



2022 ASAP Safety Manual



TABLE OF CONTENTS

Section Title.....	Page	ASAP Req'm't
League Safety Mission Statement.....	4	2
Welcome Letter.....	4	
Safety Manual And First Aid Kit.....	6	2 & 12
Emergency And Key Official's Phone Numbers.....	7	1, 3 & 14
2022 Volunteer Application Form And Check For Sex Abuse.....	9	4, 14 & 15
Fundamentals Training.....	12	5
Conditioning.....	12	
Pitching.....	13	
Hydration.....	14	
Common Sense.....	15	
Equipment.....	15	
First-Aid.....	18	6
Automatic Emergency Defibrillator (AED).....	18	6
Good Samaritan Laws.....	22	6
Permission To Give Care.....	22	
Treatment At Site.....	23	
9-1-1 Emergency Number.....	23	
When To Call 911.....	24	
Checking The Victim.....	24	
Muscle, Bone, Or Joint Injuries.....	26	
Growing Pains (Osgood Schlaugther's Disease).....	26	
Head And Spine Injuries.....	27	
Contusion To Sternum.....	28	
Sudden Illness.....	28	
Caring For Shock.....	28	
Breathing Problems/Emergency Breathing.....	29	
Heart Attack.....	30	
Giving CPR.....	30	
If A Victim Is Choking.....	31	
Bleeding In General.....	31	
Infection.....	32	
Deep Cuts.....	32	
Splinters.....	32	
Insect Stings.....	32	
Emergency Treatment Of Dental Injuries.....	33	
Burns.....	34	
Dismemberment.....	34	
Penetrating Objects.....	35	
Poisoning.....	35	
Heat Exhaustion.....	35	
Sunstroke (Heat Stroke).....	35	
Transporting An Injured Person.....	36	
Communicable Disease Procedures.....	36	
Facts About Aids And Hepatitis.....	36	
Prescription Medication.....	37	
Asthma And Allergies.....	37	
Colds And Flu.....	37	
Attention Deficit Disorder.....	37	
Parental Concerns About Safety.....	39	
Submit Your Ideas For Safety.....	40	

Safety Responsibilities.....	41	7 & 10
GHLL Safety Officer (Duties).....	41	
Managers And Coaches (Duties).....	42	7, 10 & 13
Umpires (Duties)	45	7, 10 & 13
Adult Team Safety Officer (Tso) (Duties)	46	13
Little League National Facility Survey	48	8
Additional GHLL Facility Information / Conditions.....	49	
Concession Stand Safety	52	9
Concession Stand - Weekly Check List.....	53	
Shut-Off Valve Information. Gas, Water And Electricity	55	
Accident Reporting Procedure	56	
Golden Hill Preliminary Accident Report	56	11
Insurance Policies (Coverage And Claims)	57	
Enforce Little League Rules	59	13
Golden Hill Little League Code of Conduct.....	59	13
Golden Hill Little League Parent's Code Of Conduct.....	60	13
GHLL Safety Code.....	61	13
Safety Code Acknowledgement Team (Form)	64	13
Code Of Conduct Acknowledgement (Managers And Coaches)	65	13
Appendix (Contents).....	66	
Field / Hazard Pre-Game Safety Checklist /Report	66	7
Equipment Inspection/Replacement Report	67	10
Driving Permission Slip	68	
Medical Release.....	69	
Safety Manual And First Aid Kits (Receipt Acknowledgement).....	70	2 & 12
Evidentiary Photos For Other Requirements	71	
Protective Fence Tops	71	7
Keep Flow Of Traffic Away From Dugouts.....	72	8
Netting To Protect Spectators From Foul Balls And Back Guard Rails And Side Rails On Taller Bleachers	72	8
Methods To Prevent Bullying And Hazing.....	73	

Golden Hill Little League

League ID 405-56-03

Safety Plan

LEAGUE SAFETY MISSION STATEMENT

Promote Safety Awareness in all aspects surrounding the game of Little League Baseball by educating the entire Golden Hill Little League baseball community, from players to siblings, guardians, parents, coaches and board members, on “what is safe” and asking them to contribute by reporting near misses, incidents and accidents through easily accessible means and taking appropriate and prompt action.

Dear Managers and Coaches:

Welcome to another fun and exciting season of Golden Hill Little League Baseball! We would like to give a special welcome new managers and coaches joining us this year. We are renewing our safety program which was initially discussed at the managers’ and coaches’ meeting prior to the start of the season. We want to raise the safety awareness of all members of the board, the teams, and the families that we are here to serve, while simultaneously engaging the support of everyone who participates in this league. Our actionplan includes the following changes and additions to our emerging safety program:

- Our Safety Manual and all of the accident reporting forms, travel forms, medical forms and volunteer applications are now available on-line. We continue to educate managers/coaches ontheir use.
- We have already taken measures to improve the safety of our grounds including removal of hazardous debris, tree trimming, field surveys, and general cleanup. Continual observations andinspections help keep them maintained.
- GHLL is committed to replacing damaged team and field baseball equipment to prevent accidentsand injuries in a timely manner.
- We have conducted background checks on all volunteers who potentially contact our youth, in compliance with Little League Green Book rules.

This year our continuing safety goals include:

- First and foremost, to take immediate action on safety issues brought to the attention of theleague’s Safety Officer or the Board.
- Conduct our annual comprehensive site survey to identify additional safety concerns.
- Respond immediately to assist families of injured players to ensure that they receive claiminformation with the ultimate goal of getting the player treated.

In an effort to help our managers and coaches comply with our safety standards, the Board of Directorshas put forth a mandate of safety rules to be followed as outlined in this manual. Each team will also appoint a Team Safety Officer (TSO) who will assist the manager and the designatedcoaches of that team to ensure that the safety guidelines are met whether at practice or during a game.

The commitment to this Safety Manual is proof that we at GHLL are dedicated to our cause. Please read it carefully, from cover to cover, as it will familiarize you with safety fundamentals. Then use the manual as a powerful reference guide throughout the season. If you have received and are reading this manual then you have attended our mandatory Safety Meeting, including First Aid and Automatic External Defibrillator(AED) usage. As you know, the Board of Directors passed a policy this year ensuring at managers and/or coaches from every team participated in this education prior to the start of the season.

Please remember that safety rests with all of us, the volunteers of Golden Hill Little League. Always use common sense, never doubt what children tell you, and report all accidents or safety infractions when they occur.

Very truly yours,
***Tim Winters**
President, GHLL

***Berent Pippert**
Safety Officer, GHLL

*** On File with the Little League Data Center, League Number 405-56-03**

2. AND 12. SAFETY MANUAL AND FIRST AID KITS

Each team will be issued a Safety Manual and a First Aid Kit at the beginning of the season. The Safety Manual will also be posted on the GHLL website. The manager of the team will acknowledge the receipt of the First Aid Kit when checking-out and signing for all other team equipment. The Team Safety Officer, which can be the team manager, will sign for the Safety Manual at the Safety Meeting. The manager will further acknowledge a commitment to having both available during league or team activities (i.e. games, practices, other team functions, etc.).

The Safety Manual will include phone numbers to hospitals and other emergency services, phone numbers for all Board Directors, the Golden Hill Little League Code of Conduct, and Do's and Don'ts of treating injured players.

The First Aid Kit will include the necessary items to treat an injured player until professional help arrives, if needed (see [First Aid section](#)), though preference will always be given to allowing the child's parent to resume control of all medical needs at the first opportunity.

Two chemical ice packs will be issued to each team at the beginning of the season. Ice packs are also available at all times in the concession stands. Both concession stands will have a First Aid Kit and a Safety Manual in plain sight at all times.

This Safety Manual is also posted on the ghll.net website under the DOCUMENTS tab.

The District Safety Officer, Les Mesa - District 56 ADA and ASAP Coordinator, has received a copy of this Safety Plan.

Sign the Acknowledgement of the receipt and adherence of rules and guidance set forth in this manual on the last page of this manual.

3. EMERGENCY AND KEY OFFICIAL'S PHONE NUMBERS

All Officials are on file with the Little League Data Center, League Number 405-56-03 (POST THIS IN THE UNOCAL AND SPORTS COMPLEX SNACK BARS AND ON ghll.net WEBSITE UNDER Board Members TAB)

GHLL:

Mailing Address: P.O. Box 5345, Fullerton, CA 92838
Physical Address: 2100 N. Brea Blvd, Fullerton, CA 92838
E-Mail Address: info@ghll.net

District Safety Officer, Les Mesa: (714) 981-0731

Williamsport Insurance Claim Office: (570) 327-1674

St. Jude Hospital: (714) 871-3280

Anaheim Memorial Medical Center: (714) 774-1450

Placentia Linda Hospital: (714) 993-2000

Police/Fire - Emergency: 9-1-1

Police – Non-Emergency: (714) 738-6800

Board of Directors:

Tim Winters

President

Tim.Winters@ghll.net

714-227-2210

Luke Smude

Vice President / T-Ball &
Rookie & Fast Ball
Commissioner

Luke.Smude@ghll.net

530-774-5729

Enoch Choi

Coaching Coordinator /
AAACommissioner

Enoch.Choi@ghll.net

626-533-5551

Anna Choi

League Registrar / Way &
Means

Anna.Choi@ghll.net

714-328-4334

Manish Thakker

Secretary / AA Commissioner

Manish.thakker@ghll.net

714-231-1755

Tami Coalson

Auxiliary President

tami.coalson@ghll.net

714-726-0834

Chris Zeiler

Treasurer / A Commissioner

Chris.Zeiler@ghll.net

714-614-7653

Heidi Ploog

Player Agent

Heidi.Ploog@ghll.net

714-423-9345

Berent Pippert

Safety Officer / Majors
Commissioner

Berent.Pippert@ghll.net

951-660-3859

Jason Reed

Equipment & Uniforms /UIC
Coordinator (Interim) /
Juniors Commissioner

Jason.Reed@ghll.net

714-714-321-0737

Danny Florido

Field & Grounds

Danny.Florido@ghll.net

714-872-1379

Desiree McKendry

Snack Bar Scheduler

Desiree.Mckendry@ghll.net

909-544-2068

Sean Fitzgerald

Information Officer

Sean.Fitzgerald@ghll.net

714-614-7653

Interview/Contact from League Director:

The League Director will make all applicants aware of the policy that no known child-sex offender will be given access to children in the Little League Program.

Reference Checks:

Make sure the information given by the applicant is corroborated by references.

Reporting

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

Fiction and Fact

“Sex abusers are dirty old men.” Not true. While sex abusers cut across socioeconomic levels, educational levels and race, the average age of a sex offender has been established at 32. As recent news reports indicate, the sex of the offender can be male or female.

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

“Most sex abusers suffer from some form of serious mental illness or psychosis.” Not true. The actual figure is more like 10%, almost exactly the same as the figure found in the general population of the United States.

“Most sex abusers are homosexuals.” Also not true. Most are heterosexual.

“Children usually lie about sexual abuse, anyway.” In fact, children rarely lie about being sexually abused. If they say it, don’t ignore it.

“It only happens to girls.” While females do comprise the largest number of sexual abuse victims, it is now believed that the number for male victims is much higher than reported.

Investigation

GHLL will appoint an individual with significant professional background to receive and act on abuse allegations. These individuals will act in a confidential manner and serve as the League’s liaison with the local law enforcement community. Little League volunteers should not attempt to investigate suspected abuse on their own.

Suspending/Termination

When an allegation of abuse is made against a Little League volunteer, it is our duty to protect the children from any possible further abuse by keeping the alleged abuser away from children in the program. If the allegations are substantiated, the next step is clear -- assuring that the individual will not have any further contact with the children in the League.

Immunity from Liability

According to Boys & Girls Clubs of America, “Concern is often expressed over the potential for criminal or civil liability if a report of abuse is subsequently found to be unsubstantiated.” However, we want adults and Little Leaguers to understand that they shouldn’t be afraid to come forward in these cases, even if it isn’t required and even if there is a possibility of being wrong. All states provide immunity from liability to those who report suspected child abuse in “good faith.” At the same time, there are also rules in place to protect adults who prove to have been inappropriately accused.

Make Our Position Clear

Make adults and kids aware that Little League Baseball and GHLL will not tolerate child abuse, in any form.

The Buddy System

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

Access

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

Lighting

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

Toilet Facilities

Generally speaking, Little Leaguers are capable of using toilet facilities on their own, so there should be no need for an adult to accompany a child into rest room areas. There can sometimes be special circumstances under which a child requires assistance to toilet facilities, for instance in the T-Ball division, but there should still be adequate privacy for that child. Again, we can utilize the "buddy system" here.

