



**2023**  
**SAFETY MANUAL**  
**FOR**  
**MANAGERS AND COACHES**



## Table of Contents

<b>2023MANAGER PRE-SEASON SAFETY CHECKLIST .....</b>	<b>4</b>
<b>INTRODUCTION &amp; POLICY STATEMENT .....</b>	<b>5</b>
<b>MISSION STATEMENT ON SAFETY .....</b>	<b>6</b>
<i>The Safety Plan .....</i>	<i>6</i>
<i>The Four E's .....</i>	<i>6</i>
<b>RESPONSIBILITIES.....</b>	<b>7</b>
<i>Manager and Coaches – Overview.....</i>	<i>7</i>
<i>Manager and Coaches - Safety and Conduct.....</i>	<i>8</i>
<i>Manager and Coaches - Practices &amp;Games.....</i>	<i>10</i>
<i>The Umpire - Prior to the Game .....</i>	<i>11</i>
<i>The Umpire – During the Game.....</i>	<i>11</i>
<i>The Umpire – After the Game.....</i>	<i>12</i>
<i>Safety Officer .....</i>	<i>13</i>
<b>CODE OF CONDUCT .....</b>	<b>15</b>
<b>CCLL SAFETY CODE .....</b>	<b>17</b>
<b>LIVESCAN - (ASSEMBLY BILL No. 506) NEW.....</b>	<b>20</b>
<b>COMMUNICABLE DISEASE PROCEDURES.....</b>	<b>21</b>
<b>COVID MITIGATION PROTOCOL .....</b>	<b>22</b>
<b>FIRST AID .....</b>	<b>29</b>
<i>Prevention .....</i>	<i>29</i>
<i>Decision Making .....</i>	<i>31</i>
<i>9-1-1: When to Call or Not to Call .....</i>	<i>31</i>
<i>What to Do if a Player is Hurt.....</i>	<i>33</i>
<i>General Guidelines to Follow for Injuries.....</i>	<i>33</i>
<i>Head/Neck/Back .....</i>	<i>33</i>
<i>Facial/Soft Tissue.....</i>	<i>34</i>
<i>Nose Injury.....</i>	<i>34</i>
<i>Dental Injury.....</i>	<i>35</i>
<i>Lacerations, Abrasions, Punctures, Bruises .....</i>	<i>35</i>
<i>Severe Bleeding .....</i>	<i>36</i>

<i>Suspected Broken Bones</i> .....	36
<i>Heat Exposure</i> .....	37
<i>Heat Cramps</i> .....	38
<i>Heat Exhaustion</i> .....	38
<i>Heat Stroke</i> .....	38
<b>INJURY DECISION MAKING TREE</b> .....	<b>39</b>
<b>GOOD SAMARITAN LAWS</b> .....	<b>40</b>
<b>INCIDENT REPORTS</b> .....	<b>41</b>
<i>Injury Reporting Procedures</i> .....	42
<i>What to Report</i> .....	42
<i>How to Make the Report</i> .....	42
<b>LIGHTNING FACTS AND SAFETY PROCEDURES</b> .....	<b>43</b>
<i>"Flash-Bang" Method</i> .....	43
<i>Rule of Thumb</i> .....	43
<i>Where to Go</i> .....	44
<i>Where not to Go</i> .....	44
<i>First Aid to Lightning Victims</i> .....	44
<b>SNACK BAR SAFETY</b> .....	<b>45</b>
<b>STORAGE SHEDS AND EQUIPMENT</b> .....	<b>46</b>
<b>EMERGENCY EVACUATION PLAN</b> .....	<b>47</b>
<b>FINAL THOUGHTS</b> .....	<b>48</b>
<b>EMERGENCY PHONE NUMBERS</b> .....	<b>50</b>
<b>EMERGENCY EVACUATION - MAP</b> .....	<b>52</b>
<b>Incident Report Form</b> .....	<b>53</b>

## **2023MANAGER PRE-SEASON SAFETY CHECKLIST**

1. Read the Safety Manual and keep this checklist with your First Aid Kit.
2. Select a Team Safety Officer (TSO).
3. Make copies of Medical Authorization forms and the Incident Report form (pg. 53). Additional forms are maintained in the office at the complex.
4. Designate a location and back-up plan for the First Aid Kit, Safety Manual, and medical forms in the case of a volunteer's absence.
5. Train your team volunteers on where to locate the First Aid Kit, Safety Manual, and Medical Authorization forms for games and practices.
6. The First Aid Kit is issued with each equipment bag. Check the First Aid Kit to confirm the following contents: Plastic bandages; antiseptic wipes; cold packs; and gloves.
7. Plan with coaches to ensure both the manager and the coaches attend one Skills session and one First Aid session every three years.  
(The annual Manager's meeting fulfills the First Aid requirement.)
8. All Incident Report forms are to be turned into the Safety Officer via email within 48 hours of any incident. They can also be handed to the Director on Duty on the day of the incident.
9. Review the Code of Conduct with parents at your Parent Meeting.
10. Make sure all Team Volunteer Applications are turned into the CCLL President, Scot Mahotz, email: [Scot.Mahotz@ccll.org](mailto:Scot.Mahotz@ccll.org); telephone (661) 313-7980, on or before TBD.

NOTES:

**\*\*\*\*\*TEAR THIS SHEET OUT FOR YOUR REFERENCE\*\*\*\*\***

# Canyon Country Little League Safety Plan

## **INTRODUCTION & POLICY STATEMENT**

The 2023 Board of Directors welcomes you to another year of exciting Little League baseball and softball with the youth participants and adult volunteers at Canyon Country Little League (CCLL). Please understand that this manual has been assembled for you, the frontline volunteer at CCLL. It will serve you and our participants for the season. Safety is a priority set forth by the Board of Directors which dictates that volunteers at CCLL follow the safety rules in this manual. The safety training that you receive, along with reading this safety manual, are to ensure that the CCLL safety guidelines are met for every practice and game.

Our fields and facilities are in excellent shape after several improvements were made during the off-season. The Board of Directors continues to look for ways to maintain and improve our complex. In the past off-season, every field on the complex has received continued maintenance, which may have involved new infield dirt and/or re-seeding the outfield grass. CCLL has excellent facilities and with your help we look forward to another great year!!

Keeping everyone safe is our expectation and it starts with this safety manual. It is a mandatory read and an excellent guide for the coaches. As you read the complete safety manual, familiarize yourself with the steps to take for incidents that can arise during the season.

**Concussion Awareness and Child Abuse and Neglect Training**. These are two (2) quick online courses that need to be completed by all managers, coaches, and team parents. A copy of the completion certificates should be turned in to the CCLL Safety Officer, Marc Botello, email: [marc.botello@ccll.org](mailto:marc.botello@ccll.org); phone 661-388-8917.

**Live-Scan Fingerprinting** will be required for all managers, coaches, and team parents.

Planning and being ready to act are what this safety program is about for every member of CCLL. So, be ready to handle the safety of our precious resources – our children, families, and friends.

## **MISSION STATEMENT ON SAFETY**

CCLL (“the League”) commits itself to providing the necessary organizational structure to develop, monitor, and enforce the aspects of this Safety Plan in developing guidelines for increasing the safety of activities, equipment, and facilities through education, compliance, and reporting.

### **The Safety Plan**

The Safety Plan includes the League’s Safety Code, the League’s Code of Conduct, and the League’s Safety Manual. The combination of these documents outlines specific safety issues and the League’s policies or procedures for each issue. All participants, volunteers, employees, spectators, and guests are bound by the guidelines set forth in these documents.

### **The Four E's**

The four cornerstones for building an effective safety program, known as the four "E's " of safety, are described as follows:

***EDUCATION***- Including suitable safety precautions in instructions, training, communications, drill work and follow-up.

***EQUIPMENT***– Maintain safe upkeep and use of physical property, fields, personal protective equipment, bleachers, bats, balls, etc.

***ENTHUSIASM***- Selling this important ingredient called safety, which can prevent painful and disabling accidents.

***ENFORCEMENT***- An incentive for skillful ball playing rather than as disciplinary action. Far better results can be obtained by praise and recognition than by forcing players into line. Tactful guidance must be backed by firmness and justly used discipline.

Thank you in advance for your cooperation.

## **RESPONSIBILITIES**

The administration of an effective safety program is the responsibility of those 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.

### **Manager and Coaches – Overview**

Everyone's approach to the program of accident prevention must be from a positive point of view for it 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 encourages that extra effort needed for development of skills.

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 our accidents.

Also, 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 other people and can be made a part of the game by the following:

Adults **must set a good example**, as well as a courteous and considerate attitude. Many of the players will need to be instructed in cooperation between teammates and good sportsmanship toward opponents.

## Manager and Coaches - Safety and Conduct

### The Manager will:

1. Always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
2. Be responsible for the safety of the players. The Manager is also responsible for the designated coaches and the Team Parent / Team Safety Officer (TSO).
3. Designate a coach as a substitute Manager should the Manager need to leave the field for any reason. The designated coach shall have all the duties, rights, and responsibilities of the Manager.
4. Take possession and become familiar with this Safety Manual.
5. Ensure that a Volunteer Application is submitted for all volunteers associated with the team. This should include the Manager, all Coaches, the Team Parent, and the TSO; along with photo ID.
6. Take possession of the team equipment bag and team First Aid Kit from the league Equipment Manager before performing any team practices or games. Inform all team members and volunteers that the team First Aid Kit is to be kept in the team equipment bag at all times.
7. Appoint a volunteer parent as the TSO. The TSO must be able to be present at all games and preferably have a cell phone for emergencies.
8. Ensure that the manager and coaches attend the required Coaches and First Aid training. All managers and coaches must attend at least one Skills and one First Aid session every three years. At least one adult representative from each team must attend at least one Skills and one First Aid session each year.
9. Cover the basics of safe play with his/her team before starting the first practice. Encourage the use of mouth guards and face guards on helmets.
10. Teach players the fundamentals of the game, the Code of Conduct, and always advocate safety.
11. Ensure all parents are aware of and comply with the CCLL Code of Conduct, listed on page 15 of this manual. This can be done at your parent meeting.

