

COVID-19 SAFETY PLAN

SUNNYBRAE LITTLE LEAGUE

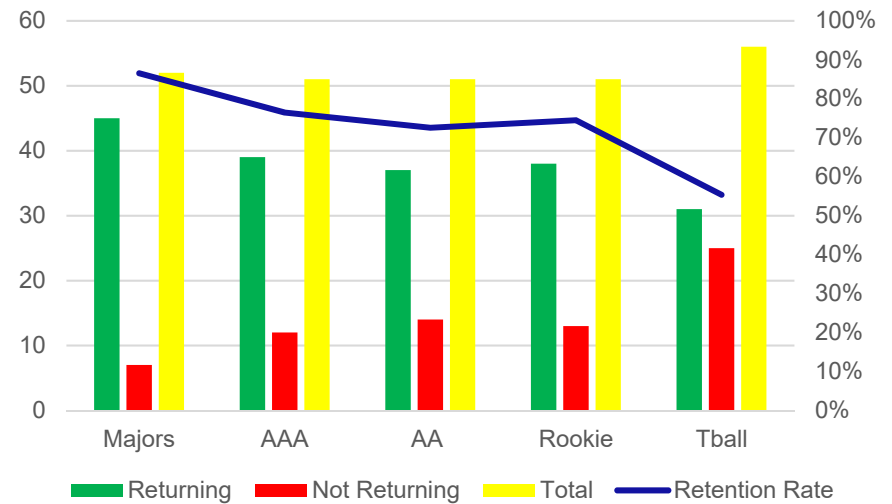
June 19/20, 2020



BEFORE WE GO THROUGH THE EXPECTATIONS

- Thank you and remember why we are here
- We know there is a lot happening that we don't anticipate having to deal with on the field.
- Not everyone is at the same place as you or another parent.
- Please leave your personal feelings at the gate or in the car.

2020 RETENTION LEVELS



ON FIELD

No Handshakes/Personal Contact Celebrations

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



ON FIELD

Drinks and Snacks

- **No snacks or food are permitted at any game or practice**
 - This includes gum and sunflower seeds
 - Eating is strictly forbidden in the dugout areas
- **Athletes, managers/coaches, and umpires should bring their own personal drinks to all team activities**
- **Drinks should be labeled with the person's name**
 - Ideally these should be kept in player bags
- **There should be no use of shared or team beverages**



ON FIELD

Personal Protective Equipment

As recommended by the NJ Department of Health-

- Players and coaches are not required to wear a face cover while in the field of play.
- All managers/coaches, volunteers, umpires & spectators should wear cloth face coverings while not in the field of play
- Players should wear a face cover when in close contact areas and in places where recommended social distancing is challenging or not feasible, such as in dugouts.
- Parents need to teach their children how to properly take on/off their mask as well as store their mask.
- Parents should contact the league for any necessary accommodations, subject to approval from the Board of Directors



ON FIELD

Dugouts

- All players and coaches SHALL use hand sanitizer when coming off the field of play to bat,
- Players and managers/coaches should wear a face covering while in the dugout
- No food or snacks in the dugout
- Player bags should be hung on the designated locations for both practice and games
 - Indicators can be found along the fence
- Only board approved volunteers and personnel are allowed on the field, including the dugout
- Social distancing should be practiced in the dugout wherever possible
- High touch areas will be sanitized after games or practice



ON FIELD

Player Equipment

- **SHARING OF EQUIPMENT IS FORBIDDEN**
- Players should have their own batter's helmet, glove, bat, and catcher's equipment
- A bench coach will be responsible for retrieving the bat from the batters box. At no time will another player grab the bat.
- Teams will be provided multiple sets of catchers equipment
 - Each set of equipment cannot be reused by another player for the duration of that game
 - Equipment must be cleaned and disinfected after each game using an EPA approved disinfectant prior to use by another player
 - Player's equipment (e.g. bags, helmets, bats, gloves) should be cleaned and disinfected after each use by a parent/ guardian/caretaker, wherever applicable
 - Individuals disinfecting equipment are encouraged to use gloves while using disinfectants and follow the manufacturer's directions for use
 - All disinfectants should be stored properly, in a safe area, out of the reach of children



ON FIELD

Baseballs and their usage

- Baseballs should be rotated on a regular basis, and exchanged for each team to limit individual contact
- Umpires should limit their contact with the ball, and catchers should retrieve foul balls and passed balls where possible
- Foul balls landing outside the field of play should be retrieved by participating players, coaches, and/or umpires
 - No spectators are permitted to retrieve any balls hit out of the field of play



ON FIELD

Hand Sanitizing

Required when:

- Before taking the field for warm-ups
- Coming off the field after every inning
- Before drinking any water / sports drinks
- At the end of practice or game

There are also large containers of hand sanitizer around the field.

Spectators are encourage to use sanitizer as well to reduce the risk.



