

Mira Mesa Little League 2020 Safety Plan



Mira Mesa Little League is a Non-Profit Organization Run By Volunteers Whose Mission is to Provide an Opportunity For Our Community's Children To Learn the Game of Baseball In a Safe and Friendly Environment.

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Introduction

How this document is organized

Little League requires 15 essential subsections be included in a safety plan for it to be approved by the national organization. In order to make it easier for the national office to insure that this plan meets its requirements these 15 subsections are included in the next section entitled “*Safety Plan Required Elements.*” Examples of all required forms can be found in the Appendix of this document. The remainder of the plan contains supplementary information to help the MMLL organization keep its players and volunteers safe.

Why We Have a Safety Plan

- Fewer injuries to kids/all participants
- Reduces severity of injuries
- Reduces insurance costs to league

How does Williamsport recognize programs with Safety Programs?

- 20% AIG player accident insurance credit
- Recognition in ASAP News
- \$500 to top two plans per region
- Trip to LL World Series for top plan from each region
- \$25,000 Musco lighting system awarded to top plan in nation

What is required?

- Registration of Safety Program at beginning of season. Safety plan must include the 15 sections described on the national web site
- Minimum of one active Safety Officer registered with Williamsport
- Publish and distribute a safety manual to managers and coaches
- Post and distribute emergency and key officials phone numbers
- Use LL *Volunteer Application Form* for all volunteers
- Provide fundamentals training for all coaches and managers
- Require first-aid training for coaches and managers
- Require coaches/umpires to walk fields for hazards before use
- Completion of the annual Facility Survey
- Written safety procedures for concession stand: concession manager trained in safe food handling and preparation procedures
- Regular inspection and replacement of equipment
- Implement prompt accident reporting and tracking procedures – include near misses
- Require a first-aid kit per team at each game and practice
- Enforce Little League rules in regard to proper equipment

How can I help?

- **Education:** First be sure you are aware of all rules pertinent to your division, then share this knowledge with coaches, parents, and players.
- **Compliance:** Understand the rules and follow them to the best of your ability and remember that rules are secondary to commonsense. If commonsense tells you that something is unsafe please intervene even if it's not covered by the written rules.
- **Reporting:** Report all injuries and near misses within 12 hours to the Safety Officer. It is the responsibility of the Safety Officer to follow-up with the injured party as well as work with you and others to identify if there is something the League can do to avoid future injuries.

Safety Plan Required Elements

1. — Mira Mesa Little League Safety Officer

The Mira Mesa Little League Safety Officer is:

Scott Moody

11277 Polaris Drive

San Diego, CA 92126

Home: 858-586-7512, Cell: 619-822-5123

On file with Little League Headquarters

2. — Distribution

MMLL will distribute a paper copy of this *Safety Manual* to all:

- Managers and Coaches
- League Volunteers
- District Administrator

3. — Important Phone Numbers and Email Addresses

2020 MMLL Board Member Title	Name	Number	e-mail
Emergency	Police/Ambulance/Fire	911	
President	Jason Williams	775-771-1836	president@miramesalittleleague.org
Vice President	Cyndy Bell	858-395-7887	vicepresident@miramesalittleleague.org
Secretary	Stacy King	619-322-8084	secretary@miramesalittleleague.org
Treasurer	Erin Morton	619-573-7227	treasurer@miramesalittleleague.org
Player Agent	Melissa Maron	858-610-5414	playeragent@miramesalittleleague.org
T-Ball & CAPS Liaison	Chris LaPage	858-945-5632	tball@miramesalittleleague.org
Manager Representative	Darrell LaMar	619-818-1851	managerrep@miramesalittleleague.org
Field Rep	Open		fields@miramesalittleleague.org
Safety Officer	Scott Moody	619-822-5123	safetyofficer@miramesalittleleague.org
Fundraisers	Stacey Williams	775-771-5317	fundraisers@miramesalittleleague.org
Information Officer	Brian Murphy	858-518-1833	informationofficer@miramesalittleleague.org
Snack Shack	Veronica Needham	619-888-9030	snackshack@miramesalittleleague.org
Sponsorships	Rhonda Mulvey	858-232-8508	sponsorships@miramesalittleleague.org
Liaison to Rec Council	Richie Ludwick	760-755-9925	reccouncil@miramesalittleleague.org
Umpire in Chief (UIC)	Leonard Fletcher	858-610-4174	umpires@miramesalittleleague.org
Equipment Manager	Matt Haug	951-285-2479	equipment@miramesalittleleague.org
Uniform Coordinator	Jasmine Baltazar	248-701-3816	uniforms@miramesalittleleague.org
Head Scorekeeper	Katie Nolte	858-603-8896	scores@miramesalittleleague.org
Trophy Coordinator	David Wimberly	209-406-3903	trophies@miramesalittleleague.org
Co-Player Agent	Tracy Magee	660-292-1916	events@miramesalittleleague.org

4. — Volunteer Form

The MMLL will use the Official Little League **Volunteer Application** form to screen all of our volunteers. A reproduction of this application can be found in Appendix B.

5. — Volunteer and Fundamentals Training

MMLL requires periodic training classes for its key volunteers. At least one manager/coach from each team must attend a training class every year. Every manager/coach will attend a training class at least once every 3 years. Training will be completed at the following

1. Big Al Baseball Online Clinics at <http://www.bigalbaseball.com/index.php/clinics>
– To be completed by managers and coaches by March 1, 2020

6. — First Aid Training

MMLL will have first aid training for coaches, managers, and other volunteers. Training will take place January 26, 2020.

7. — Pre-game and Pre-practice Procedure

Coaches will be required to walk/inspect the fields prior to each practice and game. Umpires are also required to walk the fields to check them for potential hazards before each game.

8. — Facility Survey

Mira Mesa Little League has completed and updated our 2020 *Facility Survey* on-line.