12. Review the team equipment and First Aid supplies on a consistent basis. Contact the CCLL Equipment Manager to replace faulty equipment and restock necessary supplies.
13. Check the Canyon Country Little League Home Page frequently. It has important information about team standings, upcoming events, safety tips and general information. <http://www.ccll.org>
14. Always have on hand the First Aid Kit, the Player Application Forms which contain the Authorization for Medical Treatment and Waiver, and the Safety Manual.
15. Make sure all players are healthy, rested and alert prior to any practice or game.
16. Read and be familiar with the Covid Mitigation Protocol on pages 22 – 28 of this manual.

## Manager and Coaches - Practices & Games

### The Manager will:

1. Prior to the game, walk the field and, with the opposing manager, agree on the fitness of the playing field before the game starts. In the event the two managers cannot agree, the League President or a duly designated league representative shall make the determination.
2. Prior to the game, enforce the rule that no bats or balls are permitted on the field until warm-ups.
3. During the game, make sure the players carry all gloves and other equipment off the field and to the dugout when their team is at bat.
4. Be organized; maintain discipline and keep the players alert.
5. Ensure a manager, coach, or volunteer is in the dugout to supervise the players at all times.
6. Ensure the catchers are wearing the proper equipment during the game, as well as warm-ups.
7. Encourage everyone to think **Safety First.**
8. Observe the "no on-deck" rule (12 and under) for batters and keep players behind the fences at all times. No player should handle a bat in the dugout at any time.
9. Not play children that are ill or injured.
10. Not leave the field after a game until a known family member or friend has picked up every team member.
11. After each game, discuss any safety problems, which occurred before, during, or after the game, with the TSO and coaches.
12. After each game, return the field to its pre-game condition, per CCLL policy.
13. After each game, document any injuries on an Incident Report form and submit/leave with a league official for the safety officer.

## **The Umpire - Prior to the Game**

1. Check all equipment in the dugouts of both teams. Any equipment that does not meet specifications must be removed immediately.
2. Make sure the catchers are wearing approved helmets and throat protectors, when warming up the pitchers.
3. Make sure all bats meet Little League specifications and have grips.
4. Make sure there are foam inserts in the helmets and that all helmets meet Little League supported NOCSAE specifications.
5. Check the field for hazards and obstructions (e.g. rocks and glass, holes in the playing surface, fence protrusions etc.).
6. Check the players to see if they are wearing jewelry or metal cleats and address per Little League regulations.
7. Secure official baseballs for play from the home team or office.

## **The Umpire – During the Game**

8. Govern the game as mandated by Little League rules/regulations.
9. Check baseballs for discoloration and/or scuffs and declare these balls as unfit for play; if they exhibit these traits.
10. Act as the sole judge as to whether and when play shall be suspended during a game because of unsuitable weather conditions or the 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.
11. Call the game whenever, in the umpire's opinion, darkness makes further play hazardous.
12. Make sure the catchers are wearing the proper equipment.
13. Make the calls loud and clear; signaling each call properly.

14. Make sure the players and spectators keep fingers out of fencing.

### **The Umpire – After the Game**

15. Check with the managers of both teams regarding any safety violations or issues that may have occurred during the game.



## Safety Officer

The Safety Officer is a board member who acts as CCLL's primary point of contact for the creation and enactment of the Safety Plan. The Safety Officer authors or modifies the League's Safety Plan, Code of Conduct, Safety Code, and Safety Manual each year, as necessary. These documents are then presented to the Board and District for approval and ratification (usually in January) for the upcoming season.

The ultimate responsibility for ensuring compliance of the Safety Plan lies with the Safety Officer.

The main responsibility of the Safety Officer is to develop and implement the League's Safety Program.

The CCLL Safety Officer is the link between the CCLL Board of Directors and its managers, coaches, umpires, players, spectators, and any other third parties on the complex in regard to safety matters, rules and regulations.

The CCLL Safety Officer's responsibilities include:

1. Coordinating the individual Team Safety Officers (TSO), to provide the safest environment possible for all.
2. Ensuring all board members, managers, coaches, team parents and other volunteers who have access to players submit Volunteer Application forms and photo ID's and ensure nationwide background checks are completed for all.
3. Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
4. Explaining insurance benefits to claimants and assist with filing the correct paperwork.
5. Keeping a First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which division (senior, major, minor, farm, Tee ball), at what times, and under what supervision. Correlating and summarizing the data in the First Aid Log to determine proper accident prevention in the future.
6. Ensuring each team receives or has electronic access to its Safety Manual and receives their First Aid Kits at the beginning of the season.
7. Ensuring Little League's "no tolerance with child abuse" is clear to all.
8. Inspecting the snack bar and checking fire extinguishers.
9. Instructing snack bar workers on the use of fire extinguishers.

10. Creating and maintaining all signs on the CCLL complex including No Parking, No Smoking, and other cautionary signs, etc.
11. Inspecting for proper maintenance of the protective fence tops on all playing fields.
12. Acting immediately to resolve unsafe or hazardous conditions once a situation has been brought to his/her attention.
13. Tracking all injuries and near misses, in order to identify injury trends.
14. Making sure that safety is a Board Meeting topic, and allowing experienced people to share ideas on improving safety.
15. Distributing copies of the ASAP newsletter to all teams through the team folders.

### INJURY REPORTING

Upon receiving an Incident Report, the Safety Officer will enter it into the league's safety database within 48 hours. The Safety Officer will contact the injured party or the party's parents and verify the information received.

The Safety Officer will also:

- A. Obtain any other pertinent information deemed necessary.
  - B. Check on the status of the injured party.
  - C. Complete insurance paperwork and forward to Little League Insurance Department, even if the injury is not serious, in order to maintain a record of the injury.
1. In the event the injured party required other medical treatment (i.e., Emergency Room visits, doctor's visit, etc.) the Safety Officer will advise the parent or guardian of CCLL's insurance coverage and the provisions for submitting any claims for reimbursement.
  2. The Safety Officer will answer any questions that the parents may have regarding insurance claims.

If the injury is more than minor in nature, the Safety Officer will:

3. Maintain regular contact with the parents to monitor the status of the injuries.
4. Check to see if any other assistance is necessary in areas such as the submission of insurance forms etc., until the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the league again).

## **CODE OF CONDUCT**

The Board of Directors has adopted the Code of Conduct for CCLL. The Safety Officer, the League President, and the League's Vice-Presidents enforce this Code. All league officers, participants, employees, and volunteers are required to abide by this Code. It is the job of the Safety Officer to author and/or make any revisions to this Code of Conduct from year to year, as necessary.

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

- > At anytime, lay a hand upon, push, shove, strike, or threaten to strike an official.
- > Be guilty of personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- > Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful demonstrative action.
- > Be guilty of using unnecessary rough tactics in the play of a game against any opposing player.
- > Be guilty of a physical attack upon any board member, official, manager, coach, player or spectator.
- > Be guilty of the use of profane, obscene or vulgar language in any manner.
- > Appear on the field of play, stands, or anywhere on the CCLL complex while intoxicated or under the influence of alcohol or any drug. Intoxicated or under the influence will be defined as an odor or behavioral issue as determined by any board member.
- > Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- > Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision or personal opinions on any player during the game.

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

- > As a manager or coach, be guilty of mingling with or fraternizing with spectators during the game but shall remain on the players' bench or on the field during 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, pitching affidavits, rankings, financial records or procedures.
- > Shall challenge an umpire's authority. The umpire shall have the authority and discretion during the game to penalize the offender of the infraction up to and including removal from the game.

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

## **CCLL SAFETY CODE**

The CCLL Safety Code has been adopted by the Board of Directors and is enforced by the Safety Officer and the League's Vice Presidents. All league officers, participants, employees, and volunteers are required to abide by this code. It is the job of the CCLL Safety Officer to make any revisions to the Safety Code from year to year, as necessary.

- > All adult members of CCLL are responsible for adherence to safety procedures.
- > Arrangements should be made in advance of all games and practices for emergency medical services.
- > Make arrangement to have a cellular phone available when your game or practice is at a facility that does not have a public phone.
- > Managers, coaches, and umpires must have training in First Aid at least every three years. At least one team representative must attend each year. First Aid Kits are provided to each team and are available in the CCLL office and at the concession stand.
- > Managers are to have First Aid Kits, Application Forms that contain Authorization for Medical Treatment and Waiver, and the Safety Manual on hand at all games, practices, and team gatherings.
- > No games or practices should be held when weather or field conditions are unplayable; particularly when lighting is inadequate.
- > Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.
- > All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as "in play."
- > Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- > The responsibility for keeping bats and equipment off the field of play should be that of a player assigned for this purpose or the team's manager and/or coaches.
- > Procedures should be established for retrieving foul balls batted out of 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 for the condition of the equipment as well as for proper fit.

- > Batters must wear Little League approved protective helmets during batting practice and games.
- > All male players should wear athletic supporters and protective cups during games. Managers should also encourage they be worn at practices.
- > Female catchers must wear long or short model chest protectors.
- > All catchers must wear a catcher's helmet, mask, dangling-type throatguard, chest protector with neck collar, shin guards and protective cup. NO EXCEPTIONS. All of which must meet Little League specifications and standards.
- > All catchers must wear catcher's helmet and mask with dangling-type throat guard when warming up pitchers. This applies between innings and in the bullpen during all practices and games.
- > Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size or weight consistent with protecting the hand.
- > Except when runner is returning to a base, headfirst slides are not permitted.
- > During sliding practice, bases should not be strapped down or anchored.
- > "Horse play" should not be permitted on the playing field at any time.
- > Parents of players who wear glasses should be encouraged to provide their child with "safety glasses."
- > Players must not wear watches, rings, pins or metallic items during games and practices.
- > Managers and coaches may not warm-up a pitcher before or during a game.
- > On-deck batters are not permitted (except in the Juniors Division).
- > All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by spectators, thus, endangering spectators (i.e., playing catch, pepper, swinging bats, etc.).
- > Never leave an unattended child at a practice or game.
- > Never hesitate to report any present or potential hazard to the CCLL Safety Officer immediately.
- > The speed limit on all CCLL roadways and parking lots is 5 mph. Drivers should watch for small children around parked cars. Note the one-way signs. Traffic flow directions for the CCLL complex are depicted page 51 of this manual.
- > No alcohol is allowed in any parking lot, field, or common areas within the CCLL complex.