FACILITY, FAN, ADMINISTRATION

Scheduling of Practices and Games

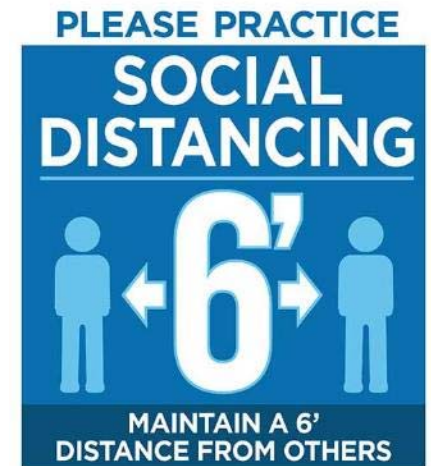
- There will be sufficient time between scheduled practices and games to facilitate the complete evacuation of individuals from a previous practice or game from the premises before the next group enters
- Players/families/spectators are instructed not to show up to fields before their designated time
- If there is a game or practice going on prior to your event, families and spectators are encouraged to stay in their vehicles or at recommended social distances until the start of their game to prevent overcrowding of spectator spaces and walkways
- On-field warm-up should be limited as much as is reasonably possible and no more than 30 minutes



FACILITY, FAN, ADMINISTRATION

Social Distancing

- All spectators must follow best social distancing practices
- Stay six feet away from individuals outside their household at all times
 - This includes arrival/departure as well as during warmups/game time
- Wear a cloth face covering at all times when unable to maintain social distancing E.g. arrival and departure from fields
- Avoid direct hand or other contact with "on field" volunteers and personnel during play
- Only board members and volunteers qualified by the league are permitted in any designated on field areas
 - All other attendees must limit themselves to spectator areas
- Spectators should bring their own seating or portable chairs



FACILITY, FAN, ADMINISTRATION

Player / Spectator / Volunteer Restrictions

- Anyone with any of the following conditions will be prohibited from attending a practice or game until evaluated by a medical provider and given clearance to do so:
 - Active COVID-19 infection
 - Known close contact exposure with an individual testing positive for COVID-19
 - See next slide for close contact exposure definition
 - Fever
 - Cough
- Those at higher risk for severe disease should consider consultation with their medical provider before attending a game and should ensure the strictest adherence to guidelines regarding face coverings, distancing, and handwashing
- Those with a serious underlying medical condition, including heart disease, morbid obesity, diabetes, lung disease, immunocompromised, chronic kidney disease and chronic lung disease
- Those currently residing in a nursing home or long-term care facility
- Those over 65



FACILITY, FAN, ADMINISTRATION

COVID-19 Positive Diagnosis Protocol

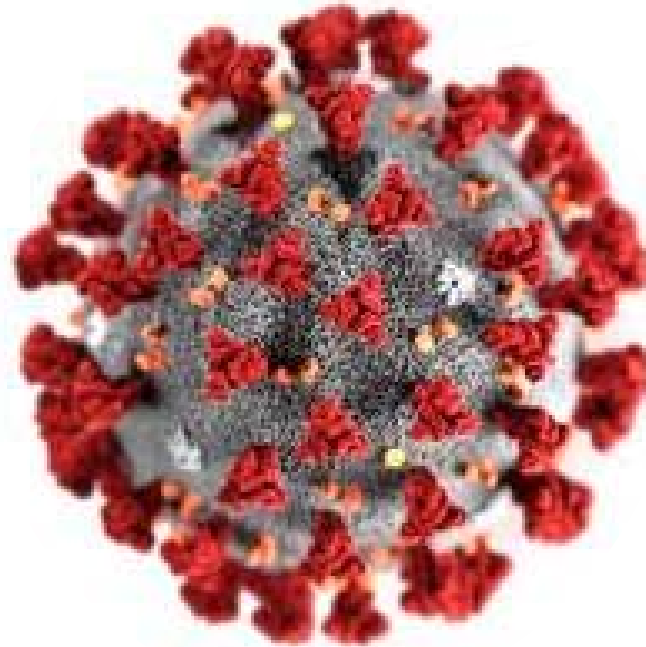
- If a player, spectator, volunteer, umpire (or any other personnel) reports they are COVID-19 positive, SLL will maintain the confidentiality of the individual at all times.
- The case will be reported to the local health authorities and all families and coaches of the affected team and their on field opponents will be notified immediately
- Anyone who came in close contact with the infected individual will be required to quarantine for 14 days
 - CDC defines close contact as interactions within 6 feet for more than 15 minutes
- Anyone who had proximate exposure shall be required to self-monitor for symptoms for the same 14 day period as per the CDC



FACILITY, FAN, ADMINISTRATION

Exposed to a COVID-19 Infected Individual Protocol

- If a player, spectator, volunteer, umpire (or any other personnel) reports they came in close contact with a COVID-19 infected individual outside of a SLL event or game, they will be required to quarantine for 14days
 - This includes any family member living in the same household



FACILITY, FAN, ADMINISTRATION

Returning to Play

After a confirmed positive for COVID-19 or close contact with a confirmed person

Individuals may return to play after

- 14 days have passed since exposure and strict quarantining has occurred
- 72 hours since exhibiting and symptoms
- 72 hours after using any fever reducing medication
- There have been 2 negative COVID-19 test, 24 hours apart



PROCESS FLOW




Daily Pre Event Self-Assessment

To be turned in to coach / manager official before event begins
Failure to return to coach prior to event will result in your inability to participate

Participant Name: _____ Parent Name: _____
 Today's Date: ____/____/____ Team: _____ Event is a: Game ☐ Practice ☐
 I / My child had temperature of: _____ Date / Time of Reading: _____

Please indicate if you / child have suffered of the following symptoms:

Fever or chills <input type="checkbox"/>	Cough <input type="checkbox"/>	Shortness of breath <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>
Fatigue <input type="checkbox"/>	Muscle aches <input type="checkbox"/>	Headache <input type="checkbox"/>	Loss of taste / smell <input type="checkbox"/>
Sore throat <input type="checkbox"/>	Congestion <input type="checkbox"/>	Nausea or vomiting <input type="checkbox"/>	Diarrhea <input type="checkbox"/>

I / My Child has not been in contact with anyone suspected to be or have been confirmed positive to COVID-19

Signature: _____
*Name, date and time of completion



Only Players / Manager / Coaches / Volunteers and Umpires are required to perform the pre check assessment. All spectators should pre screen themselves as a matter of best practice



Failure to complete assessment or any question with a "YES" will disqualify a play immediate



After giving your ticket those cleared can report to their designated area.