9. — Concession Stand Safety

The concession stand menu will be approved by the MMLL Safety Officer and the League President. The concession stand safety procedures are described in the section *Concession Stand and Snack Bar Safety*. Our concession stand safety procedures will be posted several places in the snack bar.

10. — Equipment Inspection

The MMLL safety officer will inspect all equipment prior to the start of the season. Managers/Coaches will inspect the equipment for their team prior to each game. Umpires are also required to inspect both teams' equipment before each game. A safety check lists for Managers and Umpires to use pre-game can be found in the section entitled **Game Time Safety Check List**. The managers and umpires must walk the field prior to each game to inspect it to insure that it is safe for play.

11. — Accident Reporting

Mira Mesa Little League will use the official Little League tracking form and will provide completed accident form to the safety officer within 24-48 hours of any safety incident. The official form was downloaded from the LL web site and a copy is included here in Appendix A.

12. — First Aid Kits

Each team will be issued an updated **First Aid Kit**. These first aid kits must be brought to each practice and game. The First Aid Kit will become part of the Team's equipment package and must be taken to all practices, batting cage practices, games (whether preseason, regular season, or postseason) and any other MMLL Little League event where children's safety may be at risk. First Aid Kits must be turned in at the end of the season along with your equipment package.

The First Aid Kit comes will include the following items:

1. Instant ice Packs
2. Antiseptic Wipes
3. Rolls of Gauze
4. Large Bandages 2"x4"
5. Large Non—stick Bandages
6. Band Aids 1"x3"
7. Cloth Athletic Tape
8. Eye Wash
9. Latex Gloves

Additional First-Aid Kits and supplies are available in each field's storage shed and the Snack Bar. Materials from these additional kits may be used to replenish materials in the Team's Kit or you may contact the MMLL Equipment Manager. Contact the Equipment Manager immediately if any items are missing.

13. — Compliance with Little League Rules

MMLL will require all teams to enforce all *Little League* rules. This includes

- Proper catcher's equipment
- No on-deck batters
- Adults will not warm up pitchers
- Bases will disengage on all fields

14. — Safety Plan Registration

MMLL will register this safety plan with the National Little League Office.

15. — Player, Coach and Manager Data

All player, coach, and manager data will be submitted via the little league data center at:
<http://www.LittleLeague.org>

Letter to Our Parents and Volunteers

Dear Little League Parents and Volunteers,

This Manual is intended to raise awareness about the Mira Mesa Little League safety plan. Our goal is to ensure a safe and comfortable season for all of our families. Copies will be available on Opening Day, Saturday March 7, 2020, for all families and players to have. If you have not received a copy from either your Manager or Coach, you may pick one up at our snack bar during operating hours or visit our website at <http://www.miramesalittleleague.org>.

The volunteers of Mira Mesa Little League consider it a privilege to assist your children in learning to play the game of baseball in a fun, supportive, and above all, safe environment. To this end, we strive to assure board members, managers, coaches, and umpires are properly screened and educated regarding safety and their responsibilities. Prior to board members being approved, they must be referred by another Board member in good standing and pass a background and reference check.

Additional safeguards are in place to monitor Little League funds and those who have access to them. Realizing you entrust many hours of your child's time with these individuals we require that managers, and coaches must agree to a background check and provide references when applying for these very important positions. Those who are approved are then required to attend safety and first aid training. MMLL then provides access to manager and coach training programs designed to assist managers and coaches, old and new, in learning new and better ways to teach your children the fundamentals of baseball in a fun and safe environment.

Parents also have a responsibility in assuring your child's Little League experience is safe, fun, and rewarding. By registering your child to participate in any volunteer run organization, you are also expected to participate as best as you are able. In Little League you may be expected to attend the community meetings, assist the managers and coaches, work at the snack bar, write an article or two for the Baselines, help refurbish the fields, or help any other way that you may be able. Remember, your child learns much more from what you do than what you say.

Lastly, it is everyone's responsibility to keep our children safe. Please drive safely and slowly; inspect the fields for potential hazards and report them to the managers or board members; inspect your child's equipment, and follow the equipment rules - no paint or stickers on helmets, shoelaces tied, protective cups worn; make sure they attend all practices to enhance their knowledge; and support the coaches, umpires, and board members — remember we would not volunteer so many hours if we didn't want to provide our children with a fun and safe playing experience.

Have a great season!

Jason Williams, **MMLL President**
Scott Moody, **MMLL Safety Officer**

Mira Mesa Little League Code of Safety and Safe Conduct Policy

It is the goal of Mira Mesa Little League to provide an experience for the children of Mira Mesa that allows them to develop both athletically and socially while practicing and playing Little League Baseball. Inherent in any athletic activity is the possibility of injury. Therefore, it is the aim of Mira Mesa Little League to provide an environment for the players, coaches, and spectators where we reduce the potential for injury to an absolute minimum. The following Code of Safety and Conduct has been adopted to strengthen Mira Mesa Little League's commitment to safety:

- Educate the players, coaches, and parents on the safety rules of Little League Baseball, both national and local.
- Educate the players, coaches, and parents about the safety concerns at practice and game sites.
- Establish procedures for contacting emergency medical services if needed.
- Establish pre-game/pre-practice checklist and procedure for field and equipment safety inspection.
- Establish procedures for the enforcement of safety rules.
- Establish a policy for cancellation of games and practices due to weather, field conditions, or when lighting is inadequate.
- Weekly inspection by the League Safety Officer of all game and practice sites.
- Provide First Aid Kits to all coaches to bring to all practices and games.
- Provide additional First Aid Kits in all field storage sheds.
- Provide all coaches with the name and number to contact for additional supplies throughout the season.
- Establish ball retrieval procedures for balls thrown or batted out of the playing area, including not allowing players to cross streets without direct adult supervision.
- Provide player clinics for baseball skill development and fundamentals.
- Provide mandatory clinics for coaches and managers with the purpose of teaching baseball fundamentals. These clinics are to be taught by professional instructors approved the Little League National office.

