

# HOOD RIVER VALLEY Little League



“Where Safety comes First”  
2022 SAFETY PLAN

League ID #: 4370506

## **Message from the League President**

One of the shared values that our board operates under is “doing what is best for the very most.” Our Safety Plan this year reflects that shared value, and it is a privilege to be able to serve on a board that treats safety and security far above winning and losing. We are approaching this plan with the idea of whatever the requirements are, we will strive to go above every one we can to better insure the safety of our participants, and their family. We look forward to creating as safe an environment as possible, and with our dedicated board members, managers, coaches, and parents, I am positive we will get there.

## **HRV Little League Safety Mission Statement**

HRV Little League seeks to provide the safest environment possible for the players, spectators and volunteers. The board of directors, dedicated to the safe operation of this league, has developed a safety program outlining the procedures we will follow to accomplish this goal. The plan is designed to reduce injury and accidents through education and training of volunteers and players, inspecting equipment and facilities on a regular basis, and providing procedures for reporting and tracking accidents and injuries.

## **Message from the HRVLL Board of Directors**

Hood River Valley Little League is a non-profit organization run by volunteers whose mission is to provide an opportunity for our community’s children to learn the game of baseball in a safe and friendly environment. The HRV Little League (HRVLL) has adopted the Little Leagues’ ASAP (A Safety Awareness Program). Our league is committed to providing a safe environment as well as safety training for its coaches, managers, volunteers and players.

The Board of Directors have committed to serving our local little league. We share a common goal of providing a safe, community -oriented program that encourages the development of our youth. Remember that everyone involved has a responsibility for safety. If at any time you notice something you believe is dangerous, please point it out to a manager or the league President.

We are requiring managers and coaches to possess a certificate that they have passed the online concussion recognition/prevention test, abuse awareness training, and have a background check BEFORE they step onto a field. You may take these FREE trainings online and email your certificate to [hrvlittleleague@gmail.com](mailto:hrvlittleleague@gmail.com). Training links are at [hrvll.com](http://hrvll.com) at the bottom of the page under “Safety Links.”

**ASAP Requirement #1**

**HRV Little League  
Board of Directors**

<b>TITLE</b>	<b>NAME</b>	<b>E-MAIL</b>	<b>PHONE NUMBER</b>
<b>President</b>	Danica Harjo	<a href="mailto:hrlittleleague@gmail.com">hrlittleleague@gmail.com</a>	541-571-2461
<b>Vice President</b>	Katy Mahan	<a href="mailto:sistaenegee@yahoo.com">sistaenegee@yahoo.com</a>	503-201-9207
<b>Secretary/Player Agent</b>	Raine Smith	<a href="mailto:rainesmith29@yahoo.com">rainesmith29@yahoo.com</a>	541-806-2844
<b>Treasurer</b>	Jessica Sullivan	<a href="mailto:cjsullivan@live.com">cjsullivan@live.com</a>	503-706-7816
<b>Safety Officer</b>	OPEN	Vice President filling in until filled.	
<b>Information Officer</b>	Miranda Chavez	<a href="mailto:mirandachavez2012@yahoo.com">mirandachavez2012@yahoo.com</a>	541-490-3455
<b>Concession Manager</b>	Yasmin Trejo	<a href="mailto:eddie.yasmin12@gmail.com">eddie.yasmin12@gmail.com</a>	971-304-5500
<b>Umpire Coordinator</b>	Brett VandenHeuvel	<a href="mailto:brettvdh@gmail.com">brettvdh@gmail.com</a>	503-232-7400
<b>Hood River Minors Field &amp; Parkdale Maintenance</b>	Joleen Wampler-Kendall	<a href="mailto:joleenwampler@gmail.com">joleenwampler@gmail.com</a>	541-380-1046
<b>Odell Field Maintenance</b>	Ryan Pratt	<a href="mailto:alrwindowcoverings@gmail.com">alrwindowcoverings@gmail.com</a>	541-490-2551
<b>Hood River Major Field Maintenance</b>	Matt Hockett	<a href="mailto:matt.hockett@lewisbuilds.com">matt.hockett@lewisbuilds.com</a>	971-808-8473

<b>Sponsorship/Fundraiser Coordinator</b>	Jayson Robidoux	<a href="mailto:jrobidoux@careersolutionsllc.net">jrobidoux@careersolutionsllc.net</a>	415-425-0121
<b>Scheduler</b>	OPEN	President filling in until filled.	
<b>Uniform Coordinator</b>	Lindsay Weseman	<a href="mailto:lindsay.weseman@gmail.com">lindsay.weseman@gmail.com</a>	541-806-1426
<b>Coaching &amp; Tryout Coordinator</b>	Scott Tamfer	<a href="mailto:scott@tscan.biz">scott@tscan.biz</a>	206-852-6262
<b>Equipment Coordinator</b>	Ashley Fogle	<a href="mailto:ashley.fogle@hoodriver.k12.or.us">ashley.fogle@hoodriver.k12.or.us</a>	541-490-4164
	Mari-Beth Guenther	<a href="mailto:maribethguenther@gmail.com">maribethguenther@gmail.com</a>	541-490-4606

## **ASAP Requirement #2**

### **Distribution of Safety Manual**

- Safety Officer will submit and distribute safety plan to Little League Headquarters on the Data Center & District Administrator
- Every manager of every team in every division of HRVLL will receive a copy before any practices or games take place. Safety Manual will be stored in a team binder, which will be brought to all league functions.
- A copy of the Safety Plan will be posted in the concession stands.
- A copy will be distributed to all HRVLL board members
- An electronic copy is available on HRV Little League website: [www.hrvll.com](http://www.hrvll.com) at the bottom of the homepage under “Safety Links”

**ASAP Requirement #3**

**EMERGENCY Phone Numbers**

**EMERGENCY-911**

Determine if the injury requires immediate professional attention. If it does, call 911. Be particularly concerned of medical events arising from pre-existing medical conditions such as asthma, allergies or seizures. When in doubt, call 911

**IF YOU CALL 9-1-1 OR OTHER EMERGENCY NUMBER PROTECT YOURSELF AND YOUR PLAYERS.**

**BE PREPARED TO TELL:**

1. LOCATION
2. STREET ADDRESS
3. CITY
4. DIRECTIONS
5. TELEPHONE NUMBER FROM WHICH THE CALL IS BEING MADE
6. CALLER'S NAME
7. WHAT HAPPENED
8. CONDITION OF INJURED PERSON
9. HELP THAT IS BEING PROVIDED

**DO NOT HANG UP FIRST.**

**LET THE DISPATCHER HANG UP FIRST.**

<b><u>Location</u></b>	<b><u>Police/Sheriff</u></b>
Parkdale	541-386-2711
Odell	541-386-2711
Hood River	541-386-5256

**HOSPITAL:**

Name: Providence Hood River Memorial Hospital

Address: 810 12<sup>th</sup> Street, Hood River, OR 97031

Phone Number: 541-387-6325

## Covid-19 Guidelines

HRV Little League is committed to keeping its youth participant's healthy, safe and establishing and enforcing state and local laws established as outlined in HRVLL ASAP Safety Plan. Oregon Executive Order 20-66 Risk and Safety Framework: County by County Metrics-based approach to controlling COVID-19 transmission to conserve hospital capacity and protect human health and human lives is in effect until terminated by Oregon Governor. See HRVLL Covid-19 Prevention Plan.

