



Safety Manual

A Safety Awareness Plan

Bonsall Fallbrook Little League

California District 70

Spring/Fall 2021



Bonsall Fallbrook Little League Safety Plan

The League Safety Officer, Bree Meloan, is on file with the Little League Headquarters. Bonsall Fallbrook Little League will publish and distribute a paper copy of this Safety Manual to all Managers/Coaches and League Volunteers when Little League approves it.

Every team in Bonsall Fallbrook Little League will receive this plan along with one to be kept in the Snack Shack.

It will be the responsibility of every Manager and Coach in BFL to see that this ASAP plan, the Little Leagues Rules and BFL rules are followed.

And it will be the responsibility of the BFL Board of Directors to see all rules are followed.

BFL League Safety Mission Statement

BFL is committed to providing a culture of safety first across our league. We will strive for excellence in Safety through the commitment of our Board, Volunteers and Parent involvement, with an emphasis on continually improving our safety awareness.

Little League Pledge

I trust in God, I love my country and will respect its laws I will
play fair And strive to win But win or lose I will always do
my best

The Little League Parent/Volunteer Pledge

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.



BFLL and medical Emergency Numbers

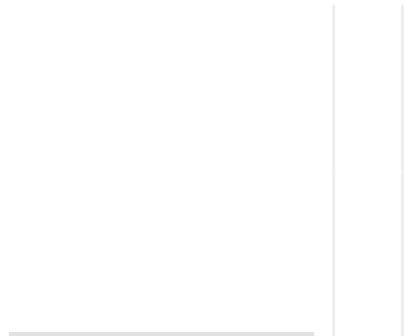
Police/Fire Safety- EMERGENCY	911
Tri-City Hospital	760-724-8411
Rady's Children Hospital	858-576-1700
Sheriff- Fallbrook Substation	760-728-1112
North County Fire Protection District	760-723-2010

Rady Children's Hospital

3020 Children's Way, San Diego, CA 92123

Tri City Hospital

4002 Vista way Oceanside, CA 92056



BFLL BOARD OF DIRECTORS

President: AJ Garcia president@bfl.org 760-212-9963

Vice President: Peter Bauer VP@bfl.org 661-886-9566

Player Agent: Dave Thomas playsagent@bfl.org 760-285-0455

Treasurer: Jennifer Trujillo jennifer.trujillo@bfl.org

Secretary: Kirsten Ross secretary@bfl.org 760-803-8453

Safety Officer: Bree Meloan safetyofficer@bfl.org 949-412-8686

Team Parent Coordinator: D Ramirez teamparent@bfl.org 760-468-1560

Snack Bar: Holly Zigga Snackshack@bfl.org 208-751-9859

Scheduler: Francesca Max scheduler@bfl.org

Field Manager: Marcus Dillon Lee FieldManager@bfl.org

Director of Marketing: Esteban Ramirez ramirez.esteban2@gmail.com
760-468-003

Coaching Coordinator: Beau Carsey coachingcoordinator@bfl.org 619-890-0915

Umpire in Chief: James Zigga

COVID -19 SAFETY PROTOCOL

Practice times are staggered to ensure only 1 team is arriving or leaving at a time. Parents pull up to our gate near the Boys & Girls club and their child goes to the check-in table to confirm they have submitted their waivers and guidelines forms have their temperature taken and recorded, and then hands sanitized prior to entering the fields. The board member gives the parent a thumb up or waives to indicate they are good to go.

The player reports to the field and sets down their gear at a designated space along the backstop, then proceeds with their glove to warm up throws. From this point on a practice is run like normal, with the exceptions being coaches wearing masks and water breaks including hand sanitizing. The goal was to keep practices as normal as possible for players. At the end of practices, players pack up their gear, are given a last round of hand sanitizer, and sent to their parents cars one by one.

Here are some answers to frequently asked questions:

1. Do I need to provide hand sanitizer for my child?

No, BFLL provides hand sanitizer for all of our teams

2. Does my child need to wear a mask?

No, players are encouraged to wear a mask when entering and leaving the fields, but are not required to wear a mask on our fields

3. What if children do not have their own bat or helmet?

Players are not allowed to share gear. Any gear that your player does not have may be checked out from the league for use this season.

4. I do not feel comfortable leaving my child for an entire practice, am I allowed staying?

Yes, but you must wear a mask at all times, stay in a designated space, remain 6 feet from other parents and players, and cannot use bleachers or other group seating spaces.

5. Do I need to register my player again?

Teams will remain unchanged from spring and your player will use the same jersey, hat, and belt. All registrations were carried over from spring.

6. What if I am uncomfortable with my child playing baseball right now?

All activities currently planned are OPTIONAL and attendance is not required. Once given approval from the county, resumption of games does require players to be present. If you still wish for your player to not participate you can request the league remove your player from the team and the Board will review your request at their next board meeting.

7. What if I have questions that were not covered here?

Reach out to our league president, AJ Garcia, at president@bfll.org or by phone at 760-212-9963.

1. All use of BFLL fields and facilities is scheduled and at the discretion of BFLL President and Coaching Coordinator. Teams may only use fields during scheduled times and may not hold other team activities at or outside our facilities unless approved in advance.

2. Practices are limited to 12 players or less rostered on the same team and a maximum of 1 manager and 2 coaches. No additional players, siblings, or pool players may be present at practices and teams must remain on their designated field and avoid interaction with other teams that may be present at facilities during their practice times.
3. No games will be held until approved by local county regulations.
4. No parents, grandparents, siblings, spectators, or fans may be in attendance during practices. a. *T-ball and AA please see additional form
5. Carpools are not permitted with members living outside the same household.
6. All players, coaches, and board members will have their temperature checked prior to entering facilities. Any person with a temperature above 99.9°F will be required to leave immediately.
7. All players will be required to use hand sanitizer prior to starting practice and at multiple times during practice. Hand Sanitizer will be provided by BFLC and will be from the approved list prepared by the FDA for protection from COVID-19.
8. All players and coaches are instructed to stay home if they, or any member of their household, have any symptoms of illness, including, but not limited to, fever, cough, sore throat, sneezing, body aches, loss of sense of smell or taste, difficulty breathing, or fatigue. Any player or coach who tests positive, or has a household member who tests positive, for COVID-19 cannot return for at least 14 days since the test was conducted, and must bring a physician's note indicating they are no longer contagious to others.
9. There will be no sharing of equipment. Players must bring their own bat, glove, helmet, batting gloves, or other equipment. If your player needs gear it can be checked out and kept for the season from the Team Parent Coordinator or President.
10. Players are permitted, but not required, to wear facemasks during practice. We strongly encourage players wear a mask when entering and exiting BFLC facilities.
11. Managers and coaches must always wear a mask and must always remain at least 6 feet away from players and other managers and coaches per San Diego County regulations.
12. No food shall be brought to practices. Players must bring their own water bottles.
13. Players will be kept at least 6 feet apart as much as possible. At times players may need to be in closer proximity when simulating game play.
14. Until further notice, no one is allowed in dugouts.
15. Players are not permitted to gather, and batting cages will be limited to one player while another player waits more than 6 feet away from batting cage entrance. Bullpens will be limited to two players.
16. Activities or gatherings of any kind before or after practice are prohibited. Players shall arrive no earlier than 10 minutes before scheduled start times and must be picked up promptly upon completion of practice.
Players are to be picked up and dropped off at the large gate near the Boys & Girls Club. Parents shall remain in vehicles during drop off and pick up of players. Coaches and managers may arrive up to 30 minutes prior to scheduled practice start times to prepare fields. I acknowledge that I have read and understand the protocols outlined above and agree that I and my child will strictly comply with them at all times. I understand that any failure to comply will result in a loss of ability to participate in BFLC

activities, suspension from the league, and forfeiture of any registration fees paid.

PARENT SIGNATURE: _____ date _____



ASAP - What is it? In 1995, ASAP (A Safety Awareness Program) was introduced with the goal of re-emphasizing the position of Safety Officer “to create awareness, through education and information, of the opportunities to provide a

Safer environment for kids and all participants of Little League Baseball”. This manual is offered as a tool to place some important information at manager and coach’s fingertips. For additional information or current ASAP News newsletters visit the Little League website at <http://www.littleleague.org>.

Some Important Do’s and Don’ts

Do..

*Reassure and aid children who are injured, frightened, or lost. ^[L]_[SEP] Provide, or assist in obtaining, medical attention for those who require it.

*. ^[L]_[SEP] Know your limitations. ^[L]_[SEP] Carry your first-aid kit to all games and practices. ^[L]_[SEP] Keep your “Prevention and Emergency Management of Little League

*Baseball and Softball Injuries” booklet with your first-aid kit. ^[L]_[SEP] Assist those who require medical attention - and when administering aid, remember to ...^[L]_[SEP] LOOK for signs of injury (Blood, Black-and-blue deformity of joint etc.). LISTEN to the injured describe what happened and what hurts if Conscious.

*Before questioning, you may have to calm and soothe an excited child. ^[L]_[SEP] FEEL gently and carefully the injured area for signs of swelling, or grating of broken bone.

*Have your players' Medical Clearance Forms with you at all games and practices.

*Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

Don't...

