



El Dorado Hills Little League

2023 Safety Manual

Mission Statement: Our purpose is to teach our participants the game of baseball and to realize their potential skills and athleticism in an organized, disciplined, safe and enjoyable environment. We aim to serve our community by developing safe fields of play where future generations of youth athletes will benefit from participation in El Dorado Hills Little League.

(Little League Baseball is a non-profit educational League.)



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EDHLL Safety Plan: Summary

1. The Safety Officer

As a member of the board of directors, the EDHLL Safety Officer works, in one way or another, with every other board member in the construction and execution of the league safety plan. They also interact with league members in outreach, education, and safety plan improvement efforts.

2. The Safety Manual

The EDHLL safety manual is a constantly evolving document that reflects our commitment to the safety of our players, our coaches, and their families. It serves as a guide for our members and as a convenient resource for our coaches; from the coach page on the EDHLL website, coaches can click on links that connect them to specific sections of the safety manual, such as injury prevention, warm-up and stretching, and concussion procedures.

3. Emergency Action Plan

Knowing ahead of time how to respond in an emergency can save lives. The emergency contact information table on page 9 will be printed, laminated, and posted in every field shed and the concession stand, and a printed copy will be placed in every team folder. The procedures for emergency calls, lightning and wildlife on the field are described on pages 10-11 and reviewed at the preseason coach's meeting.

4. Volunteer Applications and Background Checks

All league administrators, coaches, and volunteers complete annual background checks through J.D. Palatine, which includes the Little League Volunteer form. Per California state law, league administrators and coaches are also required to undergo Live Scan fingerprinting. EDHLL requires all players, parents, and coaches to read, sign, and abide by their respective codes of conduct.

5. Fundamentals Training

EDHLL will utilize the online training program BigAl Baseball for fundamentals training for coaches.

6. First Aid/Safety Training

EDHLL will provide a safety presentation at the preseason coach's meeting. Even though basic first aid information will be covered at the preseason meeting, coaches are encouraged to complete formal first aid training on their own (several local options are available). EDHLL procedures for concussion injuries, sudden cardiac arrest prevention, and coronavirus risk mitigation are also listed in this section, as well as Little League pitch counts and required rest days by league age.

7. Field Conditions

Field conditions will be regularly monitored by managers, coaches, and umpires, and periodically by EDHLL board members. EDHLL field addresses and locations are listed on pages 15-17.

8. Facility Survey

A summary of the 2022 facility survey and capital improvement project ideas is presented on pages 18-19, and the full preliminary report in Appendix F.

9. Concessions

EDHLL Concession stand rules are clearly outlined and the Concession Stand Tips document that is posted in the concessions shed can be found on page 20-21.

10. Equipment

The EDHLL Equipment coordinator is responsible for inspecting all league equipment, distributing it to managers at the beginning of the season, collecting it at the end, and replacing any damaged equipment as necessary. Equipment specifications and EDHLL equipment checkout and return procedures are outlined in this section.

11. Injury Reporting

The best way to keep youth athletes safe is to prevent injuries. EDHLL procedures for reporting incidents and injuries are outlined, including what to report, how and when to report, and what EDHLL does with incident report information.

12. First Aid Kits

All managers receive a small team first aid kit, and EDHLL stocks every field shed and the concession stand with a first aid bin and instant cold packs.

13. Enforcement of Little League Rules

The rules of any sport are rooted in fair play and safety. Our coaches teach their players the rules of the game, umpires enforce the rules, and all EDHLL volunteers, administrators and spectators are expected to follow Little League rules at all times.

14. Player/Coach Information

EDHLL registration data will be uploaded to the Data Center in January 2023.

15. Little League Survey Questions 2023

These questions will be answered at the time of safety plan submission.

1. The EDHLL Safety Officer

Sarah Preiss-Farzanegan, M.D. is the Safety Officer for EDHLL, is a member of the EDHLL Board of Directors, and is on file with Little League International: edhllsafety@gmail.com, 585-233-8012.