- > No smoking is allowed in any parking lot, field, or common area within the CCLL complex.
- > No medication will be taken at the facility unless administered directly by the child's parent or guardian.
- > No playing in the parking lots or around the lawn equipment.
- > No swinging bats or throwing balls at any time within the walkways and common areas of the CCLL complex.
- > No throwing balls against dugouts or against backstop. Catchers must be used for all batting practice sessions.
- > All gates to the field must remain closed at all times. After players have entered or left the playing field, all gates should be closed and secured.
- > No children under the age of 12 are allowed in the Snack Bar.
- > No throwing rocks; no climbing fences; and no climbing the mountain/hills.
- > During games, players must remain in the dugout in an orderly fashion, at all times.
- > After each game, each team must clean up trash in the dugout and around the stands.

***Remember that Safety is everyone's job.***



## LIVESCAN - (ASSEMBLY BILL No. 506)NEW

California Assembly Bill No. 506, which was approved on September 16, 2021, sets forth additional requirements for any administrator, employee, or regular volunteer of a youth service organization to:

- Complete training in child abuse and neglect identification and reporting. Training in these areas can be found at:

Pure Baseball Abuse Awareness Training; [www.usabdevelops.com](http://www.usabdevelops.com)

SafeSport Report Training: [www.uscenterforsafesport.org/training-and-education](http://www.uscenterforsafesport.org/training-and-education)

- Undergo a background check pursuant to Section 11105.3 of the Penal Code to identify and exclude any persons with a history of child abuse.

(1) Applicant Live Scan is a system for the electronic submission of applicant fingerprints and the subsequent automated background check and response. Live Scan technology replaces the process of recording an individual's fingerprint patterns manually through an electronic process (Live Scan).

(2) The applicant is provided with a form BCIA 8016 and the ORI Code that is associated with CCLL. This ORI Code is necessary as it designates where the applicant is an administrator, employee, or volunteer. Once the applicant receives the form BCIA 8106 and the ORI Code, they can then obtain a list of nearby Live Scan Satellite locations to initiate the fingerprinting process.

- \* The fingerprint background check can cost from \$15 to \$70 depending on the Live Scan location. The local Little League volunteer will be responsible for the fingerprint background check cost.

## **COMMUNICABLE DISEASE PROCEDURES**

While the risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk other blood born infectious diseases can be transmitted. Procedures for reducing the potential for transmission of infectious agents should include, but not be limited to the following:

1. Bleeding must be stopped, the open wound covered and if there is any excessive amount of blood on the uniform it must be changed before athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other blood fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
4. Clean all blood contaminated surfaces and equipment with a solution made from a proper dilution (1:1) of household bleach and water or other disinfectant before competition resumes (example: 1 gallon of water per 1 gallon of bleach).
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be used.
7. Athletic trainer/coaches with bleeding or oozing skin should refrain from all direct athletic care until condition resolves.
8. Contaminated towels should be disposed of / or disinfected properly.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.
10. Discard bloody dressing in biohazard bag.

## **COVID MITIGATION PROTOCOL**

As COVID mitigation protocols change, CCLL will continue to seek guidance and direction from the following entities:

Center for Disease Control and Prevention: [www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus)

California Department of Public Health: [www.cdph.ca.gov](http://www.cdph.ca.gov)

County of Los Angeles Public Health: [www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

The CDC provides the following suggested ways to stay safe as we decide to play youth sports after adhering to all the state and local government guidelines.

- Choose outdoor settings as much as possible, particularly for high intensity activities.
- Maintain at least 6 feet of separation and avoid close contact with other people.
- Wear a mask that covers your mouth and nose at all times.
- Limit travel required outside of the local community.
- Wipe off frequently touched surface, equipment, or gear with disinfecting wipes before and after use.
- Wash your hands with soap and water for 20 seconds or use hand sanitizer with at least 60% alcohol before and after using machines.
- Limit how many people you interact with.

Canyon Country Little League will adopt the best practices on organizing, playing, and watching Little League Baseball and Softball during the COVID Pandemic as suggested by the Little League Organization (see pages 23 - 28).

# General Guidance

## Wash Your Hands Often:

- Wash your hands often with soap and water for at least 20 seconds, or about the time it takes to recite the Little League Pledge twice, especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry. Leagues are encouraged to provide handwashing stations and/or hand sanitizer, if possible.
- Avoid touching your eyes, nose, and mouth.
- Players are encouraged to bring their own hand sanitizer for personal use. Hand sanitizer should be placed in all common areas off-field for easy use.



## Key Audiences

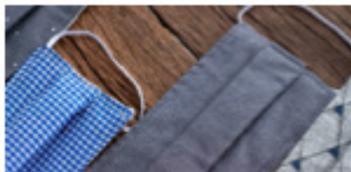
Players  
Parents/Guardians/Caregivers and  
Other Children  
Managers/Coaches  
Umpires  
League and District Officials  
Fans/Spectators

## CDC Resources

[How to Protect Yourself & Others \(PDF Download\)](#)  
[Use of Cloth Face Coverings to Help Slow the Spread of COVID-19 \(PDF Download\)](#)

## Cover Your Mouth and Nose with a Cloth Face Covering When Around Others:

- You could spread COVID-19 to others even if you do not feel sick.
- Everyone should wear a cloth face covering when they have to go out in public, for example, in public areas around your Little League fields and parks.



- Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- The cloth face covering is meant to protect other people in case you are infected.
- Do NOT use a facemask meant for a healthcare worker, as it is important for these facemasks are available for those professionals needing that personal protective equipment.
- Continue to keep six feet between yourself and others. The cloth face covering is not a substitute for social distancing.

## Cover Coughs and Sneezes:

- If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze, or use the inside of your elbow.
- Throw used tissues in the trash immediately.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

## Social Distancing:

- All players, coaches, volunteers, independent contractors, and spectators should practice social distancing of six feet wherever possible from individuals not residing within their household, especially in common areas. For situations when players are engaging in the sports activity, see On-Field Guidance below for more information.
- Avoid close contact with people who are sick.
- Stay home as much as possible.



## Self-monitoring and Quarantine:

- All individuals should measure their body temperature to ensure that no fever is present prior to participating or attending each Little League activity. Anyone with symptoms of fever, cough, or worsening respiratory symptoms, or any known exposure to a person with COVID-19 should not attend any Little League activity until cleared by a medical professional ([CDC Resource: If You Are Sick or Caring For Someone | PDF Download](#)).
- Any individual, including players, at risk for severe illness or with serious underlying medical or respiratory condition should only attend Little League activities with permission from a medical professional.



Last updated : October 23, 2020

# On-Field Guidance

## Key Audiences

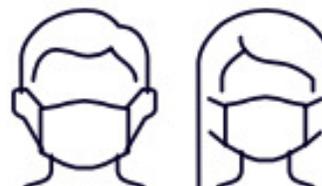
Players  
Parents/Guardians/Caregivers  
Managers/Coaches  
Umpires

### Healthy Practices:

- All players and coaches should practice good general health habits, including maintenance of adequate hydration, consumption of a varied, vitamin-rich diet with sufficient vegetables and fruits, and getting adequate sleep.

### No Handshakes/Personal Contact Celebrations:

- Players and coaches should take measures to prevent all but the essential contact necessary to play the game. This should include refraining from handshakes, high fives, fist/elbow bumps, chest bumps, group celebrations, etc. Little League International suggests lining up outside the dugout and tipping caps to the opposing team as a sign of good sportsmanship after a game.
- Players and families should vacate the field/facility as soon as is reasonably possible after the conclusion of their game to minimize unnecessary contact with players, coaches, and spectators from the next game, ideally within 20 minutes.



### Drinks and Snacks:

- Athletes, managers/coaches, and umpires should bring their own personal drinks to all team activities. Drinks should be labeled with the person's name.
- Individuals should take their own drink containers home each night for cleaning and sanitation or use single-use bottles.
- There should be no use of shared or team beverages.
- Teams should not share any snacks or food. Players should bring individual, pre-packaged food, if needed.

### Personal Protective Equipment (PPE):

- All managers/coaches, volunteers, umpires, etc., should wear PPE whenever applicable and possible, such as cloth face coverings.
- Players should wear cloth face coverings when in close contact areas and in places where recommended social distancing is challenging or not feasible, such as in dugouts.
- Players should not wear protective medical gloves on the field during game play.
- Players, especially at younger divisions, are not required to wear a cloth face covering while on the field during game play.
- Players will be permitted to wear a cloth face covering on the field during game play, if physically able to do so, based on any directive of a medical provider or individual determination of the player/parent/guardian/caretaker.

- Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

### Dugouts:

- Managers/coaches and players should be assigned spots in the dugout or on the bleachers so that they are at least six feet apart and must be placed behind a fence.
- Players are to stay at their assigned spots when on the bench or while waiting their turn to bat.
- Players and managers/coaches should wear a cloth face covering while in the dugout.

### Player Equipment:

- No personal player bat bags/equipment bags should be allowed in the dugout. Player equipment should be spaced accordingly outside the dugout to prevent direct contact.
- Players should have their own individual batter's helmet, glove, bat, and catcher's equipment.
- Measures should be enacted to avoid, or minimize, equipment sharing when feasible.
- Some critical equipment may not be able to be obtained by every individual. When it is necessary to share critical or limited equipment, all surfaces of each piece of shared equipment must be cleaned first and then disinfected with an EPA-approved disinfectant against COVID-19 and allowed sufficient time to dry before used by a new player. Increased attention should be paid to detailed cleaning of all

equipment directly contacting the head and face (catcher's mask, helmets).

- Player's equipment (e.g. bags, helmets, bats, gloves, etc.) should be cleaned and disinfected after each use by a parent/guardian/caretaker, where applicable.
- Individuals disinfecting equipment are encouraged to use gloves while using disinfectants and follow the manufacturer's directions for use. All disinfectants should be stored properly, in a safe area, out of the reach of children.
- Players should not share towels, clothing, or other items that they may use to wipe their face or hands

### Baseballs and Softballs:

- Baseballs and softballs should be rotated through on a regular basis, at least every two innings, to limit individual contact.
- Umpires should limit their contact with the ball, and catchers should retrieve foul balls and passed balls where possible.
- Balls used in infield/outfield warm-up should be isolated from a shared ball container.
- Foul balls landing outside the field of play should be retrieved by participating players, coaches, and umpires. No spectators should retrieve the ball.