MMLL Emergency Safety Procedures

1. All safety related events will be reported to the Safety Officer

1.1. What to report

- 1.1.1. Any incident that requires a player, manager, coach, umpire, or volunteers to receive medical treatment and/or first aid other than the simple ice compress or Band-Aid
- 1.1.2. Any incident that requires evaluation by a medical professional even if that evaluation indicates that no further action is required
- 1.1.3. Any near misses where a serious injury may have occurred

2. What to do in case of emergency

- 2.1. Quickly assess the severity of the situation
- 2.2. Give first aid if required
- 2.3. Call 911 immediately if the severity of the situation requires it: Err on the side of caution — **IF IN DOUBT – CALL.**
- 2.4. Notify parents as soon as possible if they are not at the scene
- 2.5. As soon as any immediate danger to health is past interview witnesses
- 2.6. Notify the MMLL Safety Officer of the incident within 12 Hours
- 2.7. Complete a *Preliminary Accident Report* form and deliver to Safety Officer within 24 hours

3. How to report the incident

- 3.1. Fill out a *Preliminary Accident Report*. An example accident report form can be found in the appendices of this document. It will ask for the following information
 - 3.1.1. The name, phone number, and address of the individuals involved
 - 3.1.2. The date, time, and location of the incident
 - 3.1.3. A detailed description of the incident
 - 3.1.4. A preliminary assessment of any injury or damage to the parties involved
 - 3.1.5. A preliminary assessment of the severity of the injury.
 - 3.1.6. The name, phone number, address, and email for the person filling out the report
 - 3.1.7. The name, phone number and any other possible contact information for any witnesses of the incident

Responsibilities

A. Safety Officer.

- a. Be responsible for creating awareness of safe conduct, through education and information.
- b. Develop and implement a plan for improving safety of activities, equipment, and facilities through education, compliance, and reporting.
- c. Education - Facilitate meetings and distribute Information among participants including players, managers, coaches, umpires, league officials, parents, guardians, and other volunteers.
- d. Compliance - Promote safety plan compliance by increasing awareness of the safety procedures and responsibilities.
- e. Reporting - Define and promote a process to assure that incidents are recorded, information is sent to league, district, and national offices, and follow-up information on medical and other data is forwarded as available.

B. Managers and Coaches. Team Managers and Coaches

- a. Complete volunteer form allowing MMLL to perform reference and background check.
- b. Assure players' original medical release forms are present at all LL activities.
- c. Support LL staff, and umpires. Assist and support junior umpires whenever they are officiating
- d. Assure behavior of all managers coaches, players, and spectators are always positive
- e. Ensure that your team first aid kit is readily accessible at all LL activities.
- f. Ensure field, equipment, and uniforms are inspected and comply with all safety guidelines and Little League rules (This task may be delegated to another adult but the ultimate responsibility rests with the managers)
- g. Teach players the fundamentals of baseball according to local and national rules in a fair and positive manner.

C. Umpires

- a. Confirm with managers that field and equipment have been inspected and are safe for play.
- b. Inspect equipment, including players' personal equipment such as cleats, helmets, bats, and other safety equipment and verify that they are appropriate for Little League play.
- c. Confirm players are not wearing jewelry, pins, metallic objects, casts, etc.
- d. Ensure that only players warm up pitchers and that catchers wear all appropriate equipment.
- e. Ensure that both teams keep play areas clear.
- f. Make sure any base coach under the age of 20 is wearing a helmet. Ensure all players and coaches not coaching bases, remain completely in the dugout.

Game Time Safety Check List

All umpires, managers, coaches, and parents are responsible for assuring the safety conditions of the field and protective equipment of the players. The following items must be inspected or verified by the manager or designee:

1.1. Field Condition

- ✓ Backstop
- ✓ Home plate
- ✓ Bases
- ✓ Pitcher's mound

1.1.1. Field hazards

- ✓ Holes
- ✓ Grass and infield playing area
- ✓ Uneven playing field
- ✓ Rock, glass and other debris
- ✓ Fences
- ✓ Sprinklers

1.2. Player's Equipment

1.2.1. Catcher's gear

- ✓ Shin guards
- ✓ Chest Protectors
- ✓ Mask/Helmet
- ✓ Throat guard

1.2.2. Player's gear

- ✓ Medical release forms
- ✓ Batting helmets
- ✓ Bats
- ✓ Cleats appropriate for division in which game is played

1.3. Safety Equipment

- ✓ First-aid kits
- ✓ Ice packs

If any of the above referenced items are missing, defective, or in need of repair, they are not to be used and the responsible Division Representative, Equipment Manager and Safety Officer must be notified within 24 hours. Both managers and the umpire must agree on the fitness of the field to start a game. The umpire has the final word on the condition of all equipment.

Umpires:

1.1. Before game

- ✓ Check field and equipment check list items 1, 2 and 3 above
- ✓ Have all players remove jewelry or other metallic accessories (except medical ID tokens).

1.2. During Game

- ✓ Ensure catcher's gear meets Little League standards and is worn properly at the beginning of each inning.
- ✓ Make sure that the coaches keep the playing area clear and equipment in the proper areas and not on the field of play
- ✓ Check each batter for proper batting helmet
- ✓ Pitcher warm-up must be done by a player on the pitcher's team with at least a catcher's helmet, mask and throat guard — at no time can an adult warm up a pitcher during a game.
- ✓ Ensure that the players on the batting team are always within the dugout unless batting or on base.

Darkness

Practice and game times have been assigned to allow all teams adequate time during normal daylight. MMLL coaching staffs have been instructed not to practice at night, nor to run any practices involving hardballs during times with less than optimal lighting (e.g., dusk, dark, cloudy (lays). Running, sliding, and "chalk talk" are permitted.