In the event of symptoms arising during an event, the OD should be notified immediately

After the completion or game, all persons are to leave the field as quickly as possible.

Spectators can go to their designated area





Daily Pre Event Self-Assessment

To be turned in to coach / manager official before event begins
Failure to return to coach prior to event will result in your ineligibility to participate



Participant Name _____ Parent Name: _____

Today's Date: ____ / ____ / ____ Team: _____ Event is a Game ☐ Practice ☐

I / My child had temperature of: _____ Date / Time of Reading: _____

Please indicate if you / child have suffered of the following symptoms:

Fever or chills ☐ Cough ☐ Shortness of breath ☐ Difficulty breathing ☐

Fatigue ☐ Muscle aches ☐ Headache ☐ Loss of taste / smell ☐

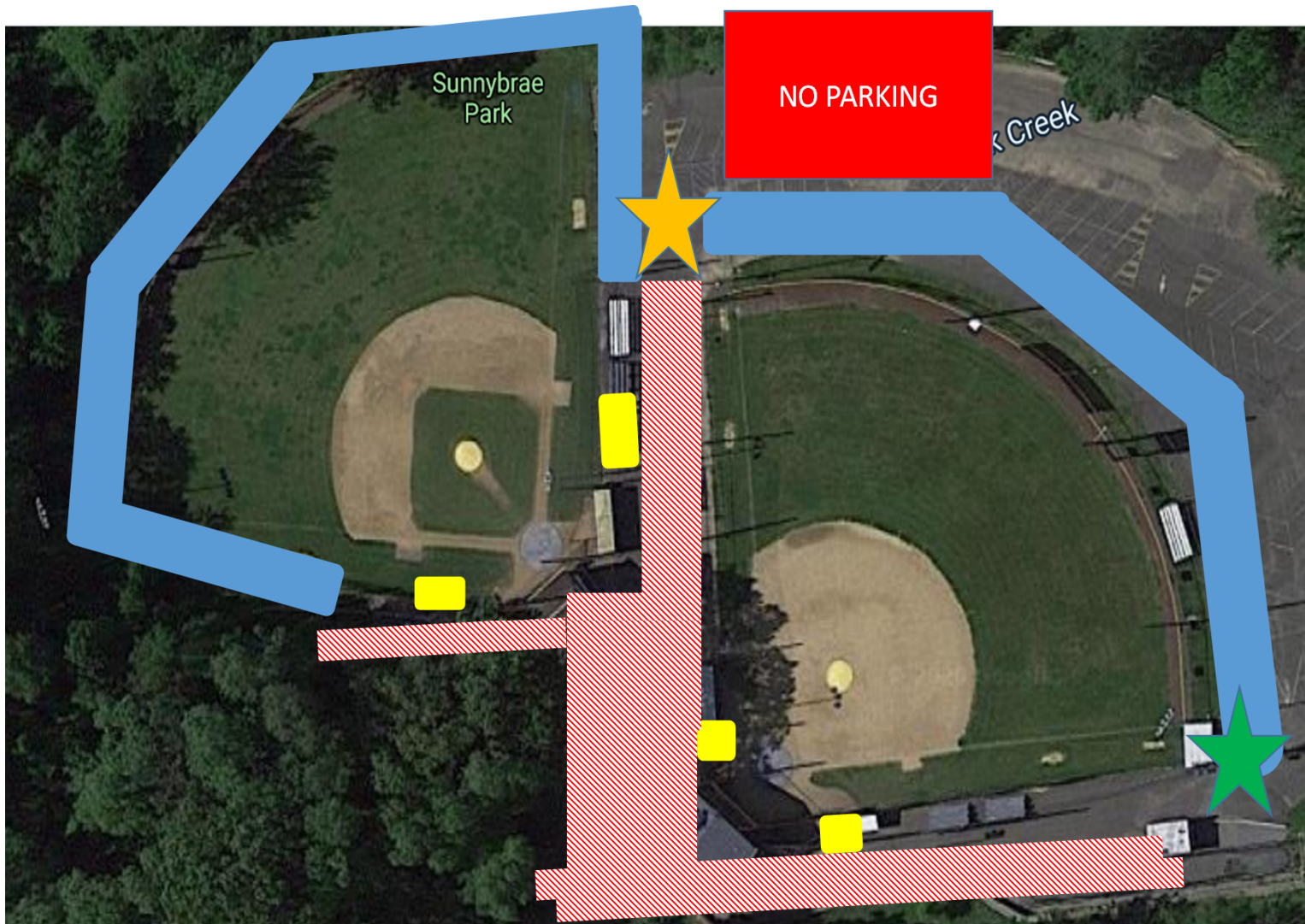
Sore throat ☐ Congestion ☐ Nausea or vomiting ☐ Diarrhea ☐


I / My Child has not been in contact with anyone suspected to be or have been confirmed positive to COVID-19.


