

Crescenta Valley Little League 2023 Safety Manual

League ID 405-16-08

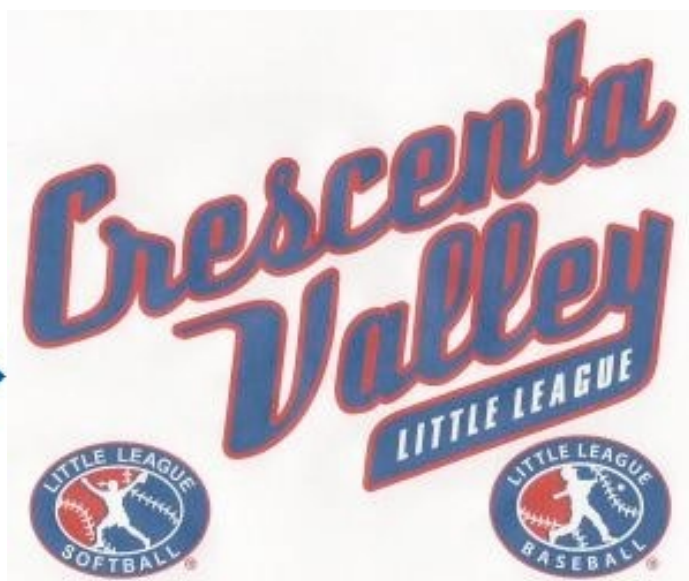


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Safety Manuals & First Aid Kits

A copy of this safety manual is available to all participants and volunteers of CVLL on the league website (www.cvlittleleague.com).

First Aid kits and Chemical ice packs will be available at all times in the equipment boxes, equipment shed and concessions stand.

The equipment boxes, shed, and concessions stand will also have a Safety Manual.

This Safety Manual includes important contact phone numbers and DO's and Dont's for treating injuries.

Phone List

Verdugo Hills Hospital.....(818) 790-7100

Huntington Memorial Hospital.....(626) 397-5000

Glendale Police Department.....(818) 548-4840

Position	Board Member	Cell Phone	Email
President	Justin Kennerly	626-616-0602	pocopelo@charter.net
VP, Baseball	Brian Karsten	626-627-6139	medvirus36@hotmail.com
Treasurer	Mark Skeehan	818-427-5532	markskeehan@skeehanandyoung.com
Player Agent	Jeremy Gonzales	818-458-6133	playeragent@cvlitleleague.com
Secretary	Brandi Nalley	818-653-2165	Bl.nalley@yahoo.com
League Safety Officer	Jessica Capaldi	805-813-6517	safetyofficer@cvlitleleague.com
Website Manager	Brad Phelan	818-590-6493	BHPMT1@yahoo.com
Information Officer	Brandi Nalley	818-653-2165	bl.nalley@yahoo.com
Field Maintanance	Corey Nalley	818-653-2166	cnalley76@sbcglobal.net
Sponsorship Coordinator	Chad Pluimer	818-482-5636	chadpluimer@gmail.com
Coaching Coordinator	Chris Cicuto	818-515-7848	chris.cicuto@icloud.com
Umpire Coordinator	Kevin Deitch	818-469-0110	kevindeitch@gmail.com
Volunteer Coordinator	James Campbell	310-686-6367	jcambo@yahoo.com
Uniforms	Chris Cicuto	818-515-7848	Chris.cicuto@icloud.com
Field Crew Coordinator	Kogan Allahverdian	818-482-4775	kog08@yahoo.com
Field Permits	Jessica Fong	626-376-5303	jfong@aerotek.com
Field Maint. / Supplies	Mike Herman	818-970-7936	handhflatheads@hotmail.com
Special Events / Ceremonies	TBD		
Design / Photos	TBD		
Awards / Trophies	Brian Marsh	562-810-7787	bmarsh23@gmail.com
Juniors Director	Chad Pluimer	818-482-5636	chadpluimer@gmail.com
Majors Director	Brian Karsten	626-627-6139	medvirus36@hotmail.com
Minors Director	Ian Kezsom	818-749-6192	iankez@yahoo.com
Coach Pitch Director	Dale Becker	818-383-8577	dbmusic@gmail.com

CVLL Code of Conduct

I will teach all children to play fair and do their best. I will positively support all managers, coaches and players. I will respect the decisions of the umpire. I will praise a good effort despite the outcome of the game.

- *Little League Parent/Volunteer Pledge*

Crescenta Valley Little League is dedicated to the spirit of competition and fair play espoused in the Little League Pledge. It is equally dedicated to the physical and emotional health and safety of its players. All parents are required to sign and adhere to the following principles of conduct at any Crescenta Valley Little League Game:

I understand that being a part of a CVLL team means that my actions reflect positively and negatively on the league and the community. I will refrain from making negative or profane comments about the game, coaches, umpires or teammates in the presence of my child or other league families. I am aware that such comments can severely harm the overall Little League experience of our players and families.

I recognize how critical it is to lead by example with respect to sportsmanship. No matter what other fans might do, my actions toward those involved in the game will be one of respect. Even if an umpire makes what I believe to be a bad call, I will continue to respect the individual and the fact that he/she is a volunteer by keeping quiet and letting the team coaches address any concerns within the game.

I understand that I am putting my child at physical risk by arriving late to practices or games. CVLL games are played at a high level of skill and competition. It is critical that players have enough time to stretch and properly warm up prior to the start of play. Having my child arrive on time also shows respect for the coaches who so willingly give their personal time to the league and the development of its players.

I will not confuse my child by yelling out game instruction from the stands. Part of respecting the game of baseball or softball is to allow the coaches of the team to properly implement their strategies and effectively communicate with their players at all times. I will ensure that my comments are limited to encouraging my child and other players for both teams.

Please be advised that, per Little League rules, the umpire has the authority to remove any spectator from the park for offensive or unsportsmanlike behavior. Such action may result in a suspension of the individual, forfeiture of the team's game or additional action against the team/manager once an investigation is completed.

I agree to honor the CVLL Parent Code of Conduct in my actions and my words.

Safety Top Ten

1. BE ALERT;
2. CHECK PLAYING FIELD FOR SAFETY HAZARDS;
3. WEAR PROPER EQUIPMENT;
4. ENSURE EQUIPMENT IS IN GOOD SHAPE;
5. ENSURE FIRST AID IS AVAILABLE;
6. MAINTAIN CONTROL OF THE SITUATION;
7. MAINTAIN DISCIPLINE;
8. SAFETY IS A TEAM SPORT;
9. BE ORGANIZED;
10. HAVE FUN!!!!

IN CASE OF A MEDICAL EMERGENCY:

1. Give first aid and have someone call 911 immediately if an ambulance is necessary (i.e. severe injury, neck or head injury, not breathing – error on the side of caution);
2. Notify the parents immediately if they are not on the scene;
3. Notify league safety officer (Jessica Capaldi 805-813-651);
4. Complete a CVLL injury report form;
5. Talk to your team about the situation if it involves them. Often players are upset and worried about the injured player. They need to understand why the injury occurred and how to avoid a future reoccurrence.

CVLL Safety Guidelines

1. Responsibility for safety procedures belong to every adult member of CVLL;
2. Managers and coaches from each team will have mandatory training in baseball fundamentals and first-aid at least once every three years. Coaching fundamentals training including basic first aid was held 2/5/2023 at Montrose Park. One representative from each team was present;
3. First-aid kits are available in the boxes, shed and concessions stand;
4. No games or practices will be held when weather or field conditions are not good, particularly when lightning is visible;
5. Play area will be inspected frequently for holes, damage, glass and other foreign objects;
6. Dugouts and bat racks will be positioned behind screens;
7. Only players, managers, coaches, and umpires are permitted on the playing field during play and practice sessions;
8. Responsibility for keeping bats and loose equipment off the field of play will be that of coaches and players;
9. During practice and games, all players should be alert and watching the batter on each pitch;
10. During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches;
11. Equipment should be inspected regularly. Make sure it fits properly;
12. Batters must wear approved protective helmets during practice, as well as during games;
13. Shoes with metal spikes or cleats are NOT permitted (except in Juniors Divisions). Shoes with molded cleats are permissible.

