

Delta Little League of Stockton Inc.

**Safety Manual
2018 Season
For
Managers, Coaches, Volunteers and Players**

Pending Approval by Little League Baseball Incorporated, Williamsport, PA. as of December 31, 2017



Safety Code

Dedicated to Injury Prevention

- ❖ Responsibility for safety procedures is that of the Safety Officer of Delta Little League
- ❖ Arrangements should be made in advance of all games and practices for emergency medical services.
- ❖ Manager, coaches, umpires, and all volunteers should have training in first aid. Manager or one of the coaching staff must have basic child CPR certification. Each team manager should make sure that a first aid kit is present at all games, practices and any other function involving players. A first aid kit must also be maintained in the snack bar.
- ❖ Every manager will be issued a new first-aid kit each year with his or her equipment.
- ❖ No games or practices should be held when weather or field conditions are not safe, particularly when lighting is inadequate.
- ❖ Play area should be inspected frequently for holes, damage, stones, glass, holes and other foreign objects.
- ❖ Dugouts and bat racks should be positioned behind screens.
- ❖ All team/umpire equipment is to be stored within the team dugout and not within the area defined by the umpires as "in play" (umpire gear may be stored in an alternate location other than the dugout providing it is not "in play" territory).
- ❖ Only uniformed players, managers and coaches, umpires and news photographers authorized by the league shall be allowed on the playing field (XIV-Field Decorum and Rule 3.15).
- ❖ Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose (Safety code for Little League, Rulebook).
- ❖ Procedures should be established for retrieving foul balls batted out of playing area.
- ❖ During practice and games, all players should be alert and watching the batter on each pitch.
- ❖ During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- ❖ All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequent by, and thus endanger, spectators.
- ❖ Equipment should be inspected regularly for condition and proper fit by coach or manager. Umpires are to inspect before each game the condition and proper fit of player equipment.
- ❖ Pitching machines must be in good working order (including extension cords, outlets, etc.) and must be operated only by adult managers and coaches.
- ❖ Batters must wear protective NOCSAE helmets during practice, as well as during games. Helmets with face guards are strongly recommended and are provided for all players whom wish to wear one.
- ❖ Catcher must wear catcher's helmet, mask, dangling throat guard, and long model chest protector and shin guards for all practices and games. All male catchers must wear protective cups with athletic supporter for all practices and games. All male players must wear athletic supporters (Rule 1.17).
- ❖ Protective cups/pads, for females, are **encouraged and recommended** for all players.
- ❖ Except when runner is returning to a base, headfirst slides are not permitted.

- ❖ During sliding practice, bases should not be strapped down or anchored. Break-away bases are mandatory for all levels of play.
- ❖ At no time is “horse play” permitted on the playing field.
- ❖ Parents of players who wear glasses are encouraged to provide “safety glasses”.
- ❖ Players must not wear watches, rings, pins or metallic items during games and practices.
- ❖ The catcher must wear catchers helmet and mask with a dangling throat guard in addition to full gear as previously stipulated when warming up pitchers. This applies between innings and in the bullpen during a game and also during practices.
- ❖ Managers and coaches may not warm up pitchers at any time (Rule 3.09). This applies to practices as well as games.
- ❖ On-deck batters, batboys/batgirls are not permitted.
- ❖ Complete the annual Little League Facility Survey.
- ❖ Have current Safety Officer on file with Little League HQ.
- ❖ Delta Little League Managers/Coaches rules clinic will be conducted on February 05, 2018. This is a **mandatory** meeting for all managers and strongly encouraged for all coaches.
- ❖ All personnel attending Coaches/Managers rules clinic will be required to have head of clinic sign issued Safety Manual verifying they were present and attended. Attendance is **mandatory** for all managers and strongly recommended for all coaches.
- ❖ ASAP plan to be distributed to all coaches, managers, board members, volunteers, district administrator, and Little League International each year. A current copy is to be kept in the snack bar. There should be one safety representative present from and for each team. ie: Team Parent
- ❖ Advise all volunteers of Red Cross CPR training, dates and times each year. Coaches/Managers must keep up to date minimal CPR training. Full CPR certification is recommended. This training is given in addition to the District 8, Manager/Safety meeting which is normally scheduled for late February. One representative (preferably manager) must attend the District 8 Safety meeting.
- ❖ No manager or coach will be allowed to be part of the T.O.C. Coaching Staff without attendance and completion of the District 8, Positive Coaching Clinic if scheduled and held. A District 8 staff member is encouraged to sign this Safety Manual as proof the manager and coach has attended and completed the clinic. This year’s clinic will be held in on a date picked by District 8.

ASAP

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 managers and coach’s fingertips.

Some Important Do’s and Don’ts

Do...

- ❖ Reassure and aid children who are injured, frightened, or lost.

- ❖ Provide, or assist in obtaining, medical attention for those who require it.
- ❖ Know your limitations.
- ❖ Carry your first-aid kit to all games and practices.
- ❖ Keep water cooler full in each dugout to keep all participants hydrated.
- ❖ Watch for signs of heat exhaustion.
- ❖ Assist those who require medical attention and when administering aid, remember to...
- ❖ **Look** for signs of injury
- ❖ **Listen** to the injured 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.
- ❖ Have your players' medical Clearance Forms with you at all games and practices.
- ❖ Make arrangements to have a cellular phone available at all games or practices.
- ❖ **Do everything you can to ensure that all coaches, managers, and volunteers who have contact with children have completed the approved Volunteer Application Form and have been screened by the League President or Vice President for compliance with Megan's Law.**

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 first-aid procedures.
- ❖ Transport injured individuals except in extreme emergencies.
- ❖ Leave an unattended child at a practice or game.
- ❖ Hesitate to report any present or potential safety hazard to the Safety Officer immediately.