### Spitting, Sunflower Seeds, Gum, etc.:

- Sunflower seeds, gum, etc., should not be allowed in dugouts or on the playing field.
- All players and coaches are to refrain from spitting at all times, including in dugout areas and on the playing field.

Last updated : October 23, 2020

# Game Operations and Umpire Guidance

## Key Audiences

Managers/Coaches  
Umpires  
League/District Officials and  
Volunteers

### Pre-Game Plate Meetings:

- If possible, plate meetings should be eliminated.
- Social distancing of six feet between individuals should be implemented during all pre-game plate meetings between teams and umpires.



- Plate meetings should only consist of one manager or coach from each team, and game umpires.
- All participants should wear a cloth face covering.
- No players should ever be a part of plate meetings.

### Equipment Inspection:

- Players should place their individual equipment in a well-spaced out manner for inspection. Umpires should avoid direct contact with equipment where possible but, when required, use hand sanitizer that contains at least 60% alcohol after the inspection of each individual piece of equipment.



### Limit League/Game Volunteers:

- For each game, there should only be the required team managers/coaches, umpires, and one (1) league administrator (i.e. Safety Officer, player agent, etc.) in attendance.
- Practices should be limited to the managers/coaches and players.
- Scorekeeping should be done by team coaches or team parent/guardian via GameChanger. Proper social distancing should be practiced.
- Press boxes should not be utilized unless there is ample room for social distancing to occur within them.

### Field Preparation and Maintenance:

- Fields should be mowed, raked, and lined prior to teams and spectators arriving at the complex and after they depart. It is encouraged that volunteers already participating in the game (managers/coaches, umpires, and league administrator) perform these tasks to limit individuals at the site.
- It is recommended that any shared field preparation equipment be sprayed or wiped with cleaner and disinfectant before and after each use.

### Umpire Placement:

- Umpires are permitted to be placed behind the pitcher's mound/circle to call balls and strikes. Umpires are encouraged to keep a safe distance from players as much as possible.
- If physically able, umpires are encouraged to wear cloth face coverings while umpiring.



Last updated : October 23, 2020

# Facility, Fan, and Administrative Guidance **Part 1**

## Clean and Disinfect Shared Equipment and Surfaces:

- Clean AND disinfect frequently touched surfaces daily and in between all facility uses, including practices and games. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, facility equipment, dugouts, toilets, faucets, and sinks.
- If surfaces are visibly soiled or dirty, they should be cleaned with a detergent or soap and water prior to disinfection.



## Spread Out Scheduling of Practices and Games:

- League administrators should schedule sufficient time between practices and games to facilitate the complete evacuation of individuals from a previous practice or game from the premises before the next group enters.
- Players/families/spectators are instructed not to show up to fields more than 40 minutes before game time.
- Where possible, individuals should enter your complex through one point of entry and exit through another.
- Arrivals to the complex can be scheduled to help ensure a large number of individuals are not arriving at the same time.
- If there is a game or practice prior to your event, families and spectators are encouraged to stay in their vehicles or at recommended social distances until the start of their game play to prevent overcrowding of spectator spaces and walkways.
- On-field warm-up should be limited as much as is reasonably possible and no more than 30 minutes.
- Ensure sure that practices and games follow all local and state directives regarding

the number of people allowed to gather in one place.

- Wait in cars before practice or game; limit the use of van pool or carpools.
- Allow time between practices and games for cleaning and disinfecting.

## Limiting Spectator Attendance:

- All spectators should follow best social distancing practices — stay six feet away from individuals outside their household; wear a cloth face covering at all times; avoid direct hand or other contact with players/managers/coaches during play.
- Local Leagues may choose to minimize the exposure risk to spectators by limiting attendance to only essential volunteers and limited family members.
- Spectators should bring their own seating or portable chairs when possible.
- Leagues are encouraged to utilize streaming opportunities to provide virtual spectating.
- **A spectator with any of the following conditions should not attend a practice or game until evaluated by a medical provider and given clearance to do so:**
  - Active COVID-19 infection
  - Known direct contact with an individual testing positive for COVID-19
  - Fever
  - Cough
  - Those at higher risk for severe disease should consider consultation with their medical provider before attending a game and should ensure the strictest adherence to guidelines regarding face coverings, distancing, and handwashing.

### Such groups include:

- Those with a serious underlying medical condition, including heart disease, morbid obesity, diabetes, lung disease, immunocompromise, chronic kidney disease, and chronic lung disease.
- Those currently residing in a nursing home or long-term care facility
- Those over 65

## Key Audiences

League Administrators  
Parents/Guardians/Caretakers  
Fans/Spectators

## CDC Resources

[Reopening Guidance for Cleaning and Disinfecting Public Spaces](#)

[Guidance for Cleaning and Disinfecting \(PDF Download\)](#)

[Guidance for Administrators in Parks and Recreation Facilities](#)

[Visiting Parks and Recreation Facilities](#)



Last updated : October 23, 2020

# Facility, Fan, and Administrative Guidance **Part 2**



## Public Restrooms:

- Communicate information on available facilities and policies to all parents prior to resuming or beginning season.
- Access to public restrooms should be limited if possible.
- A "one-in-one-out" policy, where only one individual is permitted within the restroom at one time, should be implemented to ensure adequate distancing in the confined restroom space.
- Prior to and after any league activity, restrooms should be thoroughly cleaned and disinfected. Restrooms should be disinfected on a regular basis.
- Public water fountains or refillable water stations should not be used, and should be turned off to discourage use, if possible.



## Concession Stands:

- Leagues should follow local and/or state guidance when considering operating food or concession sales.
- Leagues opting to operate food and/or concession sales should also review and understand the CDC's guidelines.
- For leagues not operating a concession stand, families are encouraged to bring their own food/beverages.

## Post Information to Promote Everyday Preventive Actions:

- Leagues should display posters and signs throughout the park to frequently remind visitors to take steps to prevent the spread of COVID-19. These messages may include information about:
  - **Staying home if you are sick or do not feel well, and what to do if you're sick or feel ill.**
  - **Using social distancing and maintaining at least six feet between individuals in all areas of the park.**
  - **The CDC has downloadable resources available to post at public places; and leagues are encouraged to utilize additional resources from their state or local authorities.**



## Key Audiences

League Administrators  
Parents/Guardians/Caretakers  
Fans/Spectators

## CDC Resources

[Reopening Guidance for Cleaning and Disinfecting Public Spaces](#)  
[Guidance for Cleaning and Disinfecting \(PDF Download\)](#)  
[Guidance for Administrators in Parks and Recreation Facilities](#)  
[Visiting Parks and Recreation Facilities](#)

## Member Communication:

- Local leagues should disseminate information to all families, volunteers, and spectators about the Coronavirus risk and the efforts your league will be undertaking to mitigate those risks, as outlined above. Information should be disseminated by way of email, league website, social media, coach talks, and public announcements.
- Designate a league board representative to be responsible for COVID19 concerns (e.g. Safety Officer).

## Indoor Facilities and Batting Practices:

- Prior to reserving indoor facilities for team and/or league activities, review the mitigation procedures in place for those facilities, as well as your state and local guidance on indoor activities.
- Leagues, coaches, and volunteers arranging to utilize these facilities should communicate the mitigation needs (wearing face masks, limiting participation to a specific number, etc.) to the families of those players participating and fellow volunteers.

Last updated : October 23, 2020

# Additional, Division-Specific Guidance

## Key Audiences

Players  
Parents/Guardians/Caregivers  
Managers/Coaches  
Umpires  
League and District Officials



### Tee Ball and Coach Pitch:

- Team numbers should be reduced, to help limit the number of individuals at practices and games.
- Volunteers are encouraged to be from the same household as players, as much as possible. Coaches should wear cloth face coverings whenever possible.
- The focus on these divisions should be on fun and player development.



### Little League Challenger Division® and Senior Challenger Division:

- Buddies should be from the same household as the player whenever possible.
- Buddies should wear cloth face coverings whenever possible, and frequently use hand sanitizer that contains at least 60 percent alcohol.
- Parents/Guardians of players with high risk health concerns should consult a medical professional prior to having their player participate.



### Little League® Sandlot Fun Days

[LittleLeague.org/SandlotFunDays](https://LittleLeague.org/SandlotFunDays)

- While activities should be player-led, the adult volunteers overseeing Little League Sandlot Fun Day events should provide a thorough overview of appropriate mitigation efforts and are responsible for ensuring these guidelines are followed.

### Pre-/Post-Practice and Game Free Play

- Unofficial pre- and post-practice or game activities should be discouraged. If they do occur, the activities should have constant adult supervision to assure appropriate social distancing and PPE guidelines are being followed.



Last updated : October 23, 2020

## **FIRST AID**

The purpose of this section is to help managers, coaches and other participants know how to handle common injuries that may occur during Little League play. This information you are receiving is **basic** and is not intended to be as complete as you might expect in a certified first aid course. It is impossible to cover every injury a player may sustain while engaged in a sporting activity. If you are not sure what to do, always allow parents to make the decision in the best interest of the player!

### **Prevention**

Preventing injuries is crucial in any organized sporting activity. There are many things that you as a manager or coach can do to make your playing fields, practices and games safe for the kids.

- > Check your fields before every game! Make sure there are no sharp or dangerous objects (i.e., glass, metal, plastic, snakes, holes, sticks or rocks) on the ground near the playing fields or where people may be seated to watch the game.
- > Try to anticipate any object that may cause injury and remove it, such as a bat or ball bag, equipment, chairs, etc.
- > Warm up before every game to ensure muscles are warm and stretched. This can be very helpful in preventing unnecessary and painful injuries.
- > Try to control "horseplay". Kids can get out of control quickly so limit one-on-one contact and get kids in the habit of calling for catches, i.e. "I've got it."
- > Take your First Aid Kit to all practices and games; including pre-season clinics.
- > There is a CCLL complex First Aid Kit in the Office.
- > Make sure every player knows the rules and understands how they can prevent an injury, i.e. no headfirst sliding.
- > If weather is stormy, especially if lightning, get off the field. It's tempting to try to finish a game, but it can be very dangerous.

- > Know where the closest phone is located. Cell phone reception is poor in some areas of the CCLL complex. Identify an area within the complex to receive good reception before the need arises. Land line phone service is available, in an emergency, on the CCLL complex at the snack bar and in the office.