CVLL Board Responsibilities

The President:

The President of CVLL is responsible for ensuring that the policies and regulations of the CVLL Safety Officer are carried out by the entire membership to the best of his or her abilities.

Field Maintenance Manager:

The CVLL Facilities manager is responsible to ensure the fields and structures used by CVLL meet the safety requirements as set forth in this manual.

Equipment Manager:

The CVLL Equipment Manager is responsible to get damaged equipment repaired or replaced as reported (badly damaged equipment will be destroyed). This replacement will happen in a timely manner. The Equipment Manager will also exchange equipment if it doesn't fit properly. Coaches should notify the equipment manager of defective equipment.

CVLL Safety Officer:

The responsibility of the CVLL Safety Officer is to develop and implement the League's safety program and to ensure all volunteers have been approved by Little League International (LLI) via completion of LLI Volunteer Application Form.

The CVLL Safety Officer is the liaison to Glendale P & R staff, league managers, coaches, umpires, players, spectators, and any other third parties on the CVLL grounds in regards to safety matters, rules and regulations.

The CVLL Safety Officer's responsibilities include:

1. Coordinate with the team managers to provide the safest environment possible for all.
2. Assist parents and individuals with insurance claims and act as the liaison between the insurance company and the parents and individuals.
3. Explain insurance benefits to claimants and assist them with filing the correct paperwork.

4. Maintain the First Aid Log. This log will list where accidents and injuries occur, to whom, in which divisions, at what times, and under what supervision.
5. Correlate and summarize the data in the First-Aid Log to determine proper accident prevention in the future.
6. Insure that each team accesses its Safety Manual at the beginning of the season.
7. Install First-Aid Kits in the equipment boxes, shed and concessions stand and re-stock the kits as needed.
8. Inspect applicable concession operations and check any fire extinguishers.
9. Instruct any concession stand workers on the use of fire extinguishers.
10. Check fields with the Field Managers and list areas requiring attention.
11. Ensure that managers and coaches attend the District 16 pre-season clinic for all managers, designated coaches, umpires, and player agents.
12. Act immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
13. Make spot checks at practices and games to ensure all managers have their Safety Manuals.
14. Track all injuries and near misses in order to identify injury trends.
15. Make sure that safety is a topic at the season-end meeting, allowing experienced people to share ideas on improving safety.

Managers & Coaches:

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

1. The Manager shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires. 2023 LL Rulebooks located in all field sheds.
2. The Manager is also responsible for the safety of his/her players. He/She is also ultimately responsible for the actions of designated coaches.
3. If a Manager leaves the field, that Manager shall designate a Coach as a substitute and such Substitute Manager shall have the duties, rights and responsibilities of the Manager.
4. Encourage players to bring water bottles to practices and games.
5. Tell parents to bring sunscreen for themselves and their child.

Managers will:

1. Work closely with Team Safety Officer to make sure equipment is in first rate working order.
2. Not expect more from their players than what the players are capable of.

Pre-Game and Practice:

Managers will:

1. Make sure players are healthy, rested, alert, and properly stretch.
2. Make sure players returning from injury have a medical release form signed by their doctor; otherwise, they can't play.
3. Make sure players are wearing the proper uniform.
4. Make sure that the equipment is in good working order and is safe for use.
5. Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, the President or a duly delegated representative shall make the determination.



HAVE YOU:

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

During the Game Managers will:

1. Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is at bat. No equipment shall be left lying on the field, either in fair or foul territory.
2. Keep players alert.
3. Maintain discipline at all times.
4. Be organized.
5. Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
6. Make sure catchers are wearing the proper protective equipment.
7. Encourage everyone to think Safety First.
8. Observe the "no on-deck" rule for batters and keep players behind the screens at all times.
9. No player should handle a bat in the dugout at any time.
10. Keep players off fences.
11. Get players to drink often so they do not dehydrate.
12. Not play children that are ill or injured.

Before the Game — Meet at home plate

- Introduce plate and base umpires, managers/coaches
- Receive official lineup cards from each team
- Discuss any local playing rules (time limit, playing boundaries, etc.)
- Discuss the strike zone
- Discuss unsportsmanlike conduct by the players
- Discuss the innings pitched by a pitcher rule
- Clarify calling the game due to weather or darkness
- Inspect playing field for unsafe conditions
- Discuss legal pitching motions or balks, if needed
- Discuss no head-first slides, no on-deck circle rules
- Get two game balls from home team
- Be sure players are not wearing any jewelry
- Be sure players are in uniform (shirts in, hats on)
- Inspect equipment for damage and to meet regulations
- Ensure that games start promptly

During the Game — Umpires and Coaches

- Encourage coaches to help speed play by having catchers and players on the bench prepared and ready to take the field with two outs
- Make sure catchers are wearing the proper safety equipment
- Continually monitor the field for safety and playability
- Pitchers warming up in foul territory must have a spotter and catcher with full equipment
- Keep game moving — one minute or eight pitches to warm up the pitcher between innings or in case of mid-inning replacement
- Make calls loud and clear, signalling each properly
- Umpires should be in position to make the call
- No protesting of any judgment calls by the umpire
- Managers are responsible for keeping their fans and players on their best behavior
- Encourage everyone to think “Safety First!”

EQUIPMENT

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

The CVLL Equipment Manager will promptly replace damaged and ill-fitting equipment when notified. Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

At the end of the season, all equipment must be returned to the CVLL Equipment Manager. Safety Manuals must be turned in with the equipment.

Each team shall have a minimum of four (4) protective helmets at all times in the dugout which must meet NOCSAE specifications and standards. These helmets will be provided by CVLL and will be located in the equipment boxes. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.

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

~Use of a helmet by the batter and all base runners is mandatory.

~Use of a helmet by a player / base coach is mandatory.

~Use of a helmet by an adult base coach is optional.

~Make sure helmets fit.

~Male catchers must wear the metal, fiber or plastic type cup.

~All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.

~Female catchers must wear long or short model chest protectors.

~All catchers must wear a mask, “dangling” type throat protector and catcher’s helmet during practice, pitcher warm-up, and games. NOTE: Skullcaps are not permitted.

~If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.

~Bats with dents, or that are fractured in any way, must be discarded.

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

1. Replace questionable equipment immediately by notifying the CVLL Equipment Manager.
2. Make sure that players respect the equipment that is issued.
3. Bases will be Little League approved and disengage from the base.

WEATHER

Generally unsafe weather conditions.

Rain:

If it begins to rain:

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

Lightning:

The average lightning strike is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second. The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour. Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the

possibility of lightning strikes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead. On average, the thunder from a lightning strike can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

If you can HEAR, SEE OR FEEL a THUNDERSTORM:

1. Suspend all games and practices immediately.
2. Stay away from metal including fencing and bleachers.
3. Do not hold metal bats.
4. Get players to walk, not run to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.

Hot Weather:

During HOT weather, precautions must be taken in order to make sure the players on your team do not dehydrate or hyperventilate.

1. Suggest players drink water between every inning.
2. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P.
3. If a player should collapse as a result of heat exhaustion, call 9-1-1 immediately. Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives.

