

# Western Region Santa Cruz Little League



“Where Safety comes First”  
2024 Safety Plan

League ID #: 04053908

# Santa Cruz Little League Safety Program

## Safety Mission Statement

Santa Cruz 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.

## **Santa Cruz Little League 2024 Board of Directors**

### **Requirement 1:**

<b>Title</b>	<b>Name</b>	<b>Email</b>	<b>Phone</b>
President	Alicia Howard	<a href="mailto:alicia.howard@gmail.com">alicia.howard@gmail.com</a>	408-489-1439
Vice President	Stephan Joanides	<a href="mailto:stephanauthorjoanides@gmail.com">stephanauthorjoanides@gmail.com</a>	347-421-1962
Secretary	Paul Rogers	<a href="mailto:progers539@comcast.net">progers539@comcast.net</a>	831-247-1496
Treasurer	Beth Shapiro	<a href="mailto:beth.shapiro@gmail.com">beth.shapiro@gmail.com</a>	814-321-8389
Player Agents	Teal Basile	<a href="mailto:santacruzplayeragent@gmail.com">santacruzplayeragent@gmail.com</a>	530-575-1099
Safety Officer	Rebecca Barker	<a href="mailto:uh1909@yahoo.com">uh1909@yahoo.com</a>	831-246-1202
Field Coordinators	Jocelyn Forest Haynes	<a href="mailto:joxlin@aol.com">joxlin@aol.com</a>	831-334-7280
Coaching Coordinator	Chris Carlock	<a href="mailto:christophermcarlock@gmail.com">christophermcarlock@gmail.com</a>	831-212-3569
Equipment Coordinators	Mike Rockafellow	<a href="mailto:johnsbascomautomotive@gmail.com">johnsbascomautomotive@gmail.com</a>	510-557-7122
	Joe Escobar	<a href="mailto:joescobarsc@gmail.com">joescobarsc@gmail.com</a>	831-818-2742

Volunteer Coordinator	Robin Willick	ronetorn@yahoo.com	831-252-2803
Uniform Coordinator	Dalissa Escobar	mrsescobar47@gmail.com	831-421-1452
Information & Publicity Officer	Leigh Poitinger Mimi D’Lorio	<a href="mailto:lpoitinger@gmail.com">lpoitinger@gmail.com</a>	831-588-2886
Sponsorship Coordinator	Sara Norris	saranorris@alumnae.mills.edu	510-213-9543
Fundraising Coordinator	Rachele Nocis	rache_leigh@yahoo.com	831-251-1452
Umpires in Chief	Jason Cirillo	<a href="mailto:jason.cirillo@gmail.com">jason.cirillo@gmail.com</a>	203-909-5734
Snack Shack Coordinator	Stephan Joanides	<a href="mailto:stephanauthorjoanides@gmail.com">stephanauthorjoanides@gmail.com</a>	347-421-1962
Scorekeeping Coordinator	Brianna Donaldson	brianna.c.donaldson@gmail.com	831-291-7626
Scheduling Coordinator	Chris Hundemer	<a href="mailto:chris@c2earth.com">chris@c2earth.com</a>	831-419-1742
Division Reps	Jake Fusari (Farm) Rachael Tsukamaki (Chall) Alicia Howard (Int) Paul Rogers (Majors) Stephan Joanides (AAA) Ben Ow (AA) David Fyfe (A) Teal Basile (T ball)	<a href="mailto:jake.fusari@gmail.com">jake.fusari@gmail.com</a> <a href="mailto:tsukeynrach@gmail.com">tsukeynrach@gmail.com</a>	831-600-5585 559-433-7766

## Distribution of Safety Manual

### Requirement 2:

Each team will receive a paper copy of this safety manual. Managers and or Team Safety Officers should have a copy of the safety manual at all league functions.

# EMERGENCY PHONE NUMBERS

## Requirement 3:

### **Santa Cruz Little League**

PO Box 1723

Santa Cruz, CA 95061-1723

**Main Number:** 831-471-7426

**Rain-Out Line** 831-420-6192

Ambulance Dispatch	911
Santa Cruz Co Sheriff – Emergency	911
Santa Cruz Co Sheriff – Non-Emergency	831-471-1121
Santa Cruz City Police - Emergency	911
Santa Cruz City Police – Non-Emergency	831-471-1131
Santa Cruz Fire Department - Emergency	911
Santa Cruz Fire Department - Non-Emergency	831-420-5280
Santa Cruz County Health Department	831-454-4000
Animal Control	831-454-7227
Animal Control - After-Hours Emergency	831-471-1182
City of Santa Cruz Parks & Rec	831-420-5030