The umpire in charge will be the final word on whether or when play shall be suspended during a game due to darkness. The League's Umpire in Chief and Safety Officer may also make confer with the umpire in charge for these decisions. The safety of the players will be the only factor considered when determining if a game will be played or continued. Little League defines specific requirements necessary for baseball play at night. Currently, MMLL does not have sufficient lighting at any of the fields for nighttime play.

Weather

Umpires, managers and coaches should try to anticipate all weather conditions that may encountered during any game. Specifically they should consider the following conditions:

1. Hot Weather – Precautions must be taken in order to make sure the players on your team do not dehydrate or over heat.
 - 1.1. Suggest players take drinks of water when coming on and going off the field between innings. Managers should keep extra water and cups on hand should players/parents forget.
 - 1.2. If a player looks tired or distracted on a hot day, substitute that player and get him/her into the shade of the dugout as soon as possible.
 - 1.3. If a player should collapse as a result of heat exhaustion call 911 immediately! Use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives. If the player is alert, encourage the player to drink water.
2. Ultra-Violet Ray Exposure:
 - 2.1. Along with sunburn, this kind of exposure increases an athlete's risk of developing a skin cancer. 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, MMLL recommends that ALL participants

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

3. Rain:

- 3.1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
- 3.2. Determine the direction the storm is moving.
- 3.3. Evaluate the playing field as it becomes more and more saturated.
- 3.4. Stop practice/play if the playing conditions become unsafe. Consult with the other manager and the umpire to formulate a decision.

4. Lightning: The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour. Once the leading edge of a thunderstorm approaches to within 10-12 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead. On average, the thunder from a lightning stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity, and background noise. By the time you can hear the thunder, the storm has already approached to within 3-4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

If you can HEAR, SEE, OR FEEL a thunderstorm:

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

Field Sheds and Maintenance Equipment

Field Sheds

The following applies to all of the storage sheds used by Mira Mesa Little League and further applies to anyone who has been given access to our sheds.

1. Keys/combinations to the locks on equipment sheds will only be issued to MMLL managers and board members, and other register LL volunteers.
2. All storage sheds will be kept locked at any time there is not a manager, coach or board member to supervise the area.
3. All individuals with keys to the equipment sheds are to be informed of their responsibility for the orderly and safe storage of all equipment, heavy machinery, hazardous materials, chalk, tools, etc.
4. Before the use of any machinery located in the shed (i.e., chalkers, drags, scoreboard equipment, etc), it is the responsibility of the manager that the person using the equipment is familiar with how to operate it.
5. All paint, chalk, chemicals or other materials stored in storage sheds shall be properly labeled and stored in its original container if available.
6. Any witnessed "loose" materials within these sheds should be cleaned up and disposed of immediately to prevent accidental poisoning or other accidents.
7. Use poison symbols to identify dangerous substances.
8. Dispose of outdated products as recommended.
9. Use paints, chalk, or other chemicals only in well-ventilated areas.
10. Wear proper protective clothing, such as gloves or a mask when handling toxic substances.

Machinery

Tractors, mowers, ATV and any other heavy machinery will:

1. Be operated by a registered MMLL volunteer.
2. Never be operated under the influence of alcohol or drugs (including medication)
3. Not be operated by any person without a valid driver's license.
4. Never be operated in a reckless or careless manner.
5. Be stored appropriately when not in use with any brakes secured and all blades retracted.
6. Never be operated or ridden in a precarious or dangerous way (i.e. riding on the fenders of an ATV).
7. Never left outside the tool sheds or appointed garages if not in use.

Insurance Policies

Mira Mesa Little League Insurance Policy is designed to supplement a parent's existing family policy. Little League Accident Insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated. Mira Mesa Little League participants shall not participate in games, scrimmages or practices with other teams of other programs or in tournaments except those authorized by Little League Baseball, Incorporated.

Explanation of Coverage:

The AIG Little League's insurance policy is designed to afford protection to all participants at the most economical cost to MMLL. 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, AIG Little League Insurance – which is purchased by MMLL, not the parent – can be used to provide medical benefits. After a \$50 deductible per claim, all injury treatment costs up to the maximum stated benefits are covered. This plan makes it possible to offer exceptional, low-cost protection to insure that adequate coverage for our children and volunteers is available at all times during the season.

In order to file a claim:

1. Have the child's parents file a claim under their insurance policy; Blue Cross, Blue Shield or any other insurance protection available.
2. Should the family's insurance plan not fully cover the injury treatment, the Little League AIG Policy will help pay the difference, after a \$50 deductible per claim, up to the maximum stated benefits.
3. If the child is not covered by any family insurance, the Little League AIG 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.
4. 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.
5. When filing a claim, all medical costs should be fully itemized.
6. 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.
7. 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.
8. Claims must be filed with the MMLL Safety Officer. He will forward them to Little League Baseball, Incorporated, PO Box 3485, Williamsport, PA, 17701. Claim Officers can be contacted at (717) 327-1674 and fax (717) 326-1074. Contact the MMLL Safety Officer for more information.

Concession Stand and Snack Bar Safety

1. No person under the age of fourteen is allowed to work in the concession stands without adult supervision.
2. Children under the age of eight are not allowed to be in the concession stand at any time.
3. People working in the concession stands will be trained in safe food preparation.
4. Training will cover safe use of the equipment and food handling. This training will be provided by the Concession Stand Manager, a MMLL Board Member, and given to Team Representatives at the beginning of the season.
5. A fully stocked First Aid Kit will be placed in the Concession Stand.
6. Workers are to wear food handling gloves when preparing and serving unpackaged food. Money is not to be handled with food handling gloves.
7. Cooking equipment will be inspected periodically and repaired or replaced if necessary. Equipment is to be operated by adults only.
8. Equipment which becomes hot is to be assumed hot at all times.
9. Electrical appliances are to be unplugged at the end of each day.
10. Propane tanks will be turned off at the grill and at the tank after use.
11. Food not inspected by MMLL board members will not be cooked, prepared, or sold in the concession stands.
12. All prepared foods (hot dogs, pizza, etc.) are to be sold, thrown away, or given away at the end of the day's shift.
13. Cleaning agents must be stored away from children.
14. A Certified Fire Extinguisher suitable for grease and electric fires must be placed in plain sight at all times.
15. All concession stand workers are to be instructed on the use of fire extinguishers.
16. The Concession Stand main entrance door will not be locked or blocked while people are inside.