Call Immediately for

**EMERGENCY ASSISTANCE**

**9-1-1**

- > Be familiar with the medical conditions listed on the application and medical waiver for each player on your team. Identify which players may have bee sting or other allergies, seizure disorders, asthma, etc.
- > Rattlesnakes are a danger in the hills around our complex. Please help keep our children safe by having your team's parents aware of this and NEVER allowing children to go off the complex and into the brush/hill areas.
- > Make sure each player has plenty of liquids to drink. Some teams rotate the responsibility of filling the entire team's water bottles with their snack day. Ask your team parent to organize this.



**Keep player Applications with Medical Waivers with your team's First Aid Kit.**

**Make sure you bring the kit to each game and practice.**

## Decision Making

Injuries to players can range from almost insignificant to very serious. Knowing how to assess the situation and what to do once you have assessed the situation is extremely important.

- A. It is always the best choice to have a parent of the injured player make the decision.
- B. If you as the manager or coach feel that the parent is being conservative and that the player is hurt more seriously, please encourage the parent to seek further medical care.
- C. If no parent is available, the coach or manager should make the decision in the best interest of the player.
- D. Notify the parent immediately of injury and where their child has been transported for treatment.

### 9-1-1: When to Call or Not to Call

It is difficult for some people to know when to call 9-1-1 and when not to. The suggestions given here are by no means meant to be the law, but instead are meant to be used as a guide to help those at the field make the best decision, they can with the level of expertise they have.

#### **Always call 9-1-1 for:**

- > For any life-threatening injury.
- > Any player who has no pulse and/or is not breathing.
- > Any player with a head or neck injury that includes a loss of consciousness (passing out, fainting, etc.)
- > Any wound or broken bone that has excessive bleeding.
- > Any player with respiratory difficulties, i.e. asthma without relief from inhaler, allergic reaction, etc.
- > Any injury that looks "bad", i.e. protruding bone, or significant eye injury such as a direct blow to an eye.

The purpose of this education is not to teach people CPR. There may be EMT'S, nurses, MD's, etc. in the audience who are able to take over the care of a seriously injured player before an ambulance arrives. You should defer care to them. Do not attempt to perform advanced care if you are not qualified.

All minor injuries should be treated at the field by the manager or coach. If a parent feels the player needs further care, they can transport their child to receive medical care by car. For life threatening injuries, a "9-1-1" phone call is best to allow experts to treat and transport the injured person so as not to injure the victim any further.

NOTE: If a parent feels that a minor injury should be transported by ambulance, you should not intervene in that decision. It is ultimately the parents' choice.

If parents are not at the field at the time of a minor injury, please make sure to notify them that their child was hurt while playing and complete the Incident Report form.

Obviously, if their child has a serious injury, you will notify them after you have initiated a 9-1-1 call.

## **What to Do if a Player is Hurt**

- > Remain calm and take charge of the situation. If needed, have an adult go to the snack bar area and use the office phone to call 9-1-1. If 9-1-1 is called, send another adult out to the front gate to direct EMS workers to the injured person.
- > You need to direct all players to one area (such as the dugout) while obtaining necessary help from any adults present. For example, one parent to call 9-1-1; another to direct EMS; and maybe another to comfort the injured player.
- > Your initial assessment of the injury is very important. Investigate an injury by asking the victim questions to inquire what has occurred and what body part(s) are injured. A victim should move his/her own limbs, if possible, and breathe deeply (1-2 times), to assess the injuries. For the initial assessment, refer to the decision flow chart on page 39.
- > If the player is unable to move or get up, the manager or coach should go to them immediately and check for injury.

### **General Guidelines to Follow for Injuries**

#### **Head/Neck/Back**

- > If a player has had a loss of consciousness, do not move them! If they are still unconscious, call 911 and check for breathing. If the victim is not breathing, and if you or another person on scene knows CPR, begin treatment immediately until EMS arrives to assume care.
- > If a player lost consciousness but has regained it, assess for any other injuries starting with the head and working down the body. If parents are present, let them decide if the player should go to hospital to be seen. For Head/Neck/Back injuries, suggest hospital visit to the parents.
- > Ask questions like "where is your pain?" Have the injured player probe by touching their own suspected injured areas. Asking victim to slightly move fingers and/or toes can check severity. Do not move or twist neck for any suspected neck injury.
- > Always apply ice to any bumps or bruises.
- > Watch for signs of a concussion:
  - a. Loss of consciousness
  - b. Nausea/vomiting

- c. A change in their normal behavior
- d. One pupil dilated larger than the other
- e. Headaches that are not relieved with Tylenol, etc.

Remember any player with a possible neck or back injury should never be moved or handled unless you are trained in spine immobilization!

### **Facial/Soft Tissue**

Any injury to the face from a ball, bat, player collision, etc. should have ice applied immediately. Some of these injuries may also include a cut or tear to the skin. Please remember to:

- > Always wear gloves when attending to a bloody wound.
- > Apply direct pressure to any bleeding wound. After several minutes, bleeding should stop. Cleanse and apply a clean dressing / band-aid.
- > A doctor should see any eye injury that is acquired by a direct blow from a ball or bat.
- > Discard any bloody material in a biohazard bag.

### **Nose Injury**

- > Wear gloves if bloody.
- > Apply pressure and ice to the nose. Pressure should be applied to the nostrils, not the bridge. Head should be tilted forward. Hold pressure for a full 15 minutes without letting go. If bleeding persists, see a doctor.

## Dental Injury

**Note: Little League Baseball recommends the use of mouth guards to help prevent dental injuries**

- > If tooth is loose, leave it alone. Apply ice.
- > If bloody, wear gloves when assisting player.
- > If tooth is completely out, try to clean it off gently in water. Do not disturb the root area. Then reinsert the tooth into the space it came from. Seek dental care.
- > If unable to reinsert it, place it in water or milk and seek dental care. This should be done within 30 minutes of injury to assure best outcome.

### **Lacerations, Abrasions, Punctures, Bruises**

- > Wear gloves, if possible, to avoid contact with body fluids.
- > Apply pressure to bleeding wound.
- > Apply ice to the wound.
- > Cover with a dressing.
- > Elevate the wounded extremity.
- > Contact parents for further decision-making.
- > Discard bloody dressing in biohazard bag.

## **Severe Bleeding**

- > If you have a wound that is bleeding severely and will not stop, you must apply continuous pressure and get player to immediate medical care by calling 9-1-1.
- > Make sure you notify parents if they are not present.
- > Always wear protective gloves and discard in biohazard bag.

## **Suspected Broken Bones**

- > Apply ice to area.
- > Elevate extremity, if able.
- > Wear gloves if bone through skin and apply dressing.
- > Do not let child drink anything/ they may need to go to surgery if bone is through skin.
- > Make a splint to support by using something that is stiff, such as a folded newspaper, magazine, catcher's shin guard or board. Secure splint with an Ace wrap.
- > If the extremity below the injury turns blue or cold the player needs immediate medical care. CALL 9-1-1. Transport by ambulance.

## Heat Exposure

Have players drink lots of water before, during and after the games and practices to prevent overheating. Heat exposure may produce complaints of weakness, headache, nausea, dizziness, pale or clammy skin, profuse sweating. If player is hot without sweating call 9-1-1. This is potentially a life-threatening condition!

- > If overheated, get the player out of the heat immediately. Move player to a cool area (example: shaded location or an air-conditioned vehicle brought down to a cool temperature).
- > Apply ice or cool wet rags to face, neck, etc.
- > Seek medical care if the symptoms persist.

## Heat Index Values

- > **Heat Index below 80 Degrees:**
  - Heat Index in this range does not impact on a person's ability to be outdoors.
- > **Heat Index between 80 and 90 Degrees:**
  - Fatigue is possible with prolonged exposure and/or physical activity.
- > **Heat Index between 90 and 105 Degrees:**
  - Heat cramps and heat exhaustion is POSSIBLE with prolonged exposure and/or physical activity.
- > **Heat Index between 105 and 130 Degrees:**
  - Heat Exhaustion is probable.
- > **Heat Index of 130 Degrees or Higher:**

**Heatstroke/Sunstroke is HIGHLY LIKELY with continued exposure!**



## Heat Cramps

**Heat Cramps** tend to attack the muscles that do the hardest work, especially when hot. A good rule of thumb is to drink 1/2 glass of water every 15 minutes for an hour if you experience heat cramps.

## Heat Exhaustion

**Heat Exhaustion** is a serious disorder that develops when the body loses more fluid than it is taking in.

**Symptoms** include: sweating profusely, near normal body temperature, clammy skin, pale or flushed complexion, weakness, dizziness, nausea.

**First Aid:** Move the person to shade or a cool place, have person lie on their back with feet elevated, if conscious, give 1/2 glass of water every 15 minutes, **get medical help.**