## NEIGHBORING HOSPITALS

### **Dominican Hospital**

1555 Soquel Dr.

Santa Cruz, CA 95065

**831-462-7700**

# Santa Cruz Little League Code of Conduct

- **Speed Limit 5 mph** in roadways and parking lots while attending Santa Cruz Little League functions. Watch for small children around parked cars.
- **No alcohol allowed** in any parking lot, field, or common areas within a Santa Cruz Little League complex.
- **No playing in parking lots** at any time.
- **No playing on and around** lawn equipment.
- **Use crosswalks** when crossing roadways. Always be alert for traffic.
- **No profanity** please.
- **No swinging bats or throwing baseballs** at any time within the walkways and common areas of a Santa Cruz Little League complex.
- **No throwing balls** against dugouts or against backstop. Catchers must be used for all batting practice sessions.
- **No throwing** rocks.
- **No horseplay** in walkways at any time.
- **No climbing** fences.
- **During games only a player** at bat, may swing a bat (Age 5 - 12).
- **Pre-game warm up hitting/wiffle ball allowed in designated areas only.**
- Observe all posted signs. Players and spectators should be Alert at all times for Foul Balls and Errant Throws.
- **During the game**, players must remain in the dugout area in an orderly fashion at all times.
- **After each game, each team must clean up trash** in the dugout and around stands.
- **All gates to the field must remain closed** at all times. After players have entered or left the playing field, gates should be closed and secured.

**Failure to comply with the above may result in expulsion from the Santa Cruz Little League field or complex.**

# COVID-19 Guidelines

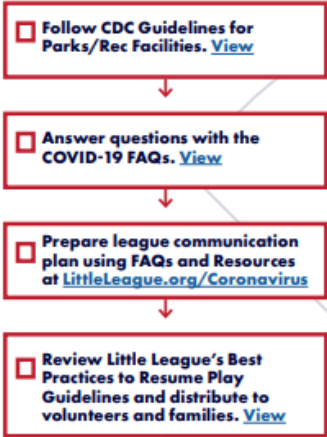
Requirement 3:



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



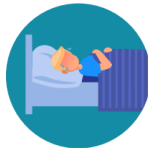
If all checked above, move on to the criteria below.



When all boxes are checked –  
**Play Ball!**

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

## 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](#)

# Background Checks

## Requirement 4:

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.

<https://www.littleleague.org/downloads/volunteer-application/>



### VOLUNTEER BACKGROUND CHECKS & SAFETY

## Volunteer Background Checks & Safety

Little League® Baseball and Softball has always strived to create a safe and healthy environment for all Little Leaguers and their families.


In 2018, the "Protecting Young Victims from Sexual Abuse and SafeSport Authorization Act of 2017" became Federal law. The mission of the U.S. Center for SafeSport is to make the athlete well-being the centerpiece of our nation's sports culture. All athletes deserve to participate in sports free from bullying, hazing, sexual misconduct, or any form of emotional or physical abuse. Education and awareness are the most critical components to creating safe and respectful sporting environments, free of abuse and harassment. There are certain requirements from the SafeSport Act that Little League International and all local little league programs must adhere to. To learn about SafeSport and how it impacts your league, visit [LittleLeague.org/SafeSport](http://LittleLeague.org/SafeSport).

As a condition of service to any Little League program, the following groups of individuals must submit a Little League Volunteer Application and complete an annual background screening prior to involvement in the league in any fashion:

- Board Members
- Managers and Coaches
- Umpires
- Any other volunteer or hired worker who provide regular service to the league and/or have repetitive access to, or contact with, players or teams

**Any individual with a conviction, guilty plea, no contest plea, or admission of guilty to a crime against or involving a minor may not participate in the Little League program.**

On average, leagues can estimate the number of background checks that should be completed by multiplying the total number of teams in the league by six. To assist leagues in completing this requirement, **Little League provides 125 free searches** through an agreement with J.D. Palantine (JDP). Additional searches are available for a nominal cost.



Little League International has contracted with JDP Background Screening to provide local leagues and districts with a special web site that allows members to instantly search a criminal records database of more than 450 million criminal records. This site provides searches of available criminal records from various repository sources and state-level sex offender registries. The fee for the first 125 searches per chartered league and district is free to the local league and district as the cost for these searches is being provided by Little League International. Any additional searches above 125 will cost the league or district a minimal fee.