The focus of this position is developing and implementing EDHLL's safety program per Little League's A Safety Awareness Program (ASAP) and reviewing all league operations with a focus on safety. The Safety Officer's responsibilities include (but are not limited to):

- Edit and submit the EDHLL safety plan to Little League International every year.
- Place copies of the safety plan in all field sheds and the concession stand and distribute to team managers at the beginning of the season.
- Coordinate annual safety/first aid training for all managers and coaches.
- Submit JDP background checks and fingerprinting for manager and coach candidates, board members, and other EDHLL volunteers as appropriate.
- Receive, follow up on, and maintain a file of all injury reports (see Injury Reporting). Report injuries to District 54 per the district safety plan.
- Track all injuries and near misses to identify injury patterns that may be targeted with education and/or prevention strategies.
- When unsafe or hazardous conditions are identified and brought to the attention of the Safety Officer, they will act immediately to resolve the issue, working with the EDHLL board and the EDH Community Services District (CSD), who own, manage, and share maintenance responsibilities of our fields.
- Place a first aid bin in all field sheds and in the concession stand, distribute a team first aid kit to all managers before the season starts, and monitor and maintain first aid supplies.
- Attend safety meetings with the District 54 Safety Officer and provide input from the league level.
- Ensure EDHLL carries and maintains a copy of the league's insurance policy.
- Ensure that safety is a monthly board meeting topic and encourage both experienced individuals and league members and volunteers to share ideas on improving the league safety program.
- Perform and document the annual survey and analysis of playing fields and facilities with the Field Coordinator, President, and other appropriate board members, and communicate the results to the board, especially areas/issues that require attention.

2. Safety Manual

The EDHLL safety manual is an annual requirement of Little League International's A Safety Awareness Program (ASAP). It includes the 15 elements required by ASAP and the safety policies and procedures specific to El Dorado Hills Little League. All league members are required to adhere to all safety policies and procedures set forth by EDHLL, to assist the league in creating a culture of safety and are encouraged to contribute to the ongoing improvement of the safety program.

The EDHLL safety manual will be posted on the league website's safety page, and a link to the plan can be found on the home page, coach, and volunteer pages. The Safety Officer will place a printed copy of the safety manual in every field shed, in the concession stand at Jeff Mitchell Memorial Field and every team manager will be given an electronic copy at the preseason coach's meeting.

2a. EDHLL Safety Code

Little League rules, the EDHLL safety manual, and the following safety code for Little League (as adapted from the Little League Rulebook) applies to all EDHLL activities:

- Managers, coaches, and umpires should have some training in first aid.
- Every manager will be issued a first aid kit and it should be available at every Little League practice and game.
- No games or practices should be held when weather or field conditions are unsafe, particularly when lighting is inadequate.
- Play area should be inspected frequently for holes, damage, glass, and other foreign or hazardous objects.
- Dugouts and bat racks should be positioned behind screens.
- Only players, managers, coaches, and umpires are permitted on the playing field during play and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose, or the manager and coaches.
- Procedure should be established for retrieving foul balls batted out of the playing area.
- During practice sessions 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 errant balls.
- Equipment should be inspected regularly. Make sure it fits properly.
- Pitching machines, if used, must be in good working order (including extension cords, outlets, etc.) and must be operated only by adult managers and coaches.
- Batters and base runners must wear protective NOCSAE helmets during practice and games.
- Catchers must wear a catcher's helmet (with face mask and dangling throat guard), chest protector, and shin guards. Male catchers must wear a protective cup at all times. **NO EXCEPTIONS.**
- Catchers must wear a catcher's helmet, face mask, and dangling throat guard when warming up pitchers. This applies between innings and in bullpen practice. **NO EXCEPTIONS.**
- Except when a runner is returning to a base, head-first slides are not permitted. This applies only to Little League (Majors), Minor League, and Tee Ball divisions.
- During sliding practice, bases should not be strapped down.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide sports-appropriate eyewear.
- Players must not wear watches, rings, pins, jewelry, hard cosmetic, or hard decorative items.
- Batting/catcher's helmets should not be painted unless approved by the manufacturer.
- Little League regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat. This applies only to Little League (Majors), Minor League, and Tee Ball.
- Players who are ejected, ill, or injured should remain under coach supervision until released to the parent or guardian.