Signature*: _____

* By signing, I affirm the statements below are true





 Spectator seating area

 Player seating area

 No Stopping Zone

 Player Entrance Area

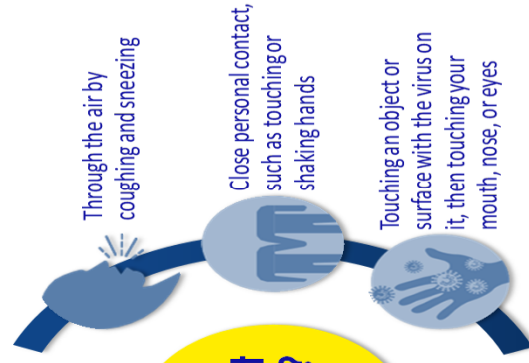
 Player Exit Area



COVID-19

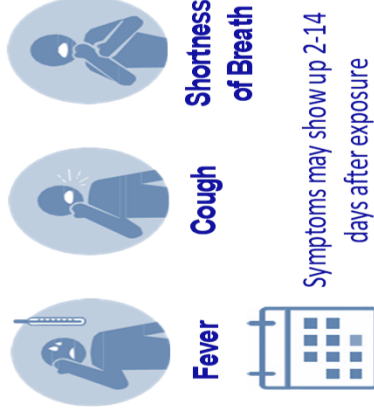
How can YOU help make a difference!

How is it spread?



What are the symptoms?

Illnesses can be mild, or in some cases be severe enough to require hospitalization. Symptoms of this respiratory illness primarily include:



PEOPLE SHOULD NOT COME TO THE FIELD IF THEY HAVE A FEVER >100.4 OR ANY OF THE COVID-19 SYMPTOMS. CHECK YOUR TEMP BEFORE YOU LEAVE FOR THE FIELD. NOTIFY YOUR DOCTOR IMMEDIATELY IF YOU HAVE CONCERNS.

How can you help prevent the spread? Similar to prevention of other respiratory illnesses, including the flu:

- Wash hands often
- Avoid touching eyes, nose, or mouth with unwashed hands
- Avoid contact with sick people
- Cover mouth/nose with a tissue or sleeve when coughing or sneezing
- Stay home while you are sick; avoid others



See Something!

Say Something!



Share where we can make improvements to our communications or make physical changes to reduce risks for you and everyone here at Sunnybrae.

For more information visit

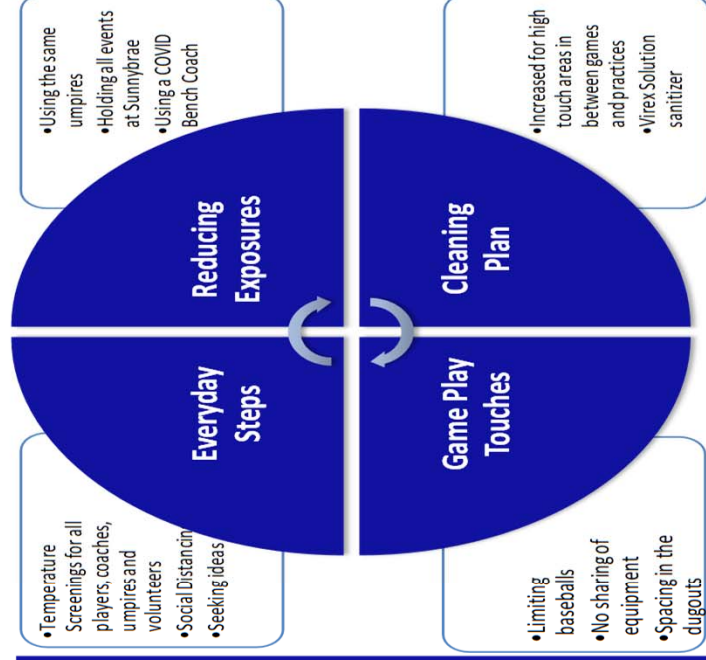
<https://www.littleleague.org/player-safety/coronavirus-update/faqs>



COVID-19

Here at Sunnybrae, we are taking steps in many ways, both visible and behind the scenes to protect everyone as best as we can

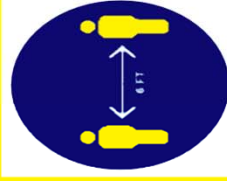
Help us along the way to protect everyone here at Sunnybrae.



What do we need you to do?



Stay Home if you are ill or have a fever



Maintain 6' social distance



Cover your nose and mouth

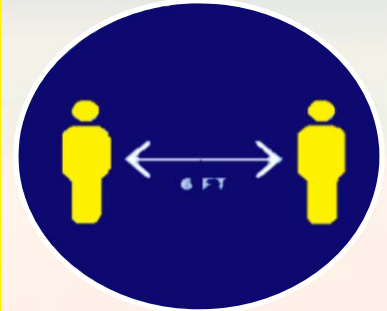


Avoid Handshakes, Hugs and Kissing

Face covers are not required in the field of play and should be worn by coaches and players while not in actively in the game. Spectator should also wear a mask as well to reduce risk to everyone at Sunnybrae LL.