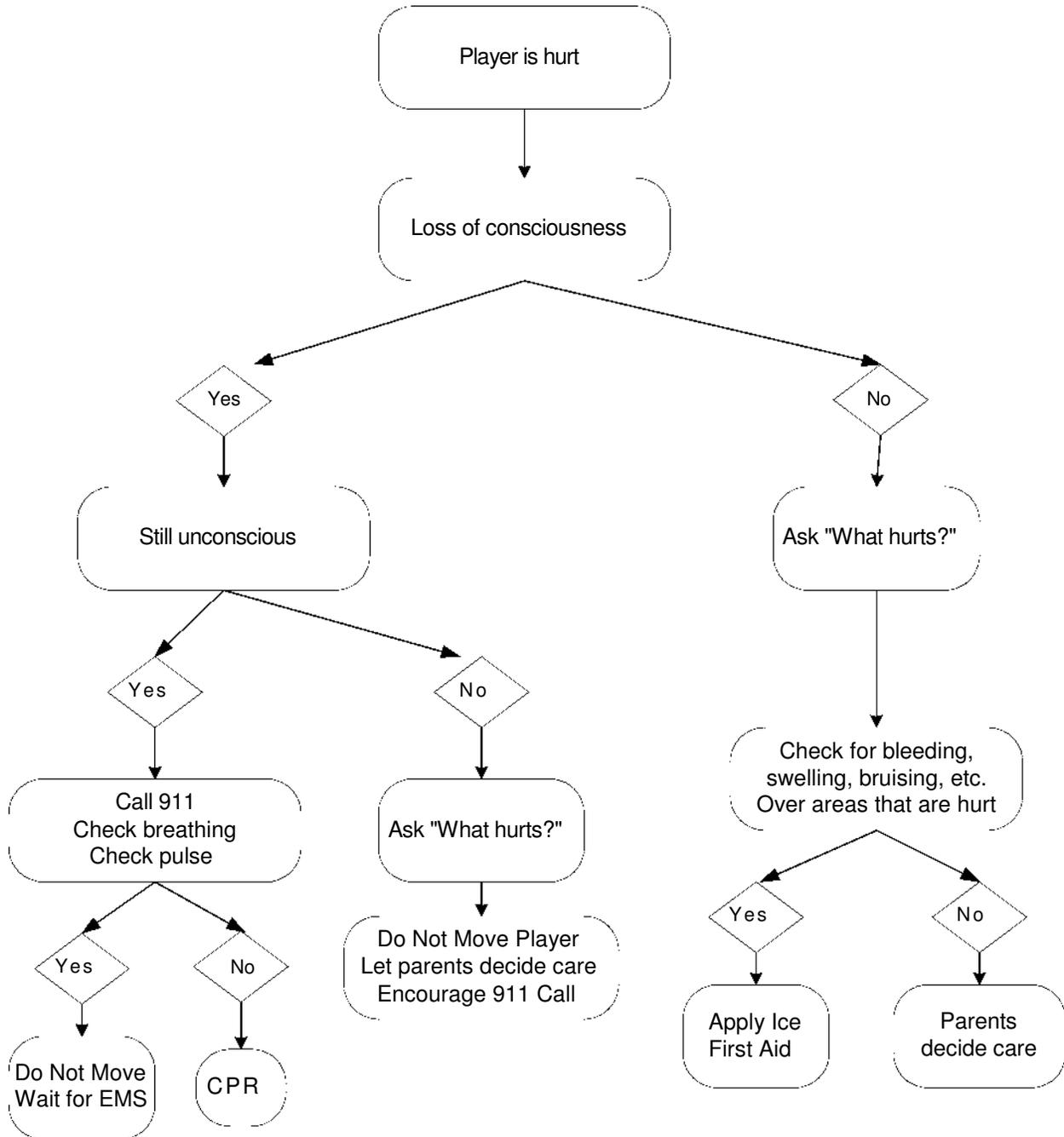
## Heat Stroke

**Heat Stroke** is a **medical emergency.** Heatstroke occurs when the body's heat regulating system breaks down under stress and sweating stops. Unless the person receives quick treatment, death can occur.

**Symptoms** include: no sweating or sweating profusely, high body temperature (105 degrees or higher), hot, dry or flushed skin, confused, delirious behavior, loss of consciousness or coma.

**First Aid:** call 911 immediately for medical help, and then start first aid. Move the person to a cool place, cool the person quickly by giving a cool bath (sponging with cool water) and by fanning, treat for shock, offer a **conscious** person 1/2 glass of water every 15 minutes.

# INJURY DECISION MAKING TREE



## GOOD SAMARITAN LAWS

There are laws to protect you when you help someone in emergency situations. 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 future 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.

## **INCIDENT REPORTS**

The manager or coach is to complete an Incident Report every time a player is injured while participating in any CCLL event.

- > Look the form over well and fill them in as completely as possible. Over time you can forget the details of an incident and the report will be the only document that can trigger your memory.
- > Of special attention should be the area where you describe what happened. This should be written objectively as if you are giving data only. It should never be accusatory, biased, or blaming.
- > The parent contact area also needs to be filled in completely. Use quotations if necessary, stating parents' wishes, such as: "I do not want you to call an ambulance" or "I don't think he needs any treatment" and document the name of the parent who made the decision.
- > If you as a manager or coach feel a child should be seen by a doctor and verbalized this to the parent who did not agree, document that you suggested this to parent and that they declined.

All completed Incident Report forms need to be turned in to the CCLL Office or the Safety Officer as soon as possible.

The Safety Officer should be notified of any incident as soon as possible; not to exceed 48 hours.

## Injury Reporting Procedures

Concerning injuries, all managers, coaches, parents, umpires, and volunteers should use the following reporting procedures.

### What to Report

Any incident that causes a player, manager, coach, umpire, volunteer or spectator to receive medical treatment and/or first-aid must be reported to the Safety Officer or the designated Director On-Duty. This includes even passive treatments such as the evaluation and diagnosis of an injury that requires no further medical treatment.

### **IMMEDIATE ATTENTION**

A full written report to the CCLL Board of Directors is Mandatory.

The report should be filled out immediately by the umpire in chief of the game in question and the injured player's manager and/or coaches.

Injury report forms are in the CCLL office  
CCLL Office Phone - 661-298-1451

### How to Make the Report

CCLL requires a written report for every incident. Initially a phone report will be accepted with a full written report to follow. The following information will be needed:

- > The name and phone number of the individual involved.
- > Name and phone number of the parent or guardian.
- > The date, time, and location of the incident.
- > A detailed description of the incident.
- > The preliminary estimate of the extent of any injuries.
- > The names and statements of any witnesses to the incident.
- > The name/phone number of the person reporting the incident.
- > Did the Emergency authorities need to be contacted?

## **LIGHTNING FACTS AND SAFETY PROCEDURES**

Consider the following facts:

- > The average lightning strike is 6-8 miles long.
- > The average thunderstorm is 6-10 miles wide and travels 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 strikes coming from the storm's overhanging anvil cloud (for example, a lightning strike that injured 13 people during a concert occurred while it was sunny and dry).
- > On average, thunder can only be heard over distances of 3 to 4 miles, depending on humidity, terrain and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

### **"Flash-Bang" Method**

One way to determine how close a recent lightning strike is to you is called the "flash-bang" method. With the "flash-bang" method, a person counts the number of seconds between the sight of a lightning strike and the sound of thunder that follows it. Halt play and evacuation should be called for when the count between the lightning flash and the sound of its thunder is 15 seconds or less.

### **Rule of Thumb**

The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, any manager, coach, or umpire who feelsthrated by an approaching storm should stop play and get the kidstosafety. When in doubt, the following rule ofthumb should be applied:

**WHEN YOU HEAR IT - CLEAR IT  
WHEN YOU SEE IT FLEE IT**



## **Where to Go**

No place is completely safe from the threat of lightning, but some places are safer than others. Large, enclosed shelters (substantially constructed buildings) are the safest. For most participants, the best area for them to seek shelter is in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area and cannot get to shelter in a car, put your feet together, crouch down, and put your hands over your ears (to try and prevent eardrum damage).

## **Where not to Go**

Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts, flagpoles, bleachers (wood or metal), metal fences, and water.

## **First Aid to Lightning Victims**

Typically, the lightning victim exhibits similar symptoms as that of someone suffering a heart attack. In addition to calling 911, the rescuer should consider the following:

- > The first tenet of emergency care is "make no more casualties". If the victim is in a high-risk area (open field, isolated tree, etc.) the rescuer should determine if movement from that area is necessary. Lightning can and does strike the same place twice. If the rescuer is at risk, and movement of the victim is a viable option, it should be done.
  
- > If the victim is unconscious, assess the victim and begin CPR as indicated.

## SNACK BAR SAFETY

- > No person under the age of twelve (12) will be allowed behind the counter of the snack bar.
- > No person under the age of eighteen (18) will be allowed to handle items such as fryers, BBQ grills, propane or open flame.
- > Snack bar workers must be trained in safe food preparation. Training should cover safe use of equipment.
- > Cooking equipment will be inspected periodically and repaired or replaced if need be.
- > Propane tanks will be turned off at the grill and at the tank after use.
- > Food not purchased by CCLL to sell in its snack bar will not be cooked, prepared, or sold in the snack bar.
- > Cooking grease will be stored in containers away from open flames.
- > Carbon dioxide tanks will be secured with chains so they stand upright and cannot fall over. Report damage to tanks or valves to the supplier and discontinue use.
- > Cleaning chemicals must be stored in a locked container.
- > A certified fire extinguisher suitable for grease fires must be placed in plain sight, at all times.
- > A fully stocked First Aid Kit will be placed in the snack bar.
- > Snack bar doors will not be locked or blocked while people are inside.



## **STORAGE SHEDS AND EQUIPMENT**

- > All individuals who have either the keys or the combinations to the equipment storage areas have a responsibility to make sure that all equipment is in good repair, properly stored and secured after using it.
- > All individuals who are aware of any unsafe equipment or supplies are responsible to report this information to a member of the Little League Board.
- > Unsafe equipment is to be destroyed prior to being disposed of to prevent children from retrieving equipment and using it.
- > Before using any equipment, please familiarize yourself with the proper use of that equipment (i.e., lights).
- > All chemical or organic materials stored in the Little League storage areas will be properly marked and labeled as to their contents.
- > Any spilled chemicals or organic material within these storage areas should be cleaned up and disposed of as soon as possible to prevent accidental poisoning.

## **EMERGENCY EVACUATION PLAN**

- > In planning for emergencies, there may be a need for all players, managers and/or coaches, umpires, and spectators to evacuate the CCLL Complex.
- > The decision to evacuate the complex will be made by the Director on Duty or, in their absence, any member of the board.
- > In the event of a fire, earthquake, or other natural disaster, the decision to evacuate the complex will be announced to the umpire at each field.
- > Managers and coaches should be prepared to assist the players on their teams with uniting with their parents **prior** to evacuating the complex, if possible.
- > In the event players and families are separated during the evacuation, the designated point for reunification will be at the bus transit parking lot located at the intersection of Sierra Highway and Vasquez Canyon Road.
- > If the decision is made to evacuate the CCLL Complex, vehicle traffic will be directed to exit out the North and South Gates and on to Sierra Highway (see Emergency Evacuation Map on Pg. 52).