Little League International requires all leagues in the United States to conduct background checks that utilize JDP Background Screening, or another provider that is comparable to JDP in accessing background check records for sex offender registry data and criminal records. Leagues must include a review of the U.S. Center for SafeSport's Centralized Disciplinary Database and Little League International Ineligible List as part of the background check process (JDP includes this additional review as a part of the standard background check.) The JDP National Criminal File database that contains more than 450 million records, including criminal and sex offender registry records covering 50 states and the District of Columbia, and meets the current regulation requirement. Leagues are not required to use the JDP website, but may also use alternate resources. However the alternate resources must equal or exceed the services provided by JDP.

**LLU Learn More About Background Checks:**  
• [LittleLeague.org/BackgroundCheckQuestions](http://LittleLeague.org/BackgroundCheckQuestions)

**LLU For More Information on JDP and Background Check Process:**  
• [LittleLeague.org/LocalBGCheck](http://LittleLeague.org/LocalBGCheck)

## League Training Dates and Times

Requirement 5:	Date	Location	Time
<b>Coach Fundamental Training:</b>	February 21, 2024	Harvey West Field	16:30

Requirement 6:	Date	Location	Time
<b>Safety Manual &amp; First-Aid Training:</b>	February 21, 2024	Harvey West Field	16:30

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

## Field Inspections and Storage Procedures

### Requirement 7: 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 Field Coordinators: Jocelyn Forest Hayes (831-334-7280) or to the Safety Officer, Rebecca Barker (831-246-1202).
- ✓ Check the team equipment for any problems. Look for rocks, glass, holes, fence damage, etc. Report any equipment problems to the Equipment Managers, Mike Rockafellow (510-557-7122) or Joe Escobar (831-818-2742).
- ✓ Check the contents in your team's first aid kit. Contact the League Safety Officer for any items that need to be replaced: Rebecca Barker, [uh1909@yahoo.com](mailto:uh1909@yahoo.com), 831-246-1202

### STORAGE SHED

The following applies to the entire storage shed used by the League and applies to anyone who has been issued a key 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.

## Equipment

The Equipment Manager is an elected SCLL 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 SCLL 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 SCLL Equipment Manager. Safety Packs must be turned in with the equipment.

- Each team, at all times in the dugout, shall have seven (7) protective helmets which must meet NOCSAE specifications and standards. These helmets will be provided by SCLL at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.
- Each helmet shall have an exterior warning label. **NOTE:** The warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.
- 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.
- All male players must wear athletic supporters.
- 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 SCLL Equipment Manager.
- Make sure that players respect the equipment that is issued.
- Multi-colored gloves can no longer be worn by pitchers.

## Inspection of Equipment

### Requirement 10:

- This Little League requires regular inspection of playing equipment.
- Unsafe equipment should not be given in team equipment bags.
- Managers, Coaches, and Umpires are required to inspect equipment prior to each use.
- Bad equipment will be logged and will be removed and destroyed.

## PRE-GAME FIELD INSPECTION CHECKLIST

**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 SAFETY OFFICER.**

**Turn this form into the concession stand or to your division Rep.**

**Requirement 8:**

Annual Little League Facility Survey will be submitted in the Data Center.

## **Concession Stand Guidelines**

**Requirement 9:**

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

**Wash your hands regularly:**

- 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 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, using tobacco, 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 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 an ice water bath (60% ice and 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one on top of the other and lids should be off or afar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. **DO NOT LEAVE FOOD OUT AT ALL!!**
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 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. Store pesticides away from food. 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 and approved source.
12. 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.
  13. Recycling – Santa Cruz Little League has implemented a plan to reduce, reuse and recycle. All non-recyclable items shall be bagged and placed in the locked dumpster on the high school campus. All recyclable items shall be retrieved and placed in the recyclables-only container on the high school campus.

## THE TOP SIX CAUSES FOR ILLNESS

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.

## Concession Stand Tips

### SAFETY FIRST

#### Requirement 9

#### 12 Steps to Safe and Sanitary

#### Food Service Events: The

following information is

intended to help you run a

healthful concession stand.

Following these simple

guidelines will help minimize

the risk of foodborne illness.

This information was provided

by District Administrator

George Glick and is excerpted

from "Food Safety Hints" by

the Fort Wayne-Allen County,

Ind., Department of Health.

#### 1. Menu.

Keep your menu simple, and keep

potentially hazardous foods (meat, eggs,

dairy products, protein salads, cut fruits

and vegetables, etc.) to a minimum.

