**Press Box Edition**

*Keep a copy of this manual in the Concession Stand, and in each Scoring Shed*

# *Pendleton Little League*

## Safety Plan

## 2024

***Shaina Bosworth-Cain, Safety Officer***

Pendleton Little League Safety Plan

POLICY STATEMENT:

*Pendleton 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.*

## Pendleton Little League Board of Directors
# Emergency Contacts*

***Trever Armstrong, President.....541-429-0393**

***Jeremy Bird, Vice President……..541-240-1934**

**Coutrney Summerfield, Secretary.....541-215-9974**

**Ryan Smith, Treasure ……541-377-2912**

**Drew Van Cleave, Information Officer……541-969-9210**

**Aaron Gillespie, Players Agent……...541-379-7212**

**Wayne Polumsky, Coaches/Schedule officer……..541-398-0675**

**Shaina Bosworth-Cain, Safety Officer……...541-371-6888**

**Jake Markgraff, Sponsorship/Ad…….**

**Jake Flemmer, Umpire Coordinator……....208-891-5653**

**(Open Position), Equipment Manager……**

**Todd Kligel, Field Maintenance ……541-240-9094**

**For Pendleton Fire, Ambulance or Police (non emergency) Please call County Dispatch at 541-966-3651**

**For all other Fire, Ambulance or Police emergency needs… Call 911**

**A league safety manual, safety plan requirements form, safety plan registration form, facility survey form, player Roster data, and coach and manager data will be submitted to Little League International on an annual basis.**

**ALL COACHES, MANAGERS AND VOLUNTEERS MUST SUBMIT A VOLUNTEER APPLICATION AND COMPLETE REQUIRED TRAINING COURSES NEEDED FOR THEIR DUTIES**

# 1. CODE OF CONDUCT & SAFETY

## Code of Conduct

The board of directors of Pendleton Little League has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and sign in the space provided below acknowledging that he or she understands and agrees to comply with the Code of Conduct. Tear the signature sheet on the dotted line and mail to the PLL Safety Officer in the enclosed envelope.

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

• At any time, lay a hand upon, push, shove, strike, or threaten to strike an official. • Be guilty of 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, hats, bats, balls, or any other forceful unsportsmanlike action.

• Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.

• Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.

• Be guilty of the use of profane, obscene or vulgar language in any manner at any time.

• Appear on the field of play, stands, or anywhere on the PLL complex while in an intoxicated state at any time. Intoxicated will be defined as an odor or behavior issue.

• Be guilty of gambling upon any play or outcome of any game with anyone at any time.

• Smoke while in the stands or on the playing field or in any dugout at any time. Smoking will only be permitted in designated areas, which will be 20 feet from any spectator stands or dugouts.

• Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game. • As a manager or coach be guilty of mingling with or fraternizing with spectators during the course of the game.

• Speak disrespectfully to any manager, coach, official or representative of the league.

• Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.

• Shall challenge an umpire’s authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

The Board of Directors will review all infractions of the PLL Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.
I have read the Pendleton Little League Code of Conduct and promise to adhere to its rules and regulations.

_____ _____ Print name of Manager Team name and division

_____ _____ Signature of Manager Date

_____ _____ Coach #1 Coach #2

# Safety Code

The Board of Directors of Pendleton Little League has mandated the following ***Safety Code***. All managers and coaches will read this ***Safety Code*** and then read it to the players on their team. Signatures are required in the spaces provided below acknowledging that the manager, coach and players understand and agree to comply with the ***Safety Code***. *Tear the signature sheet on the dotted line and mail to the PLL Safety Officer in the enclosed envelope*.

- Responsibility for safety procedures belong to every adult member of Pendleton Little League.
- Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/herself and to others.
- Only league approved managers and/or coaches are allowed to practice teams.
- Only league-approved managers and/or coaches will supervise batting Cages.
- Arrangement should be made in advance of all games and practices for emergency medical services.
- Managers, designated coaches and umpires will have mandatory First Aid training.
- First-aid kits are issued to each team manager during the pre-season and additional kits will be located at the concession stand and in each umpire shed.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as “in play.”
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team’s manager and designated coaches
- Foul balls batted out of playing area will be returned to a coach, manager or umpire and will not be thrown over the fence during a game.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators, (i.e., playing catch, pepper, swinging bats etc.)
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games.

• Except when a runner is returning to a base, head first, slides are not permitted.
• During sliding practice, bases should not be strapped down or anchored.
• At no time should “horse play” be permitted on the playing field.
• Parents of players who wear glasses should be encouraged to provide “safety glasses” for their children.
• On-deck batters are not permitted.
• Managers will only use the official Little League balls supplied by PLL.
• Once a ball has become discolored, it will be discarded.
• All male players will wear athletic supporters or cups during games.
• Catchers must wear a cup. Managers should encourage that cups be worn at practices too.
• 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.
• Shoes with metal spikes or cleats are **not** permitted. Shoes with molded cleats are permissible.
• Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)
• No food or drink, at any time, in the dugouts. (Exception: bottled water, Gatorade and water from drinking fountains)
• Catchers must wear a catcher’s mitt (not a first baseman’s mitt or fielder’s glove) of any shape, size or weight consistent with protecting the hand.
• Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher’s gear and an athletic cup as described above
• Managers will never leave an unattended child at a practice or game
• No children under the age of 15 are permitted in the Concession Stands
• Never hesitate to report any present or potential safety hazard to the PLL Safety Officer immediately.
• Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
• Speed Limit is 5 miles per hour in roadways and parking lots.
• No alcohol or drugs allowed on the premises at any time.
• **No medication** will be taken at the facility unless administered directly by the child’s parent. This includes aspirin and Tylenol.
• No playing in the parking lots at any time.
• No playing in construction areas at any time. This includes the sand bins.
• No playing on and around lawn equipment, machinery at any time.
• No tobacco use is allowed on the premises at any time.
• No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
• No throwing rocks.

- No climbing fences.
- No swinging on dugout roofs.
- No pets are permitted on the premises at any time. This includes dogs, cats, horses, etc.
- Observe all posted signs.
- Players and spectators should be alert at all times for foul balls and errant throws.
- All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- Always be alert for traffic.
- No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.

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

_____ _____ Print name of Manager
Team name and division

_____ _____ Signature of Manager
Date

_____ _____ Coach #1 Coach #2

_____ _____ Coach #3 Team Safety Officer

_____ _____ Player #1 Player #2

_____ _____ Player #3 Player #4

_____ _____ Player #5 Player #6

_____ _____ Player #7 Player #8

_____ _____ Player #9 Player #10

_____ _____ Player #11 Player #12

_____ _____ Player #13 Player #14

# 2. EMOTIONAL SECURITY AND ATTITUDES IN CHILDREN

www.littleleague.org
by
Dr. Luke LaPorta

From the sum of the total experience, along with the physical and mental reactions to such experiences, the player begins to develop certain attitudes. These attitudes then manifest themselves in patterns of behavior, behavior that could prove to be acceptable or unacceptable. Thus, it is extremely important that the experiences arising out of Little League activity be healthy and stimulating. Furthermore, it is equally important that volunteer

An understanding of children is the most important component of the Little League program. Adults working with youth should be constantly aware of the emotional security and attitudes of children under their direction. Dr. LaPorta, of Liverpool, New York, is widely recognized as an authority in this field and was a recipient of the Athletic Director of the Year Award sponsored by the National Council of Secondary School Athletic Directors. He has been active in Little League for more than 40 years and served as the Chairman of the Board of Little League Baseball.



personnel recognize this fact and strive to help the youngster meet the challenges. It is within the province of responsibility of the volunteer to help the player to develop desirable attitudes.

I. Is an attempt made to point out the desirability of:
   a. Fair play.
   b. Playing without finding fault or making excuses about mistakes.
   c. Listening to directions.
   d. Winning without bragging.
   e. Recognizing certain standards of achievement.
   f. Subscribing to the spirit of give and take.

II. Have you observed any progress on the part of the youngsters in your league concerning the following:
   a. They participate in practice and drills as you have planned them. b. They accept the fact that there are some youngsters who have more or less skills than they do.
   c. They have respect for other people's property.
   d. They take care of equipment properly.

III. In working with the players, do you sense that:
   a. They are beginning to develop self-confidence.
   b. They are showing signs of courage.
   c. They are beginning to develop leadership qualities.
   d. They are beginning to set standards for themselves.

IV. In your observations, can you say that you have noticed improvement in the

following areas:

a. Learning to accept reversals without undue emotional upset.
b. Accepting and playing by the rules of the game.
c. Learning to develop self-control over personal feelings.
d. Widening their circle of friends.

V. Do you feel that the youngsters under your supervision recognize that: a. Working to improve skills leads to self-satisfaction and achievement. b. Being a good follower in certain situations is as important as being a good leader. c. Self-sacrifice for the good of the team is necessary.
d. There are occasions when one must accept certain responsibilities for others.