Delta Little League Phone Numbers

Emergency: **911**
 Stockton Police Department Non-Emergency 209-937-8377

Board of Directors:
 President: Brian Morelli 209-607-6179
 Safety Officer: Ryan Wright 209-613-3809
 Player Agent: Melinda DeOliveira 209-483-7782
 Treasurer: Evan Stone 209-747-2669
 Division Administrator: Jason Lindholm 209-481-6522
 Umpire in Chief: Jason Lindholm 209-481-6522
 Secretary: Janette Lindholm 209-481-6750

Equipment Manager: Ryan Wright	209-614-3809
Fields & Maintenance: Mike Silva	209-609-3894
Sponsor Coordinator: Andrea Garcia	209-645-9193
Concession: Janette Lindholm	209-481-6750

Delta Little League Code of Conduct

- ❖ At each team's schedule first practice, Parents should attend the mandatory parents meeting that will review the safety plan, code of conduct and other important Delta LL rules.
- ❖ Speed limits 5 M.P.H. in roadways and parking lots while attending any Delta Little League function. Watch for small children around parked cars.
- ❖ No alcohol/or any form of tobacco (including smokeless) allowed in parking lot, field, or common areas of Delta Little League fields (both game and practice fields).
- ❖ No playing in parking lots at any time.
- ❖ No playing on and around lawn equipment.
- ❖ Use crosswalks when crossing streets. Always be alert for traffic.
- ❖ No profanity or obscene language.
- ❖ No swinging bats or throwing baseballs at any time within the walkways and common areas of a Delta Little League game sites or practice sites.
- ❖ No throwing rocks or other foreign objects.
- ❖ No horseplay in walkways at any time.
- ❖ No climbing fences.
- ❖ **No pets are permitted at Delta Little League games or practices.**
- ❖ Only the first batter of each half-inning will be permitted outside the dugout between half-innings to swing a bat (Rule 1.08, NOTE 2). Be alert of area around you when swinging a bat. Players and spectators should be alert at all times for foul balls and errant throws.
- ❖ During the game players must remain on their benches (or in the bullpen accompanied by an adult coach) (XIV (b) Field Decorum and Rule 3.17) in the dugout area in an orderly fashion at all times. Players are not allowed to stand with hands on the fence of the dugout.
- ❖ After each game, each team must clean up trash in dugout and around stands.
- ❖ In all Divisions both teams are jointly responsible for the safe securing of the portable-playing fence.
- ❖ Home team is responsible for safely setting up of the infield preceding each game.
- ❖ Umpires will certify safe condition of the field, i.e.: free of hazards, rocks, glass, etc. Any issue will be reported to the officer in charge for the day and immediately to the Safety Officer.
- ❖ No children under the age of **16** are allowed in the snack bar.
- ❖ Failure to comply with this code of conduct may result in disciplinary action, up to expulsion from the Delta Little League field.

Megan's Law

Megan's Law was enacted in part to limit the access of people convicted of crimes against children to areas where children are normally present, such as Little League activities. In order to ensure that all managers, coaches, and league volunteers have not been convicted are crimes against children, the following procedures have been established.

- ❖ All managers, coaches, officers and volunteers must complete a Volunteer Application Form approved by Little League.
- ❖ Before the manager, coach, officer or league volunteer can participate in any activities where children are present (or have contact with children); the President or Vice-President of the League must complete a check of the application against the Megan's Law CD available at the Sheriff's Office, the Stockton Police Department, or on line at www.nsopr.gov/. Criminal back ground checks will be conducted on managers, coaches & board members through [LexisNexis](#), or an approved company by Little League International.
- ❖ If any manager, coach, officer, or league volunteer is found to have been convicted of a crime against children or any other adult, the League President will notify that person immediately and discreetly. The convicted person will be instructed that they will not be allowed at any Delta Little League functions and if they do attend, the police will be called immediately. This includes barring the convicted person from attending games or other functions as a spectator.
- ❖ Any manager, coach, officer, or league volunteer that has been found by the league to have been convicted of a crime against children will be reported to District 8 headquarters immediately by the President of Delta Little League.

Communicable Disease Procedures

1. Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the athlete may continue.
2. Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluids are anticipated. Gloves should always be available in the first aid kit.
3. Immediately wash hands and other skin surfaces if contaminated with blood.
4. Clean and sterilize all blood-contaminated surfaces and equipment.
5. Managers, coaches and volunteers with open wounds should refrain from all direct contact until the condition is resolved.
6. Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Accident Reporting Procedures

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

All such incidents described above must be reported the League Safety Officer within 48 hours of the incident. [The Safety Officer for 2018 is Ryan Wright. He can be reached at \(209\) 613-3809.](#)

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided:

- ❖ Name and phone number of the individual involved
- ❖ Date, time and location of the incident

- ❖ As detailed a description of the incident as possible
- ❖ Preliminary estimation of the extent of any injuries
- ❖ Name and phone number of the person reporting the incident

Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and verify the information received, obtain any other information deemed necessary, check on the status of the injured party and, in the event that the injured party required medical treatment other than first aid, the Safety Officer shall advise the parent(s) or guardian of Delta Little League's insurance coverage and the provisions for 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 check on the status of the injuries and to check if other assistance is needed in areas such as submission of insurance forms, etc. until such time as the incident is considered "closed"; that is, no further claims are expected and/or the individual is participating in the league again.