Stay Home if you are
ill or have a fever



Maintain 6' social
distance



Cover you nose and
mouth



Avoid Handshakes,
Hugs and Kissing



SAFETY CLINIC

For Managers and Coaches



Purpose:

To increase safety awareness among all members of the league by giving guidance in the form of communication, education and training



AGENDA



OVERVIEW OF SAFETY PLAN



INJURY PREV. IN YOUTH
SPORTS



FIRST AID/HEAD INJURY



CONCUSSION PROTOCOL



Safety Officer's Responsibilities

ASSESS SAFETY PLAN

Review, Submit, Distribute and Post

DEVELOP SAFETY BUDGET

COMMUNICATE

Conduct Pre-season Clinic

Ensure each team receives the Safety Manual

CHECK

Make spot checks for first aid kits/manuals at practices & games,
restock as necessary

Check fields with managers

ASSIST

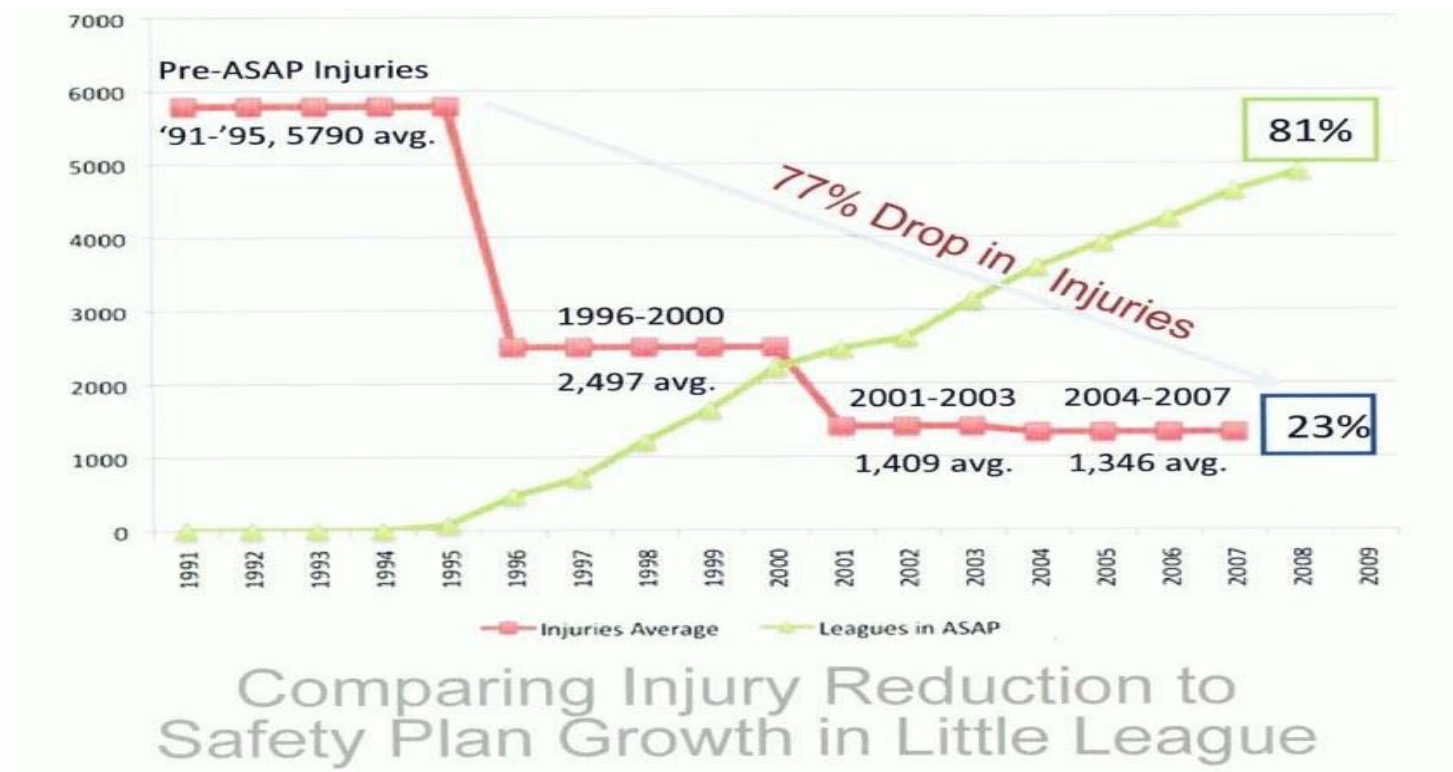
Help Parents with Insurance Claims

Communicate to Board of Directors suggestions and concerns

Maintain Safety Log to track injuries



ASAP (A Safety Awareness Plan) Compliance



Training for Managers & Coaches

REQUIREMENT

At least one coach/manager from each team attend safety fundamentals training as well as first aid training at least once every three years

TRAINING OPPORTUNITIES

SLL provides an abundance of coach training each year, which are communicated via email.

A schedule is also published under the “Coach Training” link on the website.

NJ Little League District 12 also provided supplemental sessions.



Background Checks

WHO

Any Volunteer: board members, managers, coaches, league officials, others with any regular contact with children

RESPONSIBILITY OF MANAGERS AND COACHES

Monitor parents and any other volunteers and report to President or Safety Officer any concerns



Sportsmanship

Sunnybrae Little League expects all participants, coaches, parents, and players alike to strive for the highest standards and conduct, both on and off the field. True sportsmanship develops from a spirit of respect: respect for the game, respect for oneself, respect for coaches, respect for officials, respect for teammates, and respect for opponents.