Avoid using pre-cooked foods or

delivers. Use only foods from approved

sources, avoiding foods that have been

prepared at home. Complete control over

your food, from source to service, is the

key to safe, sanitary food service.

#### 2. Cooking.

Use a food thermometer to check on

cooking and holding temperatures of

potentially hazardous foods. All

potentially hazardous foods should

be kept at 145° F or below (if cold) or

165° F or above (if hot). Ground beef

and ground pork products should be

cooked to an internal temperature of

155° F. Poultry parts should be cooked

to 165° F. Most foodborne illnesses

from temporary events can be traced

back to lapses in temperature control.

#### 3. Reheating.

Rapidly reheat potentially hazardous

foods to 165° F. Do not attempt to heat

foods in crock pots, steam tables, over

stove burners or other holding devices.

Slow-cooking mechanisms may

accumulate bacteria and never reach

killing temperatures.

#### 4. Cooling and Cold Storage.

Foods that require refrigeration must

be cooled to 41° F as quickly as possible

and held at that temperature until ready

to serve. To cool foods down quickly,

use ice or water bath (50% to 60%  
water), stirring the product frequently,  
or place the food in shallow pans no

more than 4 inches in depth and

refrigerate. Pans should not be stored

one atop the other and lids should be

off or air vent the food is completely

cooled. Check temperature periodically

to see if the food is cooling properly.

Allowing hazardous foods to remain

und refrigerated for too long has been the

number ONE cause of foodborne illness.

#### 5. Hand Washing.

Frequent and thorough hand washing

remains the first line of defense in

preventing foodborne diseases. The

use of disposable gloves can provide an

additional barrier to contamination, but

they are no substitute for hand washing!

#### 6. Health and Hygiene.

Only healthy workers should prepare

and serve food. Anyone who shows

symptoms of disease (coughs, sneezes,

fever, vomiting, diarrhea, jaundice, etc.)

or who has open sores or infected cuts

on the hands should not be allowed

in the food concession area. Workers

should wear clean outer garments and

should not smoke in the concession

area. The use of hair restraints is

recommended to prevent hair ending

up in food products.

#### 7. Food Handling.

Avoid hand contact with raw, ready-

to-serve foods and food contact surfaces.

Use an acceptable dispensing utensil

to serve food. Touching food with bare

hands can transfer germs to food.

#### 8. Dishwashing.

Use disposable utensils for food service.

Keep your hands away from food contact

surfaces, and never reuse disposable

dishware. Wash in a four-step process:

1. Washing in hot soapy water.

2. Rinsing in clean water.

3. Chemical or heat sanitizing, and

4. Air drying.

#### 9. Ice.

Ice used to cool cans/bottles should

not be used in cup beverages and should

be stored separately. Use a scoop to

dispense ice; never use the hands. Ice

can become contaminated with bacteria

and viruses and cause foodborne illness.

#### 10. Wiping Cloths.

Rinse and store your wiping cloths in a

bucket of sanitizer (example: 1 gallon

of water and 1/2 teaspoon of chlorine

bleach). Change the solution every

two hours. Wash sanitized work surfaces

prevent cross-contamination and

discourage flies.

#### 11. Insect Control and Waste.

Keep foods covered to protect them

from insects. Store garbage and paper

wastes in a refuse container with a tight-

fitting lid. Dispose of wastewater in an

approved method (do not dump it

outside). All water used should be

possible water from an approved source.

#### 12. Food Storage and Cleanliness.

Keep foods stored off the floor at least

6 inches. After your event is finished,

clean the concession area and discard

unsalable food.

#### 13. Set a Minimum Worker Age.

League should set a minimum age for

workers or to be in the stand, in many

states this is 16 or 18, due to potential

hazards with various equipment.

**Safety plates must be purchased**

**at least three days in**

## Volunteers Must Wash Hands

### HOW



### WHEN

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

#### Wash after you:

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

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

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

#### Wear gloves.

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

#### If you wear gloves:

- wash your hands before you put on new gloves.

#### Change them:

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

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# Accident Reporting Procedure

## **Requirement 11:**

**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 Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

**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: Rebecca Barker  
Cell Number: 831-246-1202  
Email: uh1909@yahoo.com

**How to Make a Report:** Reporting incidents can come in a variety of forms. **The Incident/Injury Tracking Report must be completed for each incident.** At a minimum, the following information is needed.

1. The name and phone number 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 [www.leagueleague.org](http://www.leagueleague.org) found under forms and publications.