## FINAL THOUGHTS

- > Remember, safety is everybody's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Safety Officer or another Board Member immediately. Do not play on a field that is unsafe or with unsafe equipment. Check your equipment before each game and practice.
- > Follow Little League policy regarding on-deck batters for ages 12 and under; during the game, the act of practice swinging a bat for any player that is not the present batter is not allowed by Little League. Players are not allowed to swing a bat during a game in the dugout, outside of the dugout, in the bullpen and/or batting cage. The time for your player to loosen up and practice a swing with a bat during the game is when the batter is up and it is his/her turn to bat in the game line-up; this batter can practice swing with the bat on the field and outside the foul lines and batter's box.
- > Be sure that your players are properly equipped, always, especially catchers and batters. Encourage the use of mouth guards and face guards.
- > A catcher warming up a pitcher for a game, during a game, or between innings is recommended be a player on your team. For managers/coaches it is now allowed, 2023, to perform this task, but assume all risk of injury.
- > Per Little League game and safety rules, managers and coaches are only allowed on the field during game play in the T-Ball Division; all other baseball and softball divisions require the coaches and managers to be in the dugout. Exception: For the team that is batting, their base coaches are allowed to stand in the base coach boxes, except for between innings and umpire approved timeouts. The only exception is for machine pitch or coach-pitch applications, which applies to the baseball Rookie Division. For the Rookie Division, the only coach allowed on the field during the game is the one operating the pitching machine or coach pitching. Managers or coaches on the field during the game can be assessed a time-out. Manager/coaches must be mindful of being assessed time-outs for being on the field; upon the 3<sup>rd</sup> time-out per pitcher in a game, a team must replace the current pitcher.
- > Follow Little League guidelines on how often a player can pitch. Managers and coaches should keep an accurate pitch count on their pitchers...a child's arm is a terrible thing to injure with overuse.
- > Players that are performing the base coaching duty must wear a helmet.
- > Always warm-up **all** your players before a practice or a game.
- > Whenever possible, make sure that someone at your practice or game has a cellular phone and reception (especially on those fields where no public phone access is available.)

- > Canyon Country Little League provides its coaches, players and umpires with many clinics. Please attend as many of these clinics as possible. Attendance at these clinics is considered when applying for manager positions in regular and post season play. Managers and coaches must attend at least one Skills Clinic and one Safety Clinic every three years. One representative of each team must attend the Skills and Safety Clinic each year.
- > Check the Canyon Country Little League Home Page frequently. It has important information about team standings, upcoming events, safety tips and general information. <http://www.ccll.org>
- > Please remember that the players are looking at your behavior and sportsmanship. Set a GOOD EXAMPLE. No manager, coach or parent assistant is allowed to smoke or consume alcoholic beverages in the facility, at practices or at any other gathering where the players are present.

If you have any questions or concerns, contact any CCLL Board Member. Remember everyone can help - if you see anyone acting in an unsafe manner, or potentially unsafe manner, please take the personal initiative to resolve the situation or contact a board member. Thanks again for making Canyon Country Little League a safe place for our children to play ball.

Sincerely,

Marc Botello  
Safety Officer  
Canyon Country Little League 2023

**EMERGENCY PHONE NUMBERS**

**The nearest phone is located at the CCLL Office and Snack Bar**

CCLL Office.....	661-298-1451
Fire.....	9-1-1
Ambulance.....	9-1-1
Sheriff.....	661-255-1121
Poison Control Center.....	800-222-1222
The Gas Company.....	800-427-2200
Southern California Edison.....	800-684-8123

Electrical Shut **off** - see attached map

Santa Clarita Water Company.....	661-259-2737
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Water Shut **off** valves - see attached map

Canyon Country Little League Address:

**16066 Sierra Highway  
Canyon Country, CA 91390  
(just North of Vasquez Canyon Road)**

CCLL President:

Scot Mahotz.....	(661) 313-7980
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CCLL Safety Officer:

Marc Botello.....	(661) 388-8917
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EMERGENCY EVACUATION - MAP



# Incident Report Form

## For Local League Use Only

### Activities/Reporting

### A Safety Awareness Program's Incident/Injury Tracking Report

League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Incident Date: \_\_\_\_\_

Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Parent's Name (If Player): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

#### Incident occurred while participating in:

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

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

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

Type of injury: \_\_\_\_\_

Was first aid required?  Yes  No If yes, what: \_\_\_\_\_

Was professional medical treatment required?  Yes  No If yes, what: \_\_\_\_\_  
(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

#### Type of incident and location:

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

Please give a short description of incident: \_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

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

Prepared By/Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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."

# Don't Swing It

..Until You're Up to the Plate&



1. Photo: \*frcfr Nutt! Ica v, LIII6 L6ague,

**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.**

**MULE LOS, Noise**

"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."



## CCLL Volunteer Code of Conduct

The following Code of Conduct has been mandated by the Board of Directors of Canyon Country Little League. All coaches and managers will read this Code of Conduct and sign in the space provided below acknowledging that he or she understands and agrees to comply with the Code of Conduct. Tear the signature sheet on the dotted line and mail to the CCLL Safety Officer in the enclosed envelope.

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

- At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of heaping persona] verbal or physical abuse upon any official for any real or imaginary belief of awrong 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 un-sportsmanlike action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands, or anywhere on the CCLL complex while in an intoxicated state at any time intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision or his/her personal opinion on any players during the game.
- As a manager or coach, be guilty of mingling with or fraternizing with spectators during the course of the game but shall remain on the player's bench or on the field during the game.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- Shall challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

The Board of Directors will review all infractions of the CCLL Code of Conduct.

Depending on the seriousness or frequency, the Board may assess additional disciplinary action up to and including expulsion from the league.

**No TOBACCO PRODUCTS while on the CCLL premises**

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I have read the CCLL Volunteer Code of Conduct and will adhere to all rules and regulations set forth.

Print Name of Manager: \_\_\_\_\_ Team Name and Division: \_\_\_\_\_

Signature of Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Coach Name: \_\_\_\_\_

Assistant Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Coach Name: \_\_\_\_\_

Assistant Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Youth Sports Parent Code of Conduct

### *Preamble*

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

### *I therefore agree:*

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability: or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting, refusing to shake hands, or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, 9rdmake 17 child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition
13. I will emphasize skill development and practices and how they benefit my child over winning\_ I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players (including games and practices, unless I am one of the official coaches of the team.

# CLAIM FORM INSTRUCTIONS

## For claims occurring after January 1, 2005



**WARNING**—It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The AIG Accident Master Policy acquired through Little League contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Headquarters. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The AIG Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions.

With your league's cooperation, insurance rates have increased only three times since 1965. This rate stability would not have been possible without your help in stressing safety programs at the local level. The ASAP manual, League Safety Officer **Program Kit**, is recommended for use by your Safety Officer. In 2000 the State of Virginia was the first state to have its accident insurance rates reduced by high participation in ASAP and reduction in injuries. In 2002, seven more states have had their accident insurance rates reduced, as well. They are Alaska, California, Delaware, Idaho, Montana, Washington, Wisconsin.

### TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, *natural* teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.



### **How to File a Medical Claim**

(For Student, Athletic, and Special Risk Accident Insurance Policies)

Attached is a claim form for your accident policy.  
Please forward claims and questions to the following address:

Co-ordinated Benefit Plans, on behalf of AXIS Insurance Company  
P.O. Box 20874, Tampa, FL 33622  
Phone: 866-669-7577 Fax: 800-561-8084  
Email: [AXISClaims@CBPINSURE.COM](mailto:AXISClaims@CBPINSURE.COM)

**Step 1: Submit a completed Notice of Claim (claim form) via either by mail or by email.**

**The Participating Organization (not the Parent, Claimant or Agent) should:**

- Fully answer each item in Part I, The Participating Organization Report.
- Read the fraud warning statement and sign the form where indicated in Part I.

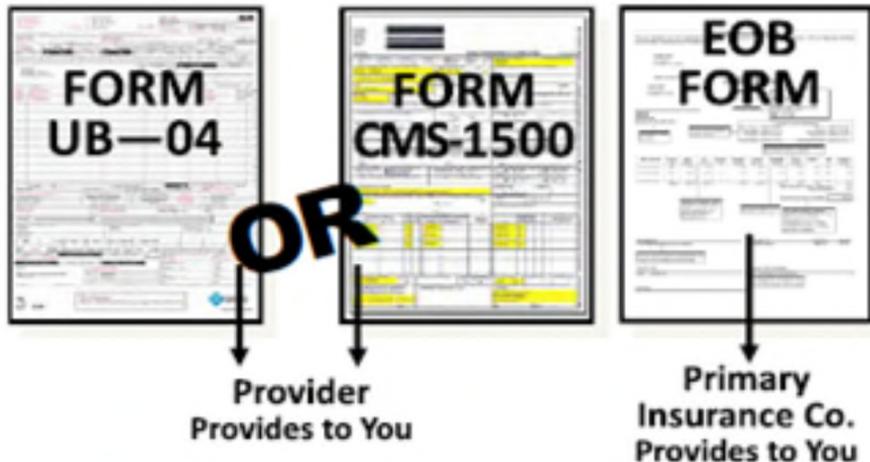
**The Parent/Guardian or Adult Claimant should:**

- Fully answer each item in Part II, Other Insurance Statement.
- Review Part III, Authorizations
- Read the fraud warning statement on and sign where indicated on the bottom of the Claim Form.

**Step 2: Submit itemized medical bills for payment consideration to our office. If other insurance exists, include the other insurance company's corresponding Explanation of Benefits (EOBs).**

#### **Helpful information for submitting claims and expediting payment.**

- A fully completed Claim Form is required for each accident/injury. Claims submitted with incomplete information will not be paid pending receipt of the missing information.
- The acceptance of a claim form by an Insurance company is not an admission of coverage
- Providers may wish to bill us directly. If they do, please ensure a completed claim form has first been submitted to our office.
- In order to ensure we receive complete claim information, we suggest providers submit standardized billing statements (called "UB-04" for hospital charges and/or a "CMS-1500" for Physician Charges – examples below).
- Unless proof of payment is submitted with the medical bill (a copy of the check, a medical bill that indicates the claimant has made all or partial payment or zero balance information) claim payment is generally sent directly to the medical providers.