Storage Shed and Equipment Bunker Procedures

The following applies to all of the storage sheds and equipment bunkers used by Delta Little League and apply to anyone who has been issued a key by Delta Little League to use those sheds:

- ❖ All individuals with keys to the Delta Little League storage sheds and equipment bunkers are responsible for the orderly and safe storage of rakes, shovels, bases, and all other stored equipment.
- ❖ Before volunteers' use any machinery located in the sheds or equipment bunkers, volunteers must be properly trained by the Equipment or Fields Manager to use that equipment.
- ❖ All chemicals or organic materials stored in Delta Little League sheds and bunkers shall be properly marked and labeled as to its contents.
- ❖ All chemicals or organic materials stored within equipment sheds and bunkers will be separated from the areas used to store machinery and gardening equipment to minimize the risk of puncturing storage containers.
- ❖ Any loose chemicals or organic materials within these sheds should be cleaned up and dispose of as soon as possible to prevent accidental poisoning.
- ❖ The phone number for the nearest Poison Control Center must be readily available wherever chemicals, gasoline or other toxins are present.

Lightning Facts and Safety Procedures

- ❖ The average lightning strike is 6 to 8 miles long.
- ❖ The average thunderstorm is 6 to 109 miles wide and travels at a rate of 25 miles per hour.
- ❖ Once the leading edge of a thunderstorm approached to within 10 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud.

- ❖ On the average, thunder can only be heard over a distance of 3 to 4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder you are already in the risk area for lightning strikes.
- ❖ The ultimate truth about lightning is that is unpredictable and cannot be prevented. Therefore, a manager, coach or umpire who feels threatened by an approaching storm should immediately call for time and suggest to the umpire to stop play and get the kids to safety.
- ❖ No place is absolutely safe from the threat of lightning, but some places are safer than others are. Large enclosed shelters are the safest. 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.
- ❖ During thunderstorms, avoid high places and open fields, isolated trees, dugouts, flagpoles, light poles, bleachers, metal fences and water.

Snack Bar Safety Tips

- ❖ Keep your menu simple and keep potentially hazardous foods (meats, dairy products, cut fruits and vegetables) 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.
- ❖ Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41 degrees F or below (if cold) or 140 degrees F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155 degrees F. Poultry parts should be cooked to 165 degrees F. Most food borne illnesses from temporary events can be traced back to lapses in temperature control.
- ❖ Rapidly reheat potentially hazardous foods to 165 degrees F.
- ❖ Foods that require refrigeration must be cooled to 41 degrees F as quickly as possible and held at that temperature until ready to serve. Allowing hazardous foods to remain un-refrigerated for too long has been the number one cause of food borne illness.
- ❖ 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. **All workers who handle non-sealed food items require the use of disposable gloves.**
- ❖ Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease, cold or who has open sores or infected cuts on the hands should not be allowed in the snack bar. Workers should wear clean outer garments. The use of hair restraints is recommended to prevent hair from ending up in food products.
- ❖ Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food.
- ❖ Use disposable utensils for food service as much as possible. Wash, rinse, and sanitize all non-disposable utensils as soon as possible after or in between use.
- ❖ Ice used to cool cans and bottles is not to be used in cup beverages.
- ❖ Rinse and store your wiping cloths in a bucket of sanitizer (1 gallon of water and ½ tsp. Of chlorine bleach). Change the solution every two hours. Well-sanitized work surfaces prevent cross-contamination and discourage flies and rodents.
- ❖ Keep foods covered to protect them from insects. Store pesticides away from the snack bar. Place garbage and paper wasters in a refuse container with a tight-fitting lid.

Dispose of wastewater in an approved method. All water used should be potable water from an approved source.

- ❖ Keep foods stored off the floor at least six inches. After your event is finished, clean the snack bar; sanitize food preparation surfaces and discard unusable food.
- ❖ The snack bar coordinator has the responsibility to ensure that all snack bar volunteers are trained in safe food handling/snack bar practices.

2018 ANNUAL Little League Facility Survey –
Provided in the ASAP section on the Little League web site — facilitysurvey.musco.com or email asap@musco.com

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❖ **See Attached Facility Survey 2018**

Delta Little League of Stockton Inc.

**First Aid & Safety Manual Training
February 5, 2018**

**For
Managers, Coaches, Volunteers and Players**

Pending Approval by Little League Baseball Incorporated, Williamsport, PA. as of December 31, 2017



Safety Code

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- ❖ Every manager will be issued a new first-aid kit each year with his or her equipment.
- ❖ No games or practices should be held when weather or field conditions are not safe, particularly when lighting is inadequate.
- ❖ Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.
- ❖ All team/umpire equipment is to be stored within the team dugout and not within the area defined by the umpires as "in play" (umpire gear may be stored in an alternate location other than the dugout providing it is not "in play" territory).
- ❖ Only uniformed players, managers and coaches, umpires and photographers authorized by the league shall be allowed on the playing field (XIV-Field Decorum and Rule 3.15).
- ❖ Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose (Safety code for Little League, Rulebook).
- ❖ Procedures should be established for retrieving foul balls batted out of playing area.
- ❖ During practice and games, all players should be alert and watching the batter on each pitch.
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- ❖ Equipment should be inspected regularly for condition and proper fit by coach or manager.
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- ❖ Catcher must wear catcher's helmet, mask, dangling throat guard, and long model chest protector and shin guards for all practices and games. When warming up pitches between innings or bullpen, catchers mask and cup must be worn and no squatting unless in full catcher's gear. All male catchers must wear protective cups with athletic supporter for all practices and games. All male players must wear athletic supporters (Rule 1.17).
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- ❖ Except when runner is returning to a base, headfirst slides are not permitted.