Further concession stand safety tips suggested by the national Little League can be found in Appendix C.

First-Aid

What is First-Aid? First-Aid means exactly what the term implies – it is the first care given in the case of injury or at the onset of acute symptoms of an underlying disease. It is performed by the first person on the scene that is capable of helping and continues until professional medical help arrives, (911, paramedics, ambulance). At no time should anyone administering First-Aid go beyond his or her capabilities. Know your limits! The average response time on 911 calls is 5-7 minutes.

En-route Paramedics are in constant communication with the local hospital at all times 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. If necessary and advised ONLY from a qualified and trained person, we are equipped with an AED defibrillator for situations that need such attention located the device is located in the snack bar.

First Aid Treatment at Site

Do the following:

- Access the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- Know your limitations.
- Call 911 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 describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an injured individual.
- Talk to all players 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 do the following:

- Administer any medications.
- Provide any food or beverages (other than water and only if the victim is completely alert).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedure, (e.g., CPR, etc.)
- Transport injured individual except in cases where risk of further injury or harm does not exist, or in extreme emergencies and only when directed by professional emergency responders.

Basic Rules When Treating an Injury

1. Rest
2. Ice
3. Compression
4. Elevation
5. Support

Concussions

The following discussion is paraphrased from a CDC document “*Heads up Concussion in Youth Sports*”. The CDC has an on line training course, which prints out a certificate, that managers, coaches and Board Members complete each season. Below is the link to the training:

<https://www.cdc.gov/headsup/youthsports/training/index.html>

Introduction

Each day in our nation, hundreds of thousands of young athletes head out to fields, ice and gymnasiums to practice and compete in a wide variety of sports. There’s no doubt that these sports are a great way for kids and teens to stay healthy, as well as learn important leadership and team-building skills. But medical researchers have discovered young athletes, especially kids and teens, often don’t recognize their own limitations; especially when they have a concussion.

Youth concussion can have long term impacts on young athletes such as their health, memory, learning and even their survival. This has led to a new effort to improve prevention, recognition and response to sports-related concussion.

That’s where you come in. It’s your responsibility, as a coach, to help recognize and make the call to pull an athlete off the field, ice, or court if you think that player might have a concussion.

Lesson 1

- All concussions are serious.
- Concussions can happen in any sport or recreational activity.
- Recognizing and responding properly to concussions when they first occur can help prevent further injury or even death.

Understanding Concussion

A concussion is a type of traumatic brain injury— or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes your head and brain to move rapidly back and forth. This sudden movement can literally cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain. What you might not know is that these chemical changes make the brain more vulnerable to further injury. During this window of vulnerability the brain is more sensitive to any increased stress or injury, until it fully recovers.

Unlike a broken arm, or other injuries that you can feel with your hands or see on an x-ray, you can’t see a concussion. It is a disruption of how the brain works. It is not a “bruise to the brain.” That is why brain CAT scans and MRIs are normal with most concussions.

Causes of Concussion

- A knock to the head from a fall...
- A jolt to the torso from a collision...
- A hit to the head from a stick or ball...

A concussion can occur from any type of contact such as colliding with a player, a goalpost, the ground, or another obstacle. Concussions can also occur outside of sports, ranging from bumping your head on a door to being in a car crash.

Don't be fooled! Even what may seem like a mild bump to the head can actually be serious.

Potential Consequences of a Concussion

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

Not giving the brain enough recovery time after a concussion can be dangerous. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussions can result in brain swelling or permanent brain damage. It can even be fatal.

Yes, while rare, permanent brain damage and death are two potential consequences of not identifying and responding to a concussion in a proper or timely manner. That's why it is incredibly important for you to pull an athlete from play if you suspect he or she has a concussion.

Lesson 2

What to Watch for:

As a coach you're the first defense, ready to jump in to help if something seems "off"—even when an athlete doesn't know it or want to admit it.

Remember, you can't see a concussion, like you can see a broken arm, and there is no one single indicator for concussion. Instead, recognizing a concussion requires watching for different types of signs or symptoms. So to help recognize a concussion, you should watch for and ask others to report the following two things among your athletes:

- ✓ A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.

—*and*—

- ✓ Any concussion signs or symptoms, such as a change in the athlete's behavior, thinking, or physical functioning.

Keep the following list of signs and symptoms on hand. Athletes who exhibit or report one or more of the signs and symptoms listed in the table below, or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body, may have a concussion.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Is unsure of game, score or opponent	Double or blurry vision
Moves clumsily	sensitivity to light
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Just not "feeling right" or "feeling down"

Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first and some symptoms may not show up for hours or days. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later they can't recall coming to the practice, game, or event. *So assess the player, then assess the player again.* Make sure that the athlete is supervised for at least one or two hours after you suspect a concussion. Also, talk to the athlete's parents about watching for symptoms at home and when the athlete returns to school.

The key is to keep a list of concussion signs and symptoms in your clipboard, and to use it while repeatedly checking on your athlete with a suspected concussion. You can order CDC's free "Heads Up" materials with concussion signs and symptoms to place on your clipboard for all practices and games, and post in the locker rooms.