Accident Reporting Procedures

WHAT TO REPORT

- Any incident that causes a player, manager, coach, umpire or volunteer to receive medical treatment and/or first aid

WHEN TO REPORT

- Within 48 hours, fill out League Safety “Accident Notification Form” and send to Mark Kmiec

WHAT TO EXPECT FIRST

- Contact with the injured party/parents within 48 hours to:
- Verify information
- Obtain other information
- Check on status of injured party
- Advice on SLL insurance coverage and provisions

WHAT HAPPENS NEXT

- Injury report entered into SLL database
- Periodic check-ins as necessary



Returning to Play

According to Little League Baseball International Regulation III (D) for all levels of baseball and softball:

“When a player misses more than seven (7) continuous days of participation for an illness or injury, the Team Manager must receive written permission given by a physician or other medical provider for a return to full baseball/softball activity.”



Little League Insurance

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.



Important Dos and Dont's

DO

- Reassure and aid children who are injured, frightened or lost
- Provide or assist in obtaining medical attention when required
- Know your limitations
- Know the location of first aid kits at all fields
- Assist those who require attention:
 - *LOOK for signs of injury*
 - *LISTEN to the injured*
 - *FEEL gently and calmly*
- Have players' Medical Clearance Forms at all games and practices
- Make arrangements to have a cell phone available where facility does not have public phones



Important Dos and Dont's

DON'T

- Practice or play without a signed medical release
- Administer any medications (except for participant-provided EpiPen)
- Provide food or beverages (other than water)
- Hesitate in giving aid when needed
- Be afraid to ask for help if you're not sure of proper procedures
- Transport injured individuals except in extreme emergencies
- Leave an unattended child at a practice or game
- Hesitate to report any present or potential safety hazard to Safety Officer
- Be alone with a child not your own – instead have your child at least and another parent or coach stay until child's parent arrives





1 Evaluate Potential Dangers

Before approaching a victim make sure surroundings are safe for you.

1. Check for:
 - Electrical lines and devices
 - Hazardous fumes and gases
 - Vehicular traffic and machinery
 - Fire
 - Chemical spills
2. Do not approach the victim until the area is safe.

4 Unconscious and NOT Breathing

1. Check for breathing by placing one hand on victim's stomach and checking for movement. Place side of your face next to victim's nose and listen/feel for breathing.
2. If not breathing, commence CPR.
3. Place your hands, one atop the other, on victim's sternum (centre of chest). Compress chest 1/3 depth, at a rate of approx. 100 - 120 compressions per minute.
4. After 30 compressions open victim's mouth and tilt head back to open airway.
5. Use face shield/pocket mask and blow in victim's mouth. Look if chest rises. Stop and repeat for 2nd breath.
6. Continue cycle of 30 compressions to two breaths (30:2)
7. Call for a defibrillator.
8. If unable to perform rescue breaths, perform continuous chest compression CPR only, until help arrives.
9. Continue performing CPR until: help arrives, victim shows signs of response, AED says so, you cannot continue due to exhaustion, or, there is danger.

Breathing but Unconscious

1. If victim is breathing, place into recovery position.
2. Check airway again to ensure they are still breathing.
3. Monitor and reassure the victim. Document incident.

2 Check the Level of Response

1. When able to reach victim, check for a response to see if they are conscious.
2. Call out to victim and ask if they can open their eyes or hear you.
3. Give their shoulders a firm squeeze and ask them to squeeze your hand.
4. Do not move the victim unless there is a hazard that could cause further injury.

5 Defibrillation (AED)

1. Use an AED (Automated External Defibrillator) if it is available in your facility. Follow the instructions provided.



7 Dealing with Bleeding

1. **Wear gloves.**
2. Introduce yourself to the victim and sit them on the ground.
3. Carefully expose wound and check for foreign objects (do not remove).
4. Minimise bleeding by placing dressing over wound and applying firm, direct pressure. Immobilise and elevate.
5. Treat for shock and call emergency services.
6. Lie the victim down and conserve body heat. Reassure victim and document incident.



3 Call for Help 911

1. You should call emergency services immediately.
2. Ask someone with you, or a bystander, to call for help while you respond to victim. If you are alone, stay with victim and call emergency services yourself.
3. Be ready to provide information regarding your location and incident.
4. Do not hang up unless directed to by emergency services.

6 Dealing with Fractures

1. Keep victim calm and still.
2. Do not move affected area.
3. Treat open, bleeding wounds first.
4. If bone is protruding from affected area do not touch it. Apply dressing **around** bone if bleeding is continual.
5. Help victim find the most comfortable position and support injured area.
6. Call emergency services.



8 Dealing with Burns

1. Neutralise hazards before attending to victim.
2. Cool affected area with cool running water for up to 20 minutes. Remove clothing unless sticking to skin.
3. Get medical assistance, call emergency services.
4. Apply non-adhesive, non-fluffy (wet) dressing to affected area.
5. Treat the victim for shock and document the incident.





1 Check for Hazards

1. **Check and neutralise** hazards to victim, yourself and bystanders before treating victim. Check for:

- Falling objects
- Incoming traffic
- Fire and Fumes
- Electricity
- Spilled chemicals

2 Check Level of Response

1. Check whether victim is conscious or not.
2. Ask them to open their eyes. Call their name (if known).
3. Firmly squeeze victim's shoulders and ask them to squeeze your hand.
4. Do not move victim unless there is a hazard that may cause further harm.

3 Call for Help 911

1. You should call emergency services immediately.
2. Ask someone with you, or a bystander, to call for help while you respond to victim. If you are alone, stay with victim and call emergency services yourself.
3. Be ready to provide information regarding your location and the incident.

4 Check Airway

1. Check airway of an unresponsive victim.
2. Open victim's mouth and look for obstructions without tilting the head back.
3. If there is any obstruction or fluid, roll victim into recovery position and clear mouth and airway.
4. Check breathing while victim is in recovery position.