3. Emergency Action Plan

EDHLL Emergency Contact Information	
El Dorado County Sheriff	
Emergency	Non-Emergency
530-626-4911	530-621-5655/6600
El Dorado Hills Fire Department	
84 Marina Station	916-933-3471
85 EDH Blvd Admin HQ	916-933-6623
86 Bass Lake Station	916-933-6692
87 Golden Foothill Station	916-933-6941
91 Latrobe Station	530-677-6366
Electricity / Gas (PG&E)	Water (El Dorado Irrigation Distr.)
800-743-5000	530-622-4513
EDHLL Contacts	
President, Brent McGhee	916-705-9415
VP Operations, Rob Dorjath	773-368-4229
Safety, Sarah Preiss-Farzanegan	585-233-8012
Equipment, Cesar Montes de Oca	530-903-9023
Fields, Eric Gonsalves	209-480-0585
Umpire-in-Chief, Mike Beeman	916-943-6996
In case of medical emergency, call 9-1-1	

The above will be posted in all field sheds and the concession stand at Jeff Mitchell Memorial Field.

3a. Procedure for Emergency Calls

The most important help that you can provide a person experiencing a medical emergency 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 important steps:

Dial 9-1-1 from a cell phone and give the dispatcher the requested information:

1. Identify yourself.
2. Your location: which field and the address in El Dorado Hills (EDHLL field locations are listed starting on page 15).
3. The age of the injured person.
4. What is the emergency/injury and how it happened.
5. The condition of the injured person (e.g., unconscious, chest pain, severe bleeding, etc.).
6. What help is being provided (first aid).
7. Don't hang up until the dispatcher tells you to. The EMS dispatcher may be able to tell you how to best care for the victim.
8. Continue to care for the victim until professional help arrives.
9. **IMPORTANT:** appoint someone (or several people) to go to the street and look for the Fire Department and Ambulance and direct them to the injured person.

3b. Weather Procedures

Managers are responsible for checking weather conditions ahead of practices and games. If weather conditions become unsafe, managers and umpires should be quick to postpone a game or practice.

i. Thunder and Lightning Safety Procedures

A thunderstorm can cast lightning up to 10 miles from the edge of the storm, or about as far as the sound of thunder can carry. EDHLL follows Little League policy regarding lightning safety with the following guidelines:

1. Watch for developing or approaching storms; use all resources (web, TV, radio, etc.) to determine the risk level.
2. At the first sound of thunder or visible lightning - **CLEAR THE FIELD!**

WHAT TO DO:

- Go to a large, enclosed building, if one is nearby.
- Go to metal-top cars, with windows rolled up, if no enclosed building is available.
- Complete a check of the facility for anyone still outdoors.

What NOT to do:

- Do NOT allow players to remain in the dugouts OR spectators to stay in the stands.
- Do NOT carry metal items (like bats) or walk beside metal fences.
- Do NOT go to an open-sided shelter; it is not adequate and should not be used.

Resuming activities:

- Wait at least 30 minutes after the last lightning strike/peal of thunder before returning to play.
- Do not leave facility until directed; wait at designated location(s) at field until the game is postponed or cancelled.
- Make sure all players are accounted for and leaving with approved person(s).

If someone is struck by lightning:

- Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention.
- Call for help. Have someone call 9-1-1. Give first aid. Begin CPR if necessary.
- If possible, move the victim to a safer place.

For more information and tips on lightning safety, visit NOAA's website:

<http://elcosh.org/document/4154/d001459/osha-noaa-fact-sheet%3A-lightning-safetywhen-working-outdoors.html>

ii. Heat

Hot weather may become an issue toward the end of the regular season and will be an issue during tournament play in June and July. For league games and practices, EDHLL will advise managers if conditions are unsafe and instruct them to cancel via email, the website, and social media. Please refer to the [EDHLL Heat & Air Quality Policies and Procedures](#) document on the EDHLL website safety page for more information. During tournament play, the District Administrator will notify managers when games will be cancelled due to inclement/unsafe weather.