# Emotional Security

In order to grow, children must have food, fresh air, light and exercise. This food, fresh air, light and exercise provide children with nourishment and activity required to satisfy the needs of physical growth and development. Along with this physical development, children must also develop emotionally. As children reach maturity, they will also reach certain levels of emotional maturity. It is hoped that the emotional maturity attained will be at a desirable level so that the individuals may function normally within their own sphere of relationships, whether it be with their peers, their immediate family or other adults.

The nutrients or ingredients necessary for emotional growth are not the same as they are for physical growth. However, they are every bit as important as food and drink are to physical growth and development. These nutrients satisfy the needs for emotional security just as food and drink satisfy a physical hunger pain. If children are to attain a level of emotional maturity, they must first have certain securities.

For example, children need to know that they are loved. It is possible that children who are deprived of love will suffer in a number of ways. One of these ways would be the inability of children to relate to other children and adults. Usually, children who feel they are not loved will be withdrawn, will find it difficult to make friends and, many times, will react to social situations in a manner that is unacceptable as normal behavior. Very often unloved children will react in a way that is harmful to themselves and also to the community in which they live. Some quarters contend that juvenile delinquency, in part, is a result of the deprivation of love.

In addition to being loved, there are other ways that children are able to satisfy the need for emotional security. Children have to feel that they are accepted, whether it is acceptance as part of a family, a school group, church group, gang or club. The need for acceptance is not limited to children, of course. Young teenagers want to be accepted in sororities, fraternities, social cliques or athletic teams. Even adults sometimes feel the need for acceptance in local associations, clubs, school groups and neighborhood circles.

.

Children must be made to feel that they are liked and accepted for what they are. This kind of acceptance fosters an independence and confidence, which the child needs in order to grow emotionally. This does not mean that children have Carte Blanche to do anything that they desire without disapproval of their acts. Much to the contrary, unacceptable behavior should be dealt with firmly and with decisive action. For example, a manager in Little League could encounter a problem with a youngster, which, if not handled firmly, might cause further trouble, i.e., talking back to an umpire or rough play. The player could be told that this is not the behavior expected of a Little Leaguer and disapproval could be voiced quite strongly. However, it could be followed with, “remember I like you, but I sure didn’t like what you did out on that field.” When working with children it is important to remember that at this particular age they are sensitive to the subtle pressures of acceptance and rejection.

In choosing activities in which they will take part, children make their choices for a variety of reasons. Some will choose an activity where they can be with someone they like, others will choose an activity that they enjoy, but, for the most part, children will choose the game or activity in which they have the greatest success. Children like to do the things that they can do best. The real fast runner wants to run races, the good basketball player wants to shoot baskets, and the heavy hitter wants to play baseball. For the most part, children enjoy most games they play, but they enjoy them that much more when they have a certain degree of success in that game.

Success feelings are necessary for the emotional growth and emotional security in children. These feelings help immeasurably in establishing and developing confidence, independence, poise and positive attitudes in youngsters. Frequently when faced with something new, youngsters will balk somewhat. However, in facing the challenge they suddenly find that they achieve some degree of success. At this point, the balkiness changes to aggressiveness and the newness is met with vigor and confidence.

Furthermore, children seem to respond readily to solicitous encouragement and to recognition of small successes they achieve. Success experiences for children are important to emotional security and to eventual emotional maturity. Love, acceptance and success are strong emotional needs. They are necessary for establishing emotional security in the child and, in turn, emotional security, if necessary, in the attainment of emotional maturity, children will satisfy these emotional needs in one way or another. Their first choice, of course, is to do so in a socially acceptable manner. However, if they have no opportunity to do so, they will use other methods, usually in a socially unacceptable manner and from this derive satisfaction from the notoriety of unacceptable behavior.

Little League Baseball seems to be a well-established, acceptable way to provide degrees of satisfaction for the emotional needs of the child. Little League is an entirely new experience and, with its unique appeal to youngsters, plays a vital role in helping to fulfill these emotional needs. This is especially true if these needs are not met at home, or if there is a loss of a father or mother or if other complications deprive the child of an opportunity to satisfy these needs. In addition, Little League offers adult companionship which, for a variety of reasons, may be lacking at this age.

In an organization such as Little League Baseball, volunteer leaders will run into many problems with youngsters. They will be working with youngsters deprived of love and affection; they will work with highly over-protected children and come in contact with the out and out rejected child. Leaders must do their utmost to help these children, and, if they are unable to help them, the least that can be done is to attempt to understand them.

## Attitudes

In Little League Baseball there are many new and varied experiences facing the youngsters participating in the program. The children, probably for the first time, find themselves in situations that they alone must cope with. They alone must meet the challenge of each new experience.

# 3. RESPONSIBILITY

## The President:

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

## PLL Safety Officer:

The main responsibility of the PLL Safety Officer is to develop and implement the League's safety program. The PLL Safety Officer is the link between the Board of Directors of Pendleton Little League and its managers, coaches, umpires, team safety officers, players, spectators, and any other third parties on the complex in regards to safety matters, rules and regulations.

**The PLL Safety Officer's responsibilities include:**

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

# The PLL Members:

**The PLL Members** will adhere to and carry out the policies as set forth in this safety manual.

# Managers and Coaches:

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

(a) **The Manager** shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.

(b) **The Manager** is also responsible for the safety of his players.

(c) If a **Manager** leaves the field, that **Manager** shall designate a **Coach** as a substitute and such **Substitute Manager** shall have the duties, rights and responsibilities of the **Manager**.

**Pre-Season:**

Managers will:

- ***Take possession of this Safety Manual and the First-Aid Kit*** supplied by PLL.
- Attend a ***mandatory training session*** **on First Aid** given by PLL
- Attend a pre-season coaches clinic to update practices drills and strategies.
- Meet with all parents on "parents' day" to discuss Little League philosophy and *safety issues*.
- Cover the basics of *safe play* with his/her team before starting the first practice. • Return the signed *PLL Code of Conduct* and *the PLL Safety Code* to the PLL Safety Officer before the first game.
- **Teach players the *fundamentals*** of the game while advocating safety. • Teach players how to *slide* before the season starts. A board representative will be available to teach these fundamentals if the Manager or designated coaches do not know them.
- Notify parents that if a child is injured or ill, he or she cannot return to practice unless they have a note from their doctor. This ***medical release*** protects you if that child should become further injured or ill. ***There are no exceptions to this rule***.
- Encourage players to bring *water bottles* to practices and games. • Tell parents to bring ***sunscreen*** for themselves and their child.
- Encourage your players to wear ***mouth protection***.

***** First-time Managers and Coaches*** are requested to read books or view a video on Little League Baseball mechanics.

**Season Play:**

Managers will:

- Work closely with the Team Safety Officer to make sure *equipment* is in first-rate working order.
- Make sure that *telephone access* is available at all activities including practices. It is suggested that a *cellular phone* always be on hand.
- Not expect more from their players than what the players are capable of. • Teach the ***fundamentals*** of the game to players. An annual coaches clinic will be conducted and will cover, at minimum, techniques and drills for the following fundamentals:
    - hitting
    - sliding
    - fielding
    - pitching
- Be open to ideas, suggestions or help.
- Enforce that ***prevention*** is the key to reducing accidents to a minimum. • Have players wear sliding pads if they have cuts or scrapes on their legs. • Always have First-Aid Kit and Safety Manual on hand.
- Use common sense.

**Pre-Game and Practice:**

Managers will:

- Make sure that players are healthy, rested and alert.
- Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they can't play.
- Make sure players are wearing the proper uniform and catchers are wearing a cup.
- Make sure that the equipment is in good working order and is safe. • Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, the on-site board member shall make the determination.
- Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching. *(See Conditioning Section)*
    1. Calf muscles
    2. Hamstrings
    3. Quadriceps
    4. Groin
    5. Back
    6. Shoulders
    7. Elbow/forearm
    8. Arm shake out
    9. Neck

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

- Light tosses short distance.
- Light tosses medium distance.
- Light tosses large distance.
- Medium tosses medium distance.

- Regular tosses medium distance.
- Field ground balls.
- Field pop flies

**During the Game**

Managers will:

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

**Post Game**

Managers will:

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

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

# Umpires

**Pre Game**

Before a game starts, the umpire shall:

- Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.
- Make sure catchers are wearing helmets when warming up pitchers. • Run hands along bats to make sure there are no slivers.
- Make sure that bats have grips.
- Make sure there are foam inserts in helmets and that helmets meet Little League ***NOCSAE*** specifications and bear Little League's seal of approval.
- Inspect helmets for cracks.
- Walk the field for hazards and obstructions (e.g. rocks and glass). • Check players to see if they are wearing jewelry.
- Check players to see if they are wearing metal cleats.
- Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.
- Secure official Little League balls for play from both teams.
- Use the ***FIELD SAFETY CHECK LIST*** (included in the appendix of this safety manual) to document that all of the above was carried out.