- ❖ At no time is “horse play” permitted on the playing field.
- ❖ Parents of players who wear glasses are encouraged to provide “safety glasses”.
- ❖ Players must not wear jewelry of any kind, including watches, rings, pins or metallic items, power bands and necklaces, etc. during games and practices.
- ❖ On-deck batters, batboys/batgirls are not permitted.
- ❖ ASAP (A Safety Awareness Program) plan to be distributed to all coaches, managers, board members, volunteers, district administrator, and Little League International each year. A current copy is to be kept in the snack bar. There should be one safety representative present from and for each team. ie: Team Parent

Delta Little League Code of Conduct

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- ❖ No alcohol/or any form of tobacco (including smokeless) allowed in parking lot, field, or common areas of Delta Little League fields (both game and practice fields).
- ❖ No playing in parking lots at any time.
- ❖ No playing on and around lawn equipment.
- ❖ Use crosswalks when crossing streets. Always be alert for traffic.
- ❖ No profanity or obscene language.
- ❖ No swinging bats or throwing baseballs at any time within the walkways and common areas of a Delta Little League game sites or practice sites.
- ❖ No throwing rocks or other foreign objects.
- ❖ No horseplay in walkways at any time.
- ❖ No climbing fences.
- ❖ **No pets are permitted at Delta Little League games or practices.**
- ❖ Only the first batter of each half-inning will be permitted outside the dugout between half-innings to swing a bat (Rule 1.08, NOTE 2). Be alert of area around you when swinging a bat. Players and spectators should be alert at all times for foul balls and errant throws.
- ❖ During the game players must remain on their benches (or in the bullpen accompanied by an adult coach) (XIV (b) Field Decorum and Rule 3.17) in the dugout area in an orderly fashion at all times. Players are not allowed to stand with hands on the fence of the dugout.
- ❖ After each game, each team must clean up trash in dugout and around stands.
- ❖ Failure to comply with this code of conduct may result in disciplinary action, up to expulsion from the Delta Little League field.

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- ❖ The ultimate truth about lightning is that is unpredictable and cannot be prevented. Therefore, a manager, coach or umpire who feels threatened by an approaching storm should immediately call for time and suggest to the umpire to stop play and get the kids to safety.
- ❖ No place is absolutely safe from the threat of lightning, but some places are safer than others are. Large enclosed shelters are the safest. 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.
- ❖ During thunderstorms, avoid high places and open fields, isolated trees, dugouts, flagpoles, light poles, bleachers, metal fences and water.

Accident Reporting Procedures

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

All such incidents described above must be reported the League Safety Officer within 48 hours of the incident. [The Safety Officer for 2018 is Ryan Wright. He can be reached at \(209\) 613-3809.](#)

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided:

- ❖ Name and phone number of the individual involved
- ❖ Date, time and location of the incident
- ❖ As detailed a description of the incident as possible
- ❖ Preliminary estimation of the extent of any injuries
- ❖ Name and phone number of the person reporting the incident

Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and verify the information received, obtain any other information deemed necessary, check on the status of the injured party and, in the event that the injured party required medical treatment other than first aid, the Safety Officer shall advise the parent(s) or guardian of Delta Little League's insurance coverage and the provisions for 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 check on the status of the injuries and to check if other assistance is needed in areas such as submission of insurance forms, etc. until such time as the incident is considered "closed"; that is, no further claims are expected and/or the individual is participating in the league again.

First Aid

In significant emergency situations, particularly where life and safety are of concern, always dial **911**.

<h3>Some Important Do's and Don'ts</h3>
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Do...

- ❖ Reassure and aid children who are injured, frightened, or lost.
- ❖ Provide, or assist in obtaining, medical attention for those who require it.

- ❖ Know your limitations.
- ❖ Carry your first-aid kit to all games and practices.
- ❖ Tell parents and players to bring water or Gatorade to all practices and games to keep all players hydrated.
- ❖ Watch for signs of heat exhaustion.
- ❖ Assist those who require medical attention and when administering aid, remember to...
- ❖ **Look** for signs of injury
- ❖ **Listen** to the injured 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.
- ❖ Have your players' medical Clearance Forms with you at all games and practices.

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 first-aid procedures.
- ❖ Transport injured individuals except in extreme emergencies.
- ❖ Leave an unattended child at a practice or game.
- ❖ Hesitate to report any present or potential safety hazard to the Safety Officer immediately.

Assess breathing ability –

- Step 1 If respiration rate (number of breaths per minute) is absent, call 911. If there are parents that are EMT's, Firefighters, or other first responders signal for them immediately.
- Step 2 If respiration rate is faster than 30 breaths per minute, victim needs immediate medical attention. If there are parents that are EMT's, Firefighters, or other first responders signal for them immediately.