3c. Wildlife on the Field

Managers/coaches and umpires are required to inspect the field before every practice/game, and to report any safety issues to the EDHLL Safety Officer and any field issues to the EDHLL Field Coordinator. In the case of potentially dangerous wildlife on the field, please do not approach the animal or attempt to remove it yourself. EDHLL has had reported incidents of rattlesnakes on the field (outfield, under a base, etc.) and in the shed, and there are other possibly threatening wildlife in our area that could inadvertently wander onto a field. Please observe the following steps to keep everyone safe, and **ONLY** allow play to begin/resume when the threat has been removed.

i. Rattlesnakes

- **DO NOT touch a snake, and DO NOT approach it.** This is for the nearby humans' and the animal's safety. A rattlesnake's instinct is to get away from people, however, when it is confronted or feels threatened, it will defend itself.
- **Call 9-1-1.** Identify your call as a non-emergency call, describe the issue (including size and location of the rattlesnake), and you will be routed to fire department dispatch for removal.
- Keep everyone away from the field until the rattlesnake has been removed.

ii. Mountain lions, bears, aggressive dogs, etc.

- **DO NOT approach a wild animal or aggressive domestic animal.** For everyone's safety, ask players and spectators to remain in their vehicles.
- **Call 9-1-1.** Identify the problem as a potentially dangerous wild or aggressive animal on the field. Your call will be routed to animal control or the sheriff's office/dispatch for assistance.
- Keep everyone away from the field until the threat has been removed.

4. Volunteer Applications and Background Checks

4a. JDP Background Checks

Little League International requires all managers, coaches, league administrators and league volunteers to complete the Little League Volunteer Application form annually. EDHLL uses J.D. Palatine (JDP) for background checks; the Volunteer Application is included in the JDP online background check application. The EDHLL Safety Officer is responsible for performing the JDP background checks. Anyone refusing to fill out a Volunteer Application or background check is ineligible to be a member of the league.

4b. California Live Scan Background Check

As of January 1, 2022 the state of California requires administrators and regular volunteers of a youth service organization who spend more than 16 hours per week or 32 hours per year in direct supervision of children be Live Scan fingerprinted ([California Assembly Bill 506](#)). All EDHLL board members and coaches are required to complete a Live Scan. They will remain on EDHLL's report list until the end of their term (for board members) or when they are no longer an appointed coach. EDHLL's full [Background Check Policy](#) is posted on the league website's safety page.

4c. Codes of Conduct

EDHLL requires a Code of Conduct to be read and signed by every player, parent, and coach annually (Appendix A). We are a community-based, volunteer organization striving to provide a safe and nurturing environment for youth athletes to learn and play the game of baseball. To fulfill this mission, all EDHLL members are required to always know and abide by these codes of conduct.

5. Fundamentals Training

The EDHLL President and the Vice President of Operations are responsible for coordinating EDHLL's clinics and providing training material for coaches.

District 54 sponsors the BigAl Baseball online program for all leagues in the district, and EDHLL will utilize this program for coach education. Certificates will be collected by March 1, 2023. EDHLL also actively participates in player, coach, and umpire training programs sponsored by District 54. See Appendix B for BigAl Baseball online training information.

6. First Aid / Safety Training

Player safety is the most important topic of discussion at EDHLL's coach's meeting, which will be held on January 31, 2023, for the Double A, Triple A, Major and Junior division coaches, and on February 8, 2023 for T-Ball and Single A division coaches. These meetings will provide information to coaches about Little League Rules, EDHLL policies and procedures, and the safety clinic.

Per Little League requirements, managers and coaches are required to attend a safety clinic AT LEAST once every three years, and each year at least one manager/coach from each team must attend. See Appendix C for the EDHLL safety clinic notice. If a coach is unable to attend the EDHLL safety clinic, they will be required to complete the District 54 online Safety Clinic program on their own time, and provide a certificate of completion.

All managers, coaches, and league administrators (board members), and umpires are required by the state of California to complete the following safety trainings annually:

- 1) [Online Concussion Training](https://www.cdc.gov/headsup/youthsports/training/index.html), through CDC Heads Up (<https://www.cdc.gov/headsup/youthsports/training/index.html>)
- 2) [Sudden Cardiac Arrest \(SCA\) Prevention Training](https://epsavealife.org/sca-prevention-training/), via Eric Paredes Save a Life Foundation (<https://epsavealife.org/sca-prevention-training/>)

The following annual training is required by Little League International:

- 3) Child Protection Program Training (through SafeSport/USA Baseball), “[Abuse Awareness for Adults](https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/)”
 - o <https://www.littleleague.org/player-safety/child-protection-program/safesport-resources-parents/>

All certificates of completion are submitted to the EDHLL Safety Officer via a Google form, kept on file in a password-protected file, and subsequently destroyed on September 30th every year.