Lesson 3

When You Suspect a Concussion

Pulling someone out of the middle of a practice, game, or event is never an easy thing, especially if an athlete tells you that nothing is wrong. *But we know that your top priority is keeping your athletes safe and preparing them for the future— both on and off the field.*

We encourage you to follow these steps, which are part of CDC's "Heads Up" four- step action plan:

- 1. Remove the athlete from play.** Look for the signs and symptoms of a concussion, if your athlete has experienced a bump or blow to the head or body. When in doubt, sit them out.
- 2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion.** Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:
 - Cause of the injury and force of the hit or blow to the head or body
 - Any loss of consciousness (passed out/ knocked out) and if so, for how long
 - Any memory loss immediately following the injury
 - Any seizures immediately following the injury
 - Number of previous concussions (if any)
- 3. Inform the athlete's parents or guardians about the possible concussion and give them the CDC fact sheet on concussion for parents.** This fact sheet can help parents monitor the athlete for sign or symptoms that appear or get worse once the athlete is at home or returns to school.

4. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says it's OK for the athlete to return. In the case of suspected concussion, the decision about when to return to practice or play is a medical decision.

“Toughing it Out” isn’t Strong—It’s Dangerous

Sometimes people believe that it shows strength and courage to play when you’re injured. Not only is that belief wrong, it can put a young athlete at risk for serious injury. Don’t let others—fans, parents, or teammates— pressure you or the injured athlete to continue playing. As you’ve probably experienced, some athletes may try telling you that s/he is “just fine” or that s/he can “tough it out.”

Tell them that taking a time out is not a sign of weakness, and that playing with a concussion is dangerous. Don’t shy away from sharing this information with parents and other team supporters, either.

Danger Signs

If the signs or symptoms get worse, you need to consider it a medical emergency.

In rare cases, a dangerous blood clot may form on the brain in an athlete with a concussion and squeeze the brain against the skull. Call 9-1-1 or take the athlete to the emergency department right away if after a bump, blow, or jolt to the head or body, he or she exhibits **one or more** of the following danger signs:

1. One pupil larger than the other
2. Drowsiness or inability to wake up
3. A headache that gets worse and does not go away
4. Weakness, numbness, or decreased coordination
5. Repeated vomiting or nausea
6. Slurred speech
7. Convulsions or seizures
8. Inability to recognize people or places
9. Increasing confusion, restlessness or agitation
10. Unusual behavior
11. Loss of consciousness (*even a brief loss of consciousness should be taken seriously*)

Lesson 4

Why Take a Time Out?

Resting after a concussion is *critical* because it helps the brain recover.

Remember those brain cells we talked about earlier that aren't working properly? Well, they need the body's energy to heal. So, if an athlete with a concussion spends that energy exercising, trying to score a goal, or doing other recreational activities, that means there's less energy available to help the brain repair itself. That's why ignoring concussion symptoms and trying to "tough it out" often makes symptoms worse and can make recovery take longer, sometimes for months. Even activities that involve learning and concentration, such as studying, working on the computer, or playing video games, can cause concussion symptoms to reappear or get worse.

The healthcare professional will determine if an injured athlete's concussion symptoms have been reduced significantly, and when he or she should slowly and gradually return to daily activities.

Both physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a health care professional until they give you and your athlete the green light.

At first, be prepared for your player to offer resistance—the player might feel frustrated, sad, or even angry about having to sit out.

- Talk to them about it.
- Be honest about the risks of getting put back into play too soon.
- Offer your support and encouragement.
- Tell them that as the days go by, they'll feel better.

Progressive Return to Activity Program

An athlete should return to sports practices under the supervision of an appropriate health care professional. When available, be sure to work closely with your team's certified athletic trainer. There are five gradual steps that you and the health care professional should follow to help safely return an athlete to play. These steps should be taken over days, weeks, or months.

1. Begin with light aerobic exercise, but only to increase an athlete's heart rate. This translates into 5 to 10 minutes on an exercise bike, walking, or light jogging. There should be no weight lifting, jumping or hard running at this point.
2. Add activities that increase an athlete's heart rate, and incorporate limited body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, and moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).
3. Bump it up a notch to heavy, non-contact physical activity. This includes sprinting/ running, high intensity stationary biking, the player's regular weightlifting routine, and non-contact sport-specific drills (in 3 planes of movement).
4. Reintegrate the athlete in practice sessions, even full contact in controlled practice if appropriate for the sport.
5. Put the athlete back into play.

During each step, keep your eyes open for returning symptoms, including fuzzy thinking and concentration. Any symptoms need to be reported to the athlete's health care professional. If an athlete's symptoms come back, or s/he exhibits new symptoms with this increased activity, stop these activities and take it as a sign that the athlete is pushing him/herself too hard.

By reading this concussion guide—and taking concussions seriously—you've shown your dedication to your athletes and their safety.

Did You Know?

- Most Concussions occur without loss of consciousness
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young Children and teens are more likely to get a concussion and take longer to recover than adults

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

California Concussion Law

On July 21, 2014, California Governor Jerry Brown signed into law an amended youth sports concussion safety law (AB 2127) strengthening the law in several key areas. AB 2127 requires concussed athletes to use a graduated return-to-play protocol of at least seven days.

The information below can be found at the following website:

https://leginfo.legislature.ca.gov/faces/billCompareClient.xhtml?bill_id=201520160AB2007

SECTION 1.

Article 2.5 (commencing with Section 124235) is added to Chapter 4 of Part 2 of Division 106 of the Health and Safety Code, to read:

Article 2.5. Youth Sports Concussion Protocols

124235.

(a) A youth sports organization that elects to offer an athletic program shall comply with all of the following:

(1) An athlete who is suspected of sustaining a concussion or other head injury in an athletic activity shall be immediately removed from the athletic activity for the remainder of the day, and shall not be permitted to return to any athletic activity until he or she is evaluated by a licensed health care provider. The athlete shall not be permitted to return to athletic activity until he or she receives written clearance to return to athletic activity from a licensed health care provider. If the licensed health care provider determines that the athlete sustained a concussion or other head injury, the athlete shall also complete a graduated return-to-play protocol of no less than seven days in duration under the supervision of a licensed health care provider.