Ultra-Violet Ray Exposure:

This kind of exposure increases an athlete's risk of developing a specific type of skin cancer known as melanoma. The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time that they are 18 years old. Therefore, CVLL will recommend the use of sunscreen with

a SPF (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light.

ACCIDENT REPORTING

What to report -

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the CVLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to report -

All such incidents described above must be reported to the CVLL Safety Officer within 24 hours of the incident. The CVLL Safety Officer, Jessica Capaldi, can be reached at the following:

Cell: (805) 813 - 6517

Email: safetyofficer@cvlitleleague.com

How to make a report -

Reporting of incidents are made via the Little League Accident Report form and tracked by the CVLL Safety Officer.

CVLL Safety Officer's Responsibilities

1. Within 24 hours of receiving the CVLL Accident Investigation Form, the CVLL Safety Officer will contact the injured party or the party's parents and;
2. Verify the information received;
3. Obtain any other information deemed necessary;
4. Check on the status of the injured party;
5. In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, et.) will advise the parent or guardian of Little League's insurance coverage and the provision for submitting any claims;
6. If the extent of the injuries are more than minor in nature, the CVLL Safety Officer shall periodically call the injured party to check on the status of any injuries, and check if any other assistance is necessary in areas such as

submission of insurance forms, etc., until such time as the incident is considered “closed” (i.e., no further claims are expected and/or the individual is participating in the League again).

INSURANCE POLICIES

Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated. CVLL participants shall not participate as a Little League player in games with other teams of other programs or in tournaments except those authorized by Little League Baseball, Incorporated. CVLL participants may participate in other programs during the Little League season and tournament provided such participation does not disrupt the Little League season or tournament team.

Note: The Little League Insurance Policy is designed to supplement a parent’s existing family policy.

Explanation of Coverage:

Little League’s insurance policy is designed to afford protection to all participants at the most economical cost to CVLL. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent’s employer. If there is no other coverage, Little League insurance - which is purchased by the CVLL, not the parent - takes over and provides benefits, for all covered injury treatment costs up to the maximum stated benefits. This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is in force at all times during the season.

Filing a Claim:

When filing a claim, all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent’s/guardian’s or claimant’s employer explaining the lack of Group or Employer insurance must accompany a claim form. On dental claims, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant, or parent(s)/guardian(s), if claimant is a minor. “Accident damage to whole, sound, normal teeth as a direct result of an accident” must be stated on the form and bills. Forward a copy of the insurance company’s response to Little League Headquarters. Include the claimant’s name, League ID, and year of the injury on the form.

Claims must be filed with the CVLL Safety Officer. He/she forwards them to Little League Baseball, Incorporated, PO Box 3485, Williamsport, PA, 17701. Claim officers can be contacted at (717) 327-1674 and fax (717) 326-1074. Contact the CVLL Safety Officer for more information.

CONCESSION STAND SAFETY

1. People working in the concession stands will be trained in safe food preparation.
2. Any person handling fresh food preparation will thoroughly wash hands with supplied soap and hot water before beginning the preparation process. They will rewash whenever compromising sanitation by handling none fresh food items.
3. Training will cover safe use of the equipment. This training will be provided by the VP Concessions.
4. Cooking equipment will be inspected periodically and repaired or replaced if need be, or discontinue use.
5. A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times if such food is cooked/served out of the concessions stand.
6. All concession stand workers are to be instructed on the use of fire extinguishers.

Concession Stand Tips SAFETY FIRST

Requirement 9

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

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

2. **Cooking:** Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41°F or below (if cold) or 140°F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 125°F; poultry parts should be cooked to 165°F. Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.

3. **Tabulating:** Rapidly reheat potentially hazardous foods to 165°F. Do not attempt to heat foods in crock pots, steam tables, over slow cookers or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

4. **Cooling and Cold Storage:** Foods that require refrigeration must be cooled to 41°F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (50% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

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

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

7. **Food Handling:** Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil

to serve food. Touching food with bare hands can transfer germs to food.

8. **Decontaminating:** The disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishes. Wash in a four-step process:

1. Washing in hot soapy water.
2. Rinsing in clean water.
3. Chemical or heat sanitizing, and
4. Air drying.

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

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






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

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

13. **Set a Minimum Worker Age:** Legases should set a minimum age for workers or to be in the stand, in many cases this is 14 or 16, due to potential hazards with various equipment.

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

Volunteers Must Wash Hands

HOW	WHEN
<p>Wet</p>  <p>Warm water</p> <p>Wash</p>  <p>20 seconds Use soap</p> <p>Rinse</p>  <p>Dry</p>  <p>Use single-service paper towels</p> <p>Gloves</p> 	<p>Wash your hands before you prepare food or as often as needed.</p> <p>Wash after you:</p> <ul style="list-style-type: none"> ► use the toilet ► touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods ► interrupt working with food (such as answering the phone, opening a door or drawer) ► eat, smoke or chew gum ► touch soiled plates, utensils or equipment ► take out trash ► touch your nose, mouth, or any part of your body ► sneeze or cough <p>Do not touch ready-to-eat foods with your bare hands.</p> <p>Use gloves, tongs, deli tissue or other serving utensils. Remove all jewelry, nail polish or false nails unless you wear gloves.</p> <p>Wear gloves.</p> <p>when you have a cut or sore on your hand when you can't remove your jewelry</p> <p>If you wear gloves:</p> <ul style="list-style-type: none"> ► wash your hands before you put on new gloves <p>Change them:</p> <ul style="list-style-type: none"> ► as often as you wash your hands ► when they are torn or soiled <p><small>Developed by UMMA Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the Mid-Atlantic Partnership for Food Safety Education. UMMA Extension Department of Agriculture. Copyright © 2004. Extension programs must comply with the program's objectives.</small></p>

FIRST AID

What is First Aid?

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

First Aid-Kits:

1. First Aid Kits will be located in all equipment boxes, the shed, and concessions stand.
2. A First Aid Kit shall be taken with each team that plays an away activity (post-season) and any other CVLL Little League event where children's safety is at risk.
3. To replenish materials in a First Aid Kit, the Manager, designated coaches or team coordinator must contact the CVLL Safety Officer.

Good Samaritan Laws:

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

1. Move a victim only if the victim's life was endangered.
2. Ask a conscious victim for permission before giving care.
3. Check the victim for life-threatening emergencies before providing further care.

4. Summon professional help to the scene by calling 9-1-1.
5. 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.

PROVIDING FIRST AID

SOME IMPORTANT DO'S AND DON'TS

Do . . .

1. Assess the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
2. Know your limitations.
3. Call 9-1-1 immediately if person is unconscious or seriously injured.
4. Look for signs of injury (blood, black-and-blue marks, deformity of joint, etc.)
5. Listen to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
6. Feel gently and carefully the injured area for signs of swelling or grating of broken bone.
7. Talk to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

Don't . . .

1. Administer any medications.
2. Provide any food or beverages (other than water).
4. Hesitate in giving aid when needed.
5. Be afraid to ask for help if you're not sure of the proper procedure (i.e., CPR, etc.).
6. Transport injured individual except in extreme emergencies.

9-1-1

9-1-1 EMERGENCY NUMBER

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

1. First Dial 9-1-1.
2. Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
3. The exact location or address of the emergency. Include the name of nearby intersections.
4. The telephone number from which the call is being made.
5. The caller's name.
6. What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
7. The number of people involved.

8. The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
9. What help (first aid) is being given.
10. DO NOT hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim until paramedics arrive.
11. Continue to care for the victim until professional help arrives.
12. Appoint somebody to go to the street and look for the ambulance and fire engine and flag them down if necessary.
13. Remember...every minute counts.