6a. Concussion procedures

EDHLL provides all registrants with the CDC Heads Up Concussion Information Sheet and requires players and parents/guardians to complete the concussion information acknowledgement form (Appendix D). A concussion is an injury to the brain resulting from a direct blow to the head or a direct blow to the body with transmission of force to the head. Common symptoms of concussion in adolescents are headache, dizziness, fogginess, unsteadiness and possibly nausea, vomiting, or vision changes. If a player is suspected to have sustained a concussion injury, they should be removed from play and not allowed to return that day. **When in doubt, sit them out.**

After a player is removed from the field of play due to a suspected concussion, the decision about when to return to the field can only be made, per California law, by a health care professional qualified to make such a decision. The California Interscholastic Federation (CIF) specifies that this professional must be a physician (M.D. or D.O.). EDHLL requires a written physician’s note be submitted to the manager AND Safety Officer clearing the player before allowing a player to return to practice/play.

6b. Sudden Cardiac Arrest (SCA) procedures

EDHLL provides all registrants with the Eric Paredes Save A Life Foundation’s SCA Fact Sheet for Parents & Student Athletes and requires players and parents/guardians to read and sign the SCA information acknowledgement form (Appendix E). Sudden Cardiac Arrest (SCA) is not the same as a heart attack. It is caused by a malfunction in the heart’s electrical system or structure due to an abnormality the person was born with or inherited, or it can develop as they grow. Players, parents/guardians, managers, coaches, and adult volunteers should all be familiar with the following symptoms. If a player has any of these symptoms, they should tell an adult and see their physician right away:

- o Fainting or seizure, especially during or right after exercise.
- o Fainting repeatedly or with excitement or startle.
- o Racing heart, palpitations, or irregular heartbeat.
- o Dizziness or lightheadedness.
- o Chest pain or discomfort with exercise.
- o Excessive shortness of breath during exercise.
- o Excessive, unexpected fatigue during or after exercise.

In the event of a possible cardiac arrest, follow the cardiac chain of survival:

- **Call 9-1-1 and immediately begin CPR. Immediate and continuous application of CPR can triple the chance of survival.**
- **Find and apply an AED, if available.**
- **Continue CPR (and AED use, if available) until emergency medical services arrive.**

6c. COVID-19 Risk Mitigation Plan

EDHLL is not requiring participants and their parents/guardians to sign a COVID-19 release form for the 2023 season, however we will continue to abide by the California Department of Public Health (CDPH) guidelines for schools; a player who is not attending school due to illness is likewise not allowed to attend any Little League activities until they have recovered and are cleared to return to school. Anyone who is experiencing symptoms of illness should stay home until they have resolved. For more guidance, EDHLL encourages parents/volunteers to contact their own or their child’s physician.

6d. Pitch counts

EDHLL takes pitch counts very seriously because studies show that adhering to league age pitch counts is a very effective injury prevention strategy. Scorekeepers for the Double A, Triple A, Majors divisions and above keep track of pitch counts during games; managers must be aware of pitch counts during games to ensure their players are not exceeding their maximum number of pitches per day. Pitch counts are reported to the EDHLL VP of Operations with the game report.

Many Little League players simultaneously participate in other activities. In the best interest of their players, managers must be informed and aware of pitches thrown outside of Little League activities. It is paramount for player safety that parents inform their player’s manager of any pitching or other throwing activities that their player participates in outside of Little League. A player’s pitch count includes pitches thrown in Little League AND outside of Little League, such as for a travel ball team. Since pitches thrown outside of Little League activities are part of a player’s pitch count, EDHLL managers must have this information to ensure the safety of players and to plan their lineups effectively. EDHLL encourages managers and parents to have open communication because we are all here to make sure our players have fun and are safe playing baseball!