Assess mental functioning:

- Step 1 Give the victim simple commands or instructions such as:
- "raise your left arm"
 - "raise your right foot"
 - "how many fingers am I holding up?"
 - "what day is this?"
 - "what is your name"
 - "where are you now?"

“what team are you on?”

Evaluate the victim's response

Step 2 If victim fails to follow simple commands, if there are parents that are EMT's, Firefighters, or other first responders signal for them immediately.

Step 3 If victim follows simple commands, treatment can be delayed and proceed with caution.

Unconscious Person

Be careful when approaching an unconscious person. The first step is to check for breathing.

Try to awaken the person by tapping or shaking the shoulder gently. Shout “Are you all right?”

- If no response, check for signs of breathing
- Have someone call 911 for emergency medical help immediately
- Be sure victim is lying flat on his or her back
- Loosen tight clothing around neck and chest

Open The Airway – If trained and certified

- If there are no signs of head or neck injury, place one hand on the victim's forehead and apply firm backward pressure with the palm of your hand to tilt the head back
- Place the fingers of your other hand under the bony part of the lower jaw near the chin and lift to bring the chin forward and tilt the head back
- Place your ear close to the victim's mouth and listen for breathing. Watch for cheek and stomach movement for at least 5 seconds
- If there is any question that the victim is breathing or if the breathing is so faint that you are unsure, assume they are not breathing and immediately provide Rescue Breathing

Rescue Breathing – If trained and certified

Choking

For a choking victim who can speak, cough or breathe, do NOT interfere. If the choking continues without lessening, call for emergency medical help. For a choking victim who cannot speak, cough or breathe, have someone call for emergency medical help and take the following action:

- Stand behind the victim, who can be standing or sitting
- Wrap your arms around his/her middle, just above the navel
- For adults, clasp your hands together in the doubled fist and press in and up in quick thrusts. Be careful not to exert pressure against the victim's rib cage with your forearms
- For infants, position the infant along the inside length of the rescuer's arm. Apply firm, controlled blows with the other hand to the infant's back between the shoulder blades
- Repeat procedure until victim is no longer choking

Bleeding

Nose Bleeds

- Have victim sit leaning slightly forward and close off nostrils by pinching over bridge of nose for a full 15 minutes
- Apply ice
- If bleeding continues or victim becomes dizzy or has breathing difficulty or chest pain, seek medical help

Wounds

- Apply direct pressure over the site of the wound. DO NOT attempt to apply a tourniquet. First Aid kits available at each building site contain Latex gloves and sterile gauze pads. If these are not immediately available, use a clean handkerchief, clean clothing, a sanitary napkin, or even your bare hand.
- Apply firm steady direct pressure for 5 to 15 minutes. Most bleeding will stop in a few minutes
- If bleeding is from a foot, hand, leg or arm and there are no broken bones in the injured area, elevate the limb above the victim's heart
- Having the victim lean forward or lay down and applying direct pressure such as pinching the nose with the fingers can often control severe nose bleeding. Apply pressure for 10 minutes without interruption

Head Injuries

- Bleeding from an ear can indicate a skull fracture.
- Call for emergency help and DO NOT attempt to attend the wound
- Bleeding from the scalp can be very heavy and special care must be taken when trying to stop any scalp bleeding if there is suspected skull fracture. When stopping the bleeding, DO NOT PRESS HARD. Be very careful applying pressure so that bone chips from a possible fracture will not be pressed into the brain
- Always suspect a neck injury when there is a serious head injury. Keep the neck and head still
- Keep the airway open
- DO NOT give the victim any fluids, cigarettes or other drugs that may mask important symptoms

Internal Bleeding

Warning signs of internal bleeding include coughing or vomiting blood or passing blood in urine or stool, cold clammy pale skin, rapid and weak pulse, or dizziness.

- Get emergency medical help immediately
- Have victim lie down and relax. Stay calm and keep the victim warm (blanket, jacket)
- Do not let the victim take any medication or fluids by mouth unless a doctor so permit

Communicable Disease Procedures

1. Bleeding must be stopped, the open wound covered, and the uniform changed if there is significant blood on it before the athlete may continue.
2. Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluids are anticipated. Gloves should always be available in the first aid kit.
3. Immediately wash hands and other skin surfaces if contaminated with blood.
4. Clean and sterilize all blood-contaminated surfaces and equipment.
5. Managers, coaches and volunteers with open wounds should refrain from all direct contact until the condition is resolved.
6. Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Broken Bones

If you suspect one or more bones to be broken, **DO NOT** move the victim unless the victim is in immediate danger of further injury.

- Call for emergency help immediately
- Check for the following
 - Breathing – give Rescue Breathing if needed
 - Bleeding – apply direct pressure over the site
 - Shock (pale or bluish cold clammy skin, rapid weak pulse, overall weakness, rapid shallow breathing) – keep victim calm and comfortable
 - DO NOT try to push bones back into place if sticking out of skin. Apply a moist dressing to prevent the bone from drying out
 - DO NOT try to straighten out a fracture – let a doctor or trained medical person take care of it
 - If the victim must be moved or transported, immobilize or stabilize the broken bone/fracture as best as possible

SEIZURE

Warning signs of a seizure include limbs jerking violently, eyes rolling upward, heavy breathing with dribbling or frothing at the mouth, victim's body becomes tense and breathing may stop. Note that victim may bite his or her tongue so severely that it may bleed and cause an airway obstruction.