WHEN TO CALL 9-1-1

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

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

Bleeding

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

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

Insect Stings

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

Symptoms:

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

Treatment:

1. For mild or moderate symptoms, wash with soap and cold water.
2. Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.
3. For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.

Care for Burns

The care for burns involves the following 3 basic steps:

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

Chemical Burns:

If a chemical burn, remove contaminated clothing. Flush burned area with cool water for at least 5 minutes. Treat as you would any major burn (see above).

Sunburn:

If victim has been sunburned:

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

Heat exhaustion:

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

Treatment:

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

Sunstroke (Heat Stroke):

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

Treatment:

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

Transporting an Injured Person:

1. If injury involves neck or back, DO NOT move victim unless absolutely necessary. Wait for paramedics.
2. If victim must be lifted: Support each part of the body.
3. Position another person at victim's head to provide additional stability.
4. Use a board, shutter, tabletop or other firm surface to keep body as level as possible.

Covid-19 Safety:

Get Vaccinated and stay up to date on your COVID-19 vaccines

- [COVID-19 vaccines](#) are effective at preventing you from getting sick. [COVID-19 vaccines](#) are highly effective at preventing severe illness, hospitalizations, and death.
- Getting vaccinated is the best way to slow the spread of SARS-CoV-2, the virus that causes COVID-19.
- CDC recommends that everyone who is eligible [stay up to date on their COVID-19 vaccines](#), including [people with weakened immune systems](#).

head side mask light icon

Wear a mask

- Follow federal and/or local masking guidelines as directed by CDC or your state and/or local health departments to prevent spread of COVID-19.
- Wear a mask with the best fit, protection, and comfort for you.
- If you are in an area with a high [COVID-19 Community Level](#) and are ages 2 or older, consider use of a mask indoors in public. Refer to public health guidelines.
- If you are sick and need to be around others, or are caring for someone who has COVID-19, wear a mask.
- If you are at increased risk for severe illness, or live with or spend time with someone at higher risk, speak to your healthcare provider about wearing a mask at medium COVID-19 Community Levels.
- People who have a condition or are taking medications that [weaken their immune system](#) may not be fully protected even if they are up to date on their COVID-19 vaccines. They should talk to their healthcare providers about what additional precautions may be necessary.
 - For more information, see [COVID-19 Vaccines for Moderately or Severely Immunocompromised People](#)

Test to prevent spread to others

- You can choose from many different [types of tests](#).
- Tests for [SARS-CoV-2](#) (the virus that causes COVID-19) to tell you [if you have an infection](#) at the time of the test. This type of test is called a **viral test** because it looks for viral infection. PCR or Antigen testing is acceptable.
- Regardless of the test type you select, a [positive test result](#) means that you have an infection and should [isolate](#) and inform your [close contacts](#) to avoid spreading disease to others.
- Over-the-counter [self-tests](#) are viral tests that can be used at home or anywhere, are easy to use, and produce rapid results. Anyone can use self-tests, regardless of their vaccination status or whether they have symptoms.
- COVID-19 [self-tests](#) are one of many risk-reduction measures, along with vaccination, masking, and physical distancing, that protect you and others by reducing the chances of spreading COVID-19.
- Please notify the CVLL safety officer of any players testing positive for COVID-19.

Appendix S: COVID-19 Protocol for Organized Youth Sports

Note: This document is frequently updated. Please check the date on the webpage for the most recent version.

Recent updates: (Any changes are highlighted in yellow)

11/8/22

- Revised to align with the updated LACDPH Health Office Order regarding indoor masking. For most individuals, masking may be based on individual preference. Exceptions are individuals who have returned before completing 10 days of isolation after a confirmed COVID-19 diagnosis and individuals who are within 10 days of close contact with a confirmed case of COVID-19. Those persons continue to be required to mask around others. Also, individuals who are more vulnerable to developing severe COVID-19 disease are strongly recommended to wear a highly protective mask in crowded, indoor settings with poor ventilation.
- Option for youth sports and clubs to consider taking a more cautious approach and implement more protective masking or testing policies given the increased risk of viral transmission, especially indoors, from activities such as contact sports that involve physical exertion and increased or more forceful breathing.
- Additional safety measures included for outdoor sports teams to consider for higher risk interactions that happen indoors, including travel on team buses, weight training, sharing locker rooms, or watching game films, among others.
- Reporting of individual cases of COVID-19 in the youth sports setting is no longer required. Clusters of 3 or more linked cases within a 14-day period must be reported immediately and no later than 1 business day.
- Youth Sports Programs with 5 or more epidemiologically linked cases over a 14-day period should consider suspending activities for 5 days once the fifth linked case has been identified to control further spread.
- Changes in COVID-19 vaccination and booster age-eligibility.
- Updated section on screening testing. Routine testing is strongly recommended for indoor moderate-risk and indoor high-risk sports, regardless of vaccination status, during periods of high community transmission and should be considered for outdoor moderate risk and outdoor high risk sports during periods of high community transmission.

The Los Angeles County [Health Officer Order](#) strongly recommends the use of face masks in all indoor public settings when case rates are at or above 100 new weekly cases per 100,000 individuals. Refer to the Los Angeles County [COVID-19 Response Plan](#) for more details. Given the predominance of more easily spread Omicron subvariants of the COVID-19 virus in the community, masking indoors, regardless of vaccination status, remains an important mitigation strategy for slowing the spread of COVID-19 in the community.

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Per published reports, factors that increase the risk of infection, including transmission to people more than 6 feet away, include:

- **Enclosed spaces with inadequate ventilation or air handling** that allow for build-up of exhaled respiratory fluids, especially very fine droplets, and aerosol particles, in the air.
- **Increased exhalation of respiratory fluids** that can occur when an infectious person is engaged in physical exertion or raises their voice (e.g., exercising, shouting, singing).
- **Prolonged exposure** to these conditions.

It is strongly recommended that all sports activities occur outdoors, **whenever feasible**, where the risk of exposure is lower due to the ventilation being better than indoors.

Below is a summary of requirements and best practices for youth sports leagues (including school sports teams) to enhance safety for participants, coaches, referees, and communities and to lower the risk of COVID-19 transmission within youth teams and between teams during competitions. Recommendations below apply to teams and sport activities based in LAC and to teams or players coming to LAC for a competition from other jurisdictions.

In addition to this information, please remember:

- ❑ Youth sports leagues must follow the [Los Angeles County Health Officer Order](#) and the [Los Angeles County COVID-19 Exposure Management Plan Guidance for Youth Recreational Sports Programs](#).
- ❑ Youth sports leagues that employ coaches, referees or other support staff must also adhere to the [Cal/OSHA COVID-19 Prevention Emergency Temporary Standards \(ETS\)](#).
- ❑ Youth sports leagues operating concession stands should review and follow [LACDPH Best Practice Guidance for Food and Beverage Service](#).

Please be sure to read and follow the [general guidance for employers](#).
The best practices are intended to supplement the general guidance.

Follow mask **guidance for participants, coaches, staff, and spectators**

- ❑ **Mask guidance based on the setting and county weekly case rates.** Wearing face masks reduces the spread of SARS-CoV-2, the virus that causes COVID-19. At this time, in alignment with our Health Officer Order, use of masks in the youth sports setting is a personal preference. No person may be prevented from wearing a mask as a condition of participation in a youth sports-related activity unless wearing a mask would pose a safety hazard. Youth sports and clubs may consider taking a more cautious approach and implement more protective masking or testing policies given the increased risk of viral transmission especially indoors from activities such as contact sports that involve physical exertion and increased or more forceful breathing. Based on the Los Angeles County [COVID-19 Response Plan](#), in all indoor settings, when county case rates are greater than 99 new weekly cases per 100,000 people, it is strongly recommended that coaches, staff, volunteers, referees, officials, and spectators, regardless of

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vaccination status, wear a mask at all times.