TRANSPORTATION

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

- Have a valid California Driver's License.
- Submit a Photostat copy of his or her Driver's License to the GHLL Player Agent so the driving record can be checked.
- Submit a Photostat copy of proof of insurance to the GHLL Player Agent. (Must have Uninsured Motorist coverage)
- Wear corrective lenses when operating a vehicle if the Driver's License stipulates that the operator must wear corrective lenses. Similarly, the Driver must adhere to any other license restrictions.
- Notify the GHLL Player Agent of who is driving and when, at least 24 hours prior to departure.
- Have signed permission slips from parents before children are transported. (see DRIVING PERMISSION SLIP sample in Appendix).
- Have correct class of license for the vehicle he or she is driving.
- Not carry more children in their vehicle than they have seat belts for.
- Make sure that the vehicle is in good running order and that it would pass a CHP vehicle safety inspection if spontaneously given.
- Not drive in a careless or reckless manner.
- Not drive under the influence of alcohol, drugs, or medication.
- Obey all traffic laws and speed limits at all times.
- Never transport a child without returning him/her to the point of origin.

5. FUNDAMENTALS TRAINING

Managers and Coaches Clinic *Pending COVID Guidelines*

DATE: January 23 2022

LOCATION: UNOCAL Fields– Fullerton

Knock-off-the-Rust Clinic *Pending COVID Guidelines*

DATE: January 8, 2022

LOCATION: Sunny Hills High School

DATE: January 9, 2022

LOCATION: Troy High School

Every year Golden Hill Little League provides a Baseball Clinic to teach fundamental skills that include the fundamentals and how to teach them. GHLL takes advantage of local high school, college and even some professionals to run the clinic.

In 2022, GHLL Managers and Coaches will assemble at UNOCAL Fields for a clinic led by long time GHLL coach Enoch Choi. He was assisted by GHBOA founder Steve Byrens along with several GHLL alumni who continue to play baseball at highly competitive levels.

In addition, the Sunny Hills High Lancers and Troy High Warriors will graciously provide a “Knock-off-the-Rust Clinic” so players of all ages could experience doing drills Sunny Hills and Troy baseball fields with high school players. The youth players worked on basics of fielding ground balls and fly balls, hitting, throwing and base running.

Some of the information included in the Fundamentals training includes, but not limited to the following:

Conditioning & Stretching

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

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

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

Hints on Stretching

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

Hints on Calisthenics

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

PITCHING

Pitch Count

Pitch count does matter. Every year, at our annual First-Aid and managers/coaches clinic, we will warn future managers and coaches about pitching injuries and how to prevent them.

Remember, in the major leagues, a pitcher is removed after approximately 100 pitches. A child cannot be expected to perform like an adult nor do their bodies have adult development!

Little League managers and coaches are usually quick to teach their pitchers how to get movement on the ball. Unfortunately, the technique that older players use is not appropriate for children thirteen (13) years and younger. The snapping of the arm used to develop this technique will most probably lead to serious injuries to the child as he/she matures. Arm stress during the acceleration phase of throwing affects both the inside and the outside of the growing elbow.

On the inside, the structures are subjected to distraction forces, causing them to pull apart. On the outside, the forces are compressive in nature with different and potentially more serious consequences.

The key structures on the inside (or medial) aspect of the elbow include the tendons of the muscles that allow the wrist to flex and the growth plate of the medial epicondyle ("Knobby" bone on the inside of the elbow). The forces generated during throwing can cause this growth plate to pull away (avulse) from the main bone. If the distance between the growth plate and main bone is great enough, surgery is the only option to fix it. This growth plate does not fully adhere to the main bone until age 15!

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

Studies have demonstrated that curveballs cause most problems at the inside of the elbow due to the sudden contractive forces of the wrist musculature. Fastballs, on the other hand, place more force at the outside of the elbow. Sidearm delivery, in one study, led to elbow injuries in 74% of pitchers compared with 27% in pitchers with a vertical delivery style. Dr. Glenn Fleisig at the American Sports Medicine Institute is in the process of finalizing the results of a study funded by USA Baseball that evaluated pitch counts in skeletally immature athletes as they relate to both elbow and shoulder injuries. The study included 500 athletes, ages 9-14, from the Birmingham, Alabama area. Each child who pitched in a game was called after the game and interviewed over the phone. The investigators were able to conduct over 3000 interviews.

Approximately 200 of the 500 pitchers had videotape of their mechanics.

PRELIMINARY DATA HAVE DEMONSTRATED THE FOLLOWING:

- 1) A significantly higher risk of elbow injury occurred after pitchers reached 50 pitches/ outing.
- 2) A significantly higher risk of shoulder injury occurred after pitchers reached 75 pitches/ outing.
- 3) In one season, a total of 450 pitches or more led to cumulative injury to the elbow and the shoulder.
- 4) The mechanics, whether good or bad, did not lead to an increased incidence of arm injuries.
- 5) The preliminary data suggest that throwing curveballs increases risk of injury to the shoulder more so than the elbow; however, subset analysis is being undertaken to investigate whether or not the older children were the pitchers throwing the curve.
- 6) The pitchers who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury to their throwing arm.
- 7) A slider increased the risk of both elbow and shoulder problems.

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

- * Please refer to Little League's revised pitch count rules and the attached GHLL pitch count mandates for league policy on pitch count. A copy of the pitch count policy is included within the GHLL local rules in the Appendix. Also, see our website for Little League's publication "Protecting Young Pitching Arms"

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

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

- Ice is a universal First-Aid treatment for minor sports injuries. Ice controls the pain and swelling. Pitchers should be taught how to ice their arms at the end of a game. If the manager or coach is unsure how to do this, he/she can consult teaching materials available through the League Director and/or contact a GHLL board member for further instruction.

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

Hydration

Good nutrition is important for children. Sometimes, the most important nutrient children need is water – especially when they're physically active. When children are physically active, their muscles generate heat thereby increasing their body temperature. As their body temperature rises, their cooling mechanism - sweat – kicks in. When sweat evaporates, the body is cooled.

Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become overheated.

We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. It does not matter if it's January or July, thirst is not an indicator of fluid needs. Therefore, children must be encouraged to drink fluids even when they don't feel thirsty.

Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning. During any activity water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. Caffeinated beverages (tea, coffee, Colas) should be avoided because they are diuretics and can dehydrate the body further. Avoid carbonated drinks, which can cause gastrointestinal distress and may decrease fluid volume.

Common Sense

Playing safe boils down to using common sense. For instance, if you witnessed a strange person walking around the GHLL complex who looked like he/she didn't belong there you should report the incident to a Board Member, if available. Alternately, if in your judgment it is safe to do so, you should challenge the individual's purpose at the facility. The GHLL Board Member, after hearing your concerns, would investigate the matter and have the person in question removed before anything could happen if, indeed, that person did not belong there.

Another example of common sense – You witness kids throwing rocks or batting rocks on the GHLL complex. They are having fun but are unknowingly endangering others. Don't just walk on by figuring that someone else will deal with the situation. Stop and explain to the kids what they are doing wrong and ask them to stop.

Webster's Dictionary definition of common sense is: Native good judgment; sound ordinary sense. In other words, to use common sense is to realize the obvious. Therefore, if you witness something that is not safe, do something about it! Encourage all volunteers and parents to do the same.

Equipment

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

The GHLL Equipment Manager will promptly replace damaged and ill-fitting equipment. Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book. At the end of the season, all equipment must be returned to the GHLL Equipment Manager. First-Aid kits and Safety Manuals must be turned in with the equipment.

- Each team, at all times in the dugout, shall have six (6) protective helmets which must meet NOCSAE specifications and standards. These helmets will be provided by GHLL at the beginning of the season. If players decide to use their own helmets, they must meet

NOCSAE specifications and standards.

- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player/base coach is mandatory.
- Use of a helmet by an adult base coach is optional but recommended.
- **48.** All male players must wear protective cups
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. NOTE: Skullcaps are not permitted.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.
- Only Official Little League balls will be used during practices and games.
- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Manager.
- Make sure helmets fit.
- Replace questionable equipment immediately by notifying the GHLL Equipment Manager.
- Make sure that players respect the equipment that is issued.
- Multi-colored gloves can no longer be worn by pitchers.

- NEW Little League Bat Rule (1.10) RULE since 2018 - The bat must be a baseball bat which meets the USA Baseball Bat standard (USABat) as adopted by Little League. It shall be a smooth, rounded stick, and made of wood or of material and color tested and proved acceptable to the USA Baseball Bat standard (USABat).

Beginning with the 2021 season, non-wood and laminated bats used in the Little League (Majors) and below, Intermediate (50-70) Division, Junior League divisions, and Challenger division shall bear the USA Baseball logo signifying that the bat meets the USABat – USA Baseball's Youth Bat Performance Standard. All BPF – 1.15 bats will be prohibited beginning with the 2021 season. Additionally, starting in 2021, the bat diameter shall not exceed 2⁵/₈ inches for these divisions of play. Bats meeting the Batted Ball Coefficient of Restitution (BBCOR) standard may also be used in the Intermediate (50-70) Division and Junior League divisions. Additional information is available at LittleLeague.org/batinfo.

6. FIRST AID and

23. AUTOMATIC EXTERNAL DEFRIBILLATOR (AED) TRAINING

DATES: January 23, 2022

LOCATION: Golden Hill Little League

Marc Estridge, a firefighter will present First Aid training to the Mandatory Managers/Coaches Meeting on January 23, 2022.

A GHLL 2022 Safety Manual was presented to each team at this meeting.

What is First-Aid?

First-Aid means exactly what the term implies -- it is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should anyone administering First-Aid go beyond his or her capabilities. Know your limits! The average response time on 9-1-1 calls is 5-7 minutes. Enroute, 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.

First Aid-Kits

First Aid Kits will be furnished to each team at the beginning of the season. The GHLL Safety Officer's name and phone number are taped on the inside lid of all First-Aid Kits. The First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or post-season) and any other GHLL Little League event where children's safety is at risk.

To replenish materials in the Team First Aid Kit, the Manager, designated coaches or the appointed Team Safety Officer must contact the GHLL Safety Officer. (See contact information and address in phone # section of this Safety Manual or on First Aid Kit)

First Aid Kits and this Safety Manual must be turned in at the end of the season along with your equipment package. The First Aid Kit will come in a red First Aid bag and include the following items:

- 1) 1 Instant Ice Pack
- 2) Antiseptic Wipes
- 3) 1 Roll of Gauze
- 4) 2 Large Bandages 2"x4"
- 5) 2 Large Non-stick Bandages
- 6) 1"x3" Band-Aids
- 7) 2 Antiseptic Cream Packs
- 8) 1 Cloth Athletic Tape
- 9) 2 Eye Pads
- 10) 1 Roll of Gauze
- 11) 2 Burn Cream Packs
- 12) 1 Pair of Latex Gloves
- 13) 2 Sterile Gauze Pads

If you are missing any of the above items, contact the GHLL safety officer immediately. An additional First-Aid Kit will be available in the concession stand. Materials from these additional Kits may not be used to replenish materials in the Team's Kit but only used in emergency situations.

23. Automatic External Defibrillator (AED)

LOCATION: Unocal Snack Bar

An AED has been in place at GHLL since 2011. It is very simple to use. If this manual is not with someone at the time it is needed, instructions are with the AED. It is also registered with the Fullerton Fire Department, so when 911 is called, they will instruct the caller where the AED is located and how to use it.

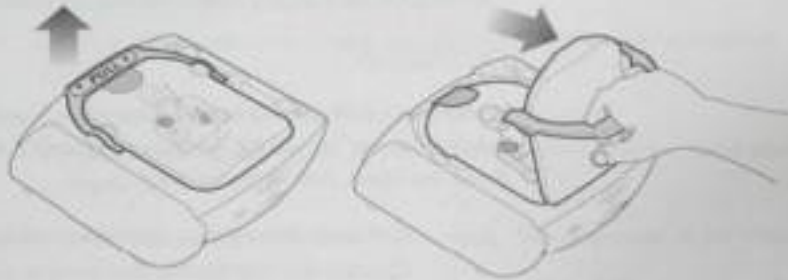


Instructions for its use are simple and have been copied onto the following pages.

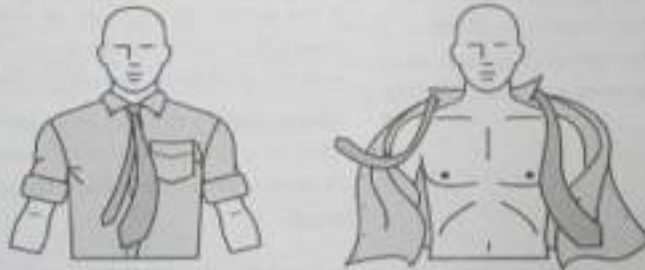
NOTE: The AED will not shock the patient if it detects a regular heartbeat.

STEP 1: PULL THE GREEN HANDLE

Turn on the OnSite by pulling the SMART Pads/Cartridge's green handle.[®] Remove the hard cover from the pads cartridge and set it aside. Remain calm and follow the OnSite's instructions.