- Call for emergency help immediately
- Let the seizure run its course
- DO NOT attempt to force anything into the victim's mouth
- Help the victim lie down and keep from falling or injuring himself/herself
- Loosen restrictive clothing
- DO NOT use force or attempt to restrain a seizure victim
- Move objects out of the way that may injure the victim (chairs, tables, etc.)
- If an object endangers the victim and cannot be moved, put clothing or soft material between the victim and the object

After the seizure check the following:

- Breathing – if not breathing give Rescue Breathing
- Medical ID – check for medical identification bracelet or necklace and observe emergency medical requirements
- Mouth – check for any burns around the mouth that would indicate ingested poison
- Confusion – the victim of a seizure or convulsion may be confused and not talkative following the seizure. Stay with the victim and watch to ensure breathing continues. When victim is able to move, get medical attention

Object in Eye

When a foreign object is in the eye, avoid rubbing the eye. If the object can be seen, touch it lightly with the dry corner of a handkerchief to remove it. In attempting to locate an object in the eye, check under eyelids. If the object cannot be seen or does not come out, irrigate the eye with an eye rinse solution, cover the eye with a clean compress and obtain medical assistance. Keep the eye closed. Do not allow the victim to drive.

Eye Injury

- Have victim close both eyes
- Cover injured eye loosely with gauze pad and tape
- Cover uninjured eye with gauze or cardboard with small hole cut in center. Eye will focus on that spot decreasing movement in both eyes
- Keep victim quiet, preferably lying down
- Obtain medical assistance

Head Injury – Minor

Signs of minor head injuries include redness, tenderness, swelling, small wound, headache, and/or dizziness.

- Clean and bandage any small wounds
- Have the victim lie down
- Apply cold or ice pack to injured area for 20 to 30 minutes – protect the skin with a thin cloth or paper towel before applying
- Observe for signs of severe head injury for 24 hours or more

Head Injury – Major (Concussion)

In addition to an obvious major wound, there are many other signs of concussion including

- Confusion, loss of memory, irritability
- It may be difficult to rouse the victim or the victim may be experiencing a seizure or unconsciousness
- Flushed or pale face, bleeding or clear liquid from ears, nose, mouth
- Loss of bladder and bowel control

- Persistent headache, dizziness or vomiting
- Unequal eye pupils, rapid pulse, irregular breathing, unequal hand grips, unequal movements of arms and legs, partial or complete paralysis
- Keep victim lying down
- Elevate head and shoulders if no neck injury is suspected
- DO NOT ELEVATE FEET
- Treat for shock. If no neck injury is suspected, turn head so secretions drool from mouth
- Apply dressing lightly to bleeding head wound
- Obtain medical assistance

Insect Bite

Signs of insect bites or stings include presence of a “stinger”, pain, swelling, and possible allergic reaction. Remove a stinger by scraping it away with a credit card in the direction the stinger entered. Wash the wound and cover it. Apply a cold pack and watch for signs of allergic reaction.

Extreme Heat or Cold

Exposure to extreme heat or cold may make a person seriously ill. Contributing factors may include physical activity, clothing, wind, humidity, working and living conditions, and a person’s age and physical health. Once the signs of a heat or cold related illness begin to appear, the victim’s condition can quickly worsen.

Heat-Related Illnesses

Heat-related illnesses take the form of heat exhaustion, heat cramps, and heat stroke caused by overexposure to heat.

Heat cramps usually appear as painful muscle spasms in the legs and abdomen.

- Have victim rest in a cool place
- Give cool water or a commercial sports drink
- Lightly stretch the muscle and gently massage the area
- DO NOT give victim salt tablets or salt water
- DO provide the victim with plenty of drinking fluids (preferably water or commercial sports drink)

Heat exhaustion usually appears with cool, moist, pale or flushed skin, headache, nausea, dizziness, weakness and exhaustion. Heat stroke is serious and appears as red, hot, dry skin, changes in consciousness, rapid weak pulse, and rapid shallow breathing.

- Get the victim out of the heat
- Loosen tight clothing
- Remove perspiration-soaked clothing
- Fan the victim
- If victim is conscious, give cool water to drink
- If victim refuses water, vomits or starts to lose consciousness, call for an ambulance

Cold-Related Illnesses

Cold-related illnesses typically occur from frostbite and hypothermia.

Frostbite appears with a lack of feeling in the affected area and skin that appears waxy, is cold to the touch, or is discolored (flushed, white, yellow or blue).

- Handle the affected area gently – NEVER RUB the area as it can cause further damage to soft tissues
- Warm area gently by soaking affected part in water no warmer than 105 degrees fahrenheit
- Keep affected area in water until it looks red and feels warm
- Loosely bandage area with dry, sterile dressing
- If the affected area is toes or fingers, place cotton or gauze between them
- Don't break any blisters
- Seek medical attention as soon as possible
- Hypothermia signs include shivering, numbness, glassy stare, apathy, and loss of consciousness.
- Call for an ambulance
- Care for any life-threatening problems
- Move the victim to a warm place, if possible
- Warm the victim slowly by wrapping in blankets or putting on dry clothes
- Apply other sources of heat if available (chemical heat packs or hot water bottle)

Strain

Injury to the muscle or tendon. Pain with moving or stretching the affected muscle or muscle spasms. Acute strains are caused by over stress or direct injury. Chronic strains are caused by overuse.