**During the Game:**

During the game the umpire shall:

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

**Post Game**

After a game, the umpire shall:

- Check with the managers of both teams regarding safety violations.
- Report any unsafe situations to the PLL Safety Officer by telephone and in writing.

## Concession Stand Manager:

**The PLL Concession Stand Manager** is responsible to ensure the Concession Stand Volunteers are trained in the safety procedures as set forth in this manual.

## Equipment Management:

**The PLL Equipment Management** is the responsibility of the respective baseball and softball Vice Presidents. Their duties include getting damaged equipment repaired or replaced as reported. This replacement will happen in a timely manner. They will also exchange equipment if it doesn't fit properly.

# 4. GENERAL FACILITY

## Maintenance

- All bleachers will have safety rails.
- All dugouts will have bat racks.
- The dugouts will be clean and free of debris at all times.
- Dugouts and bleachers will be free of protruding nails and wood slivers. • Home plate, batter's box, bases and the area around the pitcher's mound will be checked periodically for tripping and stumbling hazards.
- Materials used to mark the field will consist of a non-irritating white pigment (no lime).
- Chain-link fences will be checked regularly for holes, sharp edges, and loose edges and will be repaired or replaced accordingly.
- The yellow safety caps on chain-link fences will be checked regularly for cracks and will be repaired or replaced accordingly.
- Field One score booth will have a working P.A. system with an emergency alarm.
- After the Parent's Day meeting, Managers will volunteer parents to pick up trash and other materials that could lead to accidents on the PLL complex.

## Concession Stand Safety

- No person *under the age of fifteen* will be allowed behind the counter in the concession stands.
- People working in the concession stands will be trained in safe food preparation. Training will cover safe use of the equipment. This training will be provided by the Concession Stand Manager (a PLL Board Member certified in restaurant safety) and given to Team Mom's and Team Parents on Parent's Day in the beginning of the season.
- Cooking equipment will be inspected periodically and repaired or replaced if need be. (*see "Concession Stand Weekly Check List" in appendix*)
- Propane tanks will be turned off at the grill and at the tank after use.
- Food not purchased by PLL to sell in its concession stands will not be cooked, prepared, or sold in the concession stands.
- Cooking grease will be stored safely in containers away from open flames.
- Carbon Dioxide tanks will be secured with chains so they stand upright and can't fall over. Report damaged tanks or valves to the supplier and discontinue use. (*see "Concession Stand Weekly Check List" in appendix*)
- Cleaning chemicals must be stored in a locked container.
- A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.
- All concession stand workers are to be instructed on the use of fire extinguishers. • All concession stand workers will attend a training session in the ***Heimlich maneuver***.
- A fully stocked First Aid Kit will be placed in each Concession Stand. • The Concession Stand main entrance door will not be locked or blocked while people are inside.

## Bicycling, Skateboarding, Rollerblading

***Bicycling, skateboarding and rollerblading*** are not allowed on any concrete surface near the bleachers, concession stands or bathrooms. Bicycling, skateboarding and rollerblading are only allowed on asphalt surfaces and only if a helmet is worn. If a child sees something that looks unsafe and reports it, he or she gets a free hot dog meal from the Concession Stand.

# 5. EQUIPMENT

## Equipment Management

The Equipment Management is performed by the softball and baseball vice presidents, who are 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 respective vice president 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 respective vice president. First-Aid kits and Safety Manuals 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 PLL 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 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.
- No wood bats at any time.
- 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 respective vice president.
- Make sure that players respect the equipment that is issued.
- Multi-colored gloves can no longer be worn by pitchers.

# Storage Shed Procedure

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

- Keys to the equipment sheds will only be issued by PLL's President. • A record shall be kept of all individuals possessing keys.
- Keys will be returned to the League President immediately once someone ceases to have responsibilities for equipment sheds.
- All storage sheds will be kept locked at all times.
- All individuals with keys to the equipment sheds are aware of their responsibility for the orderly and safe storage of heavy machinery, hazardous materials, fertilizers, poisons, tools, etc...
- Before the use of any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment.
- All chemicals or organic materials stored in storage sheds shall be properly marked and labeled and stored in its original container if available. • Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of immediately to prevent accidental poisoning. • Keep products in their original container with the labels in place. • Use poison symbols to identify dangerous substances.
- Dispose of outdated products as recommended.
- Use chemicals only in well-ventilated areas.
- Wear proper protective clothing, such as gloves or a mask when handling toxic substances.

# Machinery

- Tractors, mowers and any other heavy machinery will:
- Be operated by appointed staff only.
- Never be operated under the influence of alcohol or drugs (including medication) • Not be operated by any person under the age of 16.
- Never be operated in a reckless or careless manner.
- Be stored appropriately when not in use with the brakes in the on position, the blades retracted, the ignition locked and the keys removed.



- Never be operated or ridden in a precarious or dangerous way (i.e. riding on the fenders of a tractor).

Never left outside the tool sheds or appointed garages if not in use.

# 6. SAFETY FIRST!

- BE ALERT!
- CHECK PLAYING FIELD FOR HAZARDS
- PLAYERS MUST WEAR PROPER EQUIPMENT • ENSURE EQUIPMENT IS IN GOOD SHAPE • MAINTAIN CONTROL OF THE SITUATION • MAINTAIN DISCIPLINE
- BE ORGANIZED
- KNOW PLAYERS' LIMITS AND DON'T EXCEED THEM
- MAKE IT FUN!

## Conditioning & Stretching

Conditioning is an intricate part of *accident prevention*. Extensive studies on the effect of conditioning, commonly known as *"warm-up,"* have demonstrated that: • The *stretching* and *contracting* of muscles just before an athletic activity improves general control of movements, coordination and alertness.

- Such drills also help develop the *strength* and *stamina* needed by the average youngster to compete with minimum accident exposure.

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

***Hints on Stretching***

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

***Hints on Calisthenics***

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

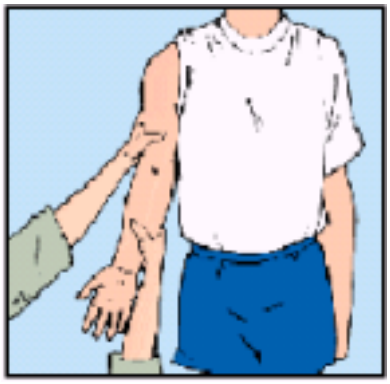
# Pitching

***PITCH COUNT***

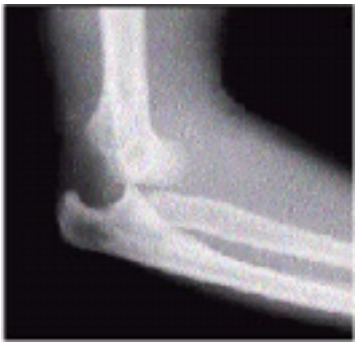
***Pitch count does matter***. Every year, at our annual First-Aid clinic, the sports doctor that lectures focuses the majority of his material on warning future managers and coaches about pitching injuries and how to prevent them. Remember, in the major leagues, a pitcher is removed after approximately 100 pitches.

***A child cannot be expected to perform like an adult!***

Little League managers and coaches are usually quick to teach their pitchers how to get movement on the ball. Unfortunately the technique that older players use is not appropriate for children thirteen (13) years and younger.



The snapping of the arm used to develop this technique will most probably lead to serious injuries to the child as he/she matures. Arm stress during the acceleration phase of throwing affects both the inside and the outside of the growing elbow. On the inside, the structures are subjected to distraction forces, causing them to pull apart. On the outside, the forces are compressive in nature with different and potentially more serious consequences. The key structures on the inside (or medial) aspect of the elbow include the tendons of the muscles that allow the wrist to flex and the growth plate of the medial epicondyle ("Knobby" bone on the inside of the elbow). The forces generated during throwing can cause this growth plate to pull away (avulse) from the main bone. If the distance between the growth plate and main bone is great enough, surgery is the only option to fix it. This growth plate does not fully adhere to the main bone until age 15! Similarly, on the outside (or lateral) aspect of the elbow, the two bony surfaces can be damaged by compressive forces during throwing. This scenario can lead to a condition called Avascular Necrosis or Bone Cell Death as a result of compromise of the local blood flow to that area. This disorder is permanent and often leads to fragments of the bone breaking away (loose bodies) which float in the joint and can cause early arthritis. This loss of elbow motion and function often precludes further participation.



**PRELIMINARY DATA HAVE DEMONSTRATED THE FOLLOWING:** 1) A significantly higher risk of **elbow** injury occurred after pitchers reached 50 pitches/outing.

2) A significantly higher risk of **shoulder** injury occurred after pitchers reached 75 pitches/outing.

3) In one season, a **total of 450 pitches or more** led to cumulative injury to the elbow and the shoulder.

4) The mechanics, whether good or bad, **did not** lead to an increased incidence of arm injuries.