The OnSite starts by directing you to remove all clothes from the patient's chest. If necessary, rip or cut off the clothing to bare the person's chest.



STEP 2: PLACE THE PADS

Pull the tab at the top of the pads cartridge to peel off the film seal. Inside are two adhesive pads on a plastic liner. Remove the pads from the cartridge.

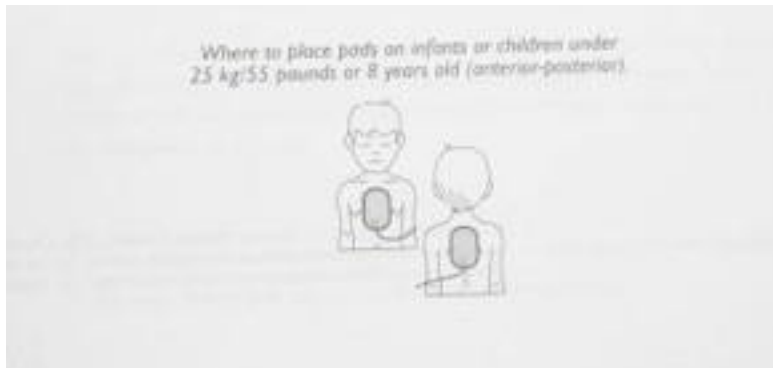


Peel one pad off the liner. Place the pad on the patient's bare skin, exactly as shown in the picture on the pad. Press the pad down firmly. Then repeat this with the other pad. Be sure the pads have been removed from the liner before placing them.


Where to place pads on adults and children over 25 kg/55 pounds or 8 years old (anterior-anterior).






NOTE: See next sheet for pad placement on children under 55 lbs. or 8 years old.




STEP 3: PRESS THE SHOCK BUTTON

As soon as the OnSite detects that the pads are attached to the patient, it begins analyzing the patient's heart rhythm. It tells you that no one should be touching the patient, and the Caution light  begins flashing as a reminder.


If a shock is needed:




The Caution light  goes from flashing to solid, the orange Shock button  starts flashing, and the OnSite tells you to press the flashing orange button. Before you press the button, make sure no one is touching the patient. When you press the Shock button, the OnSite tells you that the shock has been delivered. Then the OnSite tells you it is safe to touch the patient, instructs you to begin CPR, and invites you to press the flashing blue i-button  for CPR Coaching if desired.

If a shock is not needed:

The OnSite tells you it is safe to touch the patient and instructs you to perform CPR if needed. (If CPR is not needed – for example, if the patient is moving or regaining consciousness – follow your local protocol until emergency medical personnel arrive.) Then the OnSite invites you to press the flashing blue i-button  for CPR Coaching, if desired.

For CPR Coaching:

Press the flashing blue i-button  during the first 30 seconds of the patient care pause to activate CPR Coaching.* (If the Infant/Child SMART Pads Cartridge is inserted, CPR Coaching will provide coaching for infant/child CPR.) When the pause is over, the OnSite tells you to stop CPR, so it can analyze the patient's heart rhythm. The motion caused by CPR can interfere with analysis, so be sure to stop all motion when instructed.



Good Samaritan Laws

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

- * Move a victim only if the victim’s life was endangered.
- * Ask a conscious victim for permission before giving care.
- * Check the victim for life-threatening emergencies before providing further care.
- * Summon professional help to the scene by calling 9-1-1.
- * Continue to provide care until more highly trained personnel arrive.

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

in cases when an individual rescuer’s response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

Permission to Give Care

If the victim is conscious, you must have his/her permission before giving first-aid. To get permission you must tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

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

TREATMENT AT SITE -

Do . . .

Access the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.

Know your limitations.

Call 9-1-1 immediately if person is unconscious or seriously injured.

Look for signs of injury (blood, black-and-blue, deformity of joint etc.)

Listen to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.

Feel gently and carefully the injured area for signs of swelling or grating of broken bone.

Talk to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

Don't . . .

Administer any medications.

Provide any food or beverages (other than water).

Hesitate in giving aid when needed.

Be afraid to ask for help if you're not sure of the proper Procedure, (i.e., CPR, etc.)

Transport injured individual except in extreme emergencies.

9-1-1 EMERGENCY NUMBER

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

- 1) First Dial 9-1-1.
- 2) Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
 - a) The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc. Our address is 2100 Brea Blvd, Fullerton and our cross-streets are Brea Blvd. just north of Panorama Road
- 3) The telephone number from which the call is being made.
- 4) The caller's name.
- 5) What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
- 6) How many people are involved.
- 7) The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
- 8) What help (first aid) is being given.
- 9) 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.
- 10) Continue to care for the victim till professional help arrives.
- 11) 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.

When to call - 911

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

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

Also call 9-1-1 for any of these situations:

- Fire or explosion
- Downed electrical wires
- Swiftly moving or rapidly rising water
- Presence of poisonous gas
- Vehicle Collisions
- Vehicle/Bicycle Collisions
- Victims who cannot be moved easily

Checking the Victim**Conscious Victims:**

If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed. This check has two steps:

- 1) Talk to the victim and to any people standing by who saw the accident take place.
- 2) Check the victim from head to toe, so you do not overlook any problems.
 - a) Do not ask the victim to move, and do not move the victim yourself.
 - b) Examine the scalp, face, ears, nose, and mouth.
 - c) Look for cuts, bruises, bumps, or depressions.
 - d) Watch for changes in consciousness.
 - e) Notice if the victim is drowsy, not alert, or confused.
 - f) Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.

- g) Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- h) Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- i) Ask the victim again about the areas that hurt.
- j) Ask the victim to move each part of the body that doesn't hurt.
- k) Check the shoulders by asking the victim to shrug them.
- l) Check the chest and abdomen by asking the victim to take a deep breath.
- m) Ask the victim if he or she can move the fingers, hands, and arms.
- n) Check the hips and legs in the same way.
- o) Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
- p) Look for odd bumps or depressions.
- q) Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
- r) Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim, care to give for that problem, and who to call for help.
- s) When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
- t) When the victim feels ready, help him or her stand up.

Unconscious Victims

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

Checking an Unconscious Victim:

- 1) Tap and shout to see if the person responds. If no response -
- 2) Look, listen and feel for breathing for about 5 seconds.
- 3) If there is no response, position victim on back, while supporting head and neck.
- 4) Tilt head back, lift chin and pinch nose shut. (See breathing section to follow)
- 5) Look, listen, and feel for breathing for about 5 seconds.
- 6) If the victim is not breathing, give 2 slow breaths into the victim's mouth.
- 7) Check pulse for 5 to 10 seconds.
- 8) Check for severe bleeding. Finger sweep maneuver administered to an unconscious victim of foreign body airway obstruction

When treating an injury, remember:

Protection
Rest
Ice
Compression
Elevation
Support

MUSCLE, BONE, OR JOINT INJURIES

Symptoms of Serious Muscle, Bone, or Joint Injuries:

- Always suspect a serious injury when the following signals are present:
- Significant deformity
- Bruising and swelling
- Inability to use the affected part normally
- Bone fragments sticking out of a wound
- Victim feels bones grating; victim felt or heard a snap or pop at the time of injury
- The injured area is cold and numb
- Cause of the injury suggests that the injury may be severe.

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

Treatment for muscle or joint injuries:

- If ankle or knee is affected, do not allow victim to walk. Loosen or remove shoe; elevate leg.
- Protect skin with thin towel or cloth. Then apply cold, wet compresses or cold packs to affected area. Never pack a joint in ice or immerse in icy water.
- If a twisted ankle, do not remove the shoe -- this will limit swelling.
- Consult professional medical assistance for further treatment if necessary.

Treatment for fractures:

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

Treatment for broken bones:

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

Growing Pains (Osgood Schlauhter's Disease)

Osgood Schlauhter's Disease is the "growing pains" disease. It is very painful for kids that have it. In a nutshell, the bones grow faster than the muscles and ligaments. A child must outgrow this disease. All you can do is make it easier for him or her by:

- 1) Icing the painful areas.
- 2) Making sure the child rests when needed.
- 3) Using Ace or knee supports.

HEAD AND SPINE INJURIES

Concussion:

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

- 1) If a player, remove player from the game.
- 2) See that victim gets adequate rest.
- 3) Note any symptoms and see if they change within a short period of time.
- 4) If the victim is a child, tell parents about the injury and have them monitor the child after the game.
- 5) Urge parents to take the child to a doctor for further examination.
- 6) If the victim is unconscious after the blow to the head, diagnose head and neck injury.

DO NOT MOVE THE VICTIM. CALL 9-1-1 IMMEDIATELY.

(See below on how to treat head and neck injuries.)

When to suspect head and spine injuries:

- A fall from a height greater than the victim's height.
- Any bicycle, skateboarding, rollerblade mishap.
- A person found unconscious for unknown reasons.
- Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.
- Any injury that penetrates the head or trunk, such as impalement.
- A motor vehicle crash involving a driver or passengers not wearing safety belts.
- Any person thrown from a motor vehicle.
- Any person struck by a motor vehicle.
- Any injury in which a victim's helmet is broken, including a motorcycle, batting helmet, industrial helmet.
- Any incident involving a lightning strike.

Signals of Head and Spine Injuries

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

General Care for Head and Spine Injuries

- 1) Call 9-1-1 immediately.
- 2) Minimize movement of the head and spine.
- 3) Maintain an open airway.
- 4) Check consciousness and breathing.
- 5) Control any external bleeding.
- 6) Keep the victim from getting chilled or overheated till paramedics arrive and take over care.

Contusion to Sternum:

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

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

Sudden Illness

When a victim becomes suddenly ill, he or she often looks and feels sick.

Symptoms of sudden illness include:

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

Care for Sudden Illness

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

If the victim:

Vomits -- Place the victim on his or her side.

Faints -- Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.

Has a diabetic emergency -- Give the victim some form of sugar

Has a seizure -- Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

Caring for Shock

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

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

Caring for shock involves the following simple steps:

- 1) Have the victim lay down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
- 2) Control any external bleeding.
- 3) Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
- 4) Try to reassure the victim.
- 5) Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.
- 6) Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
- 7) Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

BREATHING PROBLEMS/EMERGENCY BREATHING**If Victim is not Breathing:**

- 1) Position victim on back while supporting head and neck.
- 2) With victim's head tilted back and chin lifted, pinch the nose shut.
- 3) Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.

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

- 4) Check for a pulse at the carotid artery (use fingers instead of thumb).
- 5) If pulse is present but person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).
- 6) Continue rescue breathing as long as a pulse is present, but person is not breathing.

If Victim is not Breathing and Air Won't Go In:

- 1) Re-tilt person's head.
- 2) Give breaths again.
- 3) If air still won't go in, place the heel of one hand against the middle of the victim's abdomen just above the navel.
- 4) Give up to 5 abdominal thrusts.
- 5) Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.
- 6) Tilt head back, lift chin, and give breaths again.
- 7) Repeat breaths, thrust, and sweeps until breaths go in.

HEART ATTACK

Signals of a Heart Attack

Heart attack pain is most often felt in the center of the chest, behind the breastbone. It may spread to the shoulder, arm or jaw. Signals of a heart attack include:

- **Persistent chest pain or discomfort –**
 - Victim has persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication. Pain may range from discomfort to an unbearable crushing sensation.
- **Breathing difficulty -**
 - Victim's breathing is noisy.
 - Victim feels short of breath.
 - Victim breathes faster than normal.
- **Changes in pulse rate -**
 - Pulse may be faster or slower than normal
 - Pulse may be irregular.
- **Skin appearance -**
 - Victim's skin may be pale or bluish in color.
 - Victim's face may be moist.
 - Victim may perspire profusely.
- **Absence of pulse -**
 - The absence of a pulse is the main signal of a cardiac arrest.
 - The number one indicator that someone is having a heart attack is that he or she will be in denial. A heart attack means certain death to most people. People do not wish to acknowledge death therefore they will deny that they are having a heart attack.

Care for a Heart Attack

- 1) Recognize the signals of a heart attack.
- 2) Convince the victim to stop activity and rest.
- 3) Help the victim to rest comfortably.
- 4) Try to obtain information about the victim's condition.
- 5) Comfort the victim.
- 6) Call 9-1-1 and report the emergency.
- 7) Assist with medication, if prescribed.
- 8) Monitor the victim's condition.
- 9) Be prepared to give CPR if the victim's heart stops beating.

Giving CPR

- 1) Position victim on back on a flat surface.
- 2) Position yourself so that you can give rescue breaths and chest compression without having to move (usually to one side of the victim).
- 3) Find hand position on breastbone.
- 4) Position shoulders over hands. Compress chest 15 times. (Small children - 5 times) Proper position of rescuer: shoulders directly over victim's sternum; elbows locked. The sternum should be compressed to a depth of 1 1/2 - 2 inches.
- 5) With victim's head tilted back and chin lifted, pinch the nose shut.
- 6) Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.
(For small children only 1 time)
- 7) Do 3 more sets of 15 compressions and 2 breaths.
- 8) (For small children, 5 compressions and 1 breath)
- 9) Recheck pulse and breathing for about 5 seconds.

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

- 10) If there is no pulse continue sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)
- 11) When giving CPR to small children only use one hand for compressions to avoid breaking ribs.

When to stop CPR

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

If A Victim is Choking -

Partial Obstruction with Good Air Exchange:

Symptoms may include forceful cough with wheezing sounds between coughs.

Treatment:

Encourage victim to cough as long as good air exchange continues. DO NOT interfere with attempts to expel object.

Partial or Complete Airway Obstruction in Conscious Victim

Symptoms may include: Weak cough; high-pitched crowing noises during inhalation; inability to breathe, cough or speak; gesture of clutching neck between thumb and index finger; exaggerated breathing efforts; dusky or bluish skin color.

Treatment - The Heimlich Maneuver:

- Stand behind the victim.
- Reach around victim with both arms under the victim's arms.
- Place thumb side of fist against middle of abdomen just above the navel.
- Grasp fist with other hand.
- Give quick, upward thrusts.
- Repeat until object is coughed up.

Bleeding in General

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

If a victim is bleeding,

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

Nosebleed

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

Bleeding on the Inside and Outside of the Mouth

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

Infection

To prevent infection when treating open wounds, you must:

CLEANSE... the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.

TREAT... to protect against contamination with ointment supplied in your First-Aid Kit. **COVER...** to absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads supplied in your First-Aid Kit. (Handle only the edges of sterile pads or dressings)

TAPE... to secure with First-Aid tape (included in your First-Aid Kit) to help keep out dirt and germs.

Deep Cuts

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

Splinters

Splinters are defined as slender pieces of wood, bone, glass or metal objects that lodge in or under the skin. If splinter is in eye, DO NOT remove it.

Symptoms:

May include: Pain, redness and/or swelling.

Treatment:

- 1) First wash your hands thoroughly, then gently wash affected area with mild soap and water.
- 2) Sterilize needle or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use.
- 3) Loosen skin around splinter with needle; use tweezers to remove splinter. If splinter breaks or is deeply lodged, consult professional medical help.
- 4) Cover with adhesive bandage or sterile pad, if necessary.

Insect Stings

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

Symptoms:

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

Treatment:

- 1) For mild or moderate symptoms, wash with soap and cold water.
- 2) Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.

- 3) For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
- 4) If victim has gone into shock, treat accordingly (see section, "Care for Shock").

EMERGENCY TREATMENT OF DENTAL INJURIES

AVULSION (Entire Tooth Knocked Out)

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down. Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

- 1) Avoid additional trauma to tooth while handling. Do Not handle tooth by the root. Do Not brush or scrub tooth. Do Not sterilize tooth.
- 2) If debris is on tooth, gently rinse with water.
- 3) If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert and conscious.
- 4) If unable to re-implant:
 - Best - Place tooth in "Toothsaver"
 - 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2 % milk.
 - 3rd best - Wrap tooth in saline soaked gauze.
 - 4th best - Place tooth under victim's tongue. Do only if athlete is conscious and alert.
 - 5th best - Place tooth in cup of water.

Time is very important. Re-implantation within 30 minutes has the highest degree of success rate.
TRANSPORT IMMEDIATELY TO DENTIST.

LUXATION (Tooth in Socket, but Wrong Position)

THREE POSITIONS -

EXTRUDED TOOTH - Upper tooth hangs down and/or lower tooth raised up.

- 1) Reposition tooth in socket using firm finger pressure.
- 2) Stabilize tooth by gently biting on towel or handkerchief.
- 3) **TRANSPORT IMMEDIATELY TO DENTIST.**

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

- 1) Try to reposition tooth using finger pressure.
- 2) Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
- 3) **TRANSPORT IMMEDIATELY TO DENTIST.**

INTRUDED TOOTH - Tooth pushed into gum - looks short.

- 1) Do nothing - avoid any repositioning of tooth.
- 2) **TRANSPORT IMMEDIATELY TO DENTIST.**

FRACTURE (Broken Tooth)

- 1) If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding.
- 2) Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
- 3) Save all fragments of fractured tooth as described under Avulsion, Item 4.
- 4) **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST** in the plastic baggie supplied in your First-Aid kit.

Burns

Care for Burns:

The care for burns involves the following 3 basic steps.

Stop the Burning -- Put out flames or remove the victim from the source of the burn.

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

Cover the Burn -- Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain. Covering the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

Chemical Burns:

If a chemical burn,

- 1) Remove contaminated clothing.
- 2) Flush burned area with cool water for at least 5 minutes.
- 3) Treat as you would any major burn (see above).

If an eye has been burned:

- 1) Immediately flood face, inside of eyelid and eye with cool running water for at least 15 minutes. Turn head so water does not drain into uninjured eye. Lift eyelid away from eye so the inside of the lid can also be washed.
- 2) If eye has been burned by a dry chemical, lift any loose particles off the eye with the corner of a sterile pad or clean cloth.
- 3) Cover both eyes with dry sterile pads, clean cloths, or eye pads; bandage in place.

Sunburn:

If victim has been sunburned,

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

Dismemberment

If part of the body has been torn or cut off, try to find the part and wrap it in sterile gauze or any clean material, such as a washcloth. Put the wrapped part in a plastic bag. Keep the part cool by placing the bag on ice, if possible, but do not freeze. Be sure the part is taken to the hospital with the victim. Doctors may be able to reattach it.

Penetrating Objects

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

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

Poisoning

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

- 1) Do not give any First Aid if victim is unconscious or is having convulsions. Begin rescue breathing techniques or CPR if necessary. If victim is convulsing, protect from further injury; loosen tight clothing if possible.
- 2) If professional medical help does not arrive immediately:
 - DO NOT induce vomiting if poison is unknown, a corrosive substance (i.e., acid, cleaning fluid, lye, drain cleaner), or a petroleum product (i.e., gasoline, turpentine, paint thinner, lighter fluid).
 - Induce vomiting if poison is known and is not a corrosive substance or petroleum product. To induce vomiting: Give adult one ounce of syrup of ipecac (1/2 ounce for child) followed by four or five glasses of water. If victim has vomited, follow with one ounce of powdered, activated charcoal in water, if available.
- 3) Take poison container, (or vomitus if poison is unknown) with victim to hospital.

Heat Exhaustion

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

Treatment:

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

Sunstroke (Heat Stroke)

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

Treatment:

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

Transporting an Injured Person

If injury involves neck or back, DO NOT move victim unless absolutely necessary. Wait for paramedics.

If victim must be pulled to safety, move body lengthwise, not sideways. If possible, slide a coat or blanket under the victim:

- a) Carefully turn victim toward you and slip a half-rolled blanket under back.
- b) Turn victim on side over blanket, unroll, and return victim onto back.
- c) Drag victim headfirst, keeping back as straight as possible.

If victim must be lifted:

Support each part of the body. Position a person at victim's head to provide additional stability. Use a board, shutter, tabletop, or other firm surface to keep body as level as possible.

Communicable Disease Procedures:

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

- A bleeding player should be removed from competition as soon as possible.
- Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game.
- Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid is anticipated (latex gloves are provided in First Aid Kit).
- Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap.
- Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach (supplied in the concession stands and club house). A 1:1 solution can be made by using a cap full of Clorox/bleach (2.5cc) and 8 ounces of water (250cc).
- CPR Masks will be available in the concession stands and club house.
- Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.
- Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Facts about AIDS and hepatitis

AIDS stands for Acquired Immune Deficiency Syndrome. It is caused by the human immunodeficiency virus (HIV). When the virus gets into the body, it damages the immune system, the body system that fights infection. Once the virus enters the body, it can grow quietly in the body for months or even years. People infected with HIV might not feel or appear sick. Eventually, the weakened immune system gives way to certain types of infections. The virus enters the body in 3 basic ways:

- 1) Through direct contact with the bloodstream. Example: Sharing a non-sterilized needle with an HIV-positive person -- male or female.
- 2) Through the mucous membranes lining the eyes, mouth, throat, rectum, and vagina.
- 3) Through the womb, birth canal, or breast milk. Example: Being infected as an unborn child or shortly after birth by an infected mother.

The virus cannot enter through the skin unless there is a cut or break in the skin. Even then, the possibility of infection is very low unless there is direct contact for a lengthy period of time.

Currently, it is believed that saliva is not capable of transmitting HIV. The likelihood of HIV transmission during a First-Aid situation is very low. Always give care in ways that protect you

and the victim from disease transmission.

- If possible, wash your hands before and after giving care, even if you wear gloves.
- Avoid touching or being splashed by another person's body fluids, especially blood.
- Wear disposable gloves during treatment.

If you think you have put yourself at risk, get tested. A blood test will tell whether or not your body is producing antibodies in response to the virus. If you are not sure whether you should be tested, call your doctor, the public health department, or the AIDS hot line (1-800-342-AIDS).

In the meantime, don't participate in activities that put anyone else at risk. Like AIDS, hepatitis B and C are viruses. Even though there is a very small risk of infecting others by direct contact, one must take the appropriate safety measures, as outlined above, when treating open wounds.

There is now a vaccination against hepatitis B. Managers are strongly recommended to see their doctor about this.

Prescription Medication

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

Asthma and Allergies

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

Colds and Flu

The baseball season usually coincides with the cold and flu season. There is nothing you can do to help a child with a cold or flu except to recognize that the child is sick and should be at home recovering and not on the field passing his cold or flu on to all your other players. Prevention is the solution here. Don't be afraid to tell parents to keep their child at home.

Attention Deficit Disorder

What is Attention Deficit Disorder (ADD)

ADD is now officially called Attention-Deficit/Hyperactivity Disorder, or ADHD, although most lay people, and even some professionals, still call it ADD (the name given in 1980).

ADHD is a neurobiological based developmental disability estimated to affect between 3-5 percent of the school age population. This disorder is found present more often in boys than girls (3:1). No one knows exactly what causes ADHD. Scientific evidence suggests that the disorder is genetically transmitted in many cases and results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior.

Why should I be concerned with ADHD when it comes to baseball?

Unfortunately, more and more children are being diagnosed with ADHD every year. There is a high probability that one or more of the children on your team will have ADHD. It is important to recognize the child's situation for safety reasons because not paying attention during a game or practice could lead to serious accidents involving the child and/or his teammates. It

is equally as important to not call attention to the child's disability or to label the child in any way. Hopefully the parent of an ADHD child will alert you to his/her condition. Treatment of ADHD usually involves medication. Do not, at any time, administer the medication -- even if the child asks you to. Make sure the parent is aware of how dangerous the game of baseball can be and suggest that the child take the medication (if he or she is taking medication) before he or she comes to the practice/game. A child on your team may in fact be ADHD but has not been diagnosed as such. You should be aware of the symptoms of ADHD in order to provide the safest environment for that child and the other children around him.

What are the symptoms of ADHD?

Inattention - This is where the child:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities;
- Often has difficulty sustaining attention in tasks or play activities;
- Often does not seem to listen when spoken to directly;
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions);
- Often has difficulty organizing tasks and activities;
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework);
- Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools);
- Often easily distracted by extraneous stimuli;
- Often forgetful in daily activities.

Hyperactivity - This is where the child:

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

Impulsivity - This is where the child:

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

Emotional Instability - This is where the child:

- Often has angry outbursts;
- Is a social loner;
- Blames others for problems;
- Fights with others quickly;
- Is very sensitive to criticism.

Most children with ADHD experience significant problems socializing with peers and cooperating with authority figures. This is because when children have difficulty maintaining attention during an interaction with an adult, they may miss important parts of the conversation. This can result in the child not being able to follow directions and so called "memory problems" due to not listening in the first place. When giving directions to ADHD children it is important to

have them repeat the directions to make sure they have correctly received them. For younger ADHD children, the directions should consist of only one or two step instructions. For older children more complicated directions should be stated in writing.

Children with ADHD often miss important aspects of social interaction with their peers. When this happens, they have a difficult time “fitting in.” They need to focus in on how other children are playing with each other and then attempt to behave similarly. ADHD children often enter a group play situation like the proverbial “bull in the china closet” and upset the play session.

There is no way to know for sure that a child has ADHD. There is not simple test, such as a blood test or urinalysis. An accurate diagnosis requires an assessment conducted by a well- trained professional (usually a developmental pediatrician, child psychologist, child psychiatrist, or pediatric neurologist) who knows a lot about ADHD and all other disorders that can have symptoms similar to those found in ADHD.

PARENTAL CONCERNS ABOUT SAFETY

The following are some of the most common concerns and questions asked by parents regarding the safety of their children when it comes to playing baseball. We have also included appropriate answers below the questions.

I’m worried that my child is too small or too big to play on the team/division he has been assigned to.

Little League has rules concerning the ages of players on T-Ball, Farm, Minor, Major and Senior teams. Golden Hill Little League observes those rules and then places children on teams according to their skills and abilities based on their try-out ratings at the beginning of the season. If for some reason you do not think your child belongs in a particular division, please contact the GHLL Player Agent and share your concerns with him or her.

Should my child be pitching as many innings per game?

Little League has rules regarding pitching which all managers and coaches must follow. The rules are different depending on the division of play, but the rules are there to protect children.

Do mouth guards prevent injuries?

49. A mouth guard can prevent serious injuries such as concussions, cerebral hemorrhages, incidents of unconsciousness, jaw fractures and neck injuries by helping to avoid situations where the lower jaw gets jammed into the upper jaw. Mouth Guards are effective in moving soft tissue in the oral cavity away from the teeth, preventing laceration and bruising of the lips and cheeks, especially for those who wear orthodontic appliances.

How do I know that I can trust the volunteer managers and coaches not to be child molesters?

Golden Hill Little League runs background checks on all board members, managers and designated coaches before appointing them using the United States Dept of Justice National Sex Offender Public Registry at www.nsopr.gov. Volunteers are required to fill out applications which give GHLL the information and permission it needs to complete a thorough investigation. If the League receives inappropriate information on a Volunteer, that Volunteer will be immediately removed from his/her position and banned from the facility.

How can I complain about the way my child is being treated by the manager, coach, or umpire?

You can directly contact the GHLL Player Agent for your division or any GHLL board member. Their names and telephone numbers are posted in the glass case outside the clubhouse. The complaint will be brought to the GHLL President’s attention immediately and investigated.

Will that helmet on my child's head really protect him while he or she is at bat and running around the bases?

The helmets used at Golden Hill Little League must meet NOCSAE standards as evidenced by the exterior label. These helmets are certified by Little League Incorporated and are the safest protection for your child. The helmets are checked for cracks at the beginning of each game and replaced if need be.

Is it safe for my child to slide into the bases?

Sliding is part of baseball. Managers and coaches teach children to slide safely in the pre- season.

My child has been diagnosed with ADD or ADHD - is it safe for him to play?

Golden Hill Little League now addresses ADD and ADHD in their Safety Manual. Managers and coaches now have a reference to better understand ADD and ADHD. The knowledge they gain here will help them coach ADD and ADHD children effectively. The primary concern is, of course, safety. Children must be aware of where the ball is at all times. Managers and coaches must work together with parents in order help ADD and ADHD children focus on safety issues.

Why can't I smoke at the field?

You can smoke but not within 20 feet of the entrances to UNOCAL Fields. There are posted signs throughout the park that stipulate this. The GHLL Board of Directors voted this rule on smoking into effect after the studies on second-hand smoke came out. Please obey the rules as they are there for the safety of our children.

SUBMIT YOUR IDEAS FOR SAFETY

Your safety ideas are welcome at GHLL. Please submit them in written form and place them in the suggestion box that is posted on the clubhouse door. The GHLL Safety Officer will retrieve safety suggestion at the end of each week and read them. If your safety idea warrants further investigation, you will be contacted. Safety ideas which are implemented at our ballpark will appear in next year's Safety Manual under Safety Contributions and the contributor will receive credit for his or her suggestion.

If a child should submit a safety idea which is then implemented at our ballpark, then in addition to being credited in next year's Safety Manual, he or she will receive \$10 in gift certificates for the concession stand. So talk to your team. Let them know about these fabulous prizes!

****** If a manager has not appointed a TSO, then he or she must assume those responsibilities

Scooters, bicycling, skateboarding, hover boards and rollerblading are not allowed anywhere on the facility premises. Unfortunately, the quarters of the facility are too tight to allow any additional athletic activity, except for that which is occurring either on the fields or in the batting cages.

If a child sees something that looks unsafe and reports it, he or she gets a free \$1.50 snack shack ticket.

7. AND 10. SAFETY RESPONSIBILITIES

The President:

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

GHLL SAFETY OFFICER (Duties):

The Safety Officer's main responsibility is to develop and implement the League's safety program. The GHLL Safety Officer is the link between the Board of Directors of Golden Hill Little League and its managers, coaches, umpires, team safety officers, players, spectators, and any other third parties on the complex in regards to safety matters, rules and regulations. The Safety Officer is responsible for tracking accidents and assisting in the development of accident prevention strategies.

The GHLL Safety Officer's responsibilities include:

- Coordinating the individual Team Safety Officers in order to provide the safest environment possible for all.
- Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Keeping the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions (senior, major, minor, farm, tee ball), at what times, under what supervision.
- Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future.
- Ensuring that each team receives its Safety Manual and its First-Aid Kit at the beginning of the season.
- Installing First-Aid Kits in all concession stands and the club-house and re-stocking the kits as needed.
- Make Little League's "no tolerance with child abuse" clear to all.
- Inspecting concession stands and checking fire extinguishers.
- Instructing concession stand workers on the use of fire extinguishers.
- Checking fields with the Field Managers and listing areas needing attention.
- Scheduling a First-Aid Clinic for all managers and designated coaches during the pre- season.
- Creating and maintaining all signs on the GHLL complex including No Parking signs, No Smoking signs, cautionary signs etc.....
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
- Making spot checks at practices and games to make sure all managers have their First- Aid Kits and Safety Manuals.
- Tracking all injuries and near misses in order to identify injury trends.
- Visiting other leagues to allow a fresh perspective on safety.
- Making sure that safety is a monthly Board Meeting topic and allowing experienced people to share ideas on improving safety.

MANAGERS AND COACHES (Duties):

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

- (a) The Manager shall always be responsible for the team's conduct, observance of the official Little League and local rules, and in giving deference to the umpires.
- (b) The Manager is also responsible for the safety of his players. He/She is also ultimately responsible for the actions of designated coaches and the Team Safety Officer (TSO).
- (c) If a Manager leaves the field, that Manager shall designate a Coach as a substitute and such Substitute Manager shall have the duties, rights and responsibilities of the Manager.

Pre-Season:**Managers will:**

- ✓ Take possession of this Safety Manual and the First-Aid Kit supplied by GHLL.
- ✓ Appoint a volunteer parent as Team Safety Officer (TSO). The TSO must be able to be present at all games and must own or have access to a cell phone for emergencies if games or practices take place off the complex.
- ✓ Attend a mandatory training session on First Aid given by GHLL with his/her designated coaches (and, preferably, TSO).
- ✓ Meet with all parents to discuss Little League philosophy and safety issues.
- ✓ Cover the basics of safe play with his/her team before starting the first practice.
- ✓ Return the signed GHLL Code of Conduct and the GHLL Safety Code to the GHLL Safety Officer before the first game.
- ✓ Teach players the fundamentals of the game while advocating safety.
- ✓ Teach players how to slide before the season starts. A board representative will be available to teach these fundamentals if the Manager or designated coaches do not know them.
- ✓ Notify parents that if a child is injured or ill, he or she cannot return to practice unless they have a note from their doctor. This medical release protects you if that child should become further injured or ill. There are no exceptions to this rule.
- ✓ Encourage players to bring water bottles to practices and games.
- ✓ Tell parents to bring sunscreen for themselves and their child.
- ✓ Encourage your players to wear mouth protection.

** First-time Managers and Coaches are requested to read books or view video on Little League Baseball mechanics furnished on a library loan-out basis from GHLL (contact League Director).

Season Play:**Managers will:**

- ✓ Work closely with Team Safety Officer to make sure equipment is in first-rate working order.
- ✓ Make sure that telephone access is available at all activities including practices. It is suggested that a cellular phone always be on hand.
- ✓ Not expect more from their players than what the players are capable of.
- ✓ Teach the fundamentals of the game to players.

- Catching fly balls
- Sliding correctly
- Proper fielding of ground balls
- Simple pitching motion for balance
- Be open to ideas, suggestions or help.
- Enforce that prevention is the key to reducing accidents to a minimum.
- Have players wear sliding pads if they have cuts or scrapes on their legs.
- Always have First-Aid Kit and Safety Manual on hand.
- Use common sense.

Pre-Game and Practice:**Managers will:**

- ✓ Make sure that players are healthy, rested and alert.
- ✓ Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they can't play.
- ✓ **48.** Make sure players are wearing the proper uniform and catchers are wearing a cup.
- ✓ **7/10.** Make sure that the equipment is in good working order and is safe; inspect helmets, bats, catchers' gear. Report any unsafe situations to the Equipment Manager or the GHLL Safety Officer by telephone and in writing using Equipment Inspection/Replacement Report in the APPENDIX of this manual.
- ✓ **7.** Agree with the opposing manager on the fitness of the playing field; check conditions of fences, backstops, bases and warning track. In the event that the two managers cannot agree, the President or a duly delegated representative shall make the determination.
- ✓ **7.** Walk fields for hazards/debris/foreign objects before use and report any unsafe situations to the Fields and Grounds Manager or the GHLL Safety Officer by telephone and in writing using Field / Hazard Pre-Game Safety Checklist / First Aid Kit / Report in the APPENDIX of this manual.

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

1. Calf muscles
2. Hamstrings
3. Quadriceps
4. Groin
5. Back
6. Shoulders
7. Elbow/forearm
8. Arm shake out
9. Neck

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

- ✓ Light tosses short distance.
- ✓ Light tosses medium distance.
- ✓ Light tosses large distance.
- ✓ Medium tosses medium distance.
- ✓ Regular tosses medium distance.
- ✓ Field ground balls.
- ✓ Field pop flies

During the Game Managers will:

- ✓ Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- ✓ Keep players' alert.
- ✓ Maintain discipline at all times.
- ✓ Be organized.
- ✓ Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- ✓ Make sure catchers are wearing the proper equipment.
- ✓ Encourage everyone to think Safety First.
- ✓ Observe the "no on-deck" rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.
- ✓ Keep players off fences.
- ✓ Get players to drink often so they do not dehydrate.
- ✓ Not play children that are ill or injured.
- ✓ Attend to children that become injured in a game.
- ✓ Not lose focus by engaging in conversation with parents and spectators.

* * If a Manager has not appointed a TSO then he or she must assume the responsibilities.

Post-Game Managers will:

Do cool down exercises with the players.

1. Light jog.
 2. Stretching as noted above.
 3. Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows.
 4. Catchers should ice their knees.
- ✓ Not leave the field until every team member has been picked up by a known family member or designated driver.
 - ✓ Notify parents if their child has been injured no matter how small or insignificant the injury is. There are no exceptions to this rule. This protects you, Little League Baseball, Incorporated and GHLL.
 - ✓ Discuss any safety problems with the Team Safety Officer that occurred before, during or after the game.
 - ✓ If there was an injury, make sure an accident report was filled out and given to the GHLL Safety Officer.
 - ✓ Return the field to its pre-game condition, per GHLL policy.

If a manager knowingly disregards safety, he or she will come before the GHLL Board of Directors to explain his or her conduct.

UMPIRES (Duties):

Pre-Game

Before a game starts, the umpire shall:

- ✓ **10.** Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game. Report any unsafe situations to the Equipment Manager or the GHLL Safety Officer by telephone and in writing using Equipment Inspection/Replacement Report in the APPENDIX of this manual.
- ✓ Make sure catchers are wearing helmets when warming up pitchers.
- ✓ Run hands along bats to make sure there are no splinters.
- ✓ Make sure that bats have grips.
- ✓ Make sure there are foam inserts in helmets and that helmets meet Little League NOCSAE specifications and bear Little League's seal of approval.
- ✓ Inspect helmets for cracks.
- ✓ Walk the field for hazards and obstructions (e.g. rocks and glass).
- ✓ Check players to see if they are wearing jewelry.
- ✓ Check players to see if they are wearing metal cleats.
- ✓ Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.
- ✓ Secure official Little League balls for play from the home team.
- ✓ **7.** Walk fields for hazards before use and use the Field / Hazard Pre-Game Safety Checklist / Report (included in the APPENDIX of this safety manual) to ensure that all of the above was carried out.
- ✓ Make sure the bats are on the Little League Approved List. (no composite barrels)

During the Game:

During the game the umpire shall:

- ✓ Govern the game as mandated by Little League rules and regulations.
- ✓ Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- ✓ Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- ✓ Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.
- ✓ Enforce the rule that no spectators shall be allowed on the field during the game.
- ✓ Make sure catchers are wearing the proper equipment.
- ✓ Continue to monitor the field for safety and playability.
- ✓ Make the calls loud and clear, signaling each call properly.
- ✓ Make sure players and spectators keep their fingers out of the fencing.

Post-Game

After a game, the umpire shall:

- ✓ Check with the managers of both teams regarding safety violations.
- ✓ Report any unsafe situations to the GHLL Safety Officer by telephone and in writing using Field / Hazard Pre-Game Safety Checklist / Report or Equipment Inspection/ Replacement Report in the APPENDIX of this manual.

Fields and Grounds Chair:

The Fields and Grounds Chair is responsible to ensure the fields and structures used by GHLL meet the safety requirements as set forth in this manual.

Snack Shack Chair:

The Snack Shack Chair is responsible to ensure the Snack Shack Volunteers are trained/ apprised of the safety procedures as set forth in this manual.

Equipment Manager:

The Equipment Manager is responsible to get damaged equipment repaired or replaced as reported. This replacement will happen in a timely manner. The Equipment Manager will also exchange equipment if it doesn't fit properly.

ADULT TEAM SAFETY OFFICER (TSO):

The TSO is a:

- Role model to younger children.
- Defender of safety.
- Liaison between the team and the GHLL Safety Officer.
- Hero when injuries are prevented by taking safety seriously.

Pre-Season**In the pre-season, the TSO must:**

Acquire this Safety Manual from the team manager and read it.

- ✓ Call the GHLL Safety Officer and introduce yourself.
- ✓ Attend the Safety Meeting.
- ✓ Make sure the Team Manager carries the Medical Release and Player Registration forms to all practices and games. If they should be lost, acquire a new Registration form from the League Registrar and have the parents fill out a new Medical Release form. (photocopy sample in the appendix)
- ✓ Inspect the equipment when the Equipment Manager issues it to your team and replace any equipment that looks unsafe.
- ✓ Get to know the players on your team.
- ✓ Talk to parents, confidentially, and inquire if their child suffers from allergies, asthma, heart conditions, past injuries, ADD, ADHD, a communicable disease. Fill out a medical history form on each child (see sample in appendix)
- ✓ Find out if a child is taking any kind of medication.
- ✓ Report your findings in a written summary and submit it to the GHLL Safety Officer for his/her records.

Season**During the season, the TSO will:**

- ✓ Keep a Safety Log of all injuries that occur on his or her team.
- ✓ Inspect players' equipment for cracks and broken straps on a routine basis.
- ✓ Have a five-minute safety meeting with the team each week.
- ✓ Communicate any safety infractions to the GHLL Safety Officer or any other BoardMember.
- ✓ Have parents fill out "driving permission slips" if transporting a child to a game or practice is necessary. (Photocopy sample in appendix)
- ✓ Help managers and designated coaches give First-Aid, if needed.
- ✓ Act as a conduit between parents, managers, the GHLL Safety Officer and the kids.
- ✓ Fill out accident reports if an injury occurs.
- ✓ Report an injury to the GHLL Safety Officer within 12 hours of the occurrence.
- ✓ Track the First-Aid Kit inventory and ask the GHLL Safety Officer for replacements when needed.

- ✓ Tell kids about the \$5 award certificate to the concession stand when they come up with safety ideas that are implemented at the ballpark. (See the “Submit Your Safety Ideas” section later in this manual for details.)

Pre-Game

Before the game starts the TSO will:

- ✓ Make sure that this Safety Manual and the First-Aid Kit are present.
- ✓ Greet the players as they arrive and make sure everyone is feeling all right.
- ✓ Watch the players when they stretch and do warm up exercises for signs of stress or injury.
- ✓ Check equipment for cracks and broken straps.
- ✓ Walk the field, remove broken glass and other hazardous materials.
- ✓ Be ready to go into action if anyone should get hurt.

During the Game

During the game the TSO will:

- ✓ Watch players to see that they are alert at all times.
- ✓ In case of injury, help the team manager treat the child until professional help arrives.
- ✓ Act as the conduit between the GHLL Safety Officer, the team manager, the child and his or her parents.

Post-Game

After the game the TSO will:

- ✓ Record any safety infractions or injuries in his/her Safety Log.
- ✓ Report any injuries to the GHLL Safety Officer within 12 hours of the occurrence.
- ✓ Fill out an accident investigation report (see appendix) and send a copy to the GHLL

Safety Officer if there is an injury requiring medical attention.

- ✓ Assist parents if child must go to a hospital or to see a doctor.
- ✓ Provide insurance documentation to the hospital if necessary (Claim form is in the appendix with all necessary insurance information).
- ✓ Follow up with parents to make sure the child is all right.

**** IF A MANAGER HAS NOT APPOINTED A TSO THEN HE OR SHE MUST ASSUME THOSE RESPONSIBILITIES.**

8. LITTLE LEAGUE NATIONAL FACILITY SURVEY

Golden Hill Little League's field assessments, as indicated in the Little League National Facility Survey, are contained on the website at <https://apps.littleleague.org/dc/v2/League/FacilitySurveyFields>.

The assessments include observations made both at the privately leased Unocal Field, as well as, the City of Fullerton's "Fullerton Sports Complex". You may review the report to increase your awareness of the Facility Survey itself, our performance/reporting regarding our field conditions at the time of the survey, and our organization's planned improvements.

This survey is completed annually by the Safety Officer for Golden Hill Little League and applicable results/observations will be shared with the Field and Grounds Committee for their information.

**For the purpose of the Online Survey:
League Number is 405-56-03**

FIELD NAMES

Field 1 is Fullerton Sports Complex (FSC) 4

Field 2 is FSC 1

Field 3 is FSC2 - GCF

Field 4 is U1

Field 5 is U2

ADDITIONAL GHLL FACILITY INFORMATION / CONDITIONS

WEATHER

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

Rain:

If it begins to rain:

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

Lightning:

The average lightning strike is 5-6 miles long with up to 30 million volts at 100,000 amps' flow in less than a tenth of a second. The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour. Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes 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 around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

If you can HEAR, SEE OR FEEL a THUNDERSTORM:

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

Hot Weather:

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

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

Ultra-Violet Ray Exposure:

This kind of exposure increases and athlete's risk of developing a specific type of skin cancer known as melanoma. The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time that they are 18 years old. Therefore, GHLL will recommend the use of sunscreen with a SPF (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light. Each parent/child should be guided by their physician's recommendation.

EVACUATION PLAN

Severe storms, lightning, earthquakes and fire are all possible in Southern California. For this reason, GHLL must have an evacuation plan. If a board member or a consensus of managers feels that evacuation is necessary, they shall order an evacuation and make the announcement via the public address system. Otherwise, the managers should clearly announce the evacuation order so that affected persons in attendance at the facility will all be apprised of the intent to evacuate. The TSO will assist in making the notifications.

1. At that time all players will return to the dugout and wait for their parents to come and get them.
2. If a player's parent is not attending the game, the Manager will take responsibility for evacuating that child.
3. Once parents have obtained their children, they will proceed to their cars in a calm and orderly manner.
4. Drivers will then proceed slowly and cautiously out of the facility, observing the 5 MPH speed limit.
5. Once outside the facility, drivers will observe the posted speed limits.

RISKS UNIQUE TO OUR FACILITY

There is an oil well in the center of the facility's parking lot. There is a six-foot chain link fence protecting access to the well. No one is allowed within the perimeter of that fence at any time! Not only is it dangerous because of the movement of the equipment, there is also electrical hazards and the obvious presence of oil. If a child should persist at accessing the interior perimeter of the fence, it is everyone's responsibility to see that he/she is reprimanded. The GHLL Safety Officer and/or the Board of Directors should be notified in cases of repeat offenders.

The golf course to the east of the facility presents the obvious potential hazard of errant balls driven into the brush area and onto the horse/running trail. Though separated by a fence, children should be closely monitored when proceeding on or near the horse/running trail that encircles the golf course. They should remain off the golf course at all times.

STORAGE SHED PROCEDURES

The following applies to all of the storage sheds used by Golden Hill Little League and further applies to anyone who has been issued keys by Golden Hill Little League to use these sheds.

- The shed combination will only be issued by GHLL's League Director.
- A record shall be kept of all individuals possessing the combination.
- The combination will be changed regularly and given out to those who have a right to the information. All storage sheds will be kept locked at all times.
- All individuals with keys to the equipment sheds are aware of their responsibility for the orderly and safe storage of heavy machinery, hazardous materials, fertilizers, poisons, tools, etc...
- Before the use of any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment.
- All chemicals or organic materials stored in storage sheds shall be properly marked and

labeled and stored in its original container if available.

- Any witnessed “loose” chemicals or organic materials within these sheds should be cleaned up and disposed of immediately to prevent accidental poisoning.
- Keep products in their original container with the labels in place.
 - Use poison symbols to identify dangerous substances.
 - Dispose of outdated products as recommended.
 - Use chemicals only in well-ventilated areas.
 - Wear proper protective clothing, such as gloves or a mask when handling toxic substances.

MACHINERY

Tractors, mowers and any other heavy machinery will:

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

GENERAL FACILITY

- All bleachers will have safety rails.
- All bleachers will have protective awnings to stop fly balls.
- All dugouts will have bat racks.
- Speed bumps are painted yellow – their purpose to slow traffic.
- The backstops will always be padded and painted green for the safety of the catcher.
- The dugouts will be clean and free of debris at all time.
- Dugouts and bleachers will be free of protruding nails and wood splinters.
- Home plate, batter’s box, bases and the area around the pitcher’s mound will be checked periodically for tripping and stumbling hazards.
- Materials used to mark the field will consist of a non-irritating white pigment (no lime).
- Chain-link fences will be checked regularly for holes, sharp edges, and loose edges and will be repaired or replaced accordingly.
- The yellow safety caps on chain-link fences will be checked regularly for cracks and will be repaired or replaced accordingly.
- All score booths will have a working P.A. system with an emergency alarm.
- “Caution, Children Crossing” signs will be posted by the bathrooms and concession stands.
- “5 M.P.H. Speed Limit” signs will be posted every 150 feet along the main drive of the complex.
- After the Parent’s Day meeting, Managers will volunteer parents to pick up trash and other materials that could lead to accidents on the GHLL complex.

9. CONCESSION STAND SAFETY

- No person under the age of sixteen (16) will be allowed behind the counter in the concession stands.
- People working in the concession stands will be trained in safe food preparation.
- Training will cover safe use of the equipment. This training will be provided by the Concession Stand Manager (a GHLL Board Member) and given to Team Mom's and Team Parents on Parent's Day in the beginning of the season.
- Cooking equipment will be inspected periodically and repaired or replaced if need be. (see "Concession Stand Weekly Check List" in appendix)
- Propane tanks will be turned off at the grill and at the tank after use.
- Food not purchased by GHLL to sell in its concession stands will not be cooked, prepared, or sold in the concession stands.
- Cooking grease will be stored safely in containers away from open flames.
- Carbon Dioxide tanks will be secured with chains so they stand upright and can't fall over. Report damaged tanks or valves to the supplier and discontinue use. (see

"Concession Stand Weekly Check List" in appendix)

- Cleaning chemicals must be stored in a locked container.
- A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.
- All concession stand workers are to be instructed on the use of fire extinguishers.
- All concession stand workers will be made aware of the Heimlich maneuver.
- A fully stocked First Aid Kit will be placed in each Concession Stand.
- The Concession Stand main entrance door will not be locked or blocked while people are inside.

CONCESSION STAND - WEEKLY CHECKLIST

Date: _____

Deliveries/New Product

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. All products are visually undamaged and have no off odors (spoilage). |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. All packaging condition is good – not wet, stained, leaking, dented, holes, tears, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Items have been put away in proper order (frozen, refrigerated, dry storage) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Expiration dates are over one week from the current date. |

Food Temperature and Specifications

Note: Please ensure that thermometers are in proper working condition. All refrigerators and freezers must have a properly functioning thermometer inside, not attached to the glass. The thermometer should be readily visible.

Drink/Ice Machines

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Soft drink, Ice machine and Ice bin are free of soil. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Temperature of coffee/tea water is $\geq 180^{\circ}\text{F}$. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Cup and lid dispensers are clean and in good repair. Cup and lid holders are clean. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Ice machine is clean, and sanitized. There is no standing water. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Water filter follower needle is not in the red zone. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Ensure that syrup tanks are flushed clean and sanitized. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. CO2 canisters are chained and locked in the upright position. |

Freezer/Food Storage

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Freezer interior is clean and sanitized |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Temperature of freezer is $\leq 20^{\circ}\text{F}$. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. The freezer contains at least five (5) pre-made ice packs for injuries. |

Refrigerator/Food Storage

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Refrigerator interior is clean and sanitized |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Temperature of refrigerator is $33\text{--}43^{\circ}\text{F}$. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Interior light is working and is properly shielded. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Shelving is clean, free of rust and in good repair. |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. All items stored correctly on shelves (covered and a minimum of 6" off the floor). |

CONCESSION STAND - WEEKLY CHECKLIST (Continued)

General Sanitation

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Proper dishwashing method used. |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Hand sanitizer dispensers are mounted and in use. |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Personal items stored correctly (medication, drinks, food, clothing, etc.). |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Floors clean |
| | | a. No leaks from cooler units onto floor |
| | | b. No grease, tripping hazards, or other debris about floor |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. No sign of pest infestation (insects, rodents, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. All trash is emptied from the inside containers. |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. Dumpster enclosure and surrounding area are clean and free of debris. |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. Dumpster is closed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. Chemicals stored in locked containers and not on the same shelf or the shelf above food ingredients, product packaging materials, food storage pans or tables where food is prepared. |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. Maintain manufacturer's labels on or label containers accordingly. |

Concession Stand Safety

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 30. Concession stand workers (Team Mom and Parents) have gone through GHLL's initiation safety and food prep training before working in the concession stand. |
| <input type="checkbox"/> | <input type="checkbox"/> | 31. Children under 16 are not allowed in the concession stand or in other areas where food is prepared. |
| <input type="checkbox"/> | <input type="checkbox"/> | 32. A fire extinguisher with a current certification is in plain sight. |
| <input type="checkbox"/> | <input type="checkbox"/> | 33. A fully stocked First-Aid kit is in plain sight. |

Corrective Action Report

If any item on this check list is checked "No" then complete the steps below: Stop the person, food, process, or use of equipment, as appropriate.

Determine if the product(s) or ingredient(s) are not safe to serve (for example, cross contamination has occurred, or ingredient is undercooked). If not safe, discard the item! When in doubt, throw it out!

Identify source of problem.

Take corrective action, as appropriate.

- Troubleshoot equipment problem using the Equipment Management Reference Manual.
- Re-train Concession Stand workers.
- Wash and sanitize hands.
- Wash and sanitize counter/equipment.

Notify Desiree McKendry, the Snack Bar Manager and/or another GHLL Board Member if the problem cannot be resolved.

**Shut-off Valve Information. Gas, Water and Electricity –
Unocal Field**

- A) Electrical Main #1 is located on the north side of the equipment shed/restrooms and is clearly marked.
- B) Electrical Main #2 is located inside the concession stand and is clearly marked.
- C) Electrical Main #3 is located inside the equipment shed on the west wall (on right as you enter) and is clearly marked.
- D) Gas Shut Off Valve – GHLL is not serviced by natural gas facilities.
- E) Water Shut Off Main Valve is Located in plain sight on the north side of the main entrance.

**Shut-off Valve Information. Gas, Water and Electricity –
Fullerton Sports Complex**

Contact the on-duty City of Fullerton personnel who are on the grounds of the complex at all hours of its operation. They can be found at either the equipment shed in the main parking lot upon entering the complex or in their white cart, which is used to traverse the complex grounds.

11. ACCIDENT REPORTING / TRACKING

PROCEDURE What to report -

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

When to report -

All such incidents described above must be reported to the GHLL Safety Officer within 24-48 hours of the incident. The GHLL Safety Officer will be posted at all times on the main message board outside the snack shack and in a conspicuous location inside the snack shack.

How to make a report -

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

- The name and phone number of the individual involved.
- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.
- Complete or use the forms that follow as an outline to provide information to the GHLL Safety Officer.

Below is an example of the accident reports. Copies can be made from the ghll.net website under the “Documents” heading on the left side of the home page.

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: <input type="checkbox"/> Male <input type="checkbox"/> Female	
City: _____ State: _____ ZIP: _____ Home Phone: () _____	
Parent's Name (If Player): _____ Work Phone: () _____	
Parents' Address (If Different): _____ City: _____	
Incident occurred while participating in:	
A.) <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Challenger <input type="checkbox"/> TAD	
B.) <input type="checkbox"/> Challenger <input type="checkbox"/> T-Ball (5-8) <input type="checkbox"/> Minor (7-12) <input type="checkbox"/> Major (9-12) <input type="checkbox"/> Junior (13-14)	
<input type="checkbox"/> Senior (14-16) <input type="checkbox"/> Big League (16-18)	
C.) <input type="checkbox"/> Tryout <input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> Tournament <input type="checkbox"/> Special Event	
<input type="checkbox"/> Travel to <input type="checkbox"/> Travel from <input type="checkbox"/> Other (Describe): _____	
Position/Role of person(s) involved in incident:	
D.) <input type="checkbox"/> Batter <input type="checkbox"/> Baseman <input type="checkbox"/> Pitcher <input type="checkbox"/> Catcher <input type="checkbox"/> First Base <input type="checkbox"/> Second	
<input type="checkbox"/> Third <input type="checkbox"/> Short Stop <input type="checkbox"/> Left Field <input type="checkbox"/> Center Field <input type="checkbox"/> Right Field <input type="checkbox"/> Dugout	
<input type="checkbox"/> Umpire <input type="checkbox"/> Coach/Manager <input type="checkbox"/> Spectator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____	
Type of injury: _____	
Was first aid required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____	
Was professional medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____	
(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)	
Type of incident and location:	
A.) On Primary Playing Field	
<input type="checkbox"/> Base Path: <input type="checkbox"/> Running or <input type="checkbox"/> Sliding	
<input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched or <input type="checkbox"/> Thrown or <input type="checkbox"/> Batted	
<input type="checkbox"/> Collision with: <input type="checkbox"/> Player or <input type="checkbox"/> Structure	
<input type="checkbox"/> Grounds Defect	
<input type="checkbox"/> Other: _____	
B.) Adjacent to Playing Field	
<input type="checkbox"/> Seating Area	
<input type="checkbox"/> Parking Area	
C.) Concession Area	
<input type="checkbox"/> Volunteer Worker	
<input type="checkbox"/> Customer/Bystander	
D.) Off Ball Field	
<input type="checkbox"/> Travel:	
<input type="checkbox"/> Car or <input type="checkbox"/> Bike or	
<input type="checkbox"/> Walking	
<input type="checkbox"/> League Activity	
<input type="checkbox"/> Other: _____	
Please give a short description of incident: _____	
Could this accident have been avoided? How: _____	
This form is for Little League purposes only, to report 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 claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.	
Prepared By/Position: _____ Phone Number: () _____	
Signature: _____ Date: _____	

Team Safety Officer's Responsibility -

The TSO will fill out the GHLL Accident Investigation Form and submit it to the GHLL Safety Officer within 24-48 hours of the incident. If the team does not have a safety officer then the Team Manager will be responsible for filling out the form and turning it in to the GHLL Safety Officer. (GHLL Accident Investigation Forms can be found on the ghll.net website under "Documents") Accidents occurring outside the team (i.e., spectator injuries, concession stand injuries and third-party injuries) shall be handled directly by the GHLL Safety Officer.

GHLL Safety Officer's Responsibilities -

Within 24 hours of receiving the GHLL Accident Investigation Form, the GHLL Safety Officer will:

- 1) Contact the injured party or the party's parents
- 2) Verify the information received
- 3) Obtain any other information deemed necessary
- 4) Check on the status of the injured party

a) In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, et.) will advise the parent or guardian of the Golden Hill Little League's insurance coverage and the provision for submitting any claims.

b) If the extent of the injuries are more than minor in nature, the GHLL Safety

Officer shall periodically call the injured party to:

- (1) Check on the status of any injuries
- (2) Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the League again).

INSURANCE POLICIES

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

Explanation of Coverage:

The AIG Companies, Little League's insurance policy (see in Appendix) is designed to afford protection to all participants at the most economical cost to GHLL. 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 Companies Little League insurance - which is purchased by the GHLL, not the parent - takes over and provides benefits, after a \$50 deductible per claim, for all covered injury treatment costs up to the maximum stated benefits. This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is in force at all times during the season.

Golden Hill Little League's Insurance Policy is designed to supplement a parent's existing family policy.

How the insurance works:

1. First have the child's parents file a claim under their insurance policy; Blue Cross, United Healthcare, etc., or any other insurance protection available.
2. Should the family's insurance plan not fully cover the injury treatment, the Little League AIG Companies 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 Companies 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.

Filing a Claim:

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

Claims must be filed with the GHLL Safety Officer. He/she forwards them to Little League Baseball, Incorporated, PO Box 3485, Williamsport, PA, 17701. Claim officers can be contacted at (717) 327-1674 and fax (717) 326-1074. Contact the GHLL Safety Officer for more information. A copy of the General Liability Claim Form is included in the Appendix.

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

Little League Insurance Policy

Please refer to Little League International link on website at ghll.net. As of printing of this manual, the direct link to Little League's Insurance Information was as follows:
http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimFormInstructions.pdf

The Little League accident notification/claim form link was as follows:

http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf

The Safety Officer will direct managers, coaches, and parents accordingly following an injury.

Post-Season Play

All Star Play:

Everybody's responsibilities remain the same throughout the post season. This includes TOC and All Stars.

Insurance Riders:

Insurance riders are needed if any practices, games or events involving baseball, on or off the GHLL complex takes place before or after the regularly scheduled season and "All Star" post season. Insurance riders are also necessary if non-Little League teams practice, play games, or hold tournaments at the GHLL facility. Board approval is required to allow non-Little League teams to use the GHLL facilities. We are a private organization and we lease the lands at Unocal Field, therefore, we must maintain control of who is authorized to be on our premises.

13. ENFORCE LITTLE LEAGUE RULES

These codes are discussed at the individual team meetings, Managers/Coaches meeting on Jan 23, 2022, and the New-to-the-League Parent Orientation Meeting, Feb 5, 2022, at Evangelical Free Church, Fullerton, CA.

Golden Hill Little League CODE OF CONDUCT

The board of directors of Golden Hill Little League has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and sign on the form provided acknowledging understanding and agreeing to comply with the Code of Conduct. Thereafter, please mail to the GHLL Safety Officer in the enclosed envelope.

No Board Member, Manager, Coach, Player or Spectator shall:

- 1) At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
- 2) Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- 3) Be guilty of an objectionable demonstration of dissent at an official's decision by throwing ofgloves, helmets, hats, bats, balls, or any other forceful un-sportsman-like action.
- 4) Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- 5) Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- 6) Be guilty of the use of profane, obscene or vulgar language in any manner at anytime.
- 7) Appear on the field of play, stands, or anywhere on the GHLL complex while in an intoxicated state at any time. Intoxicated will be defined as an odor or behavior issue.
- 8) Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- 9) Use any tobacco products on the grounds of the Golden Hill Complex.
- 10) Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
- 11) As a manager or coach be guilty of mingling with or fraternizing with spectators during the game.
- 12) Speak disrespectfully to any manager, coach, official or representative of the league.
- 13) Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- 14) Shall challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

The Board of Directors will review all reported infractions of the GHLL Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

26. Discussed a New Parent Orientation Meeting 2/5/2022, at EV Free Church.

Golden Hill Little League PARENT'S CODE OF CONDUCT

PARENT'S SHOULD REMEMBER:

- Children have more need of example not criticism.
- Make athletic participation for your child and others a positive experience.
- Attempt to relieve pressure of competition, not increase it. A child is easily affected by outside influences.
- Be kind to your child's coach and officials. The coach is a volunteer giving of personal time and money to provide a recreational activity for your child. The coach is providing a valuable community service, often without reward other than the personal satisfaction of having served the community.
- The opponents are necessary friends. Without them your child could not participate.
- Applaud good plays by your team and by members of the opposing team. Never send negative comments to the field.
- Accept the results of each game and encourage your child: To be gracious in victory, and
To turn defeat to victory by working towards improvement.

DURING THE GAMES AND PRACTICES:

- Arrive early.
- Exemplify good sportsmanship.
- Make positive calls to all players on the field.
- Do not criticize an Umpire's decision (Learn the rules of baseball).
- Profanity is **STRICTLY FORBIDDEN**.
- Don't distract the coach with unnecessary questions or advice.
- Support the team and your child by attending **ALL** games and by participating in team functions.
- React positively to the team's wins **AND** losses.

ABUSIVE BEHAVIOR BY PARENTS WILL NOT BE TOLERATED!

The Umpire will ask the coach to have the parent leave the field. If the abuse continues, the game may be stopped and the team will forfeit the game.

Not going to be at practice or a Game?

Let the Coach or Team Parent know **EARLY**.

13. ENFORCE LITTLE LEAGUE RULES

Golden Hill Little League SAFETY CODE

The Board of Directors of Golden Hill Little League has mandated the following Safety Code. All managers and coaches will read this Safety Code and then read it to the players on their team. Managers and coaches are encouraged to read the Safety Code to parents as well. Signatures are required on the form provided/attached at the rear of the Safety Manual acknowledging that the manager, coach and players understand and agree to comply with the Safety Code.

Please follow the instructions on that page for mailing the form to the GHLL Safety Officer. Managers or coaches will contact the Safety Officer immediately with any questions related to the Safety Code, accident reporting, or the tracking of accidents.

- 1) Responsibility for safety procedures belong to every adult member of Golden Hill Little League.
- 2) Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/herself and to others.
- 3) Only league approved managers and/or coaches are allowed to practice teams.
- 4) Only league-approved managers and/or coaches will supervise batting cages.
- 5) Arrangement should be made in advance of all games and practices for emergency medical services.
- 6) Managers and designated coaches will have mandatory training in First Aid.
- 7) First-aid kits are issued to each team manager during the pre-season and additional kits will be located at each concession stand.
- 8) No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- 9) Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.
- 10) Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as "in play".
- 11) Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- 12) Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and designated coaches.
- 13) Foul balls batted out of playing area will be returned by handing to a manager or coach and not thrown over the fence during a game.
- 14) During practice and games, all players should be alert and watching the batter on each pitch.