Co-ordinated Benefit Plans, on behalf of AXIS Insurance Company  
 P.O. Box 20874, Tampa, FL 33622  
 Phone: 866-669-7577 Fax: 800-561-8084  
 Email: [AXISClaims@CBPINSURE.COM](mailto:AXISClaims@CBPINSURE.COM)

**PART I – PARTICIPATING ORGANIZATION STATEMENT**

Policy Number:		Policyholder/Organization/School District Name:		Event, Activity or Sport:	
Name of School/Team/Club/Other:		Street Address	City	State	Zip Code
Claimant's Name (Injured Person)		Social Security Number	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	E-Mail Address
Address of Injured Person and Best Contact Phone Number (Include Area Code)					
Date and Time of Accident		Place where Accident Occurred		The injured person was a: <input type="checkbox"/> Participant <input type="checkbox"/> Staff Member <input type="checkbox"/> Other	
Dental Claims	Indicate which Teeth were Involved in the Accident		Describe Condition of Injured Teeth Prior to Accident: <input type="checkbox"/> Whole, Sound, and Natural <input type="checkbox"/> Filled <input type="checkbox"/> Capped <input type="checkbox"/> Artificial		
Type of Injury (Indicate Part of Body Injured – e.g. broken arm, sprained ankle, etc.)				Did Injury Result in Death? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Describe How Accident Occurred – Provide All Possible Details					
Did Accident Occur (Check Yes or No for Each of the Following):					
A. During a participating organization sponsored & supervised, or sanctioned activity?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
B. On activity premises?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
C. While traveling directly and uninterruptedly to or from the activity?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
D. During a participating organization practice?		<input type="checkbox"/> YES <input type="checkbox"/> NO		or competition? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Participating Organization Representative			Name and Title of Representative		Date

**PART II – OTHER INSURANCE STATEMENT**

Do you/spouse/parent have medical/health care or are you enrolled as an individual, employee or dependent member of a Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of accident/health/sickness plan coverage through an employer, a parent's employer or other? YES  NO

If Yes, name of insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Mother's (Guardian's) primary employer name, address & telephone: \_\_\_\_\_

Father's (Guardian's) primary employer name, address & telephone: \_\_\_\_\_

Are you eligible to receive benefits under any governmental plan or program, including Medicaid?  
 YES  NO If yes, please explain: \_\_\_\_\_

IF OTHER INSURANCE EXISTS, PLEASE SUBMIT COPIES of their EXPLANATION OF BENEFITS

**PART III – AUTHORIZATIONS**

I authorize medical payments to physician or supplier for services described on any attached statements enclosed. If not signed, please provide proof of payment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize any physician, medical professional, hospital, covered entity as defined under HIPAA, insurer or other organization or person having any records, dates or information concerning the claimant to disclose when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records or all such records in their entirety to **Co-Ordinated Benefit Plans, on behalf of AXIS Insurance Company** or its designated administrator. This authorization shall remain valid for a period of two years from the date signed. A photo static copy of this authorization shall be considered as effective and valid as the original. A copy of the authorization is available upon request of the company.

I agree that should it be determined, at a later date, there is other insurance (or similar), to reimburse **Co-Ordinated Benefit Plans, on behalf of AXIS Insurance Company** to the extent of any amount collectible. I understand that any person who knowingly and with the intent to defraud or deceive any insurance company; files a claim containing any material by false, incomplete or misleading information may be subject to prosecution for insurance fraud.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### Important Notice

- ❖ ***In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island and West Virginia:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For Residents of Alabama:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.
- ❖ ***For residents of Colorado:*** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- ❖ ***For residents of the District of Columbia:*** **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- ❖ ***For residents of Florida:*** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- ❖ ***For residents of Kentucky:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- ❖ ***For residents of Maine, Tennessee and Washington:*** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- ❖ ***For residents of Oregon:*** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of Maryland:*** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of New Jersey:*** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- ❖ ***For residents of New Mexico:*** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- ❖ ***For residents of New York:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- ❖ ***For residents of Ohio:*** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- ❖ ***For residents of Oklahoma:*** **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- ❖ ***For residents of Pennsylvania:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- ❖ ***For residents of Texas:*** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- ❖ ***For resident of Virginia:*** Any person who with the intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a false or deceptive statement may have violated state law.

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**CHECKLIST' FOR PREPARING CLAIM FORM**

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1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

**PART I - CLAIMANT, OR PARENT(S) GUARDIAN(S), IF CLAIMANT ISA MINOR**

1. The adult claimant or parent(s) (guardians) must sign this section, **if the claimant is a minor.**
2. **Give the** name and address of the injured person, along with the name and address of the parent(s) guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. **It is mandatory to forward information on other insurance.** Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent ( spouse ) employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s) guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please 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.

**PART II - LEAGUE STATEMENT**

1. This section must be filled out, signed and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

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**IMPORTANT:** Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.

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# CONCUSSION FACTS and INFORMATION

## Canyon Country Little League

### A Fact Sheet for YOUTH SPORTS COACHES

One of the main jobs of a youth sports coach is keeping athletes safe. This sheet has information to help you protect athletes from concussion or other serious brain injury, learn how to spot a concussion, and know what to do if a concussion occurs.

#### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI— caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

#### HOW CAN I HELP KEEP ATHLETES SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. As a youth sports coach, your actions create the culture for safety and can help lower an athlete's chance of getting a concussion or other serious injury. Aggressive and/or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury. Here are some ways you can help keep your athletes safe:

Talk with athletes about the importance of reporting a concussion:

- Talk with athletes about any concerns they might have about reporting their concussion symptoms. Make sure to tell them that safety comes first and you expect them to tell you and their parent(s) if they think they have a concussion.

*Create a culture of safety at games and practices:*

- Teach athletes ways to lower the chances of getting a concussion.
- Enforce the rules of the sport for fair play, safety, and sportsmanship.
- Ensure athletes avoid unsafe actions such as:
  - › Striking another athlete in the head;
  - › Using their head or helmet to contact another athlete;
  - › Making illegal contacts or checking, tackling, or colliding with an unprotected opponent; and/or
  - › Trying to injure or put another athlete at risk for injury.
- Tell athletes that you expect good sportsmanship at all times, both on and off the playing field.

Keep up-to-date on concussion information:

- Review your state, league, and/or organization's concussion guidelines and protocols.
- Take a training course on concussion. CDC offers concussion training at no cost at

[www.cdc.gov/headsup](http://www.cdc.gov/headsup).

- Download CDC's HEADS UP app or a list of concussion signs and symptoms that you can keep on hand. Check out the equipment and sports facilities:
- Make sure all athletes wear a helmet that fits well and is in good condition when appropriate for the sport or activity. There is no "concussion-proof" helmet, so it is important to enforce safety rules that protect athletes from hits to the head and when a helmet falls off during a play.
- Work with the game or event administrator to remove tripping hazards and ensure that equipment, such as goalposts, have padding that is in good condition.

Keep emergency contact information handy:

- Make sure all athletes wear a helmet that fits well and is in good condition when appropriate for the sport or activity. There is no "concussion-proof" helmet, so it is important to enforce safety rules that protect athletes from hits to the head and when a helmet falls off during a play.
- Work with the game or event administrator to remove tripping hazards and ensure that equipment, such as goalposts, have padding that is in good condition.

### HOW CAN I SPOT A POSSIBLE CONCUSSION?

Athletes who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### SIGNS OBSERVED BY COACHES OR PARENTS:

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

### SYMPTOMS REPORTED BY ATHLETES:

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

NOTE: Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not be noticed or may not show up for hours or days.

### WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or ensure an athlete is taken to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

### CONCUSSIONS AFFECT EACH ATHLETE DIFFERENTLY.

While most athletes with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with an athlete’s parents if you notice their concussion symptoms come back after they return to play.

### WHAT SHOULD I DO IF I THINK AN ATHLETE HAS A POSSIBLE CONCUSSION?

As a coach, if you think an athlete may have a concussion, you REMOVE THE ATHLETE FROM PLAY. When in doubt, sit them out!

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

Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion. After you remove an athlete with a possible concussion from practice or play, the decision about return to practice or play is a medical decision that should be made by a health care provider. As a coach, recording the following information can help a health care provider in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body.
- Any loss of consciousness (passed out/knocked out) and if so, for how long.

- Any memory loss right after the injury.
- Any seizures right after the injury.
- Number of previous concussions (if any).

INFORM THE ATHLETE'S PARENT(S) ABOUT THE POSSIBLE CONCUSSION.

Let them know about the possible concussion and give them the HEADS UP fact sheet for parents. This fact sheet can help parents watch the athlete for concussion signs or symptoms that may show up or get worse once the athlete is at home or returns to school.

ASK FOR WRITTEN INSTRUCTIONS FROM THE ATHLETE'S HEALTH CARE PROVIDER ON RETURN TO PLAY.

These instructions should include information about when they can return to play and what steps you should take to help them safely return to play.

JOIN THE CONVERSATION AT [www.facebook.com/CDCHEADSUP](http://www.facebook.com/CDCHEADSUP)

WHY SHOULD I REMOVE AN ATHLETE WITH A POSSIBLE CONCUSSION FROM PLAY?

The brain needs time to heal after a concussion. An athlete who continues to play with concussion has a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect an athlete for a lifetime. It can even be fatal.

SOME ATHLETES MAY NOT REPORT A CONCUSSION BECAUSE THEY DON'T THINK A CONCUSSION IS SERIOUS.

They may also worry about:

- Losing their position on the team or during the game.
- Jeopardizing their future sports career.
- Looking weak.
- Letting their teammates or the team down.
- What their coach or teammates might think of them.

WHAT STEPS CAN I TAKE TO HELP AN ATHLETE RETURN TO PLAY?

An athlete's return to school and sports should be a gradual process that is approved and carefully managed and monitored by a health care provider. When available, be sure to also work closely with your team's certified athletic trainer.

Below are five gradual steps that you, along with a health care provider, should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

**BASELINE:**

Athlete is back to their regular school activities, is no longer experiencing symptoms from the injury when doing normal activities, and has a green light from their health care provider to begin the return to play process. An athlete should only move to the next step if they do not have any new symptoms at the current step.

**STEP 1:**

Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

**STEP 2:**

Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight than a typical routine).

**STEP 3:**

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

**STEP 4:**

An athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

**STEP 5:**

An athlete may return to competition.

REMEMBER:

It is important for you and the athlete's parent(s) to watch for concussion symptoms after each day's return to play progression activity. If an athlete's concussion symptoms come back, or he or she gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him- or herself too hard. The athlete should stop these activities, and the athlete's health care provider should be contacted. After the okay from the athlete's health care provider, the athlete can begin at the previous step.