Maximum pitch counts by league age are as follows:

League Age	Maximum # pitches per day
13-16	95 pitches per day
11-12	85 pitches per day
9-10	75 pitches per day
7-8	50 pitches per day

Pitch count thresholds and associated required rest days, shown below, are an integral part of preventing injuries and must be followed, **no exceptions**:

League age 14 and under		League age 15-16	
66+ pitches	<i>4 days rest</i>	76+ pitches	<i>4 days rest</i>
51-65 pitches	<i>3 days rest</i>	61-75 pitches	<i>3 days rest</i>
36-50 pitches	<i>2 days rest</i>	46-60 pitches	<i>2 days rest</i>
21-35 pitches	<i>1 days rest</i>	31-45 pitches	<i>1 day rest</i>
1-20 pitches	<i>0 days rest</i>	1-30 pitches	<i>0 days rest</i>

7. Checking Field Conditions

Managers and coaches are expected to walk the field before each practice and game. Umpires are required to inspect the field before each Major and Junior game. Field issues are to be promptly reported to the EDHLL Field Coordinator and safety concerns should be reported to the EDHLL Safety Officer.

7a. El Dorado Hills Little League Field Locations

EDHLL uses fields owned and maintained by the EDHCSD. The name and address of each field is listed below, along with the divisions that play there and a small map.

Bass Lake (Sellwood Field): Junior/Senior
Serrano Parkway, Rescue, CA 95672

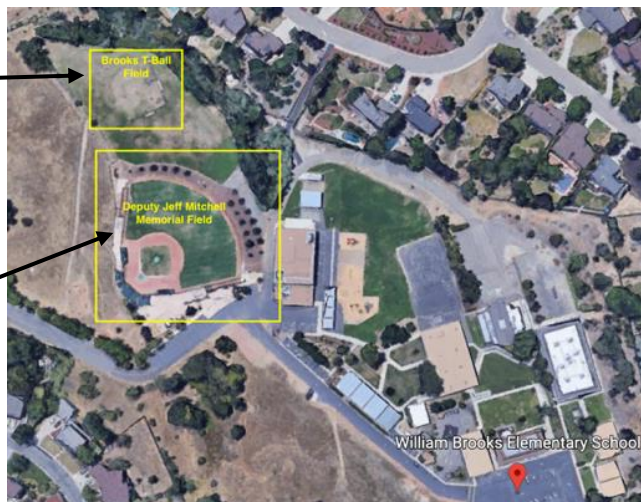


Brooks Elementary: T-Ball

William Brooks Elementary School
Park Drive, EDH, CA 95762
(behind Jeff Mitchell)

Deputy Jeff Mitchell Memorial Field: Majors

Redwood Lane, EDH, CA 95762



CSD North: Single A, Double A

EDH Community Services District
Harvard Way, EDH, CA 95762
(closest to dog park)

CSD South: Single A

EDH Community Services District
Harvard Way, EDH, CA 95762
(closest to play structure)

CSD East: Majors, 50/70, Intermediate

EDH Community Services District
Harvard Way, EDH, CA 95762
(over walking bridge, up the hill)



Marina Village East & West: practice fields

Marina Village Middle School
Francisco Drive, EDH, CA 95762

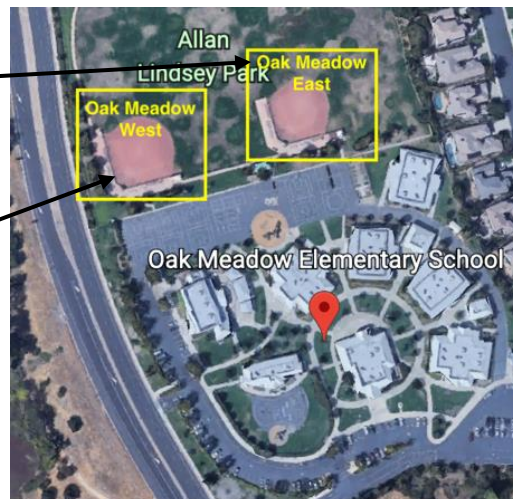


Oak Meadow East: Double A, Triple A

Oak Meadow Elementary School
Silva Valley Parkway, EDH, CA 95762

Oak Meadow West: Triple A

Oak Meadow Elementary School
Silva Valley Parkway, EDH, CA 95762
(closest to Silva Valley Parkway)



Silva Valley: Single A (Double A as needed)

Silva Valley Elementary School
Silva Valley Parkway, EDH, CA 95762



Valley View: Triple A

Valley View School
Blackstone Parkway, EDH, CA 95762



8. Facility Survey

Eric Gonsalves is the Field Coordinator for EDHLL and is a member of the EDHLL Board of Directors (edhllfields@gmail.com). The Field Coordinator is responsible for reporting/coordinating all field repairs and improvements to El Dorado Hills Community Services District.