5) The preliminary data suggest that throwing curveballs increases risk of injury to the shoulder more so than the elbow; however, subset analysis is being undertaken to investigate whether or not the older children were the pitchers throwing the curve.

6) The pitchers who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury to their throwing arm.

7) A slider increased the risk of **both elbow and shoulder** problems.

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

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

It is now required that each team use the new pitch count rule that is in the new official Little League Rule Book. Managers and Coaches are now required to fill out a pitch count sheet on each pitcher and have this available on the Little League premises for inspection at any time a Little League official would like to see it. Managers and Coaches should look to their players' future and make an effort to protect their elbows against the tragedy of Avascular Necrosis. The following ranges for pitch counts based on age.

| Age | Daily Max | Must also follow daily rest guidelines |
|---|---|---|
| 7-8 | 50 | |
| 9-10 | 75 | |
| 11-12 | 85 | |
| 13-14 | 95 | |

Once the pitch count has been reached the pitcher has to be replaced. Should that player be inserted back into the lineup, we recommend against the position of catcher as the number of throws required mirrors that of the pitcher.

Ice is a universal First-Aid treatment for minor sports injuries. Ice controls the pain and swelling. Pitchers should be taught how to ice their arms at the end of a game. If the manager or coach is unsure how to do this, he/she can consult teaching materials in the field 1 umpire shed or contact a PLL board member for further instruction.

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

# Hydration

Good *nutrition* is important for children. Sometimes, the most important nutrient children need is *water* – especially when they're physically active. When children are physically active, their muscles generate *heat* thereby increasing their *body temperature*. As their body temperature rises, their cooling mechanism - sweat – kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become ***overheated***. We usually think about ***dehydration*** in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the spring months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. It does not matter if it's January or July, thirst is not an indicator of fluid needs. Therefore, ***children must be encouraged to drink fluids even when they don't feel thirsty***. Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning. During any activity, water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. ***Caffeinated beverages (tea, coffee, Colas) should be avoided*** because they are diuretics and can dehydrate the body further. ***Avoid carbonated drinks***, which can cause gastrointestinal distress and may decrease fluid volume.

# Common Sense

***Playing safe*** boils down to using ***common sense***. For instance, if you witnessed a strange person walking around the PLL complex who looked like he/she didn't belong there you would report the incident to a Board Member. There will always be a Board Member on site (*see the telephone number list in the beginning of this manual to identify them or check the display cases outside the concession stand*). The PLL Board Member, after hearing your concerns, would investigate the matter and have the person in question removed before anything could happen if, indeed, that person did not belong there. Another example of ***common sense*** – You witness kids throwing rocks or batting rocks on the PLL complex. They are having fun but are unknowingly endangering others. Don't just walk on by figuring that someone else will deal with the situation. Stop and explain to the kids what they are doing wrong and ask them to stop. Webster's Dictionary definition of ***common sense*** is: Native good judgment; sound ordinary sense. In other words, to use ***common sense*** *is to realize the obvious*. Therefore***, if you witness something that is not safe, do something about it!*** And encourage all volunteers and parents to do the same.

# Weather

Spring in Eastern Oregon features unpredictable weather. When the weather turns bad, it can create ***unsafe weather conditions***.

***Rain:***

If it begins to rain:

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

## Lightning:

The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second. The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour. Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead. On average, the thunder from a lightning stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

If you can ***HEAR, SEE OR FEEL*** a ***THUNDERSTORM***:

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

## Hot Weather:

One thing we do get in Eastern Oregon is hot weather. Precautions must be taken in order to make sure the players on your team do not ***dehydrate*** or ***hyperventilate***. 1. Suggest players take drinks of water when coming on and going off the field between innings.

2. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P.
3. If a player should collapse as a result of heat exhaustion, call ***9-1-1*** immediately. Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives. (*See section on Hydration*)

### Ultra-Violet Ray Exposure:

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

# 8. FIRST AID

## What is First-Aid?

***First-Aid*** means exactly what the term implies -- it is the ***first care*** given to a victim. It is usually performed by the ***first person*** on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should anyone administering First Aid *go beyond* his or her capabilities.

## Know your limits!

The average response time on ***9-1-1*** calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times, preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

## First Aid-Kits

First Aid Kits will be furnished to each team at the beginning of the season. The PLL Safety Officer's *name and phone number* are taped on the inside lid of all First-Aid Kits. Keep at least *two quarters* inside the First-Aid Kit for emergency telephone calls. 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 PLL 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 PLL Safety Officer. (See contact information and address in phone # section of this Safety Manual or on First Aid Kit)

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

- **1 Instant Ice Pack**
- **2 Plastic Bags for Ice**
- **5 Antiseptic Wipes**
- **1 Roll of Gauze**
- **2 Large Bandages 2"x4"**
- **2 Large Non-stick Bandages**
- **20 Band-Aids 1"x3"**
- **2 Antiseptic Cream Packs**
- **1 Cloth Athletic Tape**
- **2 Pair of Gloves**
- **2 Sterile Gauze Pads**
- **10 Alcohol Swabs**
- **1 Plastic Kit**

If you are missing any of the above items, contact the PLL safety officer immediately. Traveling teams (inner-lock games) have larger First-Aid Kits that contain more supplies, some of which are: ace bandages, finger splints, hydrogen peroxide, etc. ***Three additional First-Aid Kits*** will be available in the Field 1 umpire shed. 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 emergencies before providing further care. • Summon professional help to the scene by calling ***9-1-1***.
- Continue to provide care until more highly trained personnel arrive. *Good Samaritan laws were developed to encourage people to help others in emergency situations.* They require that the "Good Samaritan" use common sense and a reasonable level of skill, not to exceed the scope of the individual's training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury. People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer's response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

# Permission to Give Care

If the victim is conscious, you must have his/her permission before giving first-aid. To get permission you *must* tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present. Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

# Treatment At Site -

**Do . . .**

- **Access** the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- **Know** your limitations.
- **Call** 9-1-1 immediately if person is unconscious or seriously injured.
- **Look** for signs of *injury (blood, black-and-blue, deformity of joint etc.*)
- **Listen** to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- **Feel** gently and carefully the injured area for signs of swelling or grating of broken bone.
- **Talk** to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

**Don't . . .**

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper Procedure, (i.e., CPR, etc.)
- Transport injured individuals except in extreme emergencies.

# 9-1-1 Emergency Number

The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these four steps. • First Dial **9-1-1**.

- Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
- The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc. ***Our address is SE Byers and 19 St***. • The telephone number from which the call is being made.
- The caller's name.
- What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
- How many people are involved.
- The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
- What help (first aid) is being given.
- Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
- Continue to care for the victim till professional help arrives.
- Appoint somebody to go to the street and look for the ***ambulance*** and ***fire engine*** and flag them down if necessary. This saves valuable time. Remember, every minute counts.

**When to call -**

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

- Is or becomes unconscious.
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Is bleeding severely.
- Has pressure or pain in the abdomen that does not go away.
- Is vomiting or passing blood.
- Has seizures, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has injuries to the head, neck or back.
- Has possible broken bones.

If you have any doubt at all, call 9-1-1- and request paramedics.

**Also Call 9-1-1 for any of these situations:**

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

## When treating an injury, remember:

Keep Calm! When you are calm it helps keep the injured person calm as well

***Concussion:***

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

1) If a player, remove the player from the game.
2) See that the victim gets adequate rest.
3) Note any symptoms and see if they change within a short period of time. 4) If the victim is a child, tell parents about the injury and have them monitor the child after the game.
5) Urge parents to take the child to a doctor for further examination. 6) If the victim is unconscious after the blow to the head, diagnose head and neck injury. DO NOT MOVE the victim. Call 9-1-1 immediately. (See below on how to treat head and neck injuries)

***Head And Spine Injuries***

**When to suspect head and spine injuries:**

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

**Signals of Head and Spine Injuries**

- Changes in consciousness
- Severe pain or pressure in the head, neck, or back
- Tingling or loss of sensation in the hands, fingers, feet, and toes • Partial or complete loss of movement of any body part
- Unusual bumps or depressions on the head or over the spine
- Blood or other fluids in the ears or nose
- Heavy external bleeding of the head, neck, or back
- Seizures

- Impaired breathing or vision as a result of injury
- Nausea or vomiting
- Persistent headache
- Loss of balance
- Bruising of the head, especially around the eyes and behind the ears

**General Care for Head and Spine Injuries**

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

***Contusion to Sternum:***

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

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

***Sudden Illness***

When a victim becomes suddenly ill, he or she often looks and feels sick. **Symptoms of sudden illness include:**

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

**Care For Sudden Illness**

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

***Caring for Shock***

Shock is likely to develop in any serious injury or illness. Signals of shock include: • Restlessness or irritability
• Altered consciousness
• Pale, cool, moist skin
• Rapid breathing
• Rapid pulse.

Caring for shock involves the following simple steps:

1) Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock. 2) Control any external bleeding.

3) Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.