5 Check for Breathing

1. **Look** at the victim's chest - is it rising and falling?
 2. **Listen** for breathing - place your ear near victim's face.
 3. **Feel** for breathing by placing one hand on victim's stomach and your ear beside their mouth and nose.
- A. If victim **IS breathing**; put them into **recovery position**.
- B. If the victim **IS NOT breathing**, start doing **Cardiopulmonary Resuscitation** and call for a defibrillator (AED).

6 Performing CPR

1. Place victim on their back on a firm, flat surface.
2. Kneel so that you are 90 degrees to victim's upper body, with your knees shoulder width apart.
3. Place your hands, one atop the other, on victim's sternum (centre of chest). Compress chest 1/3 depth, at a rate of approx. 100 - 120 compressions per minute.
4. After 30 compressions open victim's mouth and tilt head back to open airway.
5. Use face shield/pocket mask and blow in victim's mouth. Look if chest rises. Stop and repeat for 2nd breath.
6. Continue cycle of 30 compressions to two breaths (30:2)
7. Call for a defibrillator.
8. If unable to perform rescue breaths, perform continuous chest compression CPR only, until help arrives.
9. Continue performing CPR until: help arrives, victim shows signs of response, AED says so, you cannot continue due to exhaustion, or, there is danger.



7 AED Defibrillation

1. Turn on AED and follow prompts.
2. Prepare casualty by removing clothing from chest area. Dry victim's chest if wet. Move jewelry and medical patches, check for pacemaker or internal defibrillator.
3. Place defibrillator pads on victim's chest. One above right breast and other below left breast.
4. Continue CPR until AED advises to stop.
5. Make sure no one is touching victim while AED is analyzing victim's heart rhythm.
6. If no shock advised, check for breathing before continuing CPR.
7. If shock advised, ensure no one is touching victim. Deliver shock when instructed by AED.
8. Resume CPR when instructed to do so by AED and follow prompts.
9. If victim begins to breath normally, place into recovery position, re-check airway and breathing every 2 minutes.
10. Leave AED pads on victim until medical aid arrives.
11. Monitor victim and document incident

Remember!

1. The chances of survival decrease by about **10% for each minute** that passes without defibrillation.
2. An AED **can be used by an untrained person**. Each AED is equipped with step-by-step instructions.



1 Use Protection

1. Your safety should always come first. Check for any hazards before approaching the victim.
2. Use gloves as a protective barrier. If you do not have gloves, then avoid direct contact with the victim's blood.
3. You can improvise a barrier to prevent direct contact.



4 Immobilise the Wound

1. If possible, immobilise the injured area to reduce bleeding.
2. Continually monitor the injured area.

2 Identify and Examine

1. Have the victim sit down. Reassure the victim and get their consent.
2. Carefully expose wound and check for foreign objects (do not remove).
3. Remove any clothing that prevents examination of the wounded area.
4. Assess the wound. If the injury is severe, call an ambulance.

5 Dress the Wound

1. Pick the appropriate dressing for the wound.
2. Apply the dressing directly to the wound. Bandage firmly.
3. Make sure the dressing is not too tight to avoid cutting off circulation.
4. If there is a foreign object embedded in the wound, apply a pressure bandage around it.
5. If blood seeps through, apply another/second pad and bandage on top of the injury. Do not remove original padding and bandage. Call for an ambulance.



3 Use Direct Pressure

1. When profuse bleeding occurs, you need to act fast.
2. Using your gloved hand, apply direct pressure to the injured area.
3. If there is a foreign object embedded in the wound, apply pressure around it and call for an ambulance.
4. If the victim is able, allow them to apply the direct pressure on his own.
5. Remember, the victim might go into shock if lots of blood is lost.



6 Clean Up

No matter how many precautions you take, there is still a chance that you can come in contact with body fluids of the victim.

1. Intact skin should serve as a barrier. However, if you have breaks in your skin, ensure they are covered.
2. If you have come in contact with the victim's blood, wash with warm, soapy water.
3. If blood comes in contact with open skin and eyes, wash with warm, soapy water and seek medical assistance immediately.
4. Contaminated gloves or bandages/dressings are a biological hazard. Always dispose of them accordingly.



Urgent Medical Assistance

WHEN TO CALL 9-1-1

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



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

Other Situations

WHEN TO CALL 9-1-1

- Fire or explosion
- Downed electrical wires
- Swift moving or rapidly rising water
- Presence of poisonous gas
- Vehicle collisions
- Vehicle/bicycle collisions
- Victims who cannot be moved easily
- Acts of violence / unknown persons

***All field addresses for Emergency Dispatch can be found
in the Safety Plan***



Checklist for Managers, Coaches & Umpires

SAFE PLAYING AREAS

Regularly inspect all fields (practice and game), structures, and dugouts, and check for:

- Holes, damage, rough or uneven spots
- Glass, rocks, and foreign objects
- Damage to screens or fences
- Unsafe conditions around the backstop, pitcher's mound, or warning track
- Proper attire by the catcher at all times, including in bullpens and between innings

SAFE PROCEDURES

Managers and coaches must:

- Have all players' medical release forms at every practice and game
- Have first aid kit at all practices and games
- Have access to a telephone in case of emergencies
- Know where closest emergency shelter is
- Ensure warm-up procedures are completed
- Stress the importance of paying attention (no "horseplay")
- Instruct the players on proper fundamentals
- Have at least 2 coaches at each practice