- Mild strain (Grade I):
 - o Slightly pulled muscle with no tearing of muscle or tendon. No loss of strength
 - o Ability to produce strong yet painful muscle contractions
 - o Requires self care through rehabilitation after doctor's diagnosis
 - o Average healing time: 2 to 10 days
- Moderate strain (Grade II):
 - o Tearing of muscle, tendon or at the bone attachment
 - o Weak and painful attempts at muscular contraction
 - o Requires physical therapy after doctor's diagnosis
 - o Average healing time: 10 days to 6 weeks
- Severe strain (Grade III):
 - o Rupture of muscle-tendon-bone attachment with separation
 - o Extremely weak yet painless attempts at muscular contraction
 - o Requires surgical repair and physical therapy after doctor's diagnosis
 - o Average healing time: 16 to 10 weeks

Sprain

Violent overstretching of ligament in a joint. Pain, tenderness, swelling or bruising at joint.

- Mild strain (Grade I):
 - o Tearing of some ligament. No loss of function
 - o Requires self care through rehabilitation after doctor's diagnosis
 - o Average healing time: 2 to 6 weeks
- Moderate strain (Grade II):
 - o Rupture of portion of ligament resulting in some loss of function
 - o Requires physical therapy after doctor's diagnosis
 - o Average healing time: 6 to 8 weeks
- Severe strain (Grade III)::
 - o Complete rupture of ligament or complete separation of ligament from bone. A sprain-fracture occurs when the ligament pulls loose a fragment of bone
 - 1+ Joint surfaces displaced 3-5 mm
 - 2+ Joint surfaces displaced 6-10 mm
 - 1+ Joint surfaces displaced 10+ mm
 - o Requires surgical repair and physical therapy after doctor's diagnosis
 - o Average healing time: 8 to 10 weeks

Injury Information

- Acute (traumatic injury)
- Chronic (overuse injury)
 - o Account for more than 50% of injuries in primary care practices
 - o Classification Stages:
 1. Pain after activity only
 2. Pain during activity. Does not restrict performance
 3. Pain during activity. Restricts performance
 4. Chronic persistent pain, even at rest

R.I.C.E. Treatment

- **R**est, **I**ce, **C**ompression, **E**levation
- First aid for strains, sprains, contusions, dislocations, or uncomplicated fractures
 - o **Rest**
 - Stop using injured part
 - Continued activity could cause further injury, delay healing, increase pain, and stimulate bleeding
 - Use crutches to avoid bearing weight on injuries of the leg, knee, ankle, or foot
 - Use splint for injuries of the arm, elbow, wrist, or hand
 - o **Ice**
 - Hastens healing time by reducing swelling around injury
 - Sudden cold contracts blood vessels
 - Helps stop internal bleeding from injured capillaries and blood vessels
 - Keep damp or dry cloth between skin and ice pack
 - Do not apply ice for longer than 15 to 20 minutes at a time

- For 3 days after injury
 - Apply every hour for 10 to 20 minutes
- Apply ice after 3 days as long as pain or inflammation persist
 - Apply at least 3 times throughout the day for 15 to 20 minutes
- o **Compression**
 - Hastens healing time by reducing swelling around injury
 - Decreases seeping of fluid into injured area from adjacent tissue
 - Use elasticized bandage, compression sleeve, or cloth
 - Wrap injured part firmly
 - Do not impair blood supply
 - Too tight of compression may cause more swelling
 - Wrap over ice
 - Loosen the bandage if it gets too tight
- o **Elevation**
 - Elevate injured part above level of heart
 - Decreases swelling and pain
 - Use objects and pillows for props

LITTLE LEAGUE BASEBALL® & SOFTBALL **NATIONAL FACILITY SURVEY**

2018

Delta Little League of
Stockton, Inc.

League Name: Delta Little League

District #: CA-08

ID #: 4050824

City: Stockton State: CA

President: Brian Morelli

Address: 10637 Pyramid Drive

City: Stockton

State: CA ZIP: 95219

Phone (work): (209) 607-6179

Phone (home): (209) 607-6179

Email: bmorelli@comcast.net

Safety Officer: Ryan
Wright

Address: 10526 Sunbird
Way

City: Stockton

State: CA ZIP: 95219

Phone (work): (916)
330-1638

Phone (home): (209)
613-3809

Email: ryan@goldenstatefire.com

PLANS FOR FUTURE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.

a. New fields			
b. Basepath/infield			
c. Bases			
d. Scoreboards			
e. Pressbox			
f. Concession stand			
g. Restrooms			
h. Field lighting			
i. Warning track			
j. Bleachers			
k. Fencing			
l. Bull pens			
m. Dugouts			
n. Other (specify):			

**2018 LL
Season**

SPECIFIC BALLFIELD QUESTIONS

• Please list all fields by name. For more than 20 fields, copy this form or request additional forms from ASAP (800/811-7443 or asap@musco.com).

Field Identification (List your ballfields 1-20)



ASAP - A Safety Awareness Program
Limited Edition 10-year Pin Collection

This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2013 Disney® character collector's pin shown at right featuring Tuffy at second base. Or enter data online at: <http://facilitysurvey.musco.com> for your league. Check your email for your league identification and password.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Name:																			
Major																			
Name:																			
Minor - A																			
Name:																			
Minor - B																			
Name:																			
T-Ball																			
Name:																			

Please answer the following questions for each field:

GENERAL INVENTORY

(For the following questions, if the answer is "No" please leave the space blank.)

Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
1. How many cars can park in designated parking areas?																					
None																					
1-50	X	X	X	X																	
51-100																					
101 or more																					
None/NA																					
1-100	X	X																			
101-300																					
301-500																					
501 or more																					
Wood																					
Metal	X	X																			
Other																					
Yes	X	X																			
Yes																					
Yes																					
Yes																					
Permanent																					
Cellular	X	X	X	X																	
Permanent																					
Portable																					
Yes	X																				
Yes																					
Yes	X	X	X																		
Yes	X																				
Yes																					

Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
FIELD																				
14. Is field completely fenced?																				
15. What type of fencing material is used?																				
	Chain-link	X	X	X	X															
	Wood																			
	W/FC																			
17. What base path material is used?																				
	Sand, clay, soil mix	X	X	X	X															
	Ground burnt brick	X	X	X	X															
	Gravel	X	X	X	X															
18. What is used to mark baseline?																				
	Non-caustic lime	X	X	X	X															
	Spray paint																			
	Commercial marking																			
19. What is the infield surface?																				
	Grass																			
	Skinned	X	X	X	X															
20. Does field have conventional dirt pitching mound?																				
	Yes	X	X	X	X															
21. Does field have a temporary pitching mound?																				
	Yes																			
22. Are there foul poles?																				
	Yes	X	X	X	X															
23. Backstop behind home plate?																				
	Yes	X	X	X	X															
PERFORMANCE AND PLAYER SAFETY																				
24. Is there an outfield warning track?																				
	Yes																			
24.a. If yes, what width is warning track? Please specify: (Width in feet)																				
	Yes																			
25. Batter's eye (screen/covering) at center field?																				
	Yes																			
26. Pitcher's eye (screen/covering) behind home plate?																				
	Yes	X	X	X	X															
27. Are there protective fences in front of the dugouts?																				
	Yes	X	X	X	X															
28. Is there a protected, on-deck batter's area? (On-deck areas have been eliminated for ages 12 and below.)																				
	No																			
29. Do you have fenced, limited access bull pen?																				
	Yes	X	X	X	X															
30. Is a first aid kit provided per field?																				
	Yes	X	X	X	X															
31. Do bleachers have spectator foul ball protection?																				
	Overhead screens																			
	Fencing behind	X	X	X	X															
	Standard																			
32. What type of bases are used? (Break-away bases are mandatory starting with the 2008 season.)																				
	Break-away	X	X	X	X															
33. Is the field lighted?																				
	Yes																			
34. Are light levels at/above Little League standards? (50 footcandles infield/30 footcandles outfield)																				
	Yes																			
	Don't know																			
35. What type of poles are used? (Wood poles have not been allowed by LLE for new construction of lighting since 1994)																				
	Wood*																			
	Steel																			
	Concrete																			
36. Is electrical wiring to each pole underground?																				
	Yes																			
37. Ground wires connected to ground rods on each pole?																				
	Yes																			
38. Which fields tested/inspected in last two years? Please indicate month/year testing was done (ex. 3/01).																				
	Electrical System																			
	Light Levels																			
	Electrical System																			
	Light Levels																			

2014 LL Season

Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	FACILITY MANAGEMENT																			
40. Which fields have the following limitations:																				
a. Amount of time for practice?	X	X	X	X																
b. Number of teams or games?	X	X	X	X																
c. Scheduling and/or timing?	X	X	X																	
41. Who owns the field?																				
	Municipal																			
	School	X	X	X																
	League																			
42. Who is responsible for operational energy costs?																				
	Municipal																			
	School																			
	League	X	X	X																
43. Who is responsible for operational maintenance?																				
	Municipal																			
	School																			
	League	X	X	X																
44. Who is responsible for purchasing improvements for the field - ie bleachers, fences, lights?																				
	Municipal																			
	School																			
	League	X	X	X																
	Other																			
45. What divisions of baseball play on each field?																				
	T-Ball & Minor	X	X	X																
	Major	X																		
	Jr., Sr. & Big																			
	Challenger																			
46. What divisions of softball play on each field?																				
	T-Ball & Minor																			
	Major																			
	Jr., Sr. & Big																			
	Challenger																			
47. Do you plan to host tournaments on this field?																				
	Yes																			

2014 LL Season

FIELD DIMENSION DATA

Please complete for each field. Use additional space if necessary.

Field No.	Height of outfield fence	Distance from home plate to:				Foul territory distance from:					
		Outfield fence			Back stop	Left field line to fence at:			Right field line to fence at:		
		Left	Center	Right		Home	3rd	Outfield foul pole	Home	1st	Outfield foul pole
1	4 ft	225 ft	225 ft	225 ft	15 ft	15 ft	20 ft		15 ft	20 ft	
2	4 ft	185 ft	185 ft	185 ft	12 ft	12 ft	20 ft		12 ft	20 ft	
3					15 ft	20 ft	20 ft		20 ft	20 ft	
4					12 ft	12 ft	12 ft		12 ft	12 ft	
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											

19											
20											

2018 LL Season

Return completed survey with safety program registration and supporting materials by March 12, 2017 to:

Mailing address:

Little League International
PO Box 3485
Williamsport, PA 17701

Shipping address:

Little League International
539 US Route 15 Hwy.
South Williamsport, PA 17702