4) Try to reassure the victim.

5) Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.

6) Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.

7) Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible. ***Breathing Problems/Emergency Breathing***

**If Victim is not Breathing:**

1) Position victim on back while supporting head and neck.

2) With the victim's head tilted back and chin lifted, pinch the nose shut.

3) Give two (2) slow breaths into the victim's mouth. Breathe in until chest gently rises.

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

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

***Heart Attack***

**Signals of a Heart Attack**

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

- Victim has persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication. Pain may range from discomfort to an unbearable crushing sensation.

• Breathing difficulty -

- Victim's breathing is noisy.
- Victim feels short of breath.
- Victim breathes faster than normal.

• Changes in pulse rate -

- Pulse may be faster or slower than normal
- Pulse may be irregular.

• Skin appearance -

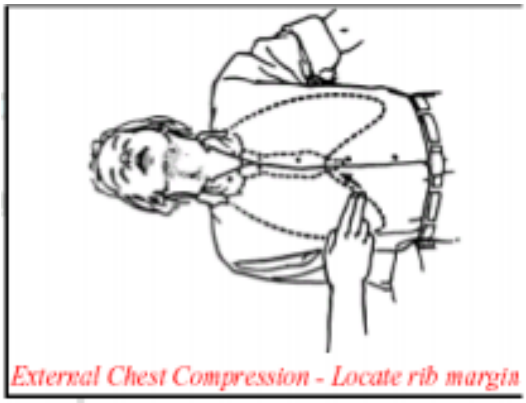
- Victim's skin may be pale or bluish in color.
- Victim's face may be moist.
- Victim may perspire profusely.

• Absence of pulse -

- The absence of a pulse is the main signal of a cardiac arrest.

The number one indicator that someone is having a heart attack is that he or she will be in denial. A heart attack means certain death to most people. People do not wish to acknowledge death therefore they will deny that they are having a heart attack. **Care For A Heart Attack**

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



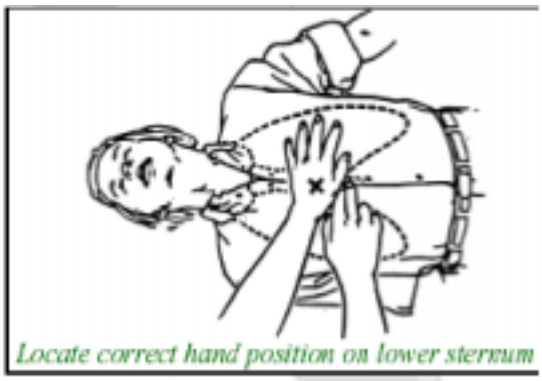
*External Chest Compression - Locate rib margin*

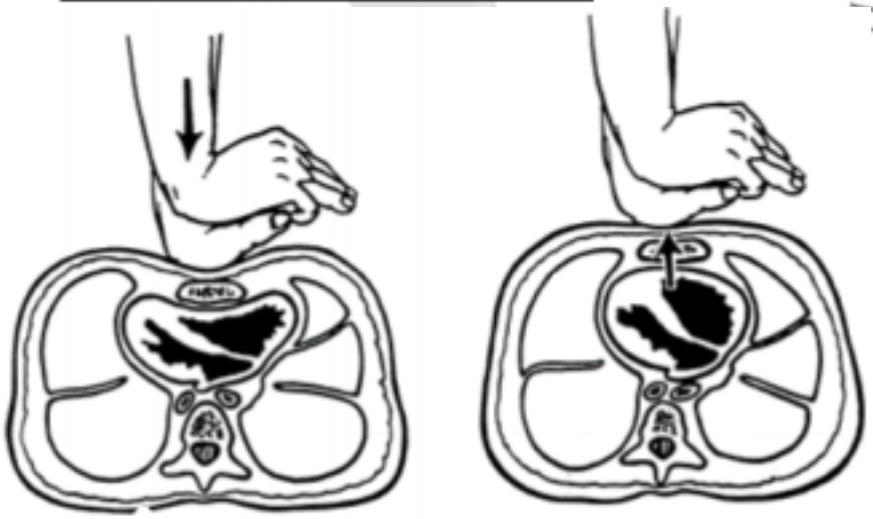
*Locate where the rib margin meets sternum*

***Giving CPR***

1) Position victim on back on a flat surface.
2) Position yourself so that you can give rescue breaths and chest compression without having to move (usually to one side of the victim).
3) Find hand position on breastbone. (See figure above)
4) Position shoulders over hands. Compress chest 30 times. (For small children it is also 30 times)
5) With the victim's head tilted back and chin lifted, pinch the nose shut. 6) Give two (2) slow breaths into the victim's mouth. Breathe in until chest gently rises and falls
7) Do 3 more sets of 30 compressions and 2 breaths.

8) Recheck pulse and breathing again for about 5 seconds.
9) If there is no pulse continue sets of 30 compressions and 2 breaths.



**When to stop CPR: * When someone else takes over for you. *If Paramedics arrive to take over. *Someone else is able to take over to give you a break until ALS (Advanced Life Support) arrives**

***If A Victim is Choking -***

**Partial Obstruction with Good Air Exchange:**

*The sternum should be compressed to a depth of 1 1/2 - 2 inches.*

**Symptoms** may include forceful cough with wheezing sounds between coughs.

**Treatment:**

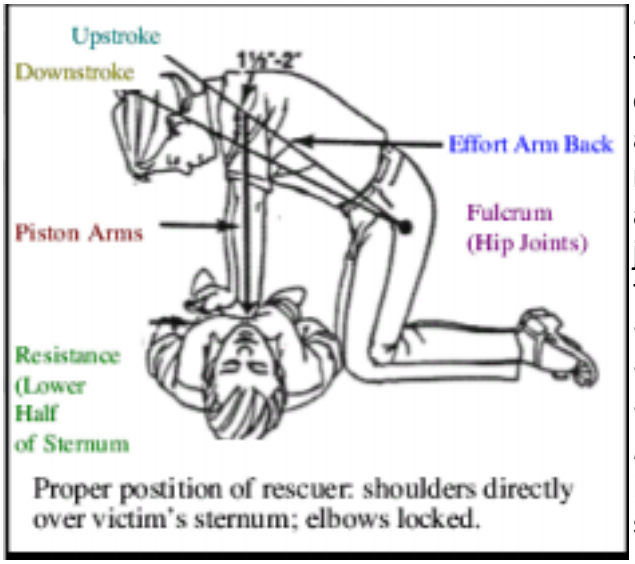
Encourage victim to cough as long as good air exchange continues. DO NOT interfere with attempts to expel object.

**Partial or Complete Airway Obstruction in Conscious Victim**

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

**Treatment - The Heimlich Maneuver:**

- Stand behind the victim.
- Reach around the victim with both arms under the victim's arms.



Proper postition of rescuer: shoulders directly over victim's sternum; elbows locked.

- Place thumb side of fist against middle of abdomen just above the navel.
- Grasp fist with other hand.
- Give quick, upward thrusts.
- Repeat until the object is coughed up.

***Bleeding in General***

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

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

***Nose Bleed***

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

***Bleeding On The Inside and Outside of the Mouth***

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

***Infection***

To prevent infection when treating open wounds you must:

**CLEANSE**... the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing. **TREAT**... to protect against contamination with ointment supplied in your First-Aid Kit. **COVER**... to absorb fluids and protect the wound from further contamination with Band Aids, gauze, or sterile pads supplied in your First-Aid Kit. (Handle only the edges of sterile pads or dressings)

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

***Deep Cuts***

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

***Splinters***

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

**Symptoms:**

*May include*: Pain, redness and/or swelling.

**Treatment:**

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

***Insect Stings***

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

**Symptoms:**

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

**Treatment:**

1) For mild or moderate symptoms, wash with soap and cold water. 2) Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.
3) For multiple stings, soak the affected area in cool water. Add one tablespoon of baking soda per quart of water.
4) If the victim has gone into shock, treat accordingly (see section, "Care for Shock").

***Burns***

**Care for Burns:**
The care for burns involves the following 3 basic steps.
**Stop** the Burning -- Put out flames or remove the victim from the source of the burn.
**Cool** the Burn -- Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available-tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the cloths cool by adding more water. **Cover** the Burn -- Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain. Covering the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

***Chemical Burns:***
If a chemical burn,
1) Remove contaminated clothing.
2) Flush burned area with cool water for at least 5 minutes.
3) Treat as you would any major burn (see above).
If an eye has been burned:
1) Immediately flood face, inside of eyelid and eye with cool running water for at least 15 minutes. Turn head so water does not drain into uninjured eye. Lift eyelid away from eye so the inside of the lid can also be washed.
2) If eye has been burned by a dry chemical, lift any loose particles off the eye with the corner of a sterile pad or clean cloth.
3) Cover both eyes with dry sterile pads, clean cloths, or eye pads; bandage in place.