Checklist for Managers, Coaches & Umpires

SAFE EQUIPMENT

All equipment shall be inspected before use. Managers, coaches, and umpires should:

- Be sure all equipment is LL approved
- Inspect all bats, helmets, and other equipment on a regular basis
- Remind a boys that cup protection is mandatory
- Keep loose equipment stored properly
- Have players remove jewelry
- Encourage parents to provide safety glasses or face guards for players who wear glasses
- Repair or replace defective equipment

Check out Little League International for approved bats and rules governing bats

BATTING CAGE RULES

- MUST be supervised by adults at all times
- ALL participant MUST wear helmets
- Protective nets MUST be used by pitchers or those feeding machines
- Only 1 batter and 1 pitcher allowed in a single cage at one time
- ONLY members and participants of SLL are allowed to use facilities





Weather Conditions

BEFORE EVERY GAME OR PRACTICE

- Check the weather forecast before leaving for a game or practice
- Watch for signs of an approaching storm
- Postpone activities if storms are imminent

LIGHTNING AND THUNDERSTORMS

- When lightning is observed or thunder heard, clear the field and move to a safe location. Do not go under a tree or stay in the dugout
- If no sturdy shelter is near, get inside a hard top automobile
- Stay away from water, metal pipes, or electric lines

Players may not return to field until 30 minutes after the last lightning strike or thunder clap

IF SOMEONE IS STRUCK BY LIGHTNING

- The person will carry no electrical charge and is safe to touch
- Call 9-1-1 immediately
- Check for burns on body
- Give first aid as needed
- If breathing and/or heartbeat have stopped, perform CPR until EMS arrives
- Contact League Safety Officer or President immediately

Storage Sheds and Machinery

CONTAINERS

For chemicals or organic materials, please make sure they are:

- Marked properly
- Separated from machinery and gardening equipment
- Cleaned up and disposed of if loose
- Kept in original containers with labels
- Disposed of if outdated
- Only used in well-ventilated areas
- Handled with protective clothing
- Keep children away from these areas



Injury Prevention in Youth Sports



First Aid/Head Injury/Concussions



Head Injuries & Concussions

THE LAW REQUIRES THE FOLLOWING:

That SLL educate managers, coaches, players and parents of the nature and risk of concussion and head injury.

SLL provides this as part of online registration. All managers and coaches are required to complete this training ANNUALLY.

<https://headsup.cdc.gov/>

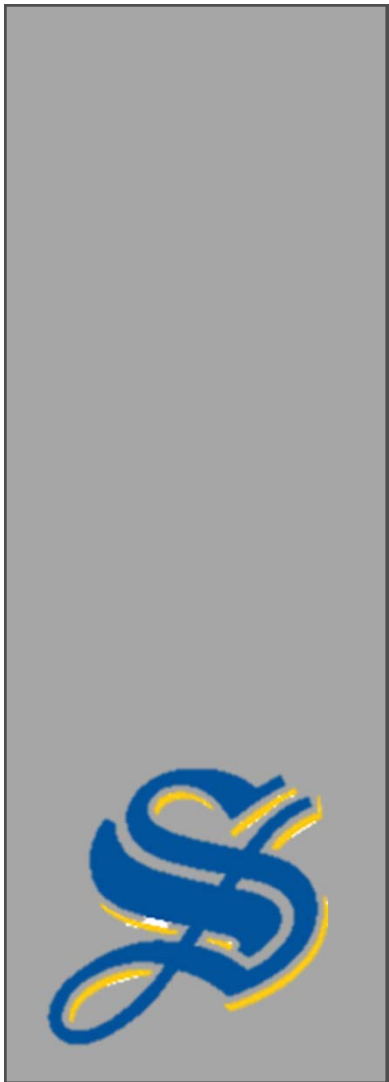
That SLL require a signed informed consent from parents and players acknowledging the risk of head injury prior to practice or games. SLL obtains this consent in the course of online registration.

That a player who is suspected of sustaining a concussion or head injury be removed from play – **“When in doubt, sit them out.”**

That a player removed from play must receive a written clearance from a licensed health care provider trained in evaluation and management of concussions prior to returning to play.

Managers, coaches, and parents cannot give this evaluation.






HEADS UP to Youth Sports: Online Course | heads-up-coaches

https://headsup.cdc.gov


Apps Working... DGO Site RC Instructor DVC Login Franklin Grainger Login ISN Sunnybrae Banking ETQ LEAP - Training Site LEAP Concur ProxyClick Imported From IE


CONCUSSION IN YOUTH SPORTS

Changing the Culture of Concussion Starts With You!

 LOGIN - REGISTER

By taking this free, online course and using what you learn, you will be well positioned to improve the culture of concussion. Your actions can help create a safe environment for young athletes so that they can stay healthy, active, and thrive - both on and off the playing field.

 Participating Organizations ^



Head Injuries & Concussions

WHAT TO LOOK FOR

- Headache or neck pain
- Light-headedness, dizziness, or loss of balance
- Urge to vomit
- Difficulty remembering, concentrating, or making decisions
- Slowness in thinking, speaking, or acting
- Increased sensitivity to lights, sounds, or distractions
- Blurred vision or eyes that tire easily
- Loss of sense of smell or taste
- Ringing in the ears



Resources

<https://www.littleleague.org/player-safety/asap/>

<https://headsup.cdc.gov/>

<https://www.redcross.org/take-a-class/first-aid/first-aid-training/first-aid-online>





SAFETY CLINIC

Questions?