- 15) During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- 16) All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators, (i.e., playing catch, pepper, swinging bats etc.)
- 17) **10.** Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- 18) Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games.
- 19) Except when a runner is returning to a base, headfirst, slides are not permitted.
- 20) During sliding practice, bases should not be strapped down or anchored.
- 21) At no time should “horse play” be permitted on the playing field.
- 22) Parents of players who wear glasses should be encouraged to provide “safety glasses” for their children.
- 23) On-deck batters are not permitted, except for one per team (1) between innings.
- 24) Managers will only use the official Little League balls supplied by GHLL.
- 25) Once a ball has become discolored, it will be discarded.
- 26) All male players will wear athletic supporters or cups during games.
- 27) Catchers must wear a cup. Managers should encourage that cups be worn at practices too.
- 28) Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- 29) Female catchers must wear long or short model chest protectors.
- 30) All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher’s helmet, all of which must meet Little League specifications and standards.
- 31) All catchers must wear a mask, “dangling” type throat protector and catcher’s helmet during practice, pitcher warm-up, and games. Note: Skullcaps are not permitted.
- 32) Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible.
- 33) Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)
- 34) No food or drink, at any time, in the dugouts. (Exception: bottled water, sports drinks and water from drinking fountains)

- 35) Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size or weight consistent with protecting the hand.
- 36) Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher's gear and an athletic cup as described above.
- 37) Managers will never leave an unattended child at a practice or game.
- 38) No children under the age of 16 are permitted in the Concession Stands.
- 39) Never hesitate to report any present or potential safety hazard to the GHLL Safety Officer immediately.
- 40) Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- 41) Speed Limit is 5 miles per hour in roadways and parking lots.
- 42) No alcohol or drugs allowed on the premises at any time.
- 43) No medication will be taken at the facility unless administered directly by the child's parent. This includes aspirin and Tylenol.
- 44) No playing in the parking lots at any time.
- 45) No playing in construction areas at any time. This includes field dirt bins/storage.
- 46) No playing on and around lawn equipment, machinery at any time.
- 47) No smoking on Golden Hill Little League property, including e-cigs.
- 48) No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex, including the open area between U-1 and U-2.
- 49) No throwing rocks.
- 50) No climbing fences.
- 51) No swinging on dugout roofs.
- 52) Observe all posted signs.
- 53) Players and spectators should be alert at all times for foul balls and errant throws.
- 54) All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- 55) Bicycle helmets must be worn at all times when riding bicycles on the premises as well as to and from the premises.
- 56) Use crosswalks, where provided, when crossing roadways. Always be alert for traffic.
- 57) No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.

58) There is no running allowed in the bleachers.

59) 13. Follow the Little League Rules and Regulations (Green book) and local division rules. Green books were provided to every Manager with team equipment. Local Division Rules were handed out and discussed at the Managers and Coaches Meeting on 1/26/15.

60) 13. Managers and coaches are not allowed to catch pitchers (Rule 3.09); this includes standing at backstop during practice as informal catcher for batting practice.

Players, coaches and managers will sign/submit the forms that follow acknowledging that these rules have been read or read to them and their commitment to adhere to its rules and regulations.

13. GOLDEN HILL LITTLE LEAGUE

Safety Code Acknowledgement - Team

I have read or have been read the Golden Hill Little League Safety Code and promise to adhere to its rules and regulations.

_____ Division -
Team

Team Manager

Team Safety Officer (TSO)

Coach #1

Coach #2

Player #1

Player #2

Player #3

Player #4

Player #5

Player #6

Player #7

Player #8

Player #9

Player #10

Player #11

Player #12

Date

13. CODE OF CONDUCT

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

_____ Division -
Team

Print name of Manager

Signature of Manager

Date

Print Name Coach #1

Signature of Coach #1

Date

Print Name Coach #2

Signature of Coach #2

Date

Submit this form to the GHLL Safety Officer in person or drop in the snack bar envelope, please.

APPENDIX

CONTENTS

PAGE

Field / Hazard Pre-Game Safety Checklist / Report	66
Equipment Inspection/Replacement Report	67
Driving Permission Slip	68
Medical Release	69
Receipt of Safety Manual and First Aid Kit	70

Field / Hazard Pre-Game Safety Checklist / Report

All umpires, managers and coaches are responsible for checking field safety conditions before each game or practice. The following items should be observed prior to play on the field. This checklist is clearly posted in each dugout and should be in each coach's folder.

Field Condition	Y/N
Backstop repair	
Home plate repair	
Bases secure	
Bases repair	
Pitcher's mound	
Batter's box level	
Batter's box marked	
Grass surface (even)	
Gopher holes	
Infield fence repair	
Outfield fence repair	

Field Condition Issue	Y/N
Foul lines marked	
Sprinkler condition	
Warning track	
Coaches box level	
Coaches box marked	

Spectator Equipment	Y/N
Bleachers repair	
Handrails repair	
No smoking	
Protective screens repair	
Bleachers clean	
Parking area safe	

Dugouts Condition	Y/N
Fencing repair	
Roofing repair	
Bat racks Repair	
Cleanup of debris (i.e. tripping)	

Submit this form/information to the Fields and Grounds Manager, via e-mail or hand deliver, if a repair is needed.

NOTE: If an injury occurred because of a Field Hazard, submit and Injury Report to the League Safety Officer immediately.

Equipment Inspection/Replacement Report

All umpires, managers and coaches are responsible for checking field safety conditions before each game. The following items should be observed prior to play on the field. This checklist is clearly posted in each dugout.

Catcher's Equipment	Y/N
Shin guards o.k.	
Helmets o.k.	
Face mask o.k.	
Throat protector	
Catcher's cup (boys)	
Chest protector	
Catcher's mitt	

Player's Equipment	Y/N
Batting helmets	
Jewelry removed	
Shoes/cleats checked	
Athletic cups (boys)	
Bats (compliance sticker)	

Team Safety Equipment	Y/N
First-aid kit each team	
Medical Release forms	
Blanket for shock	
Ice or Instant Ice Packs	
Injury report forms	

Submit this form/information to the Equipment Manager, via e-mail or hand deliver, if a repair or replacement is needed.

NOTE: If an injury occurred because of Equipment Failure, submit and Injury Report to the League Safety Officer immediately.

DRIVING PERMISSION SLIP

We, the undersigned parents of _____, do hereby authorize the adult leaders or agents of Golden Hill Little League to act as agent of the undersigned and to consent for them to authorize any medical or surgical diagnosis or hospitalization which are deemed advisable and or administered by a duly licensed physician. If, and in the event, such help of an emergency nature becomes evident and necessary then this authorization is given pursuant to the provisions of Section 25.3 of the California Civil Code; and in no event will Little League Baseball, Incorporated, Golden Hill Little League or its officers, managers, coaches, umpires, leaders or agents be held liable for any first-aid or surgical treatment or procedures performed pursuant to this consent.

I further agree to let my child be transported to the Golden Hill Little League game on _____, 2022 at _____ o'clock. The game will be located at _____. All drivers are on file with the Golden Hill Little League Board of Directors and no transportation can take place without prior acknowledgment and approval of the GHLL Player Agent assigned to your particular division of the League. Golden Hill Little League has made best efforts to ensure that drivers hold a valid California driver's license and currently hold a valid auto insurance policy and that the driver's record shows no past serious infractions of the vehicle code but in no event will Little League Baseball, Incorporated, Golden Hill Little League or its officers, managers, coaches, umpires, leaders or agents be held liable for any accident as a result of transporting your child. I further agree to assume the responsibility of seeing that my child cooperates and conforms to the fullest with the team manager, designated coaches or designated driver and that he or she follows their instructions and those of the officials who may be in charge.
A Photostat copy of this agreement is considered the same as the original.

Parent's Name (printed)

Child's Name (printed)

Parent's Signature Date

EMERGENCY TELEPHONE NUMBERS: Day# _____ Eve. # _____

Team Manager's Name (printed)

MEDICAL RELEASE

Each GHLL player has a medical release portion on his/her initial application/registration form to the league. Managers are issued a copy of the player's application/registration form.

Should the original Medical Release be lost, this form is to be completed and signed by the parent or legal guardian.

Player: _____ Date of Birth _____

If the child named above is injured or ill, I understand that the team manager or another authorized representative from Golden Hill Little League will attempt to contact me, the other parent, or the legal guardian at the telephone number provided below.

Parent (legal guardian's) name (s): _____

Day Phone: _____ Evening Phone _____

Parent (legal guardian's) name (s): _____

Day Phone: _____ Evening Phone _____

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

If parent(s)guardian cannot be reached in case of emergency, contact: Name/phone/relationship to player

Name/phone/relationship to player _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First responder, E.R. Physician) and to be transported to the nearest hospital for treatment if necessary.

Signature: _____ Date: _____

Medical Insurance Plan: _____ Date of last Tetanus Shot _____

Group Number: _____ ID Number: _____

Please list any allergies/medical problems, including those requiring maintenance

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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

A Photostat copy of this agreement is considered the same as the original.

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL

2. AND 12. RECEIPT OF SAFETY MANUAL AND FIRST AID KIT

Our team has received the following:

1. GHLL 2022 Safety Manual
2. First Aid Kit
3. Player Application for each player (this contains emergency contact phone numbers)
4. Medical Release for each player

I will make sure these items present at all practices, batting cage practices, games (season games and post-season games) and any other event where team members could become injured or hurt.

Print name of Manager / Team Safety Officer

Signature of Manager / Team Safety Officer

Date

EVIDENTIARY PHOTOS FOR OTHER REQUIREMENTS

7. Protective Fence Tops on Fences low enough that players may be able to reach over.



8. Keep flow of traffic away from dugouts



8. Netting to protect spectators from foul balls AND back guard rails and side rails on taller bleachers.



UNDERSTANDING PROVEN METHODS TO PREVENTING BULLYING AND HAZING

There is no better feeling than being a part of a good team. Whether you're the star player, keeping a pitch count or coaching first base, when all the members of a team are working together, having fun and respecting each other, your team will be successful and your players will have a meaningful Little League experience, regardless of how many notches are in the win column.

One of the ways that coaches can help make that team experience a positive one for all players is being what - Positive Coaching Alliance (PCA) calls a Double-Goal Coach®. One key to being a Double-Goal Coach, committed to pursuing wins while also pursuing the more important goal of teaching life lessons through sports, is ensuring players are exposed to an enjoyable and safe team environment. PCA defines "Safety" as all forms of physical, mental and emotional well-being of players.

Baseball and softball provide the opportunity for players to get past their own inhibitions, but this is extremely difficult to do if a culture of bullying, hazing or exclusion exists. You want to make the baseball and softball experiences of your players so enjoyable that the boys and girls, and their parents, want to sign up again next year without a second thought.

Managers and coaches who create a positive culture now -- teaching even the youngest players how to prevent and avoid bullying, hazing and exclusion -- will lay a great foundation for players' future health and safety.

Exclusion through bullying and hazing take many forms, so take it seriously. Any situation where children feel like they don't want to be a part of the team is important enough for you to investigate.

Take the time to speak with your team and your parents about bullying, hazing or exclusion and ask for their support in making the Little League experience great for all the kids. Learning and enjoyment go hand-in-hand, producing plenty of special moments on the field and just as many off.

Here are some tips on how to do address bullying, hazing or exclusion:

Coaches and administrators should have a zero-tolerance policy. Share that policy, in writing, with everyone involved in your program.

Coaches can cultivate camaraderie by teaching teammates to respect each other. Emphasize this at every practice and game, because operating in an environment of respect will improve individual and team performance and lend to better teaching and learning of life lessons through sports.

Parents should check in frequently with their youth athletes, using open-ended prompts, such as "Tell me about practice." Listen and watch carefully for any change in your child, such as suddenly not wanting to practice or participate in team activities.

Athletes should remember that the strongest team leaders don't just refrain from hazing or bullying; they actually shut it down when they see it. On-field performance of your team is important, but what really measures success is how your entire team works together to play fair, strive to win and do their best.

Positive Coaching Alliance offers an assortment of related information on bullying and hazing. We strongly encourage you to check out these links and share with the parents and players in your league.

Positive Coaching Alliance offers an assortment of related information on bullying and hazing. We strongly encourage you to check out these links and share with the parents and players in your league.

Google+ Hangout on Bullying and Locker Room Culture

Google+ Hangout on Phasing Out Hazing

For more ideas on getting the most out of your players while teaching life lessons, take the Little League Double-Goal Coach® Course at <http://shopping.positivecoach.org/Little-League-DGC>, and for a video that explains Double-Goal Coaching in more detail, visit www.LittleLeague.org/PCA.