- ❑ **Participants:** While INDOORS, when county case rates are greater than 99 new weekly cases per 100,000 people, it is strongly recommended that all participants, regardless of vaccination status, bring and wear masks. Masks are strongly recommended to be worn indoors when participants are not actively practicing, conditioning, competing, or performing. Masks are also recommended indoors while on the sidelines, in team meetings, and within locker rooms and weight rooms. When actively practicing, conditioning, or competing in indoor sports, masks are recommended for participants even during heavy exertion, as practicable. Participants who choose to continue wearing masks should bring more than one mask to practice or games in case their mask gets wet or soiled during play. Any face mask that becomes saturated with sweat should be changed immediately.

Per the American Academy of Pediatrics, "Face masks have been shown to be well tolerated by most people who wear them for exercise." However, masks should not be worn under the following circumstances.

- *For water sports.* Participants who are engaged in water sports such as swimming, water polo, or diving, may remove their face masks while they are in and preparing to dive into the water. It is strongly recommended that face masks be worn when participants are not in the water.
 - *For gymnastics.* Gymnasts who are actively practicing/performing on an apparatus may remove their masks because of the theoretical risk that the mask may get caught on objects and become a choking hazard or accidentally impair vision. It is strongly recommended that gymnasts wear masks when not actively practicing/performing on an apparatus.
 - *For competitive cheerleading.* Cheerleaders who are actively performing/practicing routines that involve tumbling, stunting, or flying may remove their masks because of the theoretical risk that the mask may get caught on objects and become a choking hazard or accidentally impair vision.
 - *For wrestling.* During wrestling contact, a face mask could become a choking hazard and is discouraged unless an adult coach or official is closely monitoring for safety purposes.
- ❑ **Spectators:** While indoors, when case rates are greater than 99 new weekly cases per 100,000 people, it is strongly recommended that all spectators, regardless of vaccination status, bring and wear masks. Consider making masks available for those who request them.
- ❑ **Coaches:** While indoors, when case rates are greater than 99 new weekly cases per 100,000 people, it is strongly recommended that all coaches, regardless of vaccination status, bring and wear masks, even when engaged in intense physical activity.
- ❑ **Referees and other game officials:** While indoors, when case rates are greater than 99 new weekly cases per 100,000 people, it is strongly recommended that all referees and officials, regardless of vaccination status, bring and wear masks at all times.

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Employees: If the youth sports league employs coaches or other support staff, please note that employers are required to provide for voluntary use, well-fitting medical grade masks and respirators such as an N95 or KN95, to employees in close contact with others while indoors at the worksite or facility, including in shared vehicles. For more information about free and low-cost Personal Protective Equipment (PPE) for businesses and organizations see <http://publichealth.lacounty.gov/docs/FreeAndLowCostPPE.pdf>.

Vaccinate

- ❑ It is strongly recommended that all athletes, coaches and team staff stay up-to-date with their COVID-19 vaccines. At this time, you are **up to date** with your COVID-19 vaccines if you have completed a COVID-19 vaccine primary series and received the most recent booster dose recommended for you by CDC. Vaccination against the virus that causes COVID-19 is available for everyone 6 months of age and older. Booster doses are available for everyone 5 years and older. Please note: The updated (bivalent) boosters are called "bivalent" because they protect against **both** the original virus that causes COVID-19 **and** the Omicron variant BA.4 and BA.5. Vaccination is the primary strategy to reduce the burden of COVID-19 disease and protect all members of the community. Having all athletes and staff in your youth sports league fully vaccinated and boosted as soon as they are eligible will decrease the risk of transmission of the virus among teammates and between teams and, if they get infected, will provide excellent protection against severe illness, hospitalization, and death.

Screen for symptoms and isolate

- ❑ Ask participants and families to self-screen for COVID-19 symptoms prior to attending youth sports activities.
- ❑ Post signage to remind everyone who enters your establishment that they should NOT enter if they have symptoms of COVID-19 or if they are under isolation orders.
- ❑ Youth sports programs must exclude or, if onsite, isolate any participant, coach, or spectator that is showing symptoms of COVID-19 to prevent spread to others.
 - Take action to isolate participants who begin to have COVID-19 symptoms during youth sports activities away from other participants, coaches, and spectators.

Reduce crowding, especially indoors

- ❑ If possible, hold youth sports activities outdoors where the risk of COVID-19 transmission is much lower.
- ❑ If youth sports activities must be held indoors during times of high transmission, take steps to reduce the number of participants, coaches, and spectators in any indoor area.
- ❑ Physical distancing is an infection control best practice that may be implemented as an additional safety layer to reduce the spread of COVID-19. During practices, encourage activities that do not involve sustained person-to-person contact between participants and/or coaching staff and limit such activities in indoor settings. Instead, consider focusing on skill-building activities.
- ❑ Limit the number of participants who visit the restroom or locker room at any given time.
- ❑ Non-athletic team events, such as team dinners or other social activities, will be safer if they can

be held outdoors with distancing.

Routine Screening Testing for COVID-19

The virus that causes COVID-19 may infect any member of the youth sports league, regardless of vaccination status, although it is more likely to infect unvaccinated persons. Any infected person can potentially transmit the virus to others. One strategy to accurately identify infected individuals and then quickly isolate them is routine periodic screening testing for COVID-19 with a Nucleic Acid Amplification Test (NAAT) such as PCR, or an Antigen (Ag) test. Routine asymptomatic testing is a particularly useful strategy when community rates of transmission are higher and becomes less valuable as rates decrease and approach the low level of transmission. General guidance and recommendations about testing including the types of tests available can be accessed at our [Testing Information for Patients](#) page.

- ❑ Persons who have recovered (completed isolation) from a confirmed case of COVID-19 within the past 90 days should not be included in periodic COVID-19 screening testing if the person is asymptomatic. Screening for persons who were previously infected with COVID-19 should start 90 days after the first day of symptoms or from the day of collection of first positive test (if they were asymptomatic).
- ❑ Whenever a confirmed case is identified on any of your youth sports teams, follow instructions listed in the [Exposure Management Plan for Youth Sports](#) for isolation and post-exposure guidance. **Note current case reporting requirements:**
 - Youth sports programs are required to report clusters of 3 or more cases of COVID-19 in a pre-defined or identifiable group (i.e., teammates, club members, cohort, etc.) who were participating in team or club activities at any point within the 14 days prior to illness onset date. The illness onset date is the date COVID-19 symptoms started or the COVID-19 test date, whichever is earlier. All cluster notifications should be reported to DPH immediately, and no later than 1 business day of the program being notified of the cases by submitting a report online at: https://spot.cdph.ca.gov/s/?language=en_US. Please refer to the [Los Angeles County COVID-19 Exposure Management Plan Guidance for Youth Recreational Sports Programs](#) for detailed guidance on how to manage this exposure event with respect to cases, identification of and actions for close contacts, and reporting and notification procedures. Programs can also refer to the public health guidance pages for [cases](#) and [close contacts](#) as an additional resource.
 - Youth Sports Programs with 5 or more epidemiologically linked cases over a 14-day period should consider suspending activities for 5 days once the fifth linked case has been identified to control further spread. Individual conditioning and skill building may continue during the suspension period if everyone on the team complies fully with any individual isolation or quarantine orders that apply. If outbreak criteria are met and DPH recommends an outbreak response, the Public Health Investigator can require a suspension period or extend a suspension period as warranted during an outbreak response.
- ❑ **When the level of community transmission of COVID-19 occurring in Los Angeles County is high, the following testing guidelines are strongly recommended** for all participating athletes and staff/coaches/ referees/volunteers. As the rate of community transmission decreases and approaches a low level, the value of screening testing decreases as well, but

remains a consideration for youth sports programs that wish to include testing as one of their layered prevention strategies to minimize risk of transmission and outbreaks among team members.