All EDHLL fields are provided and maintained by the El Dorado Hills Community Services District (EDH CSD). The fields are used by all divisions, which include T-Ball, Single A, Double A, Triple A, Majors, 50/70, Juniors and Seniors, and are jointly maintained by the El Dorado Hills CSD and EDHLL. The grass on these fields is cut twice per week and CSD teaches EDHLL volunteers how to prepare the infields. Any field repairs, modifications or improvements undertaken by EDHLL alone are approved by the CSD, funded by EDHLL, and executed by EDHLL volunteers.

An extensive in-person review of El Dorado Hills fields is completed annually to assess them for repairs and improvements. On November 18, 2022, EDHLL reviewed the fields with representatives from the EDH CSD. The resulting notes are included as part of the safety plan submitted to Little League International (ASAP requirement #8). A summary of the findings is listed below; the full survey can be found in Appendix F.

8a. Facility Survey Highlights

Brooks T-Ball field	<u>CSD</u> : put cement floor in dugouts (improve water drainage)
Deputy Jeff Mitchell Memorial field	<u>CSD</u> : give EDHLL access to light breaker switch (if the lights go out, cause is often the breaker and someone at the field can switch them back on promptly) <u>CSD</u> : address grass lip behind 2 nd base, depressions/ditches in front of the mound/rubber, and add new dirt to the infield <u>EDHLL</u> : bullpen mounds are breaking down and need replacing
CSD North field	<u>CSD</u> : add dirt to infield, fix infield/outfield lip, and rebuild batter's box <u>CSD</u> : move bat racks inside dugouts <u>CSD</u> : adjust backstop shade (is sagging and not effective) <u>CSD</u> : wrap water tap along 1B fence with padding
CSD South field	<u>CSD</u> : add dirt to infield (will address the concrete lip at 3B dugout entrance) <u>CSD</u> : move bat racks inside dugout
CSD East/NY Creek field	<u>EDHLL</u> : bullpens need new mounds <u>CSD</u> : install fencing along edge of field on right field side (where away team warms up) to keep balls and people on the field; it slopes steeply down into a rocky ravine (snake habitat) <u>CSD</u> : install bat rack in 3B dugout (missing) and adjust 3B 50/70 peg <u>CSD</u> : vegetation management near 1B bullpen and shed, 3b dugout
Oak Meadow East field	<u>EDHLL</u> : cover 1 st base dugout for shade and protection <u>CSD</u> : replace dugout benches (rusting) <u>EDHLL</u> : check if outfield fence needs repairs <u>CSD</u> : move bat racks inside both dugouts (behind fence)
Oak Meadow West field	<u>CSD</u> : fix outfield lip all around and add dirt <u>EDHLL</u> : repair holes in outfield fence

	<u>CSD</u> : level out catcher and batter's boxes, rebuild permanent mound <u>EDHLL</u> : lock dugout gates closest to home plate (and give code to CSD)
Silva Valley field	<u>CSD</u> : trim thorny overgrowth behind bleachers and by incline ramp <u>CSD</u> : secure bottom of backstop fence <u>CSD</u> : add gates at dugout openings closest to home plate
Valley View field	<u>EDHLL</u> : repair outfield fence holes <u>CSD</u> : grass lip needs fixing behind 1 st and 3 rd bases

8b. EDHLL Capital Improvement Project Ideas

- i. Add a new T-Ball field in the area between Brooks T-Ball field and Jeff Mitchell Memorial field. Adding another place for T-Ball to play will allow all teams to play every week (currently four teams have a bye every week) and will add space for practices as well.
- ii. Rebuild incline path down to Silva Valley field. Currently it is too steep to meet ADA requirements, has damage from water flow, and needs a proper retaining wall.
- iii. Major improvements to Silva Valley field that would include replacing outfield grass (currently has dips, holes, and bare patches), raising the backstop to extend slightly out over home plate area, and extend concrete behind 3rd base to make room for larger bleachers (the first 2 rows of the 4 row bleachers are not used because of poor sight lines behind the lower fence wood paneling).
- iv. Long term: Lengthen Deputy Jeff Mitchell field to 225 feet. This will be a very expensive project and will need several years of planning, budgeting, fundraising, and community support to accomplish.