### STAY SAFE ON AND OFF THE FIELD



**Stay home** if you are sick.



**Bring your own** equipment and gear (if possible)



**Cover your coughs and sneezes** with a tissue or your elbow.



**Wash your hands** or use sanitizer before and after events and sharing equipment.



**Tell a coach** or staff member if you don't feel well.

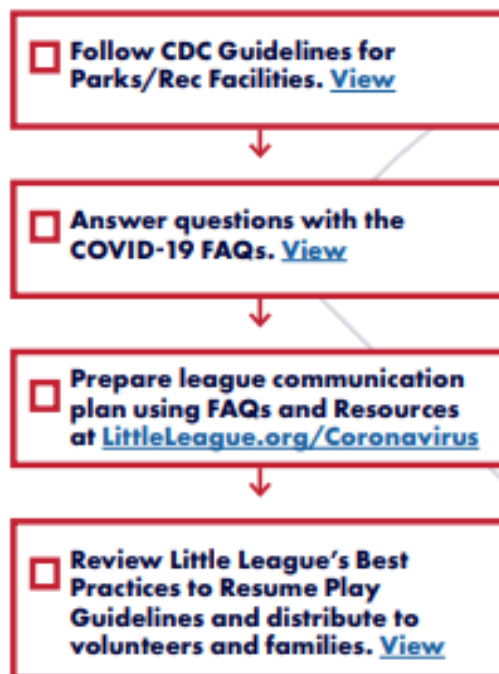


[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# As your local league considers returning to play, keep these resources in mind:



If all checked above, move on to the criteria below.



When all boxes are checked –

## Play Ball!

More information and resources are available at  
[LittleLeague.org/Coronavirus.](#)

## ASAP Requirement #4

# Background Checks

Little League International has established criteria for each chartered league's performance of an investigation into the background of all individuals who volunteer in any capacity. Each volunteer will be required to complete a volunteer application form and provide a copy of their government issued photo identification. The minimum requirement for these background investigations is verification that volunteers are not registered sex offenders. To provide additional protection to the children we will submit a list of all volunteers to JDP. A background investigation that will list any convictions nationwide will be completed. Upon clearance of individual background investigations all volunteers will be notified by The Board of Directors. All applications are checked prior to the beginning of practices. Keeping our children safe is our #1 goal.

**Little League® Volunteer Application – 2021**  
Do not use forms from past years. Use extra paper to complete if additional space is required.

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 11c9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit [littleleague.org/jdpquickapp](http://littleleague.org/jdpquickapp) for more information.  
A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

**All RED fields are required.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security # (mandatory) \_\_\_\_\_  
Call Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Employer \_\_\_\_\_  
Occupation \_\_\_\_\_  
Special professional training, skills, hobbies \_\_\_\_\_  
Community affiliations (Clubs, Service Organizations, etc.) \_\_\_\_\_  
Previous volunteer experience (including baseball/softball and years) \_\_\_\_\_

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

2. Special Certification (CPR, Medical, etc.)? If yes, list \_\_\_\_\_ ☐ Yes ☐ No  
If yes, list full name and what level? \_\_\_\_\_ State \_\_\_\_\_

3. Do you have a valid driver's license? ☐ Yes ☐ No  
Driver's license # \_\_\_\_\_

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

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

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

7. Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_  
(If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

In which of the following would you like to participate? (Check one or more.)  
☐ League Official ☐ Umpire ☐ Manager ☐ Concession Stand  
☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ Other \_\_\_\_\_

Please list three references, or at least one of which has knowledge of your participation as a volunteer in a youth program:  
Name/Phone \_\_\_\_\_  
\_\_\_\_\_

**IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: [littleleague.org/BackgroundCheck](http://littleleague.org/BackgroundCheck)**

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Applicant Name (please print or type) \_\_\_\_\_

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

**LOCAL LEAGUE USE ONLY:**  
Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_  
System(s) used for background check (minimum of one must be checked):  
Review the Little League Regulation 11c9 for all background check requirements  
☐ JDP (includes review of the SafeSport Centralized Disciplinary and USA Baseball Ineligible List)\*  
OR  
☐ National Central Database check ☐ SafeSport Centralized Disciplinary Database and/or USA Baseball Ineligible List for Sex Offender  
\*Please be advised that if you use JDP and there is a name match to the law states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding the criminal records associated with the name, which may not necessarily be the league volunteer.  
Only attach to this application copies of background check reports that reveal convictions of this application.

**Little League® "Basic" Volunteer Application – 2021**  
Do not use forms from past years. Use extra paper to complete if additional space is required.

This volunteer application can be used as a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meets the standards of Little League Regulation 11c9. Visit [littleleague.org/jdpquickapp](http://littleleague.org/jdpquickapp) for more information.

**All RED fields are required.**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Call Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Driver's license # \_\_\_\_\_

1. Have you ever been charged with, convicted of, pled no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? ☐ Yes ☐ No  
If yes, describe each in full: \_\_\_\_\_  
(If volunteer answered yes to Question 1, the local league must contact the Little League Security Manager.)

2. Have you ever been convicted of or pled no contest or guilty to any crime(s)? ☐ Yes ☐ No  
If yes, describe each in full: \_\_\_\_\_  
(Answering yes to Question 2, does not automatically disqualify you as a volunteer.)

3. Do you have any criminal charges pending against you regarding any crime(s)? ☐ Yes ☐ No  
If yes, describe each in full: \_\_\_\_\_  
(Answering yes to Question 3, does not automatically disqualify you as a volunteer.)

4. Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_  
(If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)

5. In which of the following would you like to participate? (Check one or more.)  
☐ League Official ☐ Field Maintenance ☐ Concession Stand  
☐ Coach ☐ Manager ☐ Other \_\_\_\_\_  
☐ Umpire ☐ Scorekeeper

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

Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_

**LOCAL LEAGUE USE ONLY:**  
Background check completed by league officer \_\_\_\_\_ on \_\_\_\_\_  
System(s) used for background check (minimum of one must be checked):  
Review the Little League Regulation 11c9 for all background check requirements  
☐ JDP (includes review of the SafeSport Centralized Disciplinary and USA Baseball Ineligible List)\*  
OR  
☐ National Central Database check ☐ SafeSport Centralized Disciplinary Database and/or USA Baseball Ineligible List for Sex Offender  
\*Please be advised that if you use JDP and there is a name match to the law states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding the criminal records associated with the name, which may not necessarily be the league volunteer.  
Only attach to this application copies of background check reports that reveal convictions of this application.

## ASAP Requirement #5

# League Training Dates and Times

	Date	Location	Time
Coch Fundamental Training:	3/2/2022	Rockford Fire Station Barrett Drive, Hood River	6pm & 7pm

Fundamentals Training will be offered for all coaches. This is mandatory for any first year coaches, all T-ball coaches, and each team will have at least one representative from



their coaching staff. Veteran coaches are encouraged to attend, but are required to attend every 3 years. Fundamental Training will include:

- Walk through this Safety Plan
- Proper usage of the catcher's gear; fitting it to the player.
- What to look for during inspection.
- How to fit batting helmets correctly
- Managers will hold a parent meeting prior to first practice. During the meeting:
  - Medical Waivers are filled out and signed then returned to coaches and placed in team binder to be brought to every Little League event.
  - Talk about transportation to and from practices and the hazards of players riding their bikes, especially if your practices might end at dusk. Suggest setting up a carpool for those who have schedule conflicts.
  - Find out if any parents are trained in first aid or CPR and record the information for future reference.
  - Recruit a parent/coach to be your team safety observer. Their job will be to observe the games and practices for potential accidents and aid coaches in following the Covid-19 Prevention Plan.
  - **Advise the parents that if a player is removed from play due to a suspected head injury/concussion, the coach or manager will not allow the player to return to play until the player has a release form from a physician stating the player can resume play.** The purpose of this requirement is to ensure the player has had proper medical evaluation. This requirement is a League Policy and not an individual coach or manager decision.
    - If the parent or guardian is unable to pay for this type of medical assessment, contact the League Safety Officer or League President for assistance. The goal is to ensure the player receives appropriate medical care.
  - Coaches pass the training on to parents and players, and encourage them to read this Safety Plan.
- Prior to playing catch at practices/games Coaches will warm the players up and stretch before strenuous activities.
- If you are the home team, you will need to set the field up and take it down. Rake and line the field and install the bases. At the end of the last game, rake the field to eliminate any low spots, especially the batter's box and pitcher's mound.
- Both managers shall agree on the fitness of the playing field before the game starts. Once the game starts the head umpire shall be the sole judge on the weather and condition of the playing field after the game starts. In the case of the lower divisions HOME team manager will make the decision on a rain out.
- Home team will occupy the third base dugout and the visiting team the first base dugout.
- All managers and coaches are representatives of the League, as well as role models, and should conduct themselves accordingly. A positive example of sportsmanship, honesty, and discipline will be observed and accepted by players and parents as a dedication you have with this important position.

### **ASAP Requirement #6**

	<b>Date</b>	<b>Location</b>	<b>Time</b>
<b>Safety Manual &amp; First-Aid Training:</b>	3/2/2022	Rockford Fire Station Barrett Drive, Hood River	6pm & 7pm

First Aid and CPR training (at least 1 representative from each team is required to attend, Umpires are encouraged to attend)

**Requirement 2:** *Each team will receive a paper copy of this safety manual. Managers should have a copy of the safety manual at all league functions.*

	<b>Date</b>	<b>Location</b>	<b>Time</b>
<b>Umpire Training:</b>	3/7/2022	HRVHS Baseball Hitting Facility	6pm

Umpires play an important role in safety. Umpire training is essential to the safety of the players, coaches, spectators, and umpires. The clinic will teach the proper skills to anyone who is interested in umpiring. The following is a list of topics the clinic will cover:

- Safety procedures
- Umpires must be fair, impartial, consistent and have a good understanding of the rules
- Proper positioning in the field to avoid obstructing play or getting injured
- Basic rules of baseball, and interpretation of commonly miss understood rules
- Safety violations
- Pre-game procedures
  - Walk the field for foreign objects, holes, and hazards that might cause injury
  - Inspect equipment for any safety violations (bats & helmets)
  - Meet with both managers. Ask each manager individually if the team's equipment is Little League-approved and in safe working order. Ask if the catchers have the proper gear, including a cup.

## **ASAP Requirement #7**

# **Field Inspections and Storage Procedures**

### **BEFORE THE SEASON STARTS**

- ✓ Familiarize yourself with the safety materials.
- ✓ Appoint a Safety Parent for your team. They need to be at all the games and have a cellular phone. It can be an Assistant Coach.

### **PRIOR TO EACH GAME**

- ✓ Complete a field safety checklist. Report any problems to the League Safety Officer.
- ✓ Check the team equipment for any problems. Report any equipment problems to the Equipment Manager.
- ✓ Check the contents in your team's first aid kit. Contact the League Safety Officer for any items that need to be replaced.

### **STORAGE SHED**

The following applies to the entire storage shed used by the League and applies to anyone who has been issued a code to use those sheds.

- ✓ All individuals are aware of their responsibility for the orderly and safe storage of rakes, shovels, and bases.
- ✓ Before you use any equipment located in the shed (lights, scoreboards, etc.) please read the written operating procedures for that equipment.
- ✓ All chemicals or organic materials stored in the sheds shall be properly marked and labeled as to its contents.
- ✓ Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of as soon as possible to prevent accidental poisoning.

# PRE-GAME FIELD INSPECTION CHECK LIST

MANAGERS NAME:

FIELD:

DATE:

Time:

Field Condition	Yes	No	Catchers Equipment	Yes	No
Backstop Intact			Hockey Catchers Helmet		
Home Plate Intact			Dangling Throat Guard		
Bases Secure			Helmets		
Pitcher's Mound Safe			Catcher's Mitt		
Batter Box Lined/Level			Chest Protector		
Infield Fence Repair			Shin guards		
Outfield Fence Repair			<b>Dugouts</b>	<b>Yes</b>	<b>No</b>
Foul Lines Marked			Fencing Needs Repair		
Infield Need Repairs			Bench Needs Repair		
Outfield Need Repairs			Trash Cans		
Warning Track			Clean Up Is Needed		
Coaches boxes Lined					
Free Of Foreign Objects			<b>Spectator Area</b>	<b>Yes</b>	<b>No</b>
Grass Surface Even			Bleachers Need Repair		
			Protective Screens Ok		
<b>Player Equipment</b>	<b>Yes</b>	<b>No</b>	Bleachers Clean		
Batting Helmets			Parking Area Safe		
Jewelry Removed			<b>Safety Equipment</b>	<b>Yes</b>	<b>No</b>
Shoes/Bats Inspected			First-aid Kit Each Team		
Face Mask (Minor/Mjrs)			Medical Release Forms		
Proper Cleats			Ice Pack/Ice		
Athletic Cups (boys)			Safety Manual		
Full Uniform			Injury Report Forms		
Bats Meet Standards			Drinking Water		


REPORT ANY PROBLEMS TO YOUR PRESIDENT OR SAFETY OFFICER .

Turn this form into the concession stand prior to game.

## ASAP Requirement #8

### Facility Survey

- Field Coordinators will fill out Facility Survey for their field. Safety Officer will then transfer Annual Little League Facility Survey information to submit online in the Data Center.  
<https://www.littleleague.org/downloads/national-facility-survey/>
- Safety Officer will ensure coaches' talk to the players about the ball field rules at the beginning of the season and point out any unusual features.

SPECIFIC BALLFIELD QUESTIONS																						
• Please list all fields by name.																						
Field Identification (List your ballfields 1-20) Use additional forms if more than 20 fields.		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
<b>ASAP - A Safety Awareness Program</b> Limited Edition 10-year Pin Collection   <p>This survey can assist in finding areas of focus for your safety plan. During your annual field inspections, please complete this form and return along with your qualified safety plan. In return, we'll send you the 2014 Disney® character collector's pin shown at right featuring Duffy at short stop. Or enter data online at: <a href="http://facilitiesurvey.musco.com">http://facilitiesurvey.musco.com</a> for your league. Check your email for your league identification and password.</p>		Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:
Please answer the following questions for each field:		Field #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<b>GENERAL INVENTORY</b>		(For the following questions, if the answer is "No" please leave the space blank)																				
1. How many cars can park in designated parking areas?	None																					
	1-50																					
	51-100																					
	101 or more																					
2. How many people can your bleachers seat?	None/NA																					
	1-100																					
	101-300																					
	301-500																					
	501 or more																					
3. What material is used for bleachers?	Wood																					
	Metal																					
	Other																					
4. Metal bleachers: Ground wire attached to ground rod?	Yes																					
5. Wood bleachers: Are inspected annually for safety?	Yes																					
6. Is a safety railing at the top/back of bleachers?	Yes																					
7. Is a handrail up the sides of bleachers?	Yes																					
8. Is telephone service available?	Permanent																					
	Cellular																					
9. Is a public address system available?	Permanent																					
	Portable																					
10. Is there a pressbox?	Yes																					
11. Is there a scoreboard?	Yes																					
12. Adequate bathroom facilities available?	Yes																					
13. Permanent concession stands?	Yes																					
14. Mobile concession stands?	Yes																					

2014 LL Season

## **ASAP Requirement #9**

### **Concession Stand Guidelines**

Concession Coordinator shall complete the Oregon approved Food Handler's training and receive Food Handler's Certification. The Concession Coordinator will pass training onto the workers in the concessions. Concessions procedures will be posted in each location. Concession Coordinator shall inspect the concession stand frequently for any safety violations.

**Every worker must be instructed on these guidelines before they can work.**

#### **Wash your hands regularly:**

<https://www.littleleague.org/downloads/asap-requirement-9-wash-hands/>

- Use soap and warm water.
- Rub your hands vigorously as you wash them.
- Wash all surfaces including the backs of hands, wrists, between fingers and under fingernails.
- Rinse hands well.
- Dry hands well.
- Dry hands with paper towels.
- Turn off water using a paper towel, instead of your bare hands.

#### **Wash your hands in this fashion before you begin work and especially after performing any of these activities:**

- After touching bare human body parts other than clean hands and clean exposed portions of arms.
- After using restrooms.
- After caring for or handling animals.
- After coughing, sneezing, using a handkerchief or disposable tissue.
- After touching soiled surfaces.
- After drinking or eating.
- During food preparation.
- When switching from raw to ready to eat foods.
- After engaging in activities that contaminate hands.

#### **Basic Rules:**

1. Menu... smaller/simple is better. No salads cut up fruit or vegetables, no food prepared at home.
2. Cook food thoroughly. Use a meat thermometer. Keep hotdogs and burgers at 41 degrees when cold and cook to 155 degrees or above when hot.
3. Rapidly reheat foods to 165 degrees. Slow cooking devices may activate bacteria and never reach killing temperatures.
4. All foods that require refrigeration must be cooled to 41 degrees F. as quickly as possible and held there until ready to use. To cool foods quickly, use the ice water


5. FREQUENT AND THOROUGH HANDWASHING IS REQUIRED.
6. Only healthy people should prepare and serve food. Anyone with any symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, cough etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers' clothes should be clean, and they should not smoke in the concession area. Hair restraints are recommended.
7. Food handling: Avoid hand contact with raw food, ready-to-eat foods and food contact surfaces. Use a utensil and/or glove.
8. Use disposable utensils for food service. Keep your hands away from food contact surfaces and never reuse disposable dishware. Ideally utensils should be washed in a four-step method: (1) Hot soapy water, (2) Rinsing in clean water, (3) Chemical or heat sanitizing, (4) Air drying.
9. Ice that is used to cool cans/bottles should not be used in cup beverages. And should be stored separately. Use a scoop to dispense ice, never use hands.
10. Wiping cloths should be rinsed and stored in a bucket sanitizer. (1-gallon water and ½ tsp. chlorine bleach. Change the solution every 2 hours.)
11. Insect control and waste. Keep foods covered to protect from insects, dust, etc. Store pesticides away from food. If any insect or rodent activity is noted, contact the Field Director for assistance.
12. Place garbage and paper waste in a refuse container with a lid that fits tightly. Dispose of all water in the restrooms; do not pour outside. All water that is used should be potable from an approved source.
13. Keep food stored off the floor at least 6 inches. After your event is finished, clean the concession area and discard any unusable food. Do not save food for reheating.

1. Inadequate cooling and cold holding.
2. Preparing food too far in advance of service.
3. Poor personal hygiene and infected personnel.
4. Inadequate reheating.
5. Inadequate hot holding.
6. Contaminated raw foods and ingredients.


[illegible]

# Volunteers Must Wash Hands


## HOW




**Wet**  
warm water




**Wash**  
20 seconds  
(sing the song)



**Rinse**



**Dry**  
use one surface  
paper towel



**Gloves**

## WHEN

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

**Wash after you:**

- use the toilet
- touch unclean metal, poultry, fish or eggs or other potentially hazardous foods
- handle a cooking meat food item as assembling the portion, opening a jar or a can, etc.
- touch raw or frozen eggs, poultry or meat
- touch raw fish
- touch raw shellfish
- touch your face, mouth, or any part of your body
- sneeze or cough

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

Use gloves, tongs, cutlery or other serving utensils. Remove all jewelry, nail polish or false nails when you wear gloves.

**Wear gloves.**

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


**If you wear gloves:**

- wash your hands before you put on new gloves.

**Change them:**

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

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### **ASAP Requirement #10**

## **Inspection of Equipment**

- HRV Little League requires regular inspection of playing equipment.
- Safety Officer and Equipment Coordinator will work in conjunction to make sure all equipment placed in team bags is safe.
- Managers, Coaches, and Umpires are required to inspect equipment prior to each use.
- Bad equipment will be logged and will be removed and destroyed.
- All equipment shall be kept in the dugout or designated fenced in areas.

### **ASAP Requirement #11**

## **Accident Reporting Procedure**

**What to Report:** An incident that causes a Player, Manager, Coach or Umpire to receive medical treatment or first aid must be reported to The Safety Officer.

**When to Report:** All such incidents described above must be reported to The Safety Officer within 24 to 48 hours of the incident.

**The Safety Officer is:**

NAME:	Katy Mahan
CELL NUMBER:	503-201-9207
EMAIL:	hrvlittleleague@gmail.com

**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 is needed.

1. The name and address of the injured person.
2. The date, time, and location of the incident.
3. As detailed of a description of the incident as possible.
4. The preliminary estimation of the extent of the injury.
5. The name and phone number of the person making the report.
6. Names and phone number of any witnesses.

In your safety packet you will find the injury report forms. If your Safety Parent is there, he/she can assist you in getting the front of the form filled out. Then a call is to be made to The Safety Officer reporting the incident within 48 hours. Little League insurance is a supplemental insurance to the insured's own insurance. There is a small deductible.



**How to Replace the Injury Report Forms:** The forms can be replaced by The Safety Officer or downloaded from <https://www.littleleague.org/downloads/accident-claim-form/>.

- The Safety Officer is responsible for filing and following through on accident reports with Little League Headquarters.
- The Safety Officer will contact the injured player's parent/guardian within 24 hours of receiving the report.
- The Safety Officer will keep records of all accidents and submit ideas to HRVLL Board of Directors on how to avoid such accidents.
- Safety Officer will work with HRVLL Board of Directors to create a plan on how to reduce/prevent such accidents in the future.

An accident/injury report needs to be filled out by the manager. The safety officer will fill out an insurance form for any injuries requiring professional medical help. No exceptions even if the person has insurance of their own we must fill out and submit a report of the incident to cover our liabilities.

All blood contamination must be removed from the field before play can resume. It is recommended that each team have an extra uniform. Blood soiled uniforms must come off the field. If a proper uniform is not available, the player will be permitted to play with appropriate clothing.

All injuries should be reported, even small ones. By tracking all injuries and accidents, we may find a way of preventing them. Any injury requiring professional medical services will need to have the insurance form filled out and sent in. It is important that you contact the Safety Officer so they can get it done. All injuries are to be reported within 48 hours of their occurrence.

## Accident Notification Form Page 1 (Parent/Guardian Statement)

**LITTLE LEAGUE, BASEBALL AND SOFTBALL**  
**ACCIDENT NOTIFICATION FORM**  
**INSTRUCTIONS**

**Send Completed Form To:**  
Little League, International  
333 US Route 15 Hwy, PO Box 3485  
Westport, PA 17351-0485  
Accident Claim Contact Numbers:  
Phone: 375-527-1674

**Accident & Health (2-5)**

- This form must be completed by parents (if claimant is under 18 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical dental treatment must be rendered within 30 days of the Little League accident.
- Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to the claimant must be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
- When other insurance carrier, parent or claimant must forward copies of the Explanation of Benefits or Notice of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
- Policy provides benefits for medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- Limited deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to Insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
- Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name \_\_\_\_\_ League ID \_\_\_\_\_

Name of Injured Person/Claimant \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ ( ) Male ( ) Female

Name of Parent/Guardian, if Claimant is a Minor \_\_\_\_\_ Home Phone (Inc. Area Code) \_\_\_\_\_ Fax \_\_\_\_\_ (Inc. Area Code) \_\_\_\_\_

Address of Claimant \_\_\_\_\_ Address of Parent/Guardian, if different \_\_\_\_\_

The Little League Master Accident Policy provides benefits in excess of benefits from other insurance programs subject to a \$50 deductible per injury. Other insurance programs include family personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through: Employee Plan ( ) Yes ( ) No School Plan ( ) Yes ( ) No Individual Plan ( ) Yes ( ) No Dental Plan ( ) Yes ( ) No

Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_ Type of Injury \_\_\_\_\_

Describe exactly how accident happened, including playing position at the time of accident: \_\_\_\_\_

Check all applicable responses in each column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> MANAGER/COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SCHEDULED GAME	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> TRAVEL TO	<input type="checkbox"/> TRAVEL FROM
<input type="checkbox"/> 1AD (2ND SEASON)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	<input type="checkbox"/> TRAVEL FROM	<input type="checkbox"/> TRAVEL FROM
<input type="checkbox"/> SENIOR (13-18)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	<input type="checkbox"/> TOURNAMENT	<input type="checkbox"/> TOURNAMENT
<input type="checkbox"/> SENIOR (13-18)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (describe)	<input type="checkbox"/> OTHER (describe)	<input type="checkbox"/> OTHER (describe)

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or intentionally facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medical facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, PA. A photocopy of this authorization shall be considered as effective and valid as the original.

Date \_\_\_\_\_ Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

## Accident Notification Form Page 2 (League Use Only)

**For Residents of California:**  
Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**For Residents of New York:**  
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or omissions for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**For Residents of Pennsylvania:**  
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or omissions for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects each person to criminal and civil penalties.

**For Residents of All Other States:**  
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)**

Name of League \_\_\_\_\_ League ID Number \_\_\_\_\_

Name of League Official \_\_\_\_\_ Position in League \_\_\_\_\_

Address of League Official \_\_\_\_\_ Telephone Numbers (Inc. Area Codes) \_\_\_\_\_

Residence \_\_\_\_\_ Business \_\_\_\_\_ Fax \_\_\_\_\_

Were you a witness to the accident? ( ) Yes ( ) No  
Provide names and addresses of any known witnesses to the reported accident: \_\_\_\_\_

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ARM	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPHYSEY	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FACILITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FACILITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SLIP/STRIKE OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HEAD	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 FRACTURE	<input type="checkbox"/> 14 KNEE	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 OTHER	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SPECTATOR	<input type="checkbox"/> 17 SPORTS	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 UMPIRE	<input type="checkbox"/> 18 UNKNOWN	<input type="checkbox"/> 18 NECK	<input type="checkbox"/> 18 UNKNOWN
<input type="checkbox"/> 19 OTHER	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NOSE	<input type="checkbox"/> 19 UNKNOWN
<input type="checkbox"/> 20 UNKNOWN	<input type="checkbox"/> 20 PARALYSIS	<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 UNKNOWN
<input type="checkbox"/> 21 UNKNOWN	<input type="checkbox"/> 21 PARALYSIS	<input type="checkbox"/> 21 SHOULDER	<input type="checkbox"/> 21 UNKNOWN
<input type="checkbox"/> 22 UNKNOWN	<input type="checkbox"/> 22 UNKNOWN	<input type="checkbox"/> 22 SE	<input type="checkbox"/> 22 UNKNOWN
<input type="checkbox"/> 23 UNKNOWN	<input type="checkbox"/> 23 UNKNOWN	<input type="checkbox"/> 23 TEETH	<input type="checkbox"/> 23 UNKNOWN
<input type="checkbox"/> 24 UNKNOWN	<input type="checkbox"/> 24 UNKNOWN	<input type="checkbox"/> 24 TESTICLE	<input type="checkbox"/> 24 UNKNOWN
<input type="checkbox"/> 25 UNKNOWN	<input type="checkbox"/> 25 UNKNOWN	<input type="checkbox"/> 25 UNKNOWN	<input type="checkbox"/> 25 UNKNOWN
<input type="checkbox"/> 26 UNKNOWN	<input type="checkbox"/> 26 UNKNOWN	<input type="checkbox"/> 26 UNKNOWN	<input type="checkbox"/> 26 UNKNOWN
<input type="checkbox"/> 27 UNKNOWN	<input type="checkbox"/> 27 UNKNOWN	<input type="checkbox"/> 27 UNKNOWN	<input type="checkbox"/> 27 UNKNOWN

Does your league use batting helmets with attached face guards? ( ) YES ( ) NO

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy of the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated to the best of my knowledge.

League Official Signature \_\_\_\_\_

## **ASAP Requirement #12**

### **FIRST AID**

Determine if the injury requires immediate professional attention. If it does, call 911. Be particularly concerned of medical events arising from pre-existing medical conditions such as asthma, allergies or seizures. When in doubt, call 911

**IF YOU CALL 9-1-1 OR OTHER EMERGENCY NUMBER PROTECT YOURSELF AND YOUR PLAYERS.**

#### **BE PREPARED TO TELL:**

1. LOCATION
2. STREET ADDRESS
3. CITY
4. DIRECTIONS
5. TELEPHONE NUMBER FROM WHICH THE CALL IS BEING MADE
6. CALLER'S NAME
7. WHAT HAPPENED
8. CONDITION OF INJURED PERSON
9. HELP THAT IS BEING PROVIDED

**DO NOT HANG UP FIRST.**

**LET THE DISPATCHER HANG UP FIRST.**

For minor trauma:

- Protect yourself against blood-transmitted disease. Wear gloves
- Perform first aid as needed
- If bleeding, apply direct pressure to the wound with a dressing
- If the bleeding continues elevate the wound (call 911)
- If bleeding still continues, apply pressure to the artery (call 911)
- Gather all blood contaminated articles and put them in the bag provided in your kit
- Dispose of biohazard waste properly

Tooth Injuries:

- Determine the cause of tooth loss. If due to high-energy, blunt trauma (such as a bat to the face) consider more serious injuries such as neck or head injury or fractures to the face/head. If there is any doubt, stabilize the patient to prevent movement and call 911.
- If a tooth is knocked out, save it and see a dentist within 20 minutes.
- Control bleeding with a gauze pad in the tooth socket

#### Head Injuries:

- A concussion is a closed head injury. If due to high-energy trauma as noted above, call 911 for professional medical evaluation. A severe head injury should be suspected if any of the following symptoms exist:
  - Deformation of the skull
  - Altered level of consciousness
  - Fluid leaking from ears or nose
  - Unequal pupils
  - Headache
  - Raccoon eyes (bruises developing around both eyes)
  - Nausea or vomiting
  - Restlessness and irritability, confusion
  - Blurred or double vision

If any of the symptoms above are observed, or you simply suspect a head injury, do not allow the player to continue to play and call 911.

#### Fractures, Sprains, Strains, and Dislocations:

- Treat all these as if they were a fracture
- Control bleeding if present
- Treat for shock if necessary
- Apply a cold pack
- Seek professional medical attention

Inform the parent of the injury and what happened. (If injury to head follow “Heads Up” concussion protocol)

- Fill out an accident report and deliver it to the League Safety Officer
- Call the League Safety Officer within 24 hours to report the injury.
- Check the injured player or doctor’s release before the player participates in practice or games.

## First Aid Kits

First Aid kits will be restocked at the beginning of each season. Each team is provided with a league issued first aid kit. Each field will also have a first aid kit. If a First Aid needs restocked or replaced during the season please inform the Safety Officer.

Each kit includes the following:

- (10) Adhesive sterile bandage
- (2) Extra-large adhesive sterile bandage
- (2) Non-adherent pads 2 x 3
- (2) Gauze pad 12-ply 3 x 3 sterile
- (1) Adhesive tape
- (2) Instant cold compress 4 x 4
- (3) Triple antibiotic ointment
- (3) Antiseptic towelette

- 1/8 oz. Burn Cream
- (3) Sting relief wipes
- (1) Tweezers

## **Communicable Disease Procedures**

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

### **ASAP Requirement #13**

## **Enforcement of Little League Rules**

- All volunteers must have a volunteer application filled out and on file with the Little League. Our league will provide annual background checks.
- No laminated bat shall be used... (rule 1.10)
- The traditional batting donut is not permissible... (rule 1.10)
- A pitcher shall not wear any items on his/her hands, wrists or arms which may be a distraction to the batter. White long sleeve shirts are not permitted... (rule 1.11)
- Pitcher shall not wear sweat bands on his/her wrists... (rule 1.15)
- Players must not wear jewelry... (rule 1.11)
- Catcher must wear a catcher's mitt... (rule 1.12)
- All batters must wear protective batting helmets, all helmets must bear the NOCAE stamp, No painting, or stickers on helmets... (rule 1.16)
- All male players must wear athletic supporters. Male catchers must wear the metal, fiber, or plastic type protective cup.
- Catching helmet must have the dangling type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games.
- Skull caps are not permitted... (rule 1.17)
- Each team is allowed three coaches in the dugout...
- Managers or coaches may not warm up a pitcher at home plate or in the bull pen or elsewhere at any time... (rule 3.09)
- Coaches are encouraged to discourage "horseplay"
- No on deck batters are allowed in the Majors and below... (rule 1.08)

- All base runners must wear a batting helmet
- Food is not allowed on the field of play

## **Injury Prevention**

- Do not allow players to play on playground equipment during practice
- No climbing fences at any field
- Use shoulder and arm warm-up and stretches **before** throwing
- No player should have a bat, unless going to the plate to hit
- Team warm-up should be in parallel lines throwing the same direction
- Multiple drills should allow enough room for players to maneuver without collision
- Teach defensive players proper positioning to avoid collision with base runners
- Call for a fly ball- the louder the better
- Teach proper sliding technique. Don't assume they already know
- No head first sliding. Dive-backs are OK
- No on-deck batter's circle. The next batter up will be given time to swing the bat when they get to home plate
- Teach how to avoid being injured when hit by a pitch

## **CODE OF CONDUCT**

The following activities and behaviors will not be tolerated at HRV Little League events.

- Heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, bats, balls, or any other forceful unsportsmanlike action.
- Use unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Physically attack any board member, official manager, coach, player, umpire, or spectator.
- Use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands, or parking lots while in an intoxicated state at any time.
- No alcohol or tobacco allowed on HRVLL premises at any time.
- Speak disrespectfully to any manager, coach, official or representative of the League.
- 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.

Don't Swing It  
...Until You're Up to the Plate!




(Photos from North Scott, Iowa, Little League)

Don't let this happen to you, or to a teammate.

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

**RULE 1.08, Notes**  
\*1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division.\*

Coach, Please  
Let Players  
Catch!



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

**RULE 3.09**  
\*...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen.\*



**HAVE YOU:**

- ✓ Walked field for debris/foreign objects
- ✓ Inspected helmets, bats, catchers' gear
- ✓ Made sure a First Aid kit is available
- ✓ Checked conditions of fences, backstops, bases and warning track
- ✓ Made sure a working telephone is available
- ✓ Held a warm-up drill



"Dangling"

**Make  
Sure  
They  
Are  
Safe!**

**REMEMBER:**  
Catchers must wear helmets during warm-ups and infield/outfield practice.

**RULE 1.07**  
\*...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games.\*

# Stop Play

Before every practice and game the field and weather conditions will be accessed using these guidelines. NO BALL WILL BE PLAYED IF...

- Lightening within a 10-mile radius of the field.
- There is standing water anywhere in the field that cannot be removed.
- The field is in disrepair to a hazardous state due to a natural disaster/mechanical malfunction, etc...
- Ambient temperatures are below 32 F or above 100° F at first pitch.
- Advise parents to provide proper warm clothing for players.

**LIGHTNING: When you hear it, clear it!**  
**When you see it, flee it!**

If any Coach, Manager or Umpire feels that the game should be canceled or delayed due to weather, all other representatives should honor this decision. Consult the head umpire and/or field coordinator for final decision on game cancellation.

**Consider the following facts:**

- The average lightning stroke is 6-8 miles long.
- The average thunderstorm is 6-10 miles wide and travels about 25 miles an hour.
- On the average, thunder can only be heard over 3-4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lighting strikes.

**Rule of Thumb:** The ultimate truth about lighting is that it is unpredictable and cannot be prevented. Therefore, a manager or coach who feels threatened should contact the head umpire and recommend stopping play and clearing the field. In our league the umpire makes the decision as to whether play is stopped. Once play is stopped, take the kids to safety until play resumes or the game is called.

**Where to Go?** No place is safe from lightning threats, but some places are safer than others. Constructed buildings are usually the safest. Most people will find shelter in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area, put your feet together, crouch down and put your hands over your ears to prevent eardrum damage.

**Where not to go?** Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts, flagpoles, light poles, bleachers, metal fences and water.

**First Aid for a Lightning Victim:**

- Call 911 immediately.

- Typically, the lightning victim has similar symptoms as that of someone having a heart attack. Consider: will moving cause any more injury. If the victim is in a high-risk area, determine if movement is necessary. Lightning does strike twice in the same place. If you are not at risk, and moving is a viable option, you should move the victim.
- If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving the victim.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

NOTE: CPR should only be administered by a person knowledgeable and trained in the technique.

*Remember: Safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Safety Officer or another Board Member immediately. Do not play on an unsafe field or with unsafe equipment. Check the teams' equipment prior to each use.*

## **Hydration**

***Managers are required to bring water to each practice and game.  
Players are encouraged to bring bottled water or sports drinks.***

### **Tips to Prevent Heat Illness:**

- Know that once you are thirsty you are already dehydrated.
- Drink before you become thirsty.
- Drink plenty of liquids like water, or sports drinks every 15 minutes.
- Water seems to be the preferred beverage. Water has many critical functions in the body that are important for performance; they include, carrying oxygen and nutrients to exercising muscles.
- Do not drink beverages with caffeine before practice or games. Caffeine can increase the rate of dehydration.
- Do not exercise vigorously during the hottest time of the day.
- Practice in the morning and during the latter part of the evening.
- Wear light color loose clothes.
- Use sunscreen to prevent sunburn.
- If you begin to feel faint or dizzy, stop your activity and cool off by sitting in the shade, air-conditioned car or use a wet rag to cool you off.



### How is it treated?

Emergency medical treatment is necessary. If you think someone has a heat stroke, call 911 or a doctor immediately. In the meantime, give first aid as follows:

- Move the person to a shady area.
- Cover the person with a wet sheet and keep the sheet wet for cooling from evaporation.
- Fan the person with paper or an electric fan (preferably not cold air).
- Sponge down the body, especially the head, with cool water.
- Continue giving first aid until the body feels cool to the touch.
- If the person is conscious, let them sip water, fruit juice, or a soft drink.



### ASAP Requirement #14

## Submitting Player, Manager and Coach Data

Player, Manager, and Coach information will be submitted through the Little League Data Center at [www.littleleague.org](http://www.littleleague.org) by **March 7, 2022** or two weeks following the draft.

### ASAP Requirement #15

We will answer the survey questions in the Little League Data Center.

## Concussions

All 50 states have laws specific to the management of concussions and head injuries. Some states require not just leagues but DA's, ADA's, and umpires to undergo annual training.

- Some states may affect only school-based activities, but many also address any group using school facilities or grounds for athletic purposes.

- Little League has developed a concussion overview page for each state that will be similar to the Child Abuse page.
- The CDC (Centers for Disease Control and Prevention) website is a great tool for leagues to encourage their managers/coaches, parents, and players to review concussion information • [www.cdc.gov/concussion/HeadsUp/youth.html](http://www.cdc.gov/concussion/HeadsUp/youth.html)
- Concussions
- DA's must also be aware of their state's respective laws, especially during any Special Games events or International Tournament games being hosted by the District.
- Failure to adhere to these laws could expose the District and/or host to unwanted liability and penalties • Some states require that the participant and a parent/guardian must sign and acknowledge that they understand the risks of concussions before they can participate
- The majority of states also require immediate removal from competition if a person has sustained a concussion and that they cannot return until being released in writing by a medical professional.

### CONCUSSION Information Sheet

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

**What Is a Concussion?**

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

**How Can I Help Keep My Children or Teens Safe?**

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
- Work with their coach to teach ways to lower the chances of getting a concussion.
- Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns, emphasize the importance of reporting concussions, and taking time to recover from one.
- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious type of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that it's better to miss one game than the whole season.

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

### HEADS UP CONCUSSION

**Plan ahead. What do you want your child or teen to know about concussion?**

**How Can I Spot a Possible Concussion?**

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

**Signs Observed by Parents or Coaches**

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loss of consciousness, even briefly.
- Shows mood, behavior, or personality changes.
- Can't recall events prior to or after a hit or fall.

**Symptoms Reported by Children and Teens**

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Sickness by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

**Concussions affect each child and teen differently.** While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

**What Are Some More Serious Danger Signs to Look Out For?**

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

**Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.**

**What Should I Do If My Child or Teen Has a Possible Concussion?**

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return to play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

You can also download the CDC HEADS UP app to get concussion information on your fingertips. Just scan the QR code pictured at left with your smartphone.

**Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below. Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.**

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Attorney Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Attorney Signature: \_\_\_\_\_

☐ I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

## Hood River Valley Little League Concussion Prevention, Treatment and Management Policy

The Legislature enacted a law which requires youth sports organizations to adopt a policy concerning the prevention and treatment of injuries to the head which may occur during a youth's participation in competitive sports, including, without limitation, a concussion of the brain.

A concussion is a brain injury that results from a bump, blow or jolt to the head or body which causes the brain to move rapidly in the skull and which disrupts normal brain

function. The Centers for Disease Control and Prevention of the United States Department of Health and Human Services estimates that as many as 3.8 million concussions occur each year in the United States which are related to participation in sports and other recreational activities. Athletes who continue to participate in an athletic activity while suffering from a concussion or suffering from the symptoms of an injury to the head are at greater risk for catastrophic injury to the brain or even death. Ensuring that a Little League player who sustains or is suspected of sustaining a concussion or other injury to the head receives appropriate medical care before returning to baseball activity will significantly reduce the child's risk of sustaining greater injury in the future.

THEREFORE, **Hood River Valley Little League** hereby adopts the following policy for purposes of prevention, treatment, and management of injuries to the head that may occur during a player's participation in the Little League program, including, without limitation, a concussion of the brain:

1. Prior to a team's first practice each season, every manager, coach, and adult assistant shall:
  - a) Familiarize themselves with the CDC publication "Heads Up – Concussion in Youth Sports – A Fact Sheet for Coaches". This publication will be provided to all such individuals by the League Safety Officer or other Board members; and,
  - b) Complete the CDC on-line training course at:  
<https://www.train.org/cdctrain/course/1089818/>A copy of the Certificate of Completion for each of the above individuals shall be submitted to the League Safety Officer.
2. If a Little League player sustains, or is suspected of sustaining, an injury to the head while participating in any Little League game or even the player must:
  - a. Be immediately removed from the game or event; and
  - b. May only return to Little League activity if the parent or legal guardian of the player provides a signed statement from a provider of health care indicating that the youth is medically cleared for Little League participation and the date on which the player may return to participation.
3. The Little League player and his or her parent or legal guardian must sign the statement below acknowledging that they have read and understand the terms and conditions of the policy and agree to be bound by the policy.

## **HRVLL Concussion Prevention, Management and Treatment Policy Player and Parental Acknowledgement**

We, the undersigned, acknowledge that we have been provided with a copy of the Hood River Valley Little League Concussion Prevention, Management and Treatment Policy, and that we have read and understand the policy, or it has been read to us and we understand the same. We hereby agree to follow all procedures set forth in said Policy at all times during which our son or daughter participates in Little League activities and events.

Dated: \_\_\_\_\_  
Player

Dated: \_\_\_\_\_  
Parent/Legal Guardian      Parent/Legal Guardian

**LEAGUE USE:** Division: \_\_\_\_\_ Team: \_\_\_\_\_

## **Safe Sports Act**

- “Protecting Young Victims from Sexual Abuse and SafeSport Authorization Act of 2017” became federal law in 2018
- The goal of SafeSport is to protect children from abusive situations by engaging more people in the reporting and education processes
- A volunteer now can be held legally responsible if they have firsthand knowledge and fail to report any type of Child Abuse to the correct parties
- SafeSport covers all types of Child Abuse both physical and psychological
- SafeSport prompted USA Baseball to create Pure Baseball

## **USA Baseball Pure Baseball Initiative**

- Little League International and all local little league programs must adhere to the following requirements from the SafeSport Act:
- Reporting of Abuse involving a minor to the proper authorities
- All volunteers of a local league are now mandated reporters and could face criminal charges if the league chooses to ignore, or not report to the proper authorities, any witnessed act of child abuse, including sexual abuse, within 24 hours.

- Local leagues must be aware of the proper procedures to report any type of abuse in their state. Please reference [www.LittleLeague.org/ChildAbuse](http://www.LittleLeague.org/ChildAbuse)
- Leagues must adopt a policy that prohibits retaliation for “good faith” reports of child abuse.
- HRVLL has adopted a policy that limits one-one-one contact with minors. A minimum of two adults will stay with any player waiting to be picked up by their parents. This provides additional safety for the players and the Coaches/Managers.
- Any and all individuals affiliated with HRVLL; i.e. board members, managers, coaches and other volunteers must complete sexual abuse training. Sexual Abuse Training must be completed through ABUSE PREVENTION SYSTEMS, USA Baseball, or SAFE SPORT SYSTEMS no later than March 1 of the current year. Sexual Abuse Training must be renewed every two years.