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

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

***Poisoning***

Call Poison Control @ 1-888-222-1222

***Heat Exhaustion***

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

**Treatment:**

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

***Sunstroke (Heat Stroke)***

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

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

***Transporting an Injured Person***

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

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

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

**If victim must be lifted:**

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

***Communicable Disease Procedures:***

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

• A bleeding player should be removed from competition as soon as possible.
• Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game.
• Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid is anticipated *(latex gloves are provided in First Aid Kit*).
• Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap (Lever 2000).
• Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach (supplied in the concession stands and club house). A 1:1 solution can be made by using a cap full of clorox (2.5cc) and 8 ounces of water (250cc).
• CPR Masks will be available in the concession stands and club house. • Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.
• Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

***Prescription Medication***

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

***Asthma and Allergies***

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

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

***Attention Deficit Disorder***

**What is Attention Deficit Disorder (ADD)**

ADD is now officially called Attention-Deficit/Hyperactivity Disorder, or **ADHD**, although most lay people, and even some professionals, still call it ADD (the name given in 1980). ADHD is a neurobiologically based developmental disability estimated to affect between 3-5 percent of the school age population. This disorder is found present more often in boys than girls (3:1).

No one knows exactly what causes ADHD. Scientific evidence suggests that the disorder is genetically transmitted in many cases and results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior.

**Why should I be concerned with ADHD when it comes to baseball?** Unfortunately more and more children are being diagnosed with ADHD every year. There is a high probability that one or more of the children on your team will have ADHD. It is important to recognize the child's situation for safety reasons because not paying attention during a game or practice could lead to serious accidents involving the child and/or his teammates. It is equally as important to not call attention to the child's disability or to label the child in any way. Hopefully the parent of an ADHD child will alert you to his/her condition. Treatment of ADHD usually involves medication. Do not, at any time, administer the medication -- even if the child asks you to. Make sure the parent is aware of how dangerous the game of baseball can be and suggest that the child take the medication (if he or she is taking medication) before he or she comes to the practice/game. A child on your team may in fact be ADHD but has not been diagnosed as such. You should be aware of the symptoms of ADHD in order to provide the safest environment for that child and the other children around him.

**What are the symptoms of ADHD? -**

**Inattention -** This is where the child:

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

**Hyperactivity -** This is where the child:

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

**Impulsivity -** This is where the child:
• Often blurts out answers before questions have been completed;
• Often has difficulty awaiting turn;
• Often interrupts or intrudes on others (e.g., butts into conversations or games). **Emotional Instability** - This is where the child:
• often has angry outbursts;
• is a social loner;
• blames others for problems;
• fights with others quickly;
• is very sensitive to criticism.

Most children with ADHD experience significant problems socializing with peers and cooperating with authority figures. This is because when children have difficulty maintaining attention during an interaction with an adult, they may miss important parts of the conversation. This can result in the child not being able to follow directions and so called “memory problems” due to not listening in the first place. When giving directions to ADHD children it is important to have them repeat the directions to make sure they have correctly received them. For younger ADHD children, the directions should consist of only one or two step instructions. For older children more complicated directions should be stated in writing. Children with ADHD often miss important aspects of social interaction with their peers. When this happens, they have a difficult time “fitting in.” They need to focus in on how other children are playing with each other and then attempt to behave similarly. ADHD children often enter a group play situation like the proverbial “bull in the china closet” and upset the play session. There is no way to know for sure that a child has ADHD. There is not simple test, such as a blood test or urinalysis. An accurate diagnosis requires an assessment conducted by a well-trained professional (usually a developmental pediatrician, child psychologist, child psychiatrist, or pediatric neurologist) who knows a lot about ADHD and all other disorders that can have symptoms similar to those found in ADHD.

## PARENTAL CONCERNS ABOUT SAFETY

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

***I’m worried that my child is too small or too big to play on the team/division he has been assigned to.*** Little League has rules concerning the ages of players on Minor, Major and Junior teams. Pendleton Little League observes those rules and then places children on teams according to their skills and abilities based on their try-out ratings at the beginning of the season. If for some reason you do not think your child belongs in a particular division, please contact the PLL Player Agent and share your concerns with him or her.

***Should my child be pitching as many innings per game?***

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

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

***How do I know that I can trust the volunteer managers and coaches not to be child molesters?*** Pendleton Little League runs background checks on all board members, managers and designated coaches before appointing them. Volunteers are required to fill out applications which give PLL the information and permission it needs to complete a thorough investigation. If the League receives inappropriate information on a Volunteer, that Volunteer will be immediately removed from his/her position and banned from the facility.

***How can I complain about the way my child is being treated by the manager, coach, or umpire?*** You can directly contact the PLL Player Agent for your division or any PLL board member. A board member will always be present at the little league park during play. The complaint will be brought to the PLL President's attention immediately and investigated.

***Will that helmet on my child's head really protect him while he or she is at bat and running around the bases?*** The helmets used at Pendleton Little League must meet NOCSAE standards as evidenced by the exterior label. These helmets are certified by Little League Incorporated and are the safest protection for your child. The helmets are checked for cracks at the beginning of each game and replaced if need be.

***Is it safe for my child to slide into the bases?*** Sliding is part of baseball. Managers and coaches teach children to slide safely in the pre-season.

***My child has been diagnosed with ADD or ADHD - is it safe for him to play?*** Pendleton Little League now addresses ADD and ADHD in their Safety Manual. Managers and coaches now have a reference to better understand ADD and ADHD. The knowledge they gain here will help them coach ADD and ADHD children effectively. The primary concern is, of course, safety. Children must be aware of where the ball is at all times. Managers and coaches must work together with parents in order to help ADD and ADHD children focus on safety issues.

***Why can't I smoke at the field/ballpark?*** The PLL Board of Directors voted this rule on smoking into effect after the studies on second-hand smoke came out. Smoking, as well as the use of other tobacco products creates additional litter, and does not represent a practice that the Board wishes to be an example to our children. All fields are visible from off premise locations for those finding it necessary to use tobacco products. Please obey the rules as they are there for the safety of our children.

# 9. ACCIDENT REPORTING PROCEDURE

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

**When to report -**
All such incidents described above must be reported to the PLL Safety Officer within 24 hours of the incident. The PLL Safety Officer, Shaina Bosworth-Cain, can be reached at the following:
Evenings: (541) 371-6888
Email: pendletonlittleleague@gmail.com

The PLL Safety Officer's contact information will be posted at all times on the main message board outside the concession stand.

## How to make a report -

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided: • The name and phone number of the individual involved.

- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.

## PLL Safety Officer's Responsibilities -

Within 24 hours of receiving the *PLL Accident Investigation Form*, the PLL Safety Officer will contact the injured party or the party's parents and;

- verify the information received;
- obtain any other information deemed necessary;
- check on the status of the injured party; and in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, et.) will advise the parent or guardian of the Pendleton Little League's insurance coverage and the provision for submitting any claims. If the extent of the injuries are more than minor in nature.

The PLL Safety Officer shall periodically call the injured party to:

- Check on the status of any injuries, and
- 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).

# 10.INSURANCE POLICIES

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

## Explanation of Coverage:

The *CNA Little League's insurance policy* (see in Appendix) is designed to afford protection to all participants at the most economical cost to PLL. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, CNA Little League insurance - which is purchased by the PLL, not the parent - takes over and provides benefits, after a *$50 deductible* per claim, for all covered injury treatment costs up to the maximum stated benefits. This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is in force at all times during the season

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

## How the insurance works:

1. First have the child's parents file a claim under their insurance policy; Blue Cross, Blue Shield or any other insurance protection available.
2. Should the family's insurance plan not fully cover the injury treatment, the Little League CNA Policy will help pay the difference, after a *$50 deductible* per claim, up to the maximum stated benefits.
3. If the child is not covered by any family insurance, the Little League CNA Policy becomes primary and will provide benefits for all covered injury treatment costs, after a *$50 deductible* per claim, up to the maximum benefits of the policy. 4. Treatment of *dental injuries* can extend beyond the normal fifty-two week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at the time treatment is given, even though it may be some years later. Maximum dollar benefit is $500 for eligible dental treatment after the normal fifty-two week period, subject to the $50 deductible per claim.

## Filing a Claim:

When filing a claim, (see claim forms below) all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of Group or Employer insurance must accompany a claim form. On *dental claims*, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant, or parent(s)/guardian(s), if claimant is a minor. "Accident damage to whole, sound, normal teeth as a direct result of an accident" must be stated on the form and bills. Forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, League ID, and year of the injury on the form. Claims must be filed with the PLL Safety Officer. He/she forwards them to Little League Baseball, Incorporated, PO Box 3485, Williamsport, PA, 17701. Claim officers can be contacted at (717) 327-1674 and fax (717) 326-1074. *Contact the PLL Safety Officer for more information*.