9. Concession Stand Safety

Bryan Parker is the Concessions Coordinator for EDHLL and is a member of the EDHLL Board of Directors: edhllconcessions@gmail.com. The Concessions Coordinator is responsible for ordering and stocking concession items and working with the Volunteer Coordinator to arrange volunteer shifts for concession sales. The EDHLL concession stand offers food, snacks, and drinks at the Deputy Jeff Mitchell Memorial Field. Concession stand rules and safety tips (ASAP Requirement #9) are listed in summary below and the Concession Stand Tips document that follows is laminated and posted in the concession shed.

EDHLL Concession Stand Rules:

- Adult supervision must always be in effect.
- Only adults (18 years of age or older) can operate or be near the grill.
- Outdoor grills will be placed in an area away from spectators.
- All volunteers will wash their hands on a regular basis (hand sanitizer is available).
- Un-wrapped food must be handled with gloves and paper towels or plastic wrap.
- No glass containers of any type will be sold at the concession stand.
- Everything must be cleaned up and put away at the end of each shift.
- A complete First-aid Kit will be kept in the concession stand (see page 25, First Aid kits).
- A fire extinguisher shall be kept in the concession stand for emergency use.
- A list of emergency phone numbers will be posted in the concession stand (see page 9).

Concession Stand Tips

SAFETY FIRST

Requirement 9

12 Steps to Safe and Sanitary Food Service Events: The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.

1. Menu.

Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

2. Cooking.

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

3. Reheating.

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

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

4. Cooling and Cold Storage.

Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

5. Hand Washing.

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

6. Health and Hygiene.

Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

7. Food Handling.

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

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

8. Dishwashing.

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

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

9. Ice.

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

10. Wiping Cloths.

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

11. Insect Control and Waste.

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

12. Food Storage and Cleanliness.

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

13. Set a Minimum Worker Age.

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

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

Volunteers Must Wash Hands

HOW

Wet
warm water



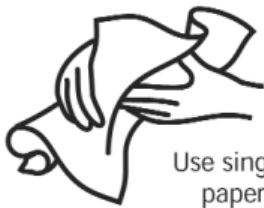
Wash
20 seconds
Use soap



Rinse



Dry
Use single-service
paper towels



Gloves



WHEN

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

Wash after you:

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

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

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

Wear gloves.

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

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

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

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



**UMASS
EXTENSION**

10. Equipment Check

Cesar Montes de Oca is the Equipment Coordinator for EDHLL and is a member of the EDHLL Board of Directors: edhllequipment@gmail.com. The Equipment Coordinator's responsibilities include (but are not limited to):

- Inspecting all equipment before the season starts and ordering new equipment as needed and approved by the Board.
- In season, address any equipment issues as they arise. Each manager is required to inspect their team's equipment upon initial receipt of the equipment as well as before each practice and game. Any dented bats, cracked helmets, worn batting tees, or worn catcher's equipment shall be removed from the equipment bag and brought to the attention of the Equipment Coordinator for replacement.
- Inventory all equipment prior to distribution for the season and after the equipment return at end of season. A sample inventory sheet can be found in Appendix G.
- Managers and coaches are instructed to contact the equipment coordinator directly for new/replacement equipment and baseballs.

10a. EDHLL Equipment

Only official Little League equipment and balls will be issued for use during practices and games.

- Helmets: all helmets are inspected and must meet NOCSAE specifications and standards.
- Bats: all bats must meet Little League requirements (USABat) per division. The manager is responsible for checking team equipment before practices and games.
- Catcher's mask: all catcher's masks will be equipped with a dangling throat protector.
- Balls: reduced impact balls will be provided for use for T-ball (level 1) & Single A and Double A (level 5).
- "Knee Savers" will be provided to those teams whose managers want them for