- **Indoor Moderate-Risk and High-Risk Sports.** Routine testing at least weekly is strongly recommended during times of high community transmission for all athletes, staff, coaches, and volunteers participating in indoor moderate and high-risk sports regardless of vaccination status. Results from over-the-counter test kits, including self-administered, self-read tests performed at home, verified or not, are acceptable.
- **Outdoor Moderate-Risk or High-Risk Sports.** Consider routine COVID-19 testing for all athletes and staff during times of high community transmission. Although the risk of viral transmission falls considerably when sports activities occur outdoors compared to indoors, the degree of direct and close contact between players can affect that risk. In addition, even a sport that is considered primarily outdoor, such as football, will have periods of increased transmission risk when team members are interacting in indoor settings for prolonged periods. Some examples include long bus rides on charter transportation where windows do not open and ventilation is limited; conditioning sessions inside weight rooms; time spent in locker rooms before and after practice or competitions, and watching game films. Sports programs should consider if additional safety measures are appropriate, such as masking in these settings, requiring vaccination, limiting number of participants using weight rooms and locker rooms at the same time, and moving activities outdoors whenever possible.

- ❑ For players on moderate-risk and high-risk sports teams who are regularly transported together via buses/vans, periodic testing during times of high community transmission is strongly recommended.
- ❑ If players are participating in multi-county, multi-day competitions of moderate-risk or high-risk outdoor sports, a negative test within the three days prior to their first game at the competition is recommended during times of high community transmission.
- ❑ If there is a positive case among players, coaches, and/or staff on an outdoor sports team, it is strongly recommended that all players, staff/coaches/volunteers (regardless of vaccination status) have a weekly test for two weeks from exposure.
- ❑ Team staff/volunteers whose role or functions do not include any direct interaction with athletes, coaches, or other staff (e.g., lending administrative support to the team or league but not working directly with youth or other team members) do not need to be included in screening testing.
- ❑ Occasional volunteers who have very limited direct interaction with athletes, coaches, or other staff (e.g., a volunteer referee or umpire who officiates only once or twice during the season) do not need to be included in weekly screening testing, but it is strongly recommended they be fully up-to-date on their vaccination status against COVID-19. During times of high community transmission, it is also strongly recommended that they have a negative test within the 3 days prior to their volunteer activity.

Ventilate

- ☐ If youth sports activities are taking place indoors, make sure your building's Heating, Ventilation, and Air Conditioning (HVAC) system is in good, working order.
- ☐ Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in all working areas.
- ☐ When weather and playing conditions allow, **consider** increasing fresh outdoor air by opening windows and doors. Consider using fans to increase the effectiveness of open windows – position window fans to blow air outward, not inward.
- ☐ Ventilation in gymnasiums can be improved with strategic placement of floor fans. See [Best Practices for Gymnasium Ventilation](#) for details.
- ☐ **Consider** decreasing occupancy in areas where outdoor ventilation cannot be increased.
- ☐ If your team or youth sports league utilizes transport vehicles, such as buses or vans, **consider** opening windows to increase airflow from outside **if weather conditions, air quality and rider safety concerns allow**. See [State Interim guidance for Ventilation, Filtration, and Air Quality in Indoor Environments](#) and [CDC Ventilation in Schools and Child Care Programs](#) page.

Support handwashing

- ☐ Place handwashing stations or hand sanitizer at entry and outside communal bathrooms with signage promoting use.
- ☐ Encourage frequent handwashing.

Communicate

- ☐ Consider posting **signage** so that visitors who are entering your facility are aware of your **COVID-19 safety policies**, including, when community transmission is greater than 99 new weekly cases per 100,000 people, the strong recommendation that everyone wear a face mask while indoors.
- ☐ Use your online platforms to communicate your COVID-19 safety policies to the public.

Consider taking additional precautions around team travel and multi-team tournaments

- ☐ When traveling in vehicles with other members of the youth sports team not from the same household, **keeping windows open as weather conditions, air quality, and rider safety concerns allow is recommended**. Masking during travel in shared team vehicles is based on individual preference but should be considered, and is strongly recommended when community transmission is high. This guidance also applies when members not from the same household are carpooling using family vehicles.
- ☐ If traveling outside Los Angeles County for an event, adhere to the [Travel Advisory and Guidance](#).
- ☐ When traveling overnight, **consider having** team members not from the same household sleep in separate rooms and wear masks when visiting other members' hotel rooms.

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- ❑ Socializing with other teams may increase the risk of introducing COVID-19 into your group as you increase the number of new individuals that your team interacts with. Consider discouraging these activities when community transmission is high and/or the CDC Community Level is designated as High either in Los Angeles County or at the travel destination, or both.

Understanding the Risks Associated with Sports during the Pandemic

Sports and physical activities that allow for 6-8 feet between other competitors, like golf or singles tennis, are going to be less risky than sports that involve frequent close contact, like basketball or wrestling. Those where athletes do not share equipment, like cross country, will likely be less risky than which have shared equipment, such as football. Those with limited exposure to other players may be a safer option. A sprint in a track race, for example, may be less risky than sports that put someone in close contact with another player for an extended period of time, like an entire half of a game.

The specific location where athletes train, practice and compete also impacts risk. Choose outdoor venues for sports and classes whenever possible. COVID-19 is more likely to spread in indoor spaces with poor ventilation. Indoor sports and activities will likely present an increased risk of transmission, especially if the sport or physical activity also involves close contact, shared equipment, and more exposure to other players, such as basketball.

The more people someone interacts with, the greater the chance of COVID-19 exposure. So small teams, practice pods or classes that stay together, rather than mixing with other teams, coaches, or teachers, will be a safer option. This will also make it easier to contact individuals if there is an exposure to COVID-19.

Staying within your community will be safer than participating on travel teams. Traveling to an area with more COVID-19 cases could increase the chance of transmission and spread. Travel sports also include intermixing of players, so athletes are generally exposed to more people.

Table 1. Examples of Sports Stratified by Risk Level


Low Risk	Moderate Risk	High Risk
<ul style="list-style-type: none"> • Archery • Badminton (singles) • Band • Biking • Bocce • Bowling • Corn hole • Cross country • Curling • Dance (no contact) • Disc golf • Drumline • Equestrian events (including rodeos) that involve only a single rider at a time • Golf • Gymnastics • Ice and roller skating (no contact) • Lawn bowling • Martial arts (no contact) • Physical training (e.g., yoga, Zumba, Taichi) • Pickleball (singles) • Rowing/crew (with 1 person) • Running • Shuffleboard • Skeet shooting • Skiing and snowboarding • Snowshoeing • Swimming and diving • Tennis (singles) • Track and Field • Walking and Hiking 	<ul style="list-style-type: none"> • Badminton (doubles) • Baseball • Cheerleading • Dance (intermittent contact) • Dodgeball • Field hockey • Flag Football • Kickball • Lacrosse (girls/women) • Pickleball (doubles) • Squash • Softball • Tennis (doubles) • Volleyball 	<ul style="list-style-type: none"> • Basketball • Boxing • Football • Ice hockey • Ice Skating (pairs) • Lacrosse (boys/men) • Martial Arts • Roller Derby • Rugby • Rowing/crew (with 2 or more people) • Soccer • Water polo • Wrestling

Concussions:

All participants and families will read and sign CDC Heads Up concussion course material.