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

# 11. CHILD ABUSE

## Volunteers

*Volunteers* are the greatest resource Little League has in aiding children's development into leaders of tomorrow. But some potential volunteers may be attracted to Little League to be near children for *abusive reasons*. Big Brothers/Big Sisters of America defines *child sexual abuse* as "the exploitation of a child by an older child, teen or adult for the personal gratification of the abusive individual." So abusing a child can take many forms, from touching to non-touching offenses. Child victims are usually made to feel as if they have brought the abuse upon themselves; they are made to feel guilty. For this reason, sexual abuse victims seldom disclose the victimization. Consider this: Big Brothers/Big Sisters of America contend that for every child abuse case reported, *ten more go unreported*. Children need to understand that *it is never their fault*, and both children and adults need to know what they can do to keep it from happening. *Anyone* can be an *abuser* and it could happen *anywhere*. By educating parents, volunteers and children, you can help reduce the risk it will happen at Pendleton Little League. Like all safety issues, ***prevention*** is the key. Pendleton Little League has a three-step plan for selecting caring, competent and safe volunteers.

**Application**: To include *residence information*, *employment history* and three *personal references* from non-relatives. All potential volunteers must fill out the application that clearly asks for information about *prior criminal convictions*. The form also points out that all positions are conditional based on the information received back from a background check.

**Interview:** Make all applicants aware of the policy *that no known child-sex offender will be given access to children in the Little League Program*.

**Reference Checks:** Make sure the information given by the applicant is corroborated by references.

**Reporting**

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

# Fiction and Fact

***"Sex abusers are dirty old men."*** Not true. While sex abusers cut across socioeconomic levels, educational levels and race, the average age of a sex offender has been established at 32.

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

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

***"Most sex abusers are homosexuals."*** Also not true. Most are heterosexual. ***"Children usually lie about sexual abuse, anyway."*** In fact, children *rarely* lie about being sexually abused. If they say it, don't ignore it.

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

**Investigation**

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

**Suspending/Termination**

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

.

# Immunity From Liability

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

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

# The Buddy System

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

# Access

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

# Lighting

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

# Toilet Facilities

Generally speaking, Little Leaguers are capable of using toilet facilities on their own, so there should be no need for an adult to accompany a child into restroom areas. There can sometimes be special circumstances under which a child requires assistance to toilet facilities, for instance in the lower minors divisions, but there should still be adequate privacy for that child. Again, we can utilize the *“**buddy system**”* here.

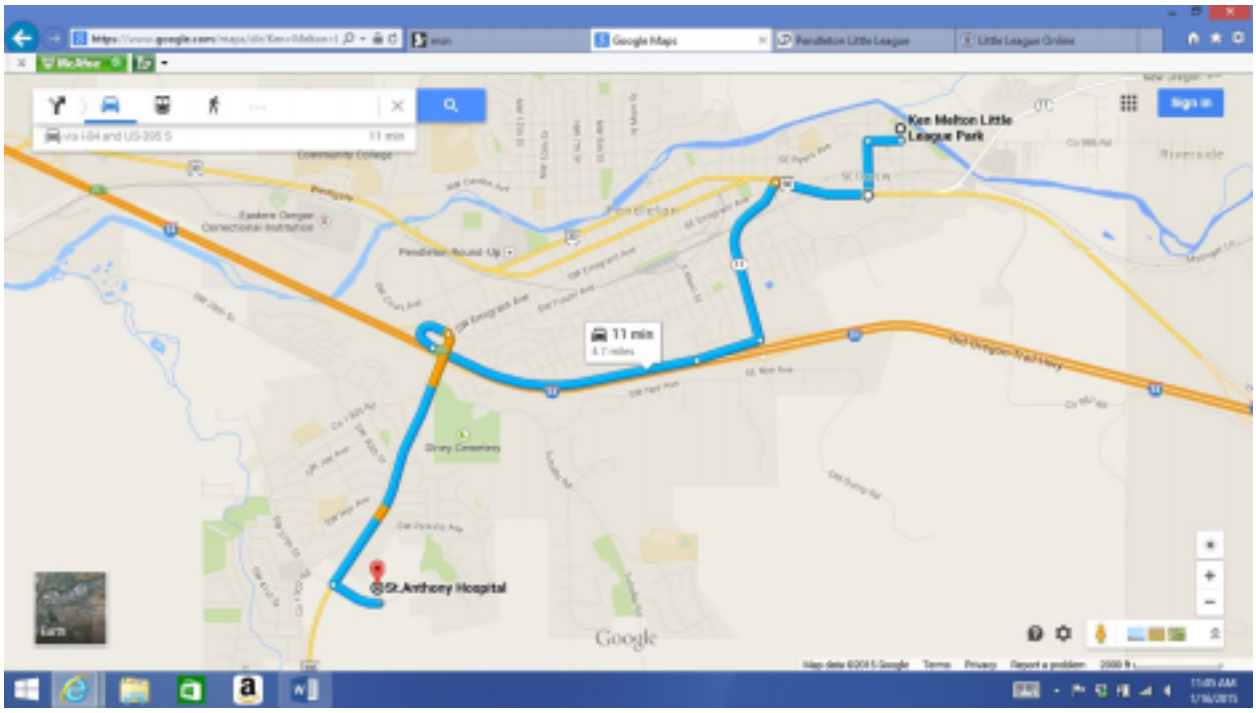
# Transportation

Before any manager or designated coach can transport any PLL child, other than his/her own, anywhere, he or she must: • Have a valid Oregon Driver's License. • Submit a Photostat copy of his or her Driver's License to the PLL Player Agent so the *driving record* can be checked. • Submit a Photostat copy of *proof of insurance* to the PLL Player Agent. *(Must have Uninsured Motorist coverage)*

- Wear *corrective lenses* when operating a vehicle if the Driver's License stipulates that the operator must wear corrective lenses.
- *Notify* the PLL Player Agent of who is driving and when at least 24 hours prior to departure.
- Have *signed permission slips* from parents before children are transported. (see sample in appendix section).
- Have correct *class of license* for the vehicle he or she is driving.
- Not carry more children in their vehicle than they have *seat belts* for. • Make sure that the vehicle is in good running order and that it would pass an Oregon DMV *vehicle safety inspection* if spontaneously given.
- Not drive in a *careless or reckless* manner.
- Not drive under the influence of *alcohol, drugs, or medication*.
- Obey all *traffic laws* and speed limits at all times.
- Never transport a child without returning him/her *to the point of origin*.

# 12.APPENDIX

## Map of Pendleton Little League to St. Anthony Hospital –




***Map and Directions to Local Hospital***

**Pendleton Community Hospital**
**From**: Pendleton Little League
**To**: St. Anthony Hospital
**Distance**: 4.7 Miles **Time**: 11 minutes
**Directions Miles**
1. Head WEST on SE Byers toward SE 19th St. 0.1 mi
2. Take 3rd LEFT onto SE 17th St. 0.2 mi
3. Turn RIGHT onto SE Court Ave. 0.4 mi
4. Take the 1st LEFT onto OR-11 S 0.8 mi
5. Turn RIGHT onto I-84 W ramp to Portland 0.3 mi
6. Merge onto I-84 W 1.2 mi
7. Take exit 209 toward US-395 S/John Day/Pendleton 0.2 mi
8. Turn RIGHT onto US-395 S (signs for Pilot Rock/Ukiah/John Day) 1.2 mi 9. Turn LEFT on St. Anthony Way. 0.3

# Driving Permission Slip

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

I further agree to let my child be transported to the Pendleton Little League game on _____, 2024 at _____o'clock. The game will be located at_____. All drivers are on file with the Pendleton Little League Board of Directors and no transportation can take place without prior acknowledgment and approval of the PLL Player Agent assigned to your particular division of the League. Pendleton Little League has made best efforts to ensure that drivers hold a valid Oregon driver's license and currently hold a valid auto insurance policy and that the driver's record shows no past serious infractions of the vehicle code but in no event will Little League Baseball, Incorporated, Pendleton Little League or its officers, managers, coaches, umpires, leaders or agents be held liable for any accident as a result of transporting your child. I further agree to assume the responsibility of seeing that my child cooperates and conforms to the fullest with the team manager, designated coaches or designated driver and that he or she follows their instructions and those of the officials who may be in charge. A Photostat copy of this agreement is considered the same as the original.

_____
_____ Parent's Name (printed)
Child's Name (printed) _____
_____ Parent's Signature Date

*EMERGENCY TELEPHONE NUMBERS:*

*Day#*_____*Eve.#*_____

_____
_____ Team Manager's Name (printed)

# Medical Release

***NOTE***: To be carried by any Regular Season or Tournament Team Manager together with the PLL Safety Manual and Team Roster. This form is to be completed and signed by the parent or legal guardian.

Player:_____ Date or

Birth_____ League

Name_____ I.D.