- ☐ Administer any medications
- ☐ Provide any food or beverages (other than water)
- ☐ Hesitate in giving aid when needed
- ☐ Be afraid to ask for help if you're not sure of the proper procedures (i.e., CPR, etc.)
- ☐ 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 the Director ^[L]_{SEP} of Safety immediately.

***Be Alert** ^[L]_{SEP}

*** Check Playing field for safety hazards Wear proper equipment** ^[L]_{SEP}

***Ensure equipment is in good shape.**

***Ensure first aid is available** ^[L]_{SEP}

***Maintain control of the situation** ^[L]_{SEP}

***Maintain discipline** ^[L]_{SEP}

*** Safety is a team sport** ^[L]_{SEP}

*** Be organized** ^[L]_{SEP}

BFLL SAFETY CODE

Dedicated to Injury Prevention

Responsibility for Safety procedures should be that of an adult member of Bonsall Fallbrook Little League

Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/herself and to others.

Fields and Grounds

☞ Before each game, the field Umpire, Manager and Coach will inspect the playing field to make sure that there are no holes or dangerous materials on the ground or the fences, such as sticks, rocks, or glass.

☞ After each game, the Manager, Coach and field maintenance volunteers will make sure that all waste is removed from the field and again inspect the entire playing field as noted above.

☞ In addition, after each game, the Managers and Coaches shall check the spectator areas for refuse and potentially dangerous materials and remove them before the next game in order to maintain in a clean and safe environment.

☞ All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured. **Equipment**

☞ Team equipment should be stored within the team dugout or behind screens and not within the area defined by the umpires as “in play”.

☞ Equipment should be inspected regularly for general condition and proper fit.

☞ Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team’s manager and designated Coaches.

☞ Managers will only use the official Little League balls and Official Tee Ball balls, supplied by BFL.

☞ We will use disengage-able bases on all fields.

Games & Practices

☞ Only players, managers, Coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.

☞ Managers or coaches shall have a cell phone available during all practices and games. Otherwise, a designated parent or volunteer shall be identified and be present during the entire **game or practice** session.

☞ All bats and loose equipment shall be removed from the field as the responsibility of a regular player, assigned for this purpose by the Manager. This player shall wear a helmet when collecting bats and other equipment.

☞ All players should be alert and watchful of the batter on each pitch.

☞ Players shall not handle a bat, including while in the dugout, until ready to bat.

☞ At no time should “horse play” be permitted on the playing field.

☞ All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by spectators.

☞ During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.

☞ Foul balls batted out of playing area will be returned to the snack bar and are not to be thrown over the fence during a game.

☞ Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible.

☞ No food or drink in the dugouts except water and sports drinks.

☞ Managers will never leave an unattended child at a practice or game.

☞ It is recommended that male players will wear athletic supporters or cups during games.

☞ It is recommended that players wear mouth guards during games.

☞ Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)

☞ Parents of players who wear glasses should be encouraged to provide “safety glasses” for their children.

Weather

☞ No games or practices will be held when weather or field conditions are poor. (See Weather Policy)

Reporting

☞ Notify any league Board of Director if any Manager or coach is not following the safety code or other common sense safety procedures.

☞ Adhere to BFL Safety Mission Statement, continue to promote safety awareness, community partners, positive coaching, encourage volunteers, parents and players to participate in safety activities and create incentives for safety. Safety Reminders

Batters

☞ Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games.

☞ On-deck batters are only permitted in juniors level.

☞ All bats must comply with the Rules.

☞ Face Guards are recommended

Base Runners

☞ Except when a runner is returning to a base, headfirst slides are not permitted.

☞ During sliding practice, bases should not be strapped down or anchored. **Catchers**

☞ Male catchers must wear a cup. Managers should encourage that cups be worn at practices too.

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

☞ All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. Note: Skullcaps are not permitted.

☞ Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size or weight consistent with protecting the hand.

☞ Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher's gear and an athletic cup as described above.

Batting Cage Guidelines

☞ Only league-approved manger, coaches and/or volunteers who

have completed background checks will supervise batting cages.

☞ Only one batter and pitcher are allowed in batting cage during batting session.

☞ Protective screen shall be used to protect the pitcher from hit balls.

☞ Batter shall wear proper batting helmet at all times.

☞ Batting cage shall not be used during inclement weather or when ground is excessively wet or muddy. Protective Equipment: ^[SEP]**First Aid**

☞ Managers, designated Coaches and umpires will have mandatory training in First Aid.

☞ First-aid kits are located in each shed and in the snack bar. It is the Managers responsibility to put one in the dugout for each game and practice. ^[SEP]☞ ^[SEP]**Miscellaneous**

☞ Speed Limit is 5 miles per hour in roadways and parking lots.

☞ No alcohol or drugs allowed on the premises at any time.

☞ No medication will be taken at the facility unless administered directly by the child's parent. This includes aspirin and Tylenol.

☞ No playing in the parking lots at any time.

☞ No playing on and around lawn equipment, machinery at any time.

☞ No smoking is allowed anywhere on the premises.

☞ No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.

☞ No throwing rocks.

☞ No climbing fences.

☞ No pets are permitted on the premises at any time. This includes dogs.

☞ Observe all posted signs.

☞ No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.

- ☐ There is no running allowed in the bleachers.
- ☐ No children under the age of 15 are permitted in the Concession Stands without an adult.

BFLL Code of Conduct Policy

Overview:

The Bonsall Fallbrook Little League (BFLL) is concerned about the safety and well being of the children participating in Little League Sports Activities. This includes both the Physical and Mental well being of each participant. Managers, Coaches, Parents and Fans need to have a positive influence on our players and will be evaluated accordingly. The BFLL Board of Directors has instituted a Code of Conduct Policy that will help enforce an acceptable Code of Conduct for all participants in Little League activities. A Conduct Review Committee (CRC) will evaluate each reported incident to determine the appropriate action to be taken. Any Manager, Coach, Umpire, Board Member or Volunteer Evaluator may file a Code of Conduct Incident Form. This method of reporting infractions should remove the subjective nature from evaluating a Code of Conduct Incident.

Conduct Review Committee:

The CRC will be comprised of the President and two other board members who do not have a conflict of interest in the reviewing of a specific incident.

Three Strike Policy:

All participants in BFLL will adhere to the “Three Strikes and You’re Out” principle. The CRC will assign Strikes according to the severity of each incident. Depending on the incident, an infraction can carry more than one Strike as determined by the CRC. Strikes may only be filed against an individual if a majority of the CRC determines that an infraction has been committed. All decisions made by the Committee are at their discretion and all decisions are final. Strikes are cumulative each season and will not carry over into the next season. The Board in evaluating and accepting Volunteer Positions will use assigned Strikes each year.

Evaluation Procedure:

Any Manager, Coach, Umpire, Board Member or Volunteer Evaluator may file a Code of Conduct Incident Form. Evaluators will be sent out to monitor and evaluate games throughout the season. The Volunteer Evaluator will file a Game Report Summary for each game he/she attends. A Code of Conduct Incident Form may be filed if the Volunteer Evaluator feels that a Manager, Coach, Umpire, Fan or Player has not adhered to the Code of Conduct as outlined in Figure 1. A Volunteer Evaluator may not use a game that his/her son/daughter participates in for evaluation purposes.

Notice of Infraction:

The CRC will send via electronic mail a Notice of Conduct Infraction to the offending party with a description of the resulting penalty.

Conclusion:

As Board Members, Managers, Coaches and Volunteers we are entrusted with the well being of the participants in BFL. It is critical that each child have a positive experience with his/her participation. Umpires, Volunteers, Parents and Players all must be educated in Code of Conduct expectations and enforcement. The BOD will review all infractions of the BFL Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

Bonsall Fallbrook Little League Parent Code of Conduct

We, the **Bonsall Fallbrook Little League**, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league. Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

Trustworthiness Respect Responsibility Fairness Caring

The highest potential of sports is achieved when competition reflects these “six pillars of character.” ***I therefore agree:***

Good Citizenship

I will not force my child to participate in sports.

I will remember that children participate to have fun and that the game is for youth, not adults.

I will inform the coach of any physical disability or ailment that may affect the safety of my

child or others.

I will learn the rules of the game and the policies of the league.

I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.

I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.

I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.

I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.

I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.

I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.

I will promote the emotional and physical well being of the athletes ahead of any personal desire I may have for my child to win.

I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.

I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.

I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.



Bonsall Fallbrook Little League Player Code of Conduct

I hereby pledge to be positive about my Little League experience and accept responsibility for my participation by following this Code of Conduct.

I will encourage good sportsmanship from fellow players, coaches, officials, and parents at every game and practice by demonstrating good sportsmanship.

I will attend every practice and game that I can and will notify my coach if I cannot.

I will expect to receive a fair and equal amount of playing time.

I will do my very best to listen and learn from my coaches.

I will treat my coaches, other players, officials and fans with respect and I will expect to be treated accordingly.

I deserve to have fun during my Little League season and will alert parents or coaches if it stops being fun!

I will encourage my parents to be involved with my team in some capacity because it's important to me.

I will remember that sports are an opportunity to learn and have fun.

I will be a good steward and pick up all trash from the dugout or wherever I find it and place in the trash receptacles.

ARE YOUR "EXPECTATIONS" REASONABLE AND CONSISTENT?

What do I expect from my players?