CONCUSSION IN YOUTH SPORTS

Information for Parents



SIGNS & SYMPTOMS

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall


SYMPTOMS REPORTED BY THE ATHLETE

- Headache or "pressure" in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAD A CONCUSSION?

- 1. Seek medical attention right away.**
A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- 2. Keep your child out of play.**
Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.



January 2021

IMPORTANT PHONE NUMBERS

FILL IN THE NAME AND NUMBER OF YOUR LOCAL HOSPITAL(S) BELOW:

Hospital Name: _____

Hospital Phone: _____

Hospital Name: _____

Hospital Phone: _____

For immediate attention, CALL 911

For more information, visit www.cdc.gov/HEADSUP

The signs and symptoms of a concussion can be subtle and may not be immediately apparent. Symptoms can last for days, weeks, or even longer. The most common symptoms after a concussive traumatic brain injury are headache, amnesia and confusion. The amnesia, which may or may not be preceded by a loss of consciousness, almost always involves the loss of memory of the impact that caused the concussion.

Signs and symptoms of a concussion may include:

- Headache or a feeling of pressure in the head
- Temporary loss of consciousness
- Confusion or feeling as if in a fog
- Amnesia surrounding the traumatic event
- Dizziness or "seeing stars"
- Ringing in the ears
- Nausea or vomiting
- Slurred speech
- Fatigue
- Some symptoms of concussions may be immediate or delayed in onset by hours or days after injury:
 - Concentration and memory complaints
 - Irritability and other personality changes
 - Sensitivity to light and noise
 - Sleep disturbances
 - Psychological adjustment problems and depression
 - Disorders of taste and smell

Symptoms in children:

Head trauma is very common in young children. But concussions can be difficult to recognize in infants and toddlers because they can't readily communicate how they feel. Nonverbal clues of a concussion may include:

- Listlessness, tiring easily
- Irritability, crankiness
- Change in eating or sleeping patterns
- Lack of interest in favorite toys
- Loss of balance, unsteady walking

When to see a doctor

See a doctor within one to two days if:

You or your child experiences a head injury, even if emergency care isn't required.

The American Academy of Pediatrics recommends that you call your child's doctor for advice if your child receives anything more than a light bump on the head. If your child remains alert, moves normally and responds to you, the injury is probably mild and usually doesn't need further testing. In this case, if your child wants to nap, it's OK to let them sleep. If worrisome signs develop later, seek emergency care.

Seek emergency care for a child who experiences a head injury and:

- Vomiting
- A headache that gets worse over time
- Changes in his or her behavior, including irritability or fussiness
- Changes in physical coordination, including stumbling or clumsiness
- Confusion or disorientation
- Slurred speech or other changes in speech

- Vision or eye disturbances, including pupils that are bigger than normal (dilated pupils) or pupils of unequal sizes
- Changes in breathing pattern
- Lasting or recurrent dizziness
- Blood or fluid discharge from the nose or ears
- Large head bumps or bruises on areas other than the forehead, especially in infants under 12 months of age
- Seek emergency care for anyone who experiences a head injury and:
- A loss of consciousness lasting more than a minute
- Repeated vomiting
- Seizures
- Obvious difficulty with mental function or physical coordination
- Symptoms that worsen over time

Athletes:

No one should return to play or vigorous activity while signs or symptoms of a concussion are present. Experts recommend that an athlete with a suspected concussion not return to play until he or she has been medically evaluated. Experts also recommend that child and adolescent athletes with a concussion not return to play on the same day as the injury.

Cardiac Arrest:

All participants and families will read, sign, and acknowledge understanding of risk and prevention of Cardiac Arrest in youth sports:

A Fact Sheet for Youth Sports Parents



This sheet has information to help protect your children or teens from Sudden Cardiac Arrest

Why do heart conditions that put kids at risk go undetected?

While a youth may display no warning signs of a heart condition, studies do show that symptoms are typically present but go unrecognized, unreported, missed or misdiagnosed.

- Symptoms can be misinterpreted as typical in active youth
- Fainting is often mistakenly attributed to stress, heat, or lack of food or water
- Youth experiencing symptoms regularly don't recognize them as unusual – it's their normal
- Symptoms are not shared with an adult because youth are embarrassed they can't keep up
- Youth mistakenly think they're out of shape and just need to train harder
- Youth (or their parents) don't want to jeopardize playing time
- Youth ignore symptoms thinking they'll just go away
- Adults assume youth are OK and just "check the box" on health forms without asking them
- Medical practitioners and parents alike often miss warning signs
- Families don't know or don't report heart health history or warning signs to their medical practitioner
- Well-child exams and sports physicals do not check for conditions that can put youth at risk
- Stethoscopes are not a comprehensive diagnostic test for heart conditions

Protect Your Kid's Heart

Educate yourself about sudden cardiac arrest, talk with your kids about warning signs, and create a culture of prevention in your youth's sports organization.

- Know the warning signs
- Document your family's heart health history as some conditions can be inherited
- If symptoms/risk factors present, ask your doctor for follow-up heart/genetic testing
- Don't just "check the box" on health history forms—ask your youth how they feel
- Take a cardiac risk assessment with your youth each season
- Encourage youth to speak up if any of the symptoms are present
- Check in with your coach to see if they've noticed any warning signs
- Active youth should be shaping up, not breaking down
- As a parent on the sidelines, know the cardiac chain of survival
- Be sure your school and sports organizations comply with state law to have administrators, coaches and officials trained to respond to a cardiac emergency
- Help fund an onsite AED

What happens if my child has warning signs or risk factors?

- State law requires youth who faint or exhibit other cardio-related symptoms to be re-cleared to play by a licensed medical practitioner.
- Ask your health care provider for diagnostic or genetic testing to rule out a possible heart condition.

Electrocardiograms (ECG or EKG) record the electrical activity of the heart. ECGs have been shown to detect a majority of heart conditions more effectively than physical and health history alone. Echocardiograms (ECHO) capture a live picture of the heart.

- Your youth should be seen by a health care provider who is experienced in evaluating cardiovascular (heart) conditions.
- Follow your providers instructions for recommended activity limitations until testing is complete.

What if my youth is diagnosed with a heart condition that puts them at risk?

There are many precautionary steps that can be taken to prevent the onset of SCA including activity modifications, medication, surgical treatments, or implanting a pacemaker and/or implantable cardioverter defibrillator (ICD). Your practitioner should discuss the treatment options with you and any recommended activity modifications while undergoing treatment. In many cases, the abnormality can be corrected and youth can return to normal activity.

What is Sudden Cardiac Arrest? Sudden Cardiac Arrest (SCA) is a life-threatening emergency that occurs when the heart suddenly stops beating. It strikes people of all ages who may seem to be healthy, even children and teens. When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure, but their heart has stopped. SCA leads to death in minutes if the person does not get help right away. Survival depends on people nearby calling 911, starting CPR, and using an automated external defibrillator (AED) as soon as possible.

What CAUSES SCA?

SCA occurs because of a malfunction in the heart's electrical system or structure. The malfunction is caused by an abnormality the person is born with, and may have inherited, or a condition that develops as young hearts grow. A virus in the heart or a hard blow to the chest can also cause a malfunction that can lead to SCA.

How COMMON is SCA?

As a leading cause of death in the U.S., most people are surprised to learn that SCA is also the #1 killer of student athletes and the leading cause of death on school campuses. Studies show that 1 in 300 youth has an undetected heart condition that puts them at risk.

Factors That Increase the Risk of SCA

- ✓ Family history of known heart abnormalities or sudden death before age 50
- ✓ Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- ✓ Family members with known unexplained fainting, seizures, drowning or near drowning or car accidents
- ✓ Family members with known structural heart abnormality, repaired or unrepaired
- ✓ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

Cardiac Chain of Survival

Their life depends on your quick action!
CPR can triple the chance of survival.
Start immediately and use the onsite AED.