Number_____

Parent or Guardian Authorization:
In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

**Family**

**Physician:_____**Phone:_____

_____

Address:_____

_____ Hospital

Preference:_____

_____

***In case of emergency contact:***

Name phone relationship to player

Name phone relationship to player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

| Medical Diagnosis | Medication | Dosage | Frequency of Dosage |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

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

Date of last Tetanus Toxoid Booster:

_____

Mr./Mrs./Ms._____

Date:_____ Authorized Parent/Guardian Signature

*The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. A Photostat copy of this agreement is considered the same as the original.*

# Volunteer Application

Go to pendletonlittleleague.com, https://www.littleleague.org/downloads/volunteer-application/, or contact a league official to obtain the most current version of the Little League Volunteer Application Form

# Field and Game Safety Checklist

*All umpires, managers and coaches are responsible for checking field safety conditions before each game.*

SAFETY FIRST BE ALERT!

CHECK PLAYING FIELD FOR HAZARDS
ENSURE EQUIPMENT IS IN GOOD SHAPE

# Concession Stand- Weekly Checklist

A. Deliveries:

Date:_____ Date:_____ Date:_____

**Yes No**

1. All products meet visual quality standards and have no off odors (no spoilage).
2. All packaging is in good condition – not wet, no stains, leaks, holes, tears or crushing.
3. Items put away in proper order (frozen, refrigerated, dry storage); in 30 minutes or less.
4. Code dates within code.

B. Food Temperature and Specifications

*Thermometer* Date:_____ Date:_____ Date:_____ NOTE: Ensure that thermometer kit meter and probes are calibrated prior to taking temperatures. (Use ice and cold water procedure for probes, temperature reads 32° ± 2°F. All refrigerators and freezers must have a properly functioning thermometer in place (built in or clamped on, easily visible, and not glass).

*Drink Machine* Date:_____ Date:_____ Date:_____ **Yes No**

5. Soft drink, Ice machine and Ice bin are free of soil.
6. Temperature of coffee/tea water is = 180°F.
7. Cup and lid dispensers are clean and in good repair. Cup and lid holders are clean.
8. Ice machine is clean, and sanitized. There is no standing water.
9. Water filter follower needle is not in the red zone.
10. Ensure that syrup tanks are flushed clean and sanitized.
11. CO2 canisters are chained and locked in the upright position.

*Freezer/Food Storage* Date:_____ Date:_____ Date:_____

**Yes No**

12. Freezer interior is clean and sanitized
13. Temperature of freezer is =20°F.

*Refrigerator/Food Storage* Date:_____ Date:_____

Date:_____ **Yes No**

14. Refrigerator interior is clean and sanitized
15. Temperature of refrigerator is 33-43°F.
16. Interior light is working and is properly shielded.
17. Shelving is clean, free of rust and in good repair.
18. All items stored correctly on shelves (covered and a minimum of 6” off the floor.

*Fryer Area* Date:_____ Date:_____ Date:_____ **Yes No**

19. All stainless and walls above fryer are clean.
20. No excessive grease buildup under the fryers.
21. Fryer hood filters are in place and clean.
22. Light(s) working and properly shielded.
23. Cooking grease is stored safely in containers away from open flames.

*Grill Area* Date:_____ Date:_____ Date:_____ **Yes No**

24. All tile and countertops around grill are clean and sanitized.
25. Propane tanks are properly connected.
26. Fuel lines from the propane tanks to the grill have been inspected for leaks.
27. All air vents ,Venturi vents and valves are clear of obstructions (i.e. cobwebs).
28. All grease is cleaned from under and around the grill.
29. Propane tank valves are turned off when not in use.

Date:_____ Date:_____ Date:_____

**Yes No**

30. Proper dishwashing method used.
31. Hand sanitizer dispensers are mounted and in use.
32. Personal items stored correctly (medication, drinks, food, clothing, etc.).
33. Floors clean

a. floor drains unobstructed; proper drainage flow

b. no leaks or openings around pipes/plumbing

34. No sign of pest infestation (insects, rodents, etc.)
35. All trash is emptied from the inside containers.
36. Dumpster enclosure and surrounding area are clean and free of debris.
37. Dumpster is closed.

Date:_____ Date:_____ Date:_____

**Yes No**

38. Chemicals stored in locked containers and not on the same shelf or the shelf above food ingredients, product packaging materials, food storage pans or tables where food is prepared.
39. Maintain manufacturer's labels on or label containers accordingly.

Date:_____ Date:_____ Date:_____

**Yes No**

40. Concession stand workers (Team Mom and Parents) have gone through PLL's initiation safety and food preparation training before working in the concession stand.
41. Children under 15 are not allowed in the concession stand or in other areas where food is prepared.
42. A fire extinguisher with a current certification is in plain sight.
43. A fully stocked First-Aid kit is in plain sight.

## Corrective Action Report

*If any item on this check list is checked "No" then complete the steps below:*

Stop the person, food, process, or use of equipment, as appropriate. Determine if the product(s) or ingredient(s) are not safe to serve (for example, cross contamination has occurred, or ingredient is undercooked). **If not safe, discard the item!**

Identify source of problem.

Take corrective action, as appropriate.

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

Notify the Concession Stand Manager, and/or another PLL Board Member if the problem cannot be resolved.

Note corrective action below (include number identification of infraction):

# Shut-Off Valve Information- Water & Electricity

A) Electrical Main #1 is located on the electrical pole behind the Field #1 press box. B) Electrical Main #2 is located on the light pole between Field #1 and Field #4. C) Electrical Main #3 is located in the Concession Stand, to the left of the front counter.

D) Water Shut Off Main Valve is located in-ground between Field #3 and Field #4 near the entrance at that location.

E) Water Shut Off Sub Main Valves are available for the Concession Stand Soda area, Dishwashing/Hot Water area, and Bathrooms. These are located in the Concession Stand, to the left of the front counter.

# Pendleton Preliminary Accident Report

**NAME:(injured)_____DATE:_____**

**ADDRESS:_____PHONE:_____**

**CITY:_____ZIP:_____**

**TEAM:_____MANAGER_____**

**DIVISION IN WHICH ACCIDENT OCCURRED**

Boys Major Boys Minor Girls Junior Girls Major Girls Minor No treatment needed

First Aid at field To doctor To hospital Other

***Struck by: Collided with: Other:***

1. Pitched ball 5. Fence 8. Tripped 2. Batted ball 6. Backstop 9. Fell
3. Thrown ball 7. Hit dirt too hard by sliding 10. Over exertion 4. Bat 8. Umpire, Manager, Coach 11. Pre-existing Med. Cond.

Unsafe Conditions? Yes No 1. Uneven field surface such as holes, humps, etc.
2. Foreign objects, such as glass, rakes, stones, etc.
3. Congestion during practice or games
4. Weather conditions, such as rain, sun, darkness
5. Lack of poor-fitting, protective equipment.
6. Other_____

Unsafe Acts? Yes No Yes No 1. Mishandled ball 9. Poor running form
2. Mishandled bat 10. Wild pitch
3. Poor evasive action 11. Wild throw
4. Incorrect sliding form 12. Wild swing
5. Not watching the ball 13. Distracted
6. Awkward position 14. Lack of attention
7. Player out of position 15. Horseplay
8. Lack of grip on bat 16. Other

Brief Statement of What Happened_____

_____

*NOTE: This form is for Little League purposes only. When an accident happens obtain as much information as possible. Send a copy of this form to the PLL Safety Officer and he or she will forward it on to Little League Headquarters in Williamsport and the District Safety Officer.*

*The reason for this form is to establish a record of all accidents prior to any lawsuits and to provide Little League Baseball, Incorporated and Pendleton Little League with advanced information*

# Personal Health and Medical History

To be filled out by parent, guardian, or adult participant. Please print in ink.

Name:_____Date of birth: _____Age: _____Sex:_____

Name of parent or guardian:_____ Telephone:_____

Home address:_____City:_____ State:_____ ZIP:_____

Business address: _____City:_____ State:_____ ZIP:_____

If person named above is not available in the event of an emergency, notify: Name:

_____Relationship: _____Telephone:_____ Name:

_____Relationship: _____Telephone:_____ Name

of personal physician:_____ Telephone:_____

Personal health/accident insurance carrier:_____ Policy No._____

**In case of emergency,** I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult).

Date _____Signature of parent/guardian or adult_____

Check all items that apply, **past or present,** to your health history. Explain any "Yes" answers.

GENERAL INFORMATION:

Yes No Yes No Yes No Asthma Diabetes High Blood Pressure

Cancer/leukemia Kidney disease Heart Trouble Seizures Hemophilia Allergies

Explain:_____

VISION: Normal_____Glasses_____Contacts_____

HEARING: Normal_____Abnormal_____Explain_____

List any medications to be taken during the day:_____

List any physical or behavioral conditions that may affect or limit full participation in playing baseball:_____

_____

**Immunizations:** (give date of last inoculation)

Tetanus toxoid_____Measles_____Polio_____

Diphtheria_____Mumps_____Other_____

_ Pertussis_____Rubella_____

Other_____