identify dangerous substances.
- ☒ Dispose of outdated products as recommended.
- ☒ Use chemicals only in well-ventilated areas.
- ☒ Wear protective clothing, such as gloves or a mask when handling toxic substances.

### **Machinery**

Mules, mowers, and any other machinery will:

- ☒ Be operated by appointed adult staff only.
- ☒ Never be operated in a reckless or careless manner.
- ☒ Be stored appropriately when not in use with the brakes in the on position, the blades retracted, the ignition locked and the keys removed.
- ☒ Never be operated or ridden in a precarious or dangerous way.
- ☒ Never left outside the tool sheds or appointed garages if not in use.

### **Parking Lot**

The 5 mph speed limit shall be observed at all times. Bishop Police shall be called for reporting of dangerous behavior. Children should be advised to always look for traffic before trying to recover foul balls. Running should also be discouraged in areas of high traffic.

## Equipment

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

The BLL 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 plan and the Official Little League Rules Book.

At the end of the season, all equipment must be returned to the BLL Equipment Manager. First-Aid Kits and Safety Plans must be turned in with the equipment.

- ☒ All helmets in the dugout must meet NOCSAE specifications and standards. Helmets will be provided at the beginning of the season by BLL. If players chose to use their own helmet, they must meet NOCSAE specifications.
  - ☒ 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. Cups are encouraged for protection for all players, especially infielders.
  - ☒ All catchers must wear chest protectors with neck collar. Catchers helmet with throat guard, and shin guards. All equipment must meet Little League specifications and standards.
  - ☒ All catchers must wear a mask, "dangling" type throat protector and catchers' helmet during practice, pitcher warm-up, and games.
  - ☒ Mouth guards are encouraged to prevent damage to teeth, especially for infielders.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.

# CHAPTER #9

# CONTACT NUMBERS



"Not only to say the right thing in the right place,  
but far more difficult, to leave unsaid the wrong  
thing at the tempting moment."

# 2026 Bishop Little League Board

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Ruth McIntosh	secretary@bishoplittleleague.com	760-920-8996	League Secretary
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Ruth McIntosh	Ruthmcintosh83@gmail.com	(760) 920-8996	League Information Officer
Zach Barnes	coaching@bishoplittleleague.com	(760) 920-1763	League Coaching Coordinator
Ronnie Newcomb	<a href="mailto:Rnewcomb21@gmail.com">Rnewcomb21@gmail.com</a>	(760) 937-3713	League Game/Practice Scheduler
Brittany Rossi	<a href="mailto:brossi@cityofbishop.com">brossi@cityofbishop.com</a>	(760) 920-1089	League Game/Practice Scheduler
Jeff Barnet	equipment@bishoplittleleague.com		Equipment Manager
Zack Butler	fundraising@bishoplittleleague.com	(805) 540-1171	Sponsorship & Fundraising Manager
Cody Lawson	uic@bishoplittleleague.com		Umpire-in-Chief

# **In Case of Emergency Call 9-1-1**

## **Non Emergency**

Bishop Police:	760-873-5866
Inyo Co. Sheriff:	760-878-0383
Poison Control:	1-800-222-1222
Highway Patrol	1-800-835-5247

# CHAPTER #10

# EVACUATION PLAN



"Good leaders make people feel that they're at the very heart of things, not at the periphery. Everyone feels that he or she makes a difference to the success of the organization. When that happens people feel centered and that gives their work meaning."

## **Evacuation Plan**

Severe storms, lightning, earthquakes, and fire are all possible in California. For this reason, Bishop Little League must have an evacuation plan.

In an emergency situation each manager at every ball field will be informed that we are to evacuate the park. He/she will in-turn:

1. Call all players off of the playing field to the dugout and wait for their parents or guardian to come and get them.
1. If a player's parent is not attending the game, the Manager will take responsibility for evacuating that child.

Once this is done:

1. Once parents have obtained their child, they will proceed to their cars in a calm and orderly manner.
1. Drivers will then proceed slowly and cautiously out of the facility, observing the 5 MPH speed limit.
1. Once outside the facility, drivers will observe the posted speed limits.

If a manager is transporting a player in an emergency situation, he/she is to drive to a safe area and contact the child's parents as soon as possible.

The parking lot at Bishop City Park bottlenecks at the entrance/exit, this makes it especially important that we stay calm and not rush to get out. If we panic and cause a collision at the entrance, non-of us get out. Please, stay calm and collected, and we will all be home and safe in much less time.