(2) If an athlete who is 17 years of age or younger has been removed from athletic activity due to a suspected concussion, the youth sports organization shall notify a parent or guardian of that athlete of the time and date of the injury, the symptoms observed, and any treatment provided to that athlete for the injury.

(3) On a yearly basis, the youth sports organization shall give a concussion and head injury information sheet to each athlete. The information sheet shall be signed and returned by the athlete and, if the athlete is 17 years of age or younger, shall also be signed by the athlete's parent or guardian, before the athlete initiates practice or competition. The information sheet may be sent and returned through an electronic medium including, but not necessarily limited to, fax or electronic mail.

(4) On a yearly basis, the youth sports organization shall offer concussion and head injury education, or related educational materials, or both, to each coach and administrator of the youth sports organization.

(5) Each coach and administrator shall be required to successfully complete the concussion and head injury education offered pursuant to paragraph (4) at least once, either online or in person, before supervising an athlete in an activity of the youth sports organization.

(6) The youth sports organization shall identify both of the following:

(A) Procedures to ensure compliance with the requirements for providing concussion and head injury education and a concussion and head injury information sheet, as contained in paragraphs (3) to (5), inclusive.

(B) Procedures to ensure compliance with the athlete removal provisions and the return-to-play protocol required pursuant to paragraph (1).

(b) As used in this article, all of the following shall apply:

(1) “Concussion and head injury education and educational materials” and a “concussion and head injury information sheet” shall, at a minimum, include information relating to all of the following:

(A) Head injuries and their potential consequences.

(B) The signs and symptoms of a concussion.

(C) Best practices for removal of an athlete from an athletic activity after a suspected concussion.

(D) Steps for returning an athlete to school and athletic activity after a concussion or head injury.

(2) “Licensed health care provider” means a licensed health care provider who is trained in the evaluation and management of concussions and is acting within the scope of his or her practice.

(3) “Youth sports organization” means an organization, business, nonprofit entity, or a local governmental agency that sponsors or conducts amateur sports competitions, training, camps, or clubs in which persons 17 years of age or younger participate in any of the following sports:

(A) Baseball.

(B) Basketball.

(C) Bicycle motocross (BMX).

(D) Boxing.

(E) Competitive cheerleading.

(F) Diving.

(G) Equestrian activities.

(H) Field hockey.

(I) Football.

(J) Full contact martial arts.

(K) Gymnastics.

(L) Ice hockey.

(M) Lacrosse.

(N) Parkour.

(O) Rodeo.

(P) Roller derby.

(Q) Rugby.

(R) Skateboarding.

(S) Skiing.

(T) Soccer.

(U) Softball.

(V) Surfing.

(W) Swimming.

(X) Synchronized swimming.

(Y) Volleyball.

(Z) Water polo.

(AA) Wrestling.

(c) This section shall apply to all persons participating in the activities of a youth sports organization, irrespective of their ages. This section shall not be construed to prohibit a youth sports organization, or any other appropriate entity, from adopting and enforcing rules intended to provide a higher standard of safety for athletes than the standard established under this section.

Mira Mesa Little League

CONCUSSION INFORMATION SHEET FOR PARENTS AND PLAYERS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the signs listed below yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion. The individual may report symptoms, you observe signs:

- Appears dazed or stunned
- Forgets an instruction
- Moves clumsily
- Loses consciousness (even briefly)
- Nausea or vomiting
- Double or blurry vision
- Sensitivity to noise
- Concentration or memory problems
- Does not "feel right"
- Can't recall events prior to or after hit or fall
- Is confused about assignment or position
- Is unsure of game, score, or opponent
- Answers questions slowly
- Headache or "pressure" in head
- Balance problems or dizziness
- Sensitivity to light
- Feeling sluggish, hazy, foggy, or groggy
- Confusion
- Shows behavior or personality changes

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

- Every sport is different, but there are steps your children can take to protect themselves from concussion.
- Ensure that they follow their Manager's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times. Make sure they wear the right protective equipment for their activity (such as batting helmets, catcher's gear such as shin guards, chest

protector and helmet; and eye and mouth guards). Protective equipment should fit properly, be well maintained, be worn consistently and correctly.

- Learn the signs and symptoms of a concussion.

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

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

WHAT IS THE PROCEDURE FOR A SUSPECTED CONCUSSION?

- Any athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from the activity at that time and for the remainder of the day.
- Any athlete who has been removed from activity may not return to play or practice until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and has received a written clearance to return to play from the health care provider.

LET YOUR CHILD'S MANAGER KNOW RIGHT AWAY IF YOU SUSPECT YOUR CHILD HAS A CONCUSSION AND CONSULT YOUR PHYSICIAN!

Adapted from the CDC. For more information you can go to: <http://www.cdc.gov/ConcussionInYouthSports>

Athlete Signature _____ Date _____

Athlete Name (print)_____

Parent or Legal Guardian Signature_____ Date _____

Parent or Legal Guardian Name (print)_____

Form to be retained by the league for the season, copy for parent upon request.

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 by remaining where they are
- 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.

If the victim is a child and a parent is present it is best to defer care to the parent unless the parent asks for your assistance.

911 Emergency Calls

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

1. First Dial 911.
2. Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
 - 2.1. The exact location or address of the emergency. Include the name of the school or park, nearby intersections, landmarks, etc.
 - 2.2. Our address is **8520 1/2 New Salem Street, San Diego, California 92126.**
 - 2.3. The telephone number from which the call is being made.
 - 2.4. The caller's name.
 - 2.5. What happened — for example - a baseball related injury, bicycle accident, fire, fall, etc.
 - 2.6. How many people are involved.
 - 2.7. The condition of the injured person — for example, unconsciousness, chest pains, or severe bleeding.
 - 2.8. What help (first aid) is being given.

3. Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
4. Continue to care for the victim until professional help arrives.
5. Appoint somebody to go to the street and look for the ambulance and fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.
6. Instruct another adult to take care of and support the other children.

When to call

If the injured person is unconscious, call 911 immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Use your own best judgment and err on the side of cautiousness. If you have any doubt at all call 911 anyway and request paramedics.

Clear indications requiring a call to 911 are if the victim:

- Has trouble breathing
- Has chest pain or pressure
- Is breathing in a strange way
- Is bleeding severely
- Is vomiting blood
- Has pressure or pain in the abdomen that does not go away
- Has had a seizure
- Has slurred speech or complains of a severe headache
- May have been poisoned
- Has injuries to head, neck or back
- Has possible broken bones

These circumstances not necessarily involving injury also require a call 911:

- Fires that can't be extinguished immediately
- Explosion
- Downed electrical wires
- Swiftly moving or rapidly rising water
- Presence of poisonous gas or smell of natural gas
- Vehicle collision where possibility of injury occurs
- Vehicle-bicycle collision
- Vehicle-pedestrian collision

Transportation

Before any manager or designated coach can transport any MMLL child, other than his/her own, he or she must:

1. Have a valid California Driver's License that allows the transportation of minors in the vehicle.
2. Must carry proof of adequate auto insurance, including Uninsured Motorist coverage.
3. Wear corrective lenses when operating a vehicle if the Driver's License stipulates that the operator must wear corrective lenses.
4. Have correct Class of license for the vehicle he or she is driving.
5. Not carry more children in their vehicle than for which the vehicle is equipped with seat belts.
6. Make sure that the vehicle is in good running order and that it would pass a CHP vehicle safety inspection.
7. Not drive in a careless or reckless manner.
8. Not drive under the influence of alcohol, drugs, or medication.
9. Obey all traffic laws and speed limits at all times.
10. Never transport a child without returning him/her to the point of origin, unless otherwise instructed by the parent(s).

Appendices

A. Little League Accident Report Form

A copy of the official accident report form downloaded from the little league web site is included below.

For Local League Use Only

Activities/Reporting A Safety Awareness Program's Incident/Injury Tracking Report

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

Field Name/Location: _____ Incident Time: _____

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

Address: _____ Age: _____ Sex: Male Female

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

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

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

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

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

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

Type of injury: _____

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

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

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

Prepared By/Position: _____ Phone Number: (____) _____
Signature: _____ Date: _____

B. Little League Volunteer Application Forms

Copies of the official volunteer forms for Mira Mesa Little League are included below.

Little League® Volunteer Application - 2020

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

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

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

Name: _____ Date: _____
First Middle Name or Initial Last

Address: _____

City: _____ State: _____ Zip: _____

social security # (mandatory): _____

Cell Phone: _____ Business Phone: _____

Home Phone: _____ E-mail Address: _____

Date of Birth: _____

Occupation: _____

Employer: _____

Address: _____

Special professional training, skills, hobbies: _____

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

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

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

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

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

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

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

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

7. Have you ever been refused participation in any other youth programs? Yes No
 If yes, explain: _____

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

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

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

Name/Phone: _____

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

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

Applicant Signature: _____ Date: _____

If Minor/Parent Signature: _____ Date: _____

Applicant Name (please print or type): _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____
 on _____

System(s) used for background check (minimum of one must be checked):
Regulation 1(c)(9) Mandates all checks include criminal records and sex offender registry records

* JDP Sex Offender Registry Data and National Criminal
 Records check, as mandated in the current season's
 official regulations

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

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

LIT LEAGUE 10132019

Little League® “Basic” Volunteer Application - 2020

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

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 meet the standards of Little League Regulation 15j(9). Visit LittleLeague.org/localBBcheck for more information.

All fields are required.

Name: _____
First Middle Name or Initial Last

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail Address: _____

Driver's License#: _____

1. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?

If yes, describe each in full: _____ Yes No

(If volunteer answered yes to question 1, the local league must contact the Little League International Security Manager)

2. Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes No

If yes, describe each in full: _____
(Answering yes to question 2, does not automatically disqualify you as a volunteer)

3. Do you have any criminal charges pending against you regarding any crime(s)? Yes No

If yes, describe each in full: _____
(Answering yes to question 3, does not automatically disqualify you as a volunteer)

4. Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: _____

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

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

(Specify use for background check (primary or one-time use check) Register (9/18) Member of state (include criminal records and sex offender registry records)

*CFP Sex Offender Registry Data and National Criminal Records check, as mandated in the current season's official regulations

*Please be advised that if you use CFP and there is a name match from the sex data when the name match search is performed you automatically warrant that they will receive a letter or email alert from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.
Only attach to this application copies of background check reports that exceed conditions of this application.

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: _____

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/YouComeLaw

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 some 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.

LBP/060616 10/19/2019

C. Little League Concession Stand Safety Tips

Below are some safety tips for the concession stand along with a guide to hand washing for those that are serving food.

Concession Stand Tips

SAFETY FIRST

Requirement 9

12 Steps to Safe and Sanitary

Food Service Events: The following information is intended to help you run a healthful concession stand.

Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.

1. Menu.

Keep your menu simple, and keep potentially hazardous foods (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.

2. Cooking.

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

3. Reheating.

Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices.

Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

4. Cooling and Cold Storage.

Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (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 temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

5. Hand Washing.

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

6. Health and Hygiene.

Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (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.

7. Food Handling.

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

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

8. Dishwashing.

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

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

9. Ice.

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

10. Wiping Cloths.

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.

11. Insect Control and Waste.

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

12. Food Storage and Cleanliness.

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

13. Set a Minimum Worker Age.

Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

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

Volunteers Must Wash Hands

HOW



WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils.
Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand
when you can't remove your jewelry

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education, United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.