**Safety Officer Responsibilities:** Within 48 hours of receiving the incident report, the Director of Safety will contact the injured party or the party's parents and (1) verify the information received; (2) obtain any other information deemed necessary; (3) check on the status of the injured party; and (4) in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Santa Cruz Little League's insurance coverage and the provisions for submitting any claims. If the extent of the injuries are more than minor in nature, the Director of Safety shall periodically call the injured party to (1) check on the status of any injuries, and (2) to check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the league again).

**Manager Responsibilities:** Per Regulation III (d) 2 note 2: When a player misses more than seven (7) continuous days (ex: Monday – Sunday) of participation for illness or injury, a physician or other accredited medical provider must give written permission for a return to full baseball activity. If you have any questions, please contact the Safety Officer, Brianna Donaldson, (831) 291-7626, brianna.c.donaldson@gmail.com.

## FIRST AID KITS

### Requirement 12:

First-Aid Kits will be furnished to each team at the beginning of the season. Remember the two adults with cell phone rule.

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 Santa Cruz 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 SCLL Safety Officer.

Throughout the season, check your ice packs and replenish as necessary. First-Aid Kits and Safety Packs must be turned in at the end of the season along with your equipment package.

The First-Aid Kit will come in a plastic white and red box and include the following items:

- |   |  |
|---|--|
| <input type="checkbox"/> 3 Instant Ice Packs      | <input type="checkbox"/> 1 Cloth Athletic Tape |
| <input type="checkbox"/> 2 Plastic Bags for Ice   | <input type="checkbox"/> 2 Eye Pads            |
| <input type="checkbox"/> 5 Antiseptic Wipes       | <input type="checkbox"/> 1 Scissors            |
| <input type="checkbox"/> 1 Roll of Gauze          | <input type="checkbox"/> 1 Pair of Latex       |
| <input type="checkbox"/> 2 Large Bandages 2"x4"   | <input type="checkbox"/> Gloves                |
| <input type="checkbox"/> 25 Assorted Band-Aids    | <input type="checkbox"/> 1 Tweezers            |
| <input type="checkbox"/> 2 Antiseptic Cream Packs | <input type="checkbox"/> 2 Sterile Gauze Pads  |

If you are missing any of the above items, contact the SCLL Safety Officer immediately. Traveling teams (50:70) have larger First-Aid Kits that contain more supplies.

**Additional First-Aid Kits** will be available in the field #1 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.

**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 injuries 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.

**AED - Automated External Defibrillator:** Santa Cruz Little League has an AED located in the Scorekeepers Booth on Field 1. An AED automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia in a patient, and is able to treat them through defibrillation, the application of electrical therapy which stops the arrhythmia, allowing the heart to re-establish an effective rhythm. Instructions for use of our AED machine will be reviewed during annual safety meetings.

**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.



## **SOME IMPORTANT DO'S AND DON'TS**

---

### **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 the 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(s) except in extreme emergencies.

## **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.

## Enforcement of Little League Rules

### Requirement 13:

- 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 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...
- Coaches are encouraged to discourage "horseplay"
- No on deck batters are allowed in the Majors and below... (rule 1.08)

DON WATSON/ASA

# 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.\*



**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"

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

**RULE 5.17**  
 "...All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up and games."

## Lightning Facts and Procedures

### 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 lightning strikes.

**Rule of Thumb:** The ultimate truth about lightning 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 game is called.

**Where to Go?** No place is safe from lightning threat, 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 anymore 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 cloths.
- 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 heatstroke, 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.



**Drinking Guidelines For Hot Day Activities**  
© 1999 Little League Baseball, and Major League Baseball, Inc.  
**Before:** Drink 8 oz. immediately before exercise  
**During:** Drink at least 4 oz. every 20 minutes  
**After:** Drink 16 oz. for every pound of weight lost  
**Dehydration signs:** Fatigue, flushed skin, light-headed  
**What to do:** Stop exercising, get out of sun, drink  
**Severe signs:** Muscle spasms, clumsiness, delirium

## Submitting Player, Manager and Coach Data

### Requirement 14:

Player, Manager, and Coach information will be submitted through the Little League Data Center at [www.littleleague.org](http://www.littleleague.org) by April 1, 2024, or two weeks following the draft.

### 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.

The California Law is titled "Youth Sports Concussion Protocols," and is found in the California Health Safety Code under the section referencing "Adolescent Health" (Cal Health and Safety Code §124235). §124235 includes sudden cardiac arrest protocols as well.