CALL



PUSH



SHOCK

KeepTheirHeartInTheGame.org

FAINTING IS THE #1 SYMPTOM OF A HEART CONDITION

RECOGNIZE THE WARNING SIGNS & RISK FACTORS

Ask Your Coach and Consult Your Doctor if These Conditions are Present in Your Youth

Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Background Checks

Little League International has established criteria for each chartered league's performance of an investigation into the background of all individuals who volunteer in any capacity. Each volunteer will be required to complete a volunteer application from and provide a copy of their government issued photo identification. The minimum requirement for these background investigations is verification that volunteers are not registered sex offenders. To provide additional protection to the children we will submit a list of all volunteers to JDP. A background investigation that will list any convictions nationwide will be completed. Upon clearance of individual background investigations all volunteers will be notified by The Board of Directors



Little League® Volunteer Application – 2023

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



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

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

All RED fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

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

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

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

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

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

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

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

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

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? ☐ Yes ☐ No
If yes, explain: _____
(If volunteer answered yes to Question 7, the local league must contact Little League International.)

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

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

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

Name/Phone _____

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

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

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):

Review the Little League Regulation 1(c)(9) for all background check requirements

☐ JDP (Includes review of the U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List) * **OR** _____

☐ National Criminal Database check ☐ U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible/Suspended List

☐ National Sex Offender Registry

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

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

Last Updated: 1/4/23



VOLUNTEER BACKGROUND CHECKS & SAFETY

Volunteer Background Checks & Safety

Little League® Baseball and Softball has always strived to create a safe and healthy environment for all Little Leaguers and their families.

In 2018, the "Protecting Young Victims from Sexual Abuse and SafeSport Authorization Act of 2017" became Federal law. The mission of the U.S. Center for SafeSport is to make the athlete well-being the centerpiece of our nation's sports culture. All athletes deserve to participate in sports free from bullying, hazing, sexual misconduct, or any form of emotional or physical abuse. Education and awareness are the most critical components to creating safe and respectful sporting environments, free of abuse and harassment. There are certain requirements from the SafeSport Act that Little League International and all local Little League programs must adhere to. To learn about SafeSport and how it impacts your league, visit LittleLeague.org/SafeSport.

As a condition of service to any Little League program, the following groups of individuals must submit a Little League Volunteer Application and complete an annual background screening prior to involvement in the league in any fashion:

- Board Members
- Managers and Coaches
- Umpires
- Any other volunteer or hired worker who provide regular service to the league and/or have repetitive access to, or contact with, players or teams

Any individual with a conviction, guilty plea, no contest plea, or admission of guilty to a crime against or involving a minor may not participate in the Little League program.

On average, leagues can estimate the number of background checks that should be completed by multiplying the total number of teams in the league by six. To assist leagues in completing this requirement, **Little League provides 125 free searches** through an agreement with J.D. Palantir (JDP). Additional searches are available for a nominal cost.

LLU Learn More About Background Checks:

- LittleLeague.org/BackgroundCheckQuestions

Little League International has contracted with JDP Background Screening to provide local leagues and districts with a special web site that allows members to instantly search a criminal records database of more than 450 million criminal records. This site provides searches of available criminal records from various repository sources and state-level sex offender registries. The fee for the first 125 searches per chartered league and district is free to the local league and district as the cost for these searches is being provided by Little League International. Any additional searches above 125 will cost the league or district a minimal fee.



Little League International requires all leagues in the United States to conduct background checks that utilize JDP Background Screening, or another provider that is comparable to JDP in accessing background check records for sex offender registry data and criminal records. Leagues must include a review of the U.S. Center for SafeSport's Centralized Disciplinary Database and Little League International Ineligible list as part of the background check process (JDP includes this additional review as a part of the standard background check.) The JDP National Criminal File database that contains more than 450 million records, including criminal and sex offender registry records covering 50 states and the District of Columbia, and meets the current regulation requirement. Leagues are not required to use the JDP website, but may also use alternate resources. However the alternate resources must equal or exceed the services provided by JDP.



For More Information on JDP and Background Check Process:

- LittleLeague.org/LocalBGCheck

Live Scan:

Per California AB 506, All participants will undergo Live Scan background checks beginning January 1, 2024.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

Chapter 2.9 (commencing with Section 18975) is added to Division 8 of the Business and Professions Code, to read:
CHAPTER 2.9. Youth Service Organizations

18975.

(a) An administrator, employee, or regular volunteer of a youth service organization shall complete training in child abuse and neglect identification and training in child abuse and neglect reporting. The training requirement may be met by completing the online mandated reporter training provided by the Office of Child Abuse Prevention in the State Department of Social Services.

(b) An administrator, employee, or regular volunteer of a youth service organization shall 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.

(c) A youth service organization shall develop and implement child abuse prevention policies and procedures, including, but not limited to, both of the following:

(1) Policies to ensure the reporting of suspected incidents of child abuse to persons or entities outside of the organization, including the reporting required pursuant to Section 11165.9 of the Penal Code.

(2) Policies requiring, to the greatest extent possible, the presence of at least two mandated reporters whenever administrators, employees, or volunteers are in contact with, or supervising, children.

(d) Before writing liability insurance for a youth service organization in this state, an insurer may request information demonstrating compliance with this section from the youth service organization as a part of the insurer's loss control program.

(e) For purposes of this section:

(1) "Regular volunteer" means a volunteer with the youth service organization who is 18 years of age or older and who has direct contact with, or supervision of, children for more than 16 hours per month or 32 hours per year.

(2) "Youth service organization" means an organization that employs or utilizes the services of persons who, due to their relationship with the organization, are mandated reporters pursuant to paragraph (7) of subdivision (a) of Section 11165.7 of the Penal Code.

USA Baseball Pure Baseball Initiative

- Little League International and all local little league programs must adhere to the following requirements from the SafeSport Act:
- Reporting of Abuse involving a minor to the proper authorities
- All volunteers of a local league are now mandated reporters and could face criminal charges if the league chooses to ignore, or not report to the proper authorities, any witnessed act of child abuse, including sexual abuse, within 24 hours.
- Local leagues must be aware of the proper procedures to report any type of abuse in their state. Please reference www.LittleLeague.org/ChildAbuse
- Leagues must adopt a policy that prohibits retaliation for “good faith” reports of child abuse.
- Leagues must adopt a policy that limits one-one-one contact with minors.
- Leagues are highly encouraged to complete the Abuse Awareness training provided by USA Baseball and/or SafeSport.

<https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/>

<https://www.usabdevelops.com/ItemDetail?iProductCode=OCAAA&Category=ONLINE&WebsiteKey=f50aacb2-a59e-4e43-8f67-29f48a308a9e>

Adult Abuse Awareness Requirement:

Per California AB506, all participants must show proof of adult abuse awareness. All participants will show proof of completion of the USA baseball adult abuse awareness program.



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:
Little League, International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485
Accident Claim Contact Numbers:
Phone: 570-327-1674 Fax: 570-326-9280

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. **Limited** deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name		League I.D.	
Name of Injured Person/Claimant		SSN	PART 1
Date of Birth (MM/DD/YY)		Age	Sex
		<input type="checkbox"/> Female	<input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)
		()	()
Address of Claimant		Address of Parent/Guardian, if different	

The Little League Master Accident Policy provides benefits in excess of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date of Accident	Time of Accident	Type of Injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

Describe exactly how accident happened, including playing position at the time of accident:

Check all applicable responses in each column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	(Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	
	<input type="checkbox"/> BIG (14-18)			

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)
Date	Claimant/Parent/Guardian Signature