<https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/>

<https://www.usabdevelops.com/ItemDetail?iProductCode=OCAAA&Category=ONLINE&WebsiteKey=f50aacb2-a59e-4e43-8f67-29f48a308a9e>



## Parents' Role

Most Little League rules have some basis in safety. Parents can help by setting good examples for the players. It is important to follow the rules for the safety of everyone involved. The coaches are trained in first aid, fundamentals, and safety common sense. Please take the time to listen to the coach, learn these rules and make them common

practice any time you practice baseball with your child. Here are a few examples of our League's rules:

- Prior to the first practice, be sure to inform the Coach/Manager of any medical condition your child has. Typical conditions include asthma, seizures, diabetes, ADD, allergies to animals/insects and **food allergies**. Ensure your child has any emergency medications with them. If your child wears prescription glasses, you are encouraged to provide your child with safety sport glasses. If you have concerns or questions about this please contact the manager or League Safety Officer. All information will be considered confidential.
- Many players bring their own bats to practice and games. Bats should remain in their bags or in the dugout or on the ground in front of them until they are needed. Most serious accidents involve a bat in one way or another. In most cases, the accident doesn't even involve the game of baseball; rather, some player standing around with a bat in his/her hand decides to take a practice swing, harming an innocent bystander.
- Arrive to practice and games early to allow for proper warm ups.
- Help out at practices, the more adults keeping an eye out for the children, the better chance for fewer accidents.
- The Manager or Coach will leave no player alone at the field. It is very important that you pick up your child on time. HRV Little League encourages all parents to stay and watch their children play/practice, particularly in the lower divisions.
- A minimum of two adults will stay with any player waiting to be picked up by their parents. This provides additional safety for the players and the Coaches/Managers. Please make sure the manager or coach has the appropriate contact information for the person responsible for the child at all times.
- Have your child eat a snack before practice or games; hungry ball players don't concentrate well.
- Please be extra cautious when entering/exiting the parking lots. Children may not always look for you, especially young kids.
- No alcohol or tobacco allowed on HRVLL premises. If you must smoke or chew, please do it off the premises.
- Children riding bikes to and from events must wear a helmet.

As part of our safety program to reduce injury, we keep our fields in the best condition possible. You will be asked to participate in our field day. Together we can make the fields safe to play on.

In addition, there are many ways to help, such as: Concessions, umpiring, fundraising, etc. Volunteers are what turn good leagues into GREAT LEAGUES.

### **Field Maintenance**

The League maintains the fields with the help of volunteers. On a scheduled day, we will organize a work party to make repairs to the fields. Coaches and parents are asked to participate in field day. It is a known fact that injury and accident rates are lower when

field conditions are better. So it is in everyone's best interest to pitch in. Field day is a big part of our Safety Program. At the beginning of every season, the field's director and the Safety Officer inspect the fields for needed repairs. On field day or often, even before the repairs are made so the fields are playable by season's start. The fields will be inspected periodically during the season; however, it is the Managers' and Umpires' responsibility to inspect the field before every practice and game. Any repairs needed should be reported to the Field Coordinator right away.

## **HRVLL COVID-19 Prevention Plan**

The Hood River Valley Little League Board of Directors will monitor the COVID-19 situation closely, with the health and safety of our children and parents being the first priority. The Board is aligned with the direction set by Oregon State Governor, the Center of Disease Control (CDC), Little League International, Oregon Health Authority, and Local Health Authority. If facilities are available to practice we will proceed with all preventions in place.

Hood River Valley Little League will require the above protocol to be followed at Little League events. For a quick reference see below, which has the main criteria, but for a full reference see Oregon State Governor protocol.

1. Face Coverings are required in indoor facilities.
2. Limit sharing.
  - a. Shared equipment (ex: catchers gear) will be disinfected (EPA approved list or a solution 70-90% alcohol content) between users. All equipment will be cleaned by participants or Coaching

Staff pre and post events. Disinfecting wipes/spray will be made available to coaches.

- b. Personal equipment gear will be stored 6 feet apart.
3. Before each event, all persons entering the premises will wash hands or apply hand sanitizer. The Coaching staff will fill out a log (see page 5), ask screening questions, and give hand sanitizer to each person stepping on the field. Logs will be kept in each team's coaching binder for quick reference to notify the Local Public Health Authority. All persons leaving the field will reapply hand sanitizer or wash hands when exiting the premises.
  - a. Coaches and parents will monitor players of any signs and symptoms. If player(s) or volunteer(s) answer "yes" to any of screening questions anytime during the season or show signs as described they will discontinue involvement and will then be sent home. He/she will not be allowed to participate in any Little League events, including practices or games, until they have gone at least 24 hours without any symptoms and they verify they are not taking acetaminophen or ibuprofen to reduce the symptoms, or at least 14 days after contact with a person tested positive for COVID-19.
  - b. Anyone who contracts COVID-19 and has been at HRVLL event must contact HRVLL at [hrvllittleleague@gmail.com](mailto:hrvllittleleague@gmail.com) immediately.
    - i. HRVLL will notify other participants who have been in close contact with the COVID-19 positive participant that possible exposure has occurred, in a manner that protects the identity of the COVID-19 positive participant, as required by law. Appropriate steps will be taken to ensure safety moving forward.
    - ii. HRVLL President or Safety Officer will notify the [Local Public Health Authority \(LPHA\)](#) of any confirmed COVID-19 cases among participants.
    - iii. Attendance Log will be provided to LPHA to assist with contact tracing. Log will be kept for a minimum of 4 weeks.
4. Parents will be encouraged to have their player shower after every practice/game.
5. Only Players/Coaches/Umpires are permitted on the field.



### **SAFE HYGIENE PRACTICES**

All Families are empowered to do what's best for their families. All should follow safe hygiene practices to help reduce the risk for getting and spreading viral respiratory infection, including COVID-19, by taking these steps:

- o Wash hands often with soap and water for at least 20 seconds
- o Avoid touching eyes, nose, or mouth with unwashed hands
- o Avoid contact with others who have symptoms
- o Stay home while sick and avoid close contact with others
- o Stay home 72 hours after fever ends or 7 days after symptoms began
- o Cover mouth and nose with tissue or elbow when coughing or sneezing rather than hands, and then throw the tissue in the trash and wash hands.
- Prevention signs will be posted at each field.
- Screening questions will be sent to all players/parents prior to the first practice.
- The local league has and will continue to provide hand sanitizer or soap and water at every field location for players and spectators.
- If you are an older person, or have a serious underlying health condition, stay home and away from other people.
- Do not attend HRVLL events if you are not feeling well and/or exhibit symptoms of being ill. If someone in your household has **TESTED POSITIVE**, keep the entire household home.

We want to thank all participants for your patience and understanding. We will keep you informed of any updates. What we learn about the virus is evolving almost daily and we will continue to work with local and regional health authorities to stay informed and up to date. In the meantime, please remember those simple preventative measures to help stop the spread of germs, including COVID-19.

Thank you for adhering to these requirements,  
HRVLL BOARD OF DIRECTORS

Updated 2/22/2022

This Plan will be updated when new guidelines or Risk Level are given. The Plan will be provided to every participant via email, placed on the league website, and communicated through coaches to players.

## HRVLL 2022 LOG

**DATE:**

**LOCATION:**

**EVENT START/END TIME:**

**Person Filling out Log:**

	Player's First & Last Name	<b>Do you have any symptoms?</b> Cough, fever equal to or higher than 100.4, shortness of breath/difficulty breathing, sore throat, sudden loss of taste or smell, vomiting or diarrhea <b>Have you been around anyone with            Covid-19 in the last 14 days?</b> (Yes/No If yes, write down symptoms/answer and send home.)	Guardian Drop Off/Pick Up First & Last Name	Visitors First & Last Name (Near Bleachers)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Coach				
Coach				
Coach				