To be on time for all practices and games. ^[SEP]To be positive with teammates at all times. ^[SEP]To try not to become upset at their own mistakes or those of others ... we will all make our share this year and we must support one another. ^[SEP]To understand that winning is only important if you can accept losing, as both are important parts of any sport.

What can you and your child expect from me?

To be on time for all practices and games. ^[SEP]To be as fair as possible in giving playing time to all players. ^[SEP]To do my best to teach the fundamentals of the game. ^[SEP]To be positive and respect each child as an individual. ^[SEP]To set reasonable expectations for each child and for the season. ^[SEP]To teach the players the value of winning and losing. ^[SEP]To be open to ideas, suggestions or help. ^[SEP]To never holler at any member of my team, the opposing team or umpires. Any confrontation will be handled in a respectful, quiet and individual manner.

What do I expect from you as parents and family?

To come out and enjoy the game. Cheer to make all players feel important. ^[SEP]To

allow me to coach and run the team. ^[1]_{SEP}To try not to question my leadership. All players will make mistakes and so will I.

Do not holler at the players, the umpires or me. We are all responsible for setting examples for our children. We must be the role models in society today. If we eliminate negative comments, the children will have an opportunity to play without any unnecessary pressures and will learn the value of sportsmanship.

Additionally, if you wish to question my strategies or leadership, please do not do so in front of the players or fans. My phone number will be available for you to call at any time if you have a concern.

Finally, don't expect the majority of children playing Little League baseball to have strong skills. We hear all our lives that we learn from our mistakes. Let's allow them to make their mistakes, but always be there with positive support to lift their spirits

Injury Reporting Procedure

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

When to report:

All such incidents described above must be reported immediately.

How to make the report:

Fill the ASAP Incident/Injury Tracking Form provided in your folder. Extra reports will be made available in the Snack Bar. Make sure to fill the report out in full and use the back if more space is needed.

Safety Officer's Responsibilities

Will review all incident reports and if necessary the Safety Officer will contact the injured party or the parents and (1) verify the information received; (2) obtain any other information necessary; (3) check on the status of the injured party; and (4) in the event that the injured party required other medical treatment (emergency room, doctor's visit) will advise the parent or guardian of the Canton Little League's insurance coverage and the provisions for



Little league baseball and softball Medical Release

TE: To be carried by any Regular Season Tournament by team manager and team rooster or international affidavit.

Player: _____ Date of Birth: _____ Gender
(M/F): _____ Parent (s)/Guardian Name: _____
Relationship: _____ Parent (s)/Guardian Name: _____
Relationship: _____

Player's Address: _____ City: _____
State/Country: _____ Zip: _____ Home Phone: _____ Work Phone: _____
Mobile Phone: _____ Parent or Guardian

Authorization: In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician) Family Physician: _____ Phone: _____
Address: _____ City: _____ State/Country: _____
Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____
ID#: _____ League Insurance Co: _____ Policy No.: _____
League/Group ID#: _____ If parent(s)/guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder) Medical Diagnosis Medication Dosage Frequency of Dosage Date of last Tetanus Toxoid Booster:

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. Mr./Mrs./Ms.

Authorized Parent/Guardian Signature Date:

FOR LEAGUE USE ONLY: League Name:

League ID:

Division:

Team: _____ **Date:**

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball. Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

Submitting any claims.

If the extent of the injuries is more than minor in nature, the Safety Officer shall periodically call the injured party to (1) check on the status of any injuries and (2) to 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).

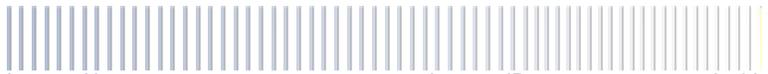
Bonsall Fallbrook Little League Volunteer Policy

Bonsall Fallbrook Little League and Little League International request the following information be provided to be a member of Bonsall Fallbrook Little League. If any part of the process is not completed, the person is not entitled to be part of BFL. The purpose of these control processes is to provide a framework reflecting the best interest and safety of the children. This policy is for any and all persons who wish to be involved in BFL at every level.

- 1.A Little League Volunteer Application must be completely filled out.
- 2.A Government photo identification card must be provided for ID verification when submitting applications.
- 3.A nationwide and California Criminal and Sex Offender Background check will be done before a person is allowed into BFL.

For Local League Use On activities/Reporting

A Safety Awareness Program's Incident/Injury Tracking Report



League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: Male Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

A.) Baseball

B.) Challenger

C.) Tryout

Softball Challenger TAD

T-Ball (45--78) Minor (7-112) Major (9-12) Jnutenrimore(d1ia3t-e14(5)0/70) (11-13)_{SEP} BseignioLre(a1g3u-1e6(16-18) Big League (15-18)_{SEP} Practice Game Tournament Special Event_{SEP} Travel from Other (Describe):

First Base Second_{SEP} Right Field Dugout_{SEP} Other: _____

Travel to_{SEP} **Position/Role of person(s) involved in incident:**

D.) Batter Third

Base runner_{SEP} Short Stop_{SEP} Coach/Manager

Pitcher Left Field Spectator

Catcher Center Field Volunteer

Umpire **Type of injury:**

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

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

Type of incident and location: **A.)** On Primary Playing Field

Base Path: Running or Hit by Ball: Pitched or Collision with: Player or Grounds Defect

B.) Adjacent to Playing Field Seating Area

Parking Area **C.)** Concession Area

_____ **could this accident have been avoided? How:**

Prepared By/Position: _____ Phone _____

This volunteer application can be used as a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meets the standards of Little League Regulation 1(c)9. Visit LittleLeague.org/localBGcheck for more information. All RED fields are required.

Name _____

Address _____

_____ City _____ State

_____ Zip _____ Home Phone: _____

_____ Cell Phone _____

Work Phone: _____ E-mail _____

Address: _____

Driver's License#: _____

_____ 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 Name (please print or

type) _____

Applicant Signature _____ Date _____

If Minor/Parent

Signature _____ Date _____ 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. A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION (NOT NECESSARY IF VOLUNTEER IS RETURNING). Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation:

____ Employer:

____ Address:

____ ♦ League Official ♦ Coach ♦ Umpire ♦ Field Maintenance ♦ Manager ♦ Scorekeeper ♦ Concession Stand ♦ Other _____ Special professional training, skills, hobbies:

____ Special Certifications (CPR, Medical, etc.):

____ Special Affiliations (Clubs, Services Organizations, etc.) :

____ Previous volunteer experience (including baseball/softball and years (s)):

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 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 *Please be advised that if you use JDP and there is a name match in the few states where 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 only name match searches can be performed you should notify volunteers that they will



Volunteer Code of Conduct

The Bonsall Fallbrook Little League Board of Directors has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and sign in the space provided below, acknowledging that he or she understands and agrees to comply with the Code of

Conduct.

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

- At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief related to a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful un-sportsman-like action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands, or anywhere on the BFLL complex while in an intoxicated state at any time. Intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- Smoke while in the stands or on the playing field or in any dugout at any time. Smoking will not be permitted.
- Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- Shall challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.
- Coaches are expected to make sure that their parents, as well as themselves, refrain from yelling at or arguing with the umpires. (Our umpires are in training and occasionally that will make some mistakes. There is not a large pool of umpires to draw from, so please do not run off those that are willing to help.)

I have read the Bonsall Fallbrook Little League Code of Conduct and promise to adhere to its rules and regulations.

Print name

Signature

Team Name and Division

Data

RESPONSIBILITIES

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

BFL Safety Officer is to develop and implement the League's safety program. The BFL Safety Officer is the link between the Board of Directors of Bonsall Fallbrook Little League and its managers, Coaches, umpires, team safety officers, players, spectators, and any other third parties on the complex in regards to safety matters, rules and regulations. The BFL Safety Officer's responsibilities include:

Provide a long-range facility plan for safety improvements to the board. Assisting parents and individuals with insurance claims; and will act as the liaison between the insurance company and the parents and individuals.

Explaining insurance benefits to claimants and assisting them with filing the correct paperwork. ^[SEP]Keeping the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions (senior, major, minor, farm, tee ball), at what times, under what supervision.

Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future. ^[SEP]Insuring that each team receives its Safety Manual at the beginning of the season.

Installing First-Aid Kits in all sheds and the concession stand and re- stocking the kits as needed. Make Little League's "no tolerance with child abuse" clear to all. Complete the Annual Little League Facility Survey.

Scheduling a First-Aid training class for all managers designated Coaches, umpires and player agents during the pre-season. ^[SEP]Acting immediately in

resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.

Tracking all injuries and near misses in order to identify injury trends. Making sure that safety is a monthly Board Meeting topic, and allowing experienced people to share ideas on improving safety.

The BFL Board Members will adhere to and carry out the policies as set forth in this safety manual.

Managers and Coaches:

The Manager is a person appointed by the BFL Board 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. ^[L]^[SEP]The Manager shall always be responsible for the team's conduct, adherence to the official rules and ensure deference to the umpires.

The Manager is also responsible for the safety of his players. He/she is also ultimately responsible for the actions of designated Coaches. ^[L]^[SEP]If a Manager leaves the field, that Manager shall designate a Coach as a substitute and such Substitute Manager shall have the duties, rights and responsibilities of the Manager.

Pre-Season:

Managers will:

Take possession of this Safety Manual supplied by BFL. Have access to a **cell phone** for emergencies. ^[L]^[SEP]Attend a mandatory training session on Fundamentals & First Aid given by BFL with his/her designated Coaches. ^[L]^[SEP]Meet with all parents on "parents' day" to discuss Little League philosophy and safety issues. ^[L]^[SEP]Cover the basics of safe play with his/her team before starting the first practice. ^[L]^[SEP]Return the signed BFL Code of Conduct to the BFL Safety Officer before the first game.

Season Play:

Managers will:

Not expect more from their players than what the players are capable of. Know players' limits and don't exceed them. ^[L]^[SEP]Teach the fundamentals of the game to players while advocating safety.

Enforce that prevention is the key to reducing accidents to a minimum. ^[L]^[SEP]Always have First-Aid Kit and Safety Manual on hand. ^[L]^[SEP]Encourage players to bring water bottles to practices and games. Encourage parents to bring sunscreen for themselves and their child. Encourage your players to wear mouth protection.

Make it fun!

**** First-time Managers and Coaches are requested to read books or view video on Little League Baseball mechanics furnished on a library loan-out basis from BFL. All Managers and Coaches are required to make the mandatory fundamentals training. See Appendix for Training Schedule.**

Pre-Game and Practice:

Managers will:

Make sure a first-aid kit and cell phone is available at all games and practices. ^{[[SEP]]}Make sure those players are healthy, rested and alert. ^{[[SEP]]}Make sure that players returning from an injury that occurred at BFL (and required emergency medical attention) have a medical release form signed by their doctor. Otherwise, they can't play. Make sure players are wearing the proper uniform and catchers are wearing a cup.

Encourage the use of mouth guards and face guards for batting helmets. ^{[[SEP]]}Make sure that the equipment is in good working or **Bonsall Fallbrook Little League Volunteer Policy**

Bonsall Fallbrook Little League and Little League International request the following information be provided to be a member of Bonsall Fallbrook Little League. If any part of the process is not completed, the person is not entitled to be part of BFL. The purpose of these control processes is to provide a framework reflecting the best interest and safety of the children. This policy is for any and all persons who wish to be involved in BFL at every level.

- 1.A Little League Volunteer Application must be completely filled out.
- 2.A Government photo identification card must be provided for ID verification when submitting applications.
- 3.A nationwide and California Criminal and Sex Offender Background check will be done before a person is allowed into BFL.

Err and is safe. 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.

Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching. *(See ConditioningSection)*

Have players do a light jog around the field before starting throwing warm-ups that should follow this order.

Light tosses short distance. ^{[[SEP]]}* Light tosses medium distance. ^{[[SEP]]}* Light tosses long distance. * Medium tosses medium distance. * Regular tosses medium distance. Field ground balls. ^{[[SEP]]}* Field pop flies.

- Calf muscles
- Hamstrings
- Quadriceps
- Groin
- Back

- Shoulders
- Elbow/forearm
- Arm shake out
- Neck

During the Game

Managers will:

Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.

Keep players alert.

Be organized and maintain discipline at all times.

Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.

Make sure catchers are wearing the proper equipment.

Encourage everyone to think **Safety First**.

Observe the "no on-deck" rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.

Keep player's off fences.

To avoid dehydration, remind players to drink water during the game.

Not play children that are ill or injured.

Attend to children that become injured in a game.

Not lose focus by engaging in conversation with parents and passerby's. *After the game* Managers will: Do cool down exercises with the players.

- Light jog. ▪ Stretching

Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows and Catchers should ice their knees. Not leave the field until every team member has been picked up by a known family member or designated driver. **Notify parents if their child has been injured** no matter how small or insignificant the injury is. **There are no exceptions to this rule.** This protects you, Little League Baseball,

Incorporated and BFL. ^{SEP} If there was an injury, make sure an accident report has been filled out and turn it into the Incident Report.



Coaches: Have you???

- Walked the field for debris
- Inspected Helmets, bats and catchers gear
- Made sure first aid kit is available and fully stocked
- Have a phone fully charges and ready in case of emergencies
- Checked conditions of fences, backstops, bases and warning tracks
- Held a proper warm up

SOME IMPORTANT REMINDERS:

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

RULE 3.09

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

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

ule 1.08

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

CONDITIONING & STRETCHING

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

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

The purpose of stretching is to increase flexibility within the various muscle groups and prevent tearing from overexertion. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility.

Hints on Stretching

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

Hints on Calisthenics

Repetitions of at least 10. ^[SEP]Have kids synchronize their movements. ^[SEP]Vary upper body with lower body. ^[SEP]Keep the pace up for a good cardio-vascular workout.

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

The purpose of stretching is to increase flexibility within the various muscle groups and prevent tearing from overexertion. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility.

PITCH COUNT

The number of pitches allowable under a Little League International new regulation is based on the pitcher’s age. Specific rest periods are in place when a pitcher reaches a higher threshold of pitches delivered in a day. The table below gives an overview of the number of pitches that will be allowed per day for each age group during the regular season in 2017.

League Age	Pitches allowed per day
17-18	105
13-16	95
11-12	85
10 and under	75

The rest periods required during the 2021 regular season are listed below. Pitchers league ages 14 and under adhere to the following rest requirements:

- if a player pitches 66 or more pitches in a day, 4 calendar days of rest must be observed.
- If a player pitches 51 - 65 pitches in a day, 2 calendar days of rest must be observed.
- If a player pitches 21 - 35 pitches in a day, 1 calendar day of rest must be observed.
- If a player pitches 1-20 pitches in a day, no calendar day of rest is required before pitching again.

BACKGROUND

Pitch count does matter. Every year, at our annual First-Aid clinic, the sports doctor that lectures focuses the majority of his material on warning future managers and Coaches about pitching injuries and how to prevent them. Remember, in the major leagues, a pitcher is removed after approximately 100 pitches. **A child cannot be expected to perform like an adult!** Little League managers and Coaches are usually quick to teach their pitchers how to get movement on the ball. Unfortunately the technique that older players use is not appropriate for children thirteen (13) years and younger. The snapping of the arm used to develop this technique will most probably lead to serious injuries to the child as he/she matures. Arm stress during the acceleration phase of throwing affects both the inside and the outside of the growing elbow. On the inside, the structures are subjected to distraction forces, causing them to pull apart. On the outside, the forces are compressive in nature with different and potentially more serious consequences.

The key structures on the inside (or medial) aspect of the elbow include the tendons of the muscles that allow the wrist to flex and the growth plate of the

Medial epicondyle (“Knobby” bone on the inside of the elbow). The forces generated during throwing can cause this growth plate to pull away (avulse) from the main bone. If the distance between the growth plate and main bone is great enough, surgery is the only option to fix it. This growth plate does not fully adhere to the main bone until age 15!

Similarly, on the outside (or lateral) aspect of the elbow, the two bony surfaces can be damaged by compressive forces during throwing. This scenario can lead to a condition called Avascular Necrosis or Bone Cell Death as a result of compromise of the local blood flow to that area. This disorder is permanent and often leads to fragments of the bone breaking away (loose bodies), which float in the joint and can cause early arthritis. This loss of elbow motion and function often precludes further participation. Studies have demonstrated that curveballs cause most problems at the inside of the elbow due to the sudden contractive forces of the wrist musculature.

Fastballs, on the other hand, place more force at the outside of the elbow. Sidearm delivery, in one study, led to elbow injuries in 74% of pitchers compared with 27% in pitchers with a vertical delivery style.

USA Baseball in the process of finalizing the results of a study funds Dr. Glenn Fleisig at the American Sports Medicine Institute that evaluated pitch counts in skeletally immature athletes as they relate to both elbow and shoulder injuries. The study included 500 athletes, ages 9-14, from the Birmingham, Alabama area. Each child who pitched in a game was called after the game and interviewed over the phone. The investigators were able to conduct over 3000 interviews. Approximately 200 of the 500 pitchers had videotape of their mechanics.

Preliminary data have demonstrated the following:

A significantly higher risk of elbow injury occurred after pitchers reached

50 pitches/outing. ^[1] a significantly higher risk of shoulder injury occurred after pitchers reached 75 pitches/outing.

In one season, a total of 450 pitches or more led to cumulative injury to the elbow and the shoulder.

The mechanics, whether good or bad, did not lead to an increased incidence of arm injuries.

The preliminary data suggest that throwing curveballs increases risk of injury to the shoulder more so than the elbow; however, subset analysis is being undertaken to investigate whether or not the older children were the pitchers throwing the curve

The pitchers who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury to their throwing arm.

A slider increased the risk of both elbow and shoulder problems.

Based on the data, a recommendation can be made to reduce the number of pitches per outing to 50-60 for the 8-12 age groups and 50-75 for the 13 and 14 year olds.

Based on this research, BFLR recommends against the teaching or throwing of curveballs under the age of 13. If a curveball is taught, the Manager should instruct the child to throw the curveball like a football without snapping the arm or the wrist. If the manager or coach is unsure how to do this, he/she can consult teaching materials by contacting a BFLR board member for further instruction.

Once these pitch counts are reached, the pitcher will be replaced. **Should that player be inserted back into the lineup, we recommend against the position of catcher as the number of throws required mirrors that of the pitcher.**

Children should not be encouraged to “play through pain.” Pain is a warning sign of injury. Ignoring it can lead to greater injury.

Umpires:

Pre Game

Before a game starts, the umpire shall:

Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game. [SEP] Make sure catchers are wearing helmets when warming up pitchers. Run hands along bats to make sure there are no splinters.

Make sure that bats have grips. [SEP] Make sure there are foam inserts in helmets and that helmets meet Little League **NOCSAE** specifications and bear Little League’s seal of approval. Inspect helmets for cracks. [SEP] Walk the field for hazards and obstructions (e.g. rocks and glass). [SEP] Check players to see if they are wearing jewelry. [SEP] Check players to see if they are wearing metal cleats. [SEP] Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass. Secure official Little League balls for play from both teams.

During the Game:

The umpire shall:

Govern the game as mandated by Little League rules and regulations. Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits. ^[]_{SEP}Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.

Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness. ^[]_{SEP}Enforce the rule that no spectators shall be allowed on the field during the game.

Make sure catchers are wearing the proper equipment. ^[]_{SEP}Continue to monitor the field for safety and playability. ^[]_{SEP}Make the calls loud and clear, signaling each call properly. ^[]_{SEP}Make sure players and spectators keep their fingers out of the fencing.

Post-game

After a game, the umpire shall:

Check with the managers of both teams regarding safety violations. Report any unsafe situations to the BFLI Safety Officer by telephone and in writing.

Equipment Manager:

The Equipment Manager is an elected BFLI Board Member and is responsible for purchasing and distributing equipment. Managers should inspect equipment before each game and each practice. The BFLI Equipment Manager will promptly replace damaged and ill fitting equipment. Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

Each team, at all times in the dugout, and shall have seven (7) protective helmets that must meet NOCSAE specifications and standards. These helmets will be provided by BFLI at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.

Each helmet shall have an exterior warning label. NOTE: The warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read. ^[]_{SEP}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. ^[]_{SEP}Male catchers must wear the metal, fiber or plastic type cup and a long- model chest protector. Female catchers must wear long or short model chest protectors.

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

All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. NOTE: Skullcaps are not permitted. If the gripping tape on a bat becomes unraveled; the bat must not be used until it is repaired.

Bats with dents, or that are fractured in any way, must be discarded. Only Official Little League balls will be used during practices and games. No wood bats at any time. Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Manager. Make sure helmets fit. Replace questionable equipment immediately by notifying the BFLLE Equipment Manager.

Make sure that players respect the equipment that is issued. Pitchers can no longer wear Multi-colored gloves. Make sure reduces impact balls and breakaway base are used for Tee ball at all times.

Weather Policy

Most of our days in Southern California are warm and sunny but there are those days when the weather turns bad and creates **unsafe weather conditions**.



Rain:

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

If you can **HEAR, SEE OR FEEL a THUNDERSTORM:**

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



Hot Weather:

One thing we do get in Southern California is hot weather. Precautions must be taken in order to make sure the players on your team do not *dehydrate* or

Lightning Facts and Safety Procedures

Consider the following facts:

The average lightning stroke is 6 - 8 miles long. The average thunderstorm is 6 -10 miles wide and travels at a rate of 25 miles per hour.

Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud.

On the average, thunder can only be heard over a distance of 3 - 4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

“Flash-Bang” Method

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

Rule of Thumb

The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager, coach, or umpire who feels threatened by an approaching storm should stop play and get the kids to safety.

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

Where to Go?

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

Where NOT to Go!!

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

First Aid to a Lightning Victim

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

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

If the victim is not breathing, start mouth-to-mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving them. ^[]_[SEP] Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

Note: a person knowledgeable and trained in the technique should only administer CPR.

EVACUATION PLAN

Severe storms, lightning, earthquakes and fire are all possible in Southern California. For this reason, BFLC must have an evacuation plan. If an emergency should arise that would require evacuation an announcement will be made from the pictures mound to Managers, Coaches, Players and Spectators concerning the type emergency at hand and evacuation procedures that should be followed.

At that time all players will return to the dugout and wait for their parents to come and get them. ^[]_[SEP] If a player’s parent is not attending the game; the Manager will take responsibility for evacuating that child.

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

- Wait 30 minutes before returning to play after last sign of lightning activity in your area

- Cars shouldn’t leave until the game is called, so all players can be accounted for

Hyperventilate.

Suggest players take drinks of water when coming on and going off the field between innings. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P. If a player should collapse as a result of heat exhaustion, call **9-1-1** immediately. Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives. (See section on Hydration)

Hydration

Good *nutrition* is important for children. Sometimes, the most important nutrient children need is *water* – especially when they're physically active. When children are physically active, their muscles generate heat thereby increasing their body temperature. As their body temperature rises, their cooling mechanism - sweat – kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become overheated.

We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly.

It does not matter if it's January or July, thirst is not an indicator of fluid needs. Therefore, *children must be encouraged to drink fluids even when they don't feel thirsty*. Managers and Coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning. During any activity water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water).

Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. **Caffeinated beverages (tea, coffee, Colas) should be avoided** because they are diuretics and can dehydrate the body further. Avoid carbonated drinks, which can cause gastrointestinal distress and may decrease fluid volume.

Before: Drink 8 oz. immediately before exercise
During: Drink at least 4 oz. every 20 minutes
After: Drink 16 oz. for every pound of weight lost

Dehydration signs: Fatigue, flushed skin, light-headed what to do: Stop exercising, get out of sun, and drink
Severe signs: Muscle spasms, clumsiness, and delirium

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, BFL will recommend the use of sunscreen with a SPF (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light.



STORAGE SHED PROCEDURES

The following applies to all of the storage sheds used by BFL and further applies to anyone who has been issued keys by BFL to use these sheds. BFL's President will only issue keys to the equipment sheds. A record shall be kept of all individuals possessing keys. Keys will be returned to the League President immediately once someone ceases to have responsibilities for equipment sheds. All storage sheds will be kept locked at all times.

All individuals with keys to the equipment sheds are aware of their responsibility for the orderly and safe storage of heavy machinery, hazardous materials, fertilizers, poisons, tools, etc. Before the use of any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, please locate and read the written operating procedures for that equipment.

All chemicals or organic materials stored in storage sheds shall be properly marked and labeled and stored in its original container if available. Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of immediately to prevent accidental poisoning.

Keep products in their original container with the labels in place. Use poison symbols to identify dangerous substances. Dispose of outdated products as recommended. Use chemicals only in well-ventilated areas.

Wear proper protective clothing, such as gloves or a mask when handling toxic substances.

MACHINERY



Tractors, mowers and any other heavy machinery will:

Be operated by appointed staff only. Never be operated under the influence of alcohol or drugs (including medication). Not be operated by any person under the age of 16. Never be operated in a reckless or careless manner. Be stored appropriately when not in use with the brakes in the on position, the blades retracted, the ignition locked and the keys removed. Never be operated or ridden in a precarious or dangerous way (i.e. riding on the fenders of a tractor). Never left outside the tool sheds or appointed garages if not in use.

GENERAL FACILITY



All bleachers will have safety rails.

All bleachers will have protective awnings to stop fly balls.

All dugouts will have bat racks.

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

Dugouts and bleachers will be free of protruding nails or screws and pinch points and slivers.

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

Materials used to mark the field will consist of a non-irritating white pigment

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

The P.A. system with an emergency alarm will be located in the concession



stands. **Concession Stand Safety**

Keep It Clean: Concession Stand Tips^{SEP} “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 food borne illness.

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

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

Reheating: Rapidly reheat potentially hazardous foods to 165o F. Do not attempt to heat foods in crock pots, steam tables, over steno units or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

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

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

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

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.

Dishwashing: Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware.

Ideally, dishes and utensils should be washed in a four-step process:

Washing in hot soapy water; Rinsing in clean water; Chemical or heat sanitizing; and Air -drying.

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 food borne illness.

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

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

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.



1. Pull Ring
2. Aim at Base of Fire
3. Squeeze Lever 

4. Sweep Side to Side

INSURANCE POLICIES

Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated. Bonsall Fallbrook Little League (Majors), Minor League and Tee Ball participants shall not participate as a Little League (Majors), Minor League and Tee Ball team in games with other teams of other programs or in tournaments except those authorized by Little League Baseball, Incorporated. Bonsall Fallbrook Little League (Majors), Minor League and Tee Ball participants may participate in other programs during the Little League (Majors), Minor League and Tee Ball regular season and tournament provided such participation does not disrupt the Little League (Majors), Minor League and Tee Ball season or tournament team. Unless expressly authorized by the Board of Directors of BFL, games played for any purpose other than to establish a League champion or as part of the International Tournament are prohibited. (See IX - Special Games, pg. 15 in the Rule Book for further clarification)

Explanation of Coverage

The *CNA Little League's insurance policy* (see in Appendix) is designed to afford protection to all participants at the most economical cost to BFL. 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, CNA Little League insurance - which is purchased by the BFL, not the parent - takes over and provides benefits, after a *\$50 deductible* per claim, 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. Bonsall Fallbrook Little League Insurance Policy is designed to supplement a parent's existing family policy.

How the insurance works:

First have the child's parents file a claim under their insurance policy; Blue Cross, Blue Shield or any other insurance protection available. Should the family's insurance plan not fully cover the injury treatment, the Little League CNA Policy will help pay the difference, after a *\$50 deductible* per claim, up to the maximum stated benefits.

If the child is not covered by any family insurance, the Little League CNA Policy becomes primary and will provide benefits for all covered injury treatment costs, after a *\$50 deductible* per claim, up to the maximum benefits of the policy.

Treatment of *dental injuries* can extend beyond the normal fifty-two week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at the time treatment is given, even though it may be some

years later. Maximum dollar benefit is \$500 for eligible dental treatment after the normal fifty-two week period, subject to the \$50 deductible per claim.

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 BFLC Safety Officer. He/she forwards them to Little League Baseball, Incorporated, and PO BOX 3485, WILLIAMSPORT, PA, 17701. Claim officers can be contacted at (717) 327-1674 and fax (717) 326-1074. *Contact the BFLC Safety Officer for more information.*

Protective equipment cannot prevent all injuries a player might receive while participating in Baseball.

Insurance Riders:

Insurance riders are needed if any practices, games or events involving baseball, on or off the BFLC field take place before or after the regularly scheduled season and "All Star" post season. Insurance riders are also necessary if non-Little League teams practice, play games, or hold tournaments at the BFLC facility.

Little League[®] Baseball & Softball

CLAIM FORM INSTRUCTIONS

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

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

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League[®] contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. To help explain insurance coverage to parents/guardians refer to *What Parents*

Should Know on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

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

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

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. Your Safety Officer recommends the ASAP manual, League Safety Officer Program Kit, for use.

TREATMENT OF DENTAL INJURIES

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

CHECKLIST FOR PREPARING CLAIM FORM

Print or type all information.

Complete all portions of the claim form before mailing to our office.

Be sure to include league name and league ID number.

PART I - CLAIMANT, OR PARENT (S)/GUARDIAN (S), IF CLAIMANT IS A MINOR

The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**

Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.

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

It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.

Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.

On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

PART II - LEAGUE STATEMENT

This section must be filled out, signed and dated by the **league official**.

Fill out all sections, including check marks in the appropriate boxes for all categories. Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.

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

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CHILD ABUSE

Volunteers are the greatest resource Little League has in aiding children's development into leaders of tomorrow. But some potential volunteers may be attracted to Little League to be near children for abusive reasons. Big Brothers/Big Sisters of America defines child sexual abuse as *"the exploitation of a child by an older child, teen or adult for the personal gratification of the abusive individual."* So abusing a child can take many forms, from touching to non-touching offenses. Child victims are usually made to feel as if they have brought the abuse upon themselves; they are made to feel guilty. For this reason, sexual abuse victims seldom disclose the victimization. Consider this: Big Brothers/Big Sisters of America contend that for every child abuse case

reported, ten more go unreported. Children need to understand that it is never their fault, and both children and adults need to know what they can do to keep it from happening. Anyone can be an abuser and it could happen anywhere. By educating parents, volunteers and children, you can help reduce the risk it will happen at Bonsall Fallbrook Little League. Like all safety issues, prevention is the key.

1. Application: To include residence information, employment history and three personal references from non-relatives. All potential volunteers must fill out the application that clearly asks for information about *prior criminal convictions*. The form also points out that all positions are conditional based on the information received back from a background check.

2. Interview: Make all applicants aware of the policy *that no known child-sex offender will be given access to children in the Little League Program*.

3. Reference Checks: Make sure the information given by the applicant is corroborated by references.

4. Sex offender Registry Checks: ^[L]_[SEP] Each applicant will be checked against the appropriate governmental entity of the statewide sex offender registry.

Reporting

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

Bonsall Fallbrook Little League has a four-step plan for selecting caring, competent and safe volunteers.

Fiction and Fact

“Sex abusers are dirty old men.” **FALSE.** While sex abusers cut across socioeconomic levels, educational levels and race, the average age of a sex offender has been established at 32.

“Strangers are responsible for most of the sexual abuse.” **FALSE:** an individual familiar to the victim perpetrates 80-85% of all sexual abuse cases in the US. Less than 20% of all abusers are strangers.

“Most sex abusers suffer from some form of serious mental illness or psychosis.” **FALSE** the actual figure is more like 10%, almost exactly the same as the figure found in the general population of the United States.

“Most sex abusers are homosexuals.” **FALSE** Most are heterosexual.

“Children usually lie about sexual abuse, anyway.” **FALSE** In fact, children ^[L]_[SEP] rarely lie about being sexually abused. If they say it, don't ignore it.

“It only happens to girls.” **FALSE** while females do comprise the largest number of sexual abuse victims, it is now believed that the number for male victims is much higher than reported. Investigation BFL will appoint an individual with significant professional background to receive and act on abuse allegations. These individuals will act in a confidential manner, and serve as the League’s liaison with the local law enforcement community. *Little League volunteers should not attempt to investigate suspected abuse on their own.* Suspending/Termination When an allegation of abuse is made against a Little League volunteer, it is our duty to protect the children from any possible further abuse by keeping the alleged abuser away from children in the program. If the allegations are substantiated, the next step is clear -- assuring that the individual will not have any further contact with the children in the League. Immunity from Liability According to Boys & Girls Clubs of America, “Concern is often expressed over the potential for criminal or civil liability if a report of abuse is subsequently found to be unsubstantiated.” However, we want adults and Little Leaguers to understand that they shouldn’t be afraid to come forward in these cases, even if it isn’t required and even if there is a possibility of being wrong. All states provide **immunity from liability** to those who report suspected child abuse in “good faith.” At the same time, there are also rules in place to protect adults who prove to have been inappropriately accused. Make Our Position Clear Make adults and kids aware *that Little League Baseball and BFL will not tolerate child abuse, in any form.*

The Buddy System

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

Access

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

Lighting

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

Transportation

Before any manager or designated coach can transport any BFLC child, other than his/her own, anywhere, he or she must: Have a valid California Driver's License.

Submit a Photostat copy of his or her Driver's License to the BFLC Player Agent so the *driving record* can be checked. ^[SEP]Submit a Photostat copy of *proof of insurance* to the BFLC Player Agent. *(Must have Uninsured Motorist coverage)*

Wear *corrective lenses* when operating a vehicle if the Driver's License stipulates that the operator must wear corrective lenses. ^[SEP]*Notify* the BFLC Player Agent of who is driving and when at least 24 hours prior to departure.

Have *signed permission slips* from parents before children are transported. (See sample in appendix section). ^[SEP]Have correct *class of license* for the vehicle he or she is driving. ^[SEP]Not carry more children in their vehicle than they have *seat belts* for. Make sure that the vehicle is in good running order and that it would pass a *CHP vehicle safety inspection* if spontaneously given.

Not drive in a *careless or reckless* manner. ^[SEP]Not drive under the influence of *alcohol, drugs, or medication*. Obey all *traffic laws* and speed limits at all times. ^[SEP]Never transport a child without returning him/her *to the point of origin*.



What is First-Aid?

First-Aid means exactly what the term implies -- it is the **first care** given to a victim. It is usually performed by the *first person* on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should anyone administering First-Aid *go beyond* his or her capabilities. **Know your limits!**

The average response time on **9-1-1** calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

First Aid-Kits

First Aid Kits will be available to each team at the beginning of the season. The kits will be in the sheds and snack bar. The First Aid Kit will become part of the Team's equipment and shall be with the team for all practices, batting cage practices, games (whether season or post-season) and any other BFLC Little League event where children's safety is at risk.

Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. The **“Good Samaritan Laws” give legal protection** to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a *reasonable* and *prudent* person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim’s injury. For example, a reasonable and prudent person would: Move a victim only if the victim’s life was endangered. Ask a conscious victim for permission before giving care. Check the victim for life-threatening emergencies before providing further care. Summon professional help to the scene by calling **911**. Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the “Good Samaritan” use common sense and a reasonable level of skill, not to exceed the scope of the individual’s training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury. People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer’s response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

Permission to Give Care

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

Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child; permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

Treatment at Site-

Do . . . (Once permission is obtained by the means mentioned above) **Access** the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock. **Know** your limitations.

Call 9-1-1 immediately if person is unconscious or seriously injured. **Look** for signs of *injury (blood, black-and-blue, deformity of joint etc.)* **Listen** to the

injured player (or person) describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.

Feel gently and carefully the injured area for signs of swelling or grating of broken bone. **Talk** to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

Don't . . .

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

Do not, at any time, administer any kind of prescription medicine. This is the parent's responsibility and BFLI does not want to be held liable, nor do you, in case the child has an adverse reaction to the medication.

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 is or becomes unconscious. Has trouble breathing or is breathing in a strange way. has chest pain or pressure. O is bleeding severely. Has pressure or pain in the abdomen that does not go away. Has seizures, a severe headache, or slurred speech. Has an injury to the head neck or back. Has a possible broken bone.

If you have any doubt at all, call 9-1-1- and requests paramedics. Also Call 9-1-1 for any of these situations:

Fire or explosion, Downed electrical wires Victims who cannot be moved easily

Conscious Victims

Checking a conscious victim

Talk to the victim and to any people standing by who saw the accident take place. Check the victim from head to toe, so you do not overlook any problems. Do not ask the victim to move, and do not move the victim yourself. Examine the scalp, face, ears, nose, and mouth.

Look for cuts, bruises, bumps, or depressions. Watch for changes in consciousness. Notice if the victim is drowsy, not alert, or confused. Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing

unusually fast or slow; and breathing that is painful. Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.

Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot. ^[L]^[SEP]Ask the victim again about the areas that hurt. ^[L]^[SEP]Ask the victim to move each part of the body that doesn't hurt.

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

If the victim is conscious, ask what happened. ^[L]^[SEP]Look for other life threatening conditions and conditions that need care or might become life threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed.

Unconscious Victims

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

Checking an Unconscious Victim

Tap and shout to see if the person responds. If no response - Look, listen and feel for breathing for about 5 seconds.

If there is no response, position victim on back, while supporting head and neck.

Tilt head back, lift chin and pinch nose shut. (See breathing section to follow)
Look, listen, and feel for breathing for about 5 seconds.

If the victim is not breathing, give 2 slow breaths into the victim's mouth.

Check pulse for 5 to 10 seconds.

Check for severe bleeding (*Breathing Problems/Emergency Breathing* (If victim is not breathing

Position victim on back while supporting head and neck.

With victim's head tilted back and chin lifted, pinch the nose shut.

Give two (2) slow breaths into victim's mouth. Breathe in until chest (gently rises).

Check for a pulse at the carotid artery (use fingers instead of thumb).

If pulse is present but person is still not breathing give 1 slow breath (about every 5 seconds. Do this for about 1 minute (12 breaths).

Continue rescue breathing as long as a pulse is present but person is (not breathing. (If victim is not breathing and air won't go in

Re-tilt person's head.

Give breaths again.

If air still won't go in, place the heel of one hand against the middle of the (victim's abdomen just above the navel.

Give up to 5 abdominal thrusts.

Lift jaw and tongue and look for obstructions sweep out mouth with your (fingers to free any obstructions do this only if an obstruction can be (seen.

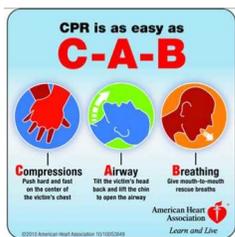
Tilt head back, lift chin, and give breaths again.

Repeat breaths, thrust, and sweeps until breaths go in.

Once a victim requires emergency breathing you become the life support for that person -- without you the victim would be clinically dead. You must continue to administer emergency breathing and/or CPR until the paramedics get there. It is your obligation and you are protected under the "Good Samaritan" laws.

Giving CPR

Someone who has been certified in CPR should administer CPR



Position victim on back on a flat surface.

Position yourself so that you can give rescue breaths and chest compression without having to move (usually to one side of the victim).

Find hand position on breastbone. (See First Aid Book)

Position shoulders over hands.

Compress chest 15 times. (For small children only 5 times)

The sternum should be compressed to a depth of 1 1/2 - 2 inches.

With victim's head tilted back and chin lifted, pinch the nose shut. Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises. (For small children only 1 time)

Do 3 more sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)

Recheck pulse and breathing for about 5 seconds. If there is no pulse continue sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)

When giving CPR to small children only use one hand for compressions to avoid breaking ribs.

When to stop CPR

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

It is possible that you will break the victim's ribs while administering CPR. Do not be concerned about this. The victim is clinically dead without your help. You are protected under the "Good Samaritan" laws.

The Heimlich maneuver

The **Heimlich maneuver** is an emergency method of removing food or foreign objects from the airway to prevent suffocation. When approaching a choking person, one who is still conscious, ask: "Can you cough? Can you speak?" If the person can speak or cough, do not perform the Heimlich maneuver or pat them on the back. Encourage them to cough.

To perform the Heimlich

- Grasp the choking person from behind;
- Place a fist, thumb side in, just below the person's breastbone (sternum), but above the naval;
- Wrap second hand firmly over this fist;
- Pull the fist firmly and abruptly into the top of the

stomach.

It is important to keep the fist below the chest bones and above the naval (belly button). The procedure should be repeated until the airway is free from obstruction or until the person who is choking loses consciousness (goes limp). These will be violent thrusts, as many times as it takes.

For a child: • Place your hands at the top of the pelvis; • Put the thumb of you hand at the pelvis line; • Put the other hand on top of the first hand; • Pull forcefully back as many times as needed to get object out or the

Child becomes limp.

Most individuals are fine after the object is removed from the airway. However, occasionally the object will go into one of the lungs. If there is a possibility that the foreign object was not expelled, medical care should be sought. If the object cannot be removed completely by performing the Heimlich, calling 911 or going to the local emergency room should seek immediate medical care.

Concussion

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

If a player, remove player from the game. See that victim gets adequate rest. Note any symptoms and see if they change within a short period of time.

If the victim is a child, tell parents about the injury and have them monitor the child after the game. Urge parents to take the child to a doctor for further examination. If the victim is unconscious after the blow to the head, diagnose head and neck injury. DO NOT MOVE the victim. Call 9-1-1 immediately. (See below on how to treat head and neck injuries)

Head and Spine Injuries

When to suspect head and spine injuries:

A fall from a height greater than the victim's height. A person found unconscious for unknown reasons. Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball. Any injury in which a victim's helmet is broken. Any incident involving a lightning strike.

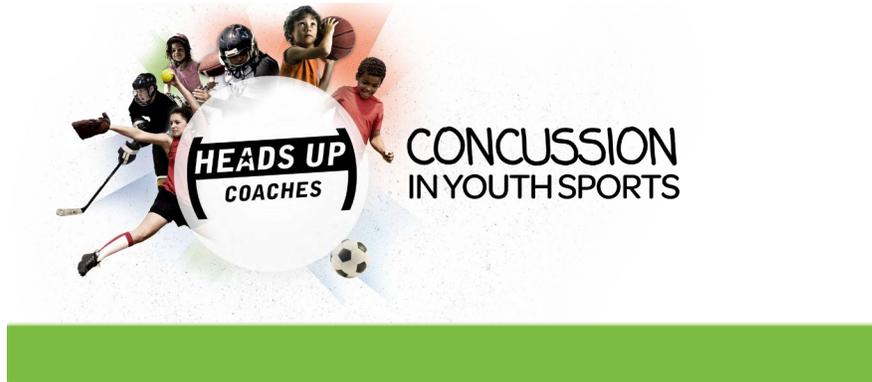
Signals of Head and Spine Injuries

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

General Care for Head and Spine Injuries

Call 9-1-1 immediately.

Minimize movement of the head and spine. Maintain an open airway. Check consciousness and breathing. Control any external bleeding. Keep the victim from getting chilled or overheated till paramedics arrive and take over care.



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

See's signs and symptoms may indicate that a concussion has occurred.

SIGNS OBSERVED BY COACHING STAFF

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 ATHLETE

**Headache or “pressure” in 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”**

If you suspect that a player has a concussion, you should take the following steps:

Remove athlete from play.

Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.

Inform athlete’s parents or guardians about the known or possible concussion and give them the fact sheet on concussion.

Allow athlete to return to play **only** with permission from an appropriate health care professional.

Contusion to Sternum:

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

If a player is hit in the chest and appears to be all right, urge the parents to take their child to the hospital for further examination. If a player complains of pain in his chest after being struck, immediately call 9-1-1 and treat the player until professional medical help arrives.

Sudden Illness

When a victim becomes suddenly ill, he or she often looks and feels sick. Symptoms of sudden illness include:

- Feeling light-headed, dizzy, confused, or weak
- Changes in skin color (pale or flushed skin), sweating
- Nausea, vomiting and or diarrhea
- Changes in consciousness
- Seizures
- Paralysis or inability to move
- Slurred speech
- Impaired vision
- Severe headache
- Breathing difficulty
- Persistent pressure or pain.

Care for Sudden Illness

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

If the victim: Vomits -- Place the victim on his or her side. Faints -
- Position him or her on the back and elevate the legs 8 to 10
Inches if you do not suspect a head or back injury.

Colds and Flu

The baseball season usually coincides with the cold and flu season. There is nothing you can do to help a child with a cold or flu except to recognize that the child is sick and should be at home recovering and not on the field passing his cold or flu on to all your other players.

Prevention is the solution here. **Don’t be afraid to tell parents to keep their child at home.**

Muscle, Bone, or Joint Injuries

Symptoms of Serious Muscle, Bone, or Joint Injuries:

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

Significant deformity^[SEP]▪ Bruising and swelling^[SEP]▪ Inability to use the affected part normally

▪ Bone fragments sticking out of a wound^[SEP]▪ Victim feels bones grating; victim felt or heard a snap or pop at the time of injury

^[SEP]▪ the injured area is cold and numb^[SEP]

▪ Cause of the injury suggests that the injury may be severe.

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

Treatment for muscle or joint injuries

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

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

Treatment for fractures:

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

Treatment for broken bones:

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

Osgood Schlaugther’s Disease:

Osgood Schlaugther’s Disease is the “growing pains” disease. It is very painful for kids that have it. In a nutshell, the bones grow faster than the muscles and ligaments. A child must outgrow this disease. All you can do is make it easier for him or her by: Icing the painful areas.^[SEP] Making sure the child rests when needed. Using Ace or knee supports.

Bleeding in General

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

If a victim is bleeding

Act quickly. Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone. Control bleeding by applying direct pressure on the wound with a sterile pad or clean cloth.

If bleeding is controlled by direct pressure, bandage firmly to protect wound. Check pulse to be sure bandage is not too tight. If bleeding is not controlled by use of direct pressure, apply a tourniquet only as a last resort and call 9-1-1 immediately.

Nose Bleed

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

Bleeding On The Inside and Outside of the Mouth

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

Infection To prevent infection when treating open wounds you must:

CLEANSE... the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing. **TREAT**... to protect against contamination with ointment supplied in your First-Aid Kit.

COVER... to absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads supplied in your First-Aid Kit. (Handle only the edges of sterile pads or dressings) **TAPE**... to secure with First-Aid tape (included in your First-Aid Kit) to help keep out dirt and germs.

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

Caring for Shock

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

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

Rapid pulse Caring for shock involves the following simple steps

Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A

victim of shock requires advanced medical care as soon as possible. Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.

Control any external bleeding. Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling. Try to reassure the victim. Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat. Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.

Splinters

Splinters are defined as slender pieces of wood, bone, glass or metal objects that lodge in or under the skin. If splinter is in eye, *DO NOT* remove it. Symptoms may include: Pain, redness and/or swelling. Treatment:

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

Sterilize needle or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use. Loosen skin around splinter with needle; use tweezers to remove splinter. If splinter breaks or is deeply lodged, consult professional medical help.

Cover with adhesive bandage or sterile pad, if necessary.

Burns

The care for burns involves the following 3 basic steps.

Stop the Burning -- Put out flames or remove the victim from the source of the burn. **Cool the Burn** -- Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available-tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the cloths cool by adding more water.

Cover the Burn -- Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain. Covering

the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

Penetrating Objects

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

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

Poisoning

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

Do not give any First Aid if victim is unconscious or is having convulsions. Begin rescue breathing techniques or CPR if necessary. If victim is convulsing, protect from further injury; loosen tight clothing if possible. ^[1]^[SEP]If professional medical help does not arrive immediately:

DO NOT induce vomiting if poison is unknown, a corrosive substance (i.e., acid, cleaning fluid, lye, drain cleaner), or a petroleum product (i.e., gasoline, turpentine, paint thinner, lighter fluid).

Induce vomiting if poison is known and is not a corrosive substance or petroleum product. To induce vomiting: Give adult one ounce of syrup of ipecac (1/2 ounce for child) followed by four or five glasses of water. If victim has vomited, follow with one ounce of powdered, activated charcoal in water, if available. Take poison container, (or vomit if poison is unknown) with victim to the hospital.

Communicable Disease Procedures

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

A bleeding player should be removed from competition as soon as possible. ^[1]^[SEP]Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game. Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid are anticipated (*latex gloves are provided in First Aid Kit*).

Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap (Lever 2000).^[1] Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach (supplied in the concession stands and club house). A 1:1 solution can be made by using a cap full of Clorox (2.5cc) and 8 ounces of water (250cc).

CPR Masks will be available in the concession stands and club house. Managers, Coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved. Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Facts about AIDS and hepatitis

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

The virus enters the body in 3 basic ways:

Through direct contact with the bloodstream. *Example:* Sharing a non-sterilized needle with an HIV-positive person -- male or female. Through the mucous membranes lining the eyes, mouth, throat, rectum, and vagina. *Example:* Having unprotected sex with an HIV positive person -- male or female.

Through the womb, birth canal, or breast milk. *Example:* Being infected as an unborn child or shortly after birth by an infected mother. The virus cannot enter through the skin unless there is a cut or break in the skin. Even then, the possibility of infection is very low unless there is direct contact for a lengthy period of time. Currently, it is believed that saliva is not capable of transmitting HIV. The likelihood of HIV transmission during a First-Aid situation is very low. Always give care in ways that protect you and the victim from disease transmission.

If possible, wash your hands before and after giving care, even if you wear gloves.

Avoid touching or being splashed by another person's body fluids, especially blood.

Wear disposable gloves during treatment.^[1] If you think you have put yourself at risk, get tested. A blood test will tell whether or not your body is producing antibodies in response to the virus. If you are not sure whether you should be tested, call your doctor, the public health department, or the AIDS hot line (1-800-342-AIDS). In the meantime, don't participate in activities that put anyone else at risk. Like AIDS, hepatitis B and C are viruses. Even though there is a very small risk of infecting others by direct contact, one must take the

appropriate safety measures, as outlined above, when treating open wounds. There is now a vaccination against hepatitis B. Managers are strongly recommended to see their doctor about this.

Asthma and Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to fill out the medical history forms (*included in the appendix of this safety manual*). Study their comments and know which children on your team need to be watched. Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial **9-1-1** and request emergency service.

Seek Emergency Care If A Child Experiences Any Of The Following:

- + Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)**
- + Child's chest or neck is pulling in while struggling to breathe**
- + Child has trouble walking or talking**
- + Child stops playing and cannot start again**
- + Child's fingernails and/or lips turn blue or gray**
- + Skin between child's ribs sucks in when breathing Asthma is different for every person**

What is Attention Deficit Disorder (ADD)

ADD is now officially called Attention-Deficit/Hyperactivity Disorder, or ADHD, although most lay people, and even some professionals; still call it ADHD (the name given in 1980). ADHD is a neurobiological-based developmental disability estimated to affect between 3-5 percent of the school age population. This disorder is found present more often in boys than girls (3:1).

No one knows exactly what causes ADHD. Scientific evidence suggests that the disorder is genetically transmitted in many cases and results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior.

Why should I be concerned with ADHD when it comes to baseball?
Unfortunately more and more children are being diagnosed with ADHD every

year. There is a high probability that one or more of the children on your team will have ADHD. It is important to recognize the child's situation for safety reasons because not paying attention during a game or practice could lead to serious accidents involving the child and/or his teammates. It is equally as important to not call attention to the child's disability or to label the child in any way. Hopefully the parent of an ADHD child will alert you to his/her condition. Treatment of ADHD usually involves medication. Do not, at any time, administer the medication -- even if the child asks you to. Make sure the parent is aware of how dangerous the game of baseball can be and suggest that the child take the medication (if he or she is taking medication) before he or she comes to the practice/game.^[1]^[SEP]A child on your team may in fact be ADHD but has not been diagnosed as such. You should be aware of the symptoms of ADHD in order to provide the safest environment for that child and the other children around him.

What are the symptoms of ADHD? *Inattention* - This is where the child:

Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities;^[1]^[SEP]Often has difficulty sustaining attention in tasks or play activities;^[1]^[SEP]Often does not seem to listen when spoken to directly;

Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions);^[1]^[SEP]Often has difficulty organizing tasks and activities;^[1]^[SEP]Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework);^[1]^[SEP]Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools);^[1]^[SEP]Often easily distracted by extraneous stimuli;^[1]^[SEP]Often forgetful in daily activities.

Hyperactivity - This is where the child:

Often fidgets with hands or feet or squirms in seat;^[1]^[SEP]Often leaves seat in classroom or in other situations in which remaining seated is expected;^[1]^[SEP]Often runs about or climbs excessively in situation in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings or restlessness);^[1]^[SEP]Often has difficulty playing or engaging in leisure activities quietly; Often "on the go" or often act as if "driven by a motor";^[1]^[SEP]Often talks excessively.

Impulsivity - This is where the child:

Often blurts out answers before questions have been completed;^[1]^[SEP]Often has difficulty awaiting turn;^[1]^[SEP]Often interrupts or intrudes on others (e.g., butts into conversations or games).

Emotional Instability - This is where the child:

Often has angry outbursts; Is a social loner;^[1]^[SEP]Blames others for problems;

Fights with others quickly; Is very sensitive to criticism.

Most children with ADHD experience significant problems socializing with peers and cooperating with authority figures. This is because when children have difficulty maintaining attention during an interaction with an adult, they may miss important parts of the conversation. This can result in the child not being able to follow directions and so called “memory problems” due to not listening in the first place. When giving directions to ADHD children it is important to have them repeat the directions to make sure they have correctly received them. For younger ADHD children, the directions should consist of only one or two step instructions. For older children more complicated directions should be stated in writing.

Children with ADHD often miss important aspects of social interaction with their peers. When this happens, they have a difficult time “fitting in.” They need to focus in on how other children are playing with each other and then attempt to behave similarly. ADHD children often enter a group play situation like the proverbial “bull in the china closet” and upset the play session. There is no way to know for sure that a child has ADHD. There is not simple test, such as a blood test or urinalysis. An accurate diagnosis requires an assessment conducted by a well-trained professional (usually a developmental pediatrician, child psychologist, child psychiatrist, or pediatric neurologist) who knows a lot about ADHD and all other disorders that can have symptoms similar to those found in ADHD.

MANAGER/COACHES TRAINING DATES FOR 2021

Date	Event	Location
02/13/21	Coaches Clinic ^{SEP} Lower Division T-Ball-AA Upper Division AAA-Jrs	BFLL FIELD 1
02/13/21	BFLL Coaches/Manager Fundamentals and First Aid Meeting *	BFLL FIELD 1

*** BFLl requires at least 1 representative per team to be present at the Fundamentals and First Aid Meeting**

Training videos are available for check out. See Beau Carsey.

If you have any questions regarding the BFLl safety plan please call/ email Andrew Garcia president.