Section 124235 applies to "youth sports organizations" which includes any organization, business, non-profit entity or local government agency that sponsors or conducts amateur sports competitions, training camps, or clubs in which persons seventeen (17) years of age or younger participate: youth sports organizations are required to

immediately remove an athlete who is suspected of sustaining a concussion, other head injury, who has fainted or passed out from the athletic activity for the remainder of the day. The athlete shall not be permitted to return to the athletic activity until being evaluated by and receiving written clearance to return to athletic activity from a licensed health care provider. An athlete who has sustained a concussion shall complete a graduated return to play protocol of not less than seven (7) days in duration under the supervision of a licensed health care provider. If an athlete has a cardiac condition or other heart related issue that a health care provider believes that puts the athlete at risk, then the athlete shall remain under care until cleared to play. If an athlete seventeen (17) years of age or younger has been removed from athletic activity due to a suspected concussion or due to fainting or another suspected cardiac condition, the youth sports organization shall notify a parent or a guardian of that athlete of the time and date of the injury, the symptoms observed and any treatment provided to that athlete for the injury.

On an annual basis, a youth sports organization shall provide a concussion and head injury information sheet and sudden cardiac arrest information to each athlete. The information sheet shall be signed and returned by the athlete and, if the athlete is seventeen (17) years of age or younger, shall also be signed by the athlete's parent or guardian before the athlete initiates practice or competition. The information sheet may be sent and returned through an electronic medium including, but not limited to, facsimile or electronic mail. On a yearly basis, the youth sports organization shall offer concussion and head injury education and sudden cardiac arrest prevention educational materials, to each coach, administrator, referee, umpire, or other game official of the youth sports organization. Each coach and administrator shall be required to successfully complete the concussion and head injury education offered at least once, either online or in person, before supervising an athlete in an activity of the youth sports organization and the youth sports organization shall post related information online or provide the educational materials to athletes and parents, or both. A "Licensed Health Care Provider" is one trained in the evaluation and management of concussions and other head injuries and cardiac conditions and sudden cardiac arrest, fainting, and shortness of breath.

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

- Head injuries and their potential consequences;
- the signs and symptoms of a concussion;
- Best practices for removal of an athlete from an athletic activity after a suspected concussion; and
- Steps for returning an athlete to school and athletic activity after a concussion or head injury.

Sudden cardiac arrest educational materials must minimally include cardiac conditions and their potential consequences, the signs and symptoms of cardiac arrest, best practices for removal of an athlete from play after fainting or a suspected cardiac condition is observed, steps for returning an athlete to athletic activity after fainting or a

suspected cardiac condition is observed, and what steps to take in the event of a cardiac emergency.

Additional California concussion law is found under the California Education Code (Cal. Educ. Code Section 35179.1 (c) (6), known as the 1998 California High School Coaching Education and Training Program) and requires coaches be certified in CPR and first aid and have a basic understanding of the signs and symptoms of concussions and the appropriate response to concussions.

Section 38131(b)(6) provides that youth sports league activities taking place on school facilities or on school grounds are at the discretion at the governing board for the school district and subject to terms and conditions as the board may deem proper.

The California law is found at sections 38131(6) and 49475 of the Education Code. (Cal. Educ. Code §35179.1(c) (6), § 38131(b) (6)), and §49475.6.

**CONCUSSION Information Sheet** **HEADS UP CONCUSSION**

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 TB—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 quickly 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 teen's chance 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 chance of the most serious types of brain or head injury. However, there is no "concussion proof" helmet. So, with a helmet, it is important for children and teens to avoid hits to the head.

**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.
- Loses 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.
- Sensitized 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/snapped out). Even a brief loss of consciousness should be taken seriously.

**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:

- Remove your child or teen from play.
- 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.
- 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.

**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.**

**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 at 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.  
Athlete Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_  
Athlete 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: \_\_\_\_\_

## Santa Cruz 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, **Santa Cruz 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.

### **Santa Cruz Little League Concussion Prevention, Management and Treatment Policy**

#### **Player and Parental Acknowledgement**

We, the undersigned, acknowledge that we have been provided with a copy of the Santa Cruz 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.
- Leagues must adopt a policy that limits one-one-one contact with minors.
- Leagues are highly encouraged to complete the Abuse Awareness training provided by USA Baseball and/or SafeSport.

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

<https://www.usabdevelops.com/ItemDetail?iProductCode=OCAA&Category=ONLINE&WebsiteKey=f50acb2-a59e-4e43-8f67-29f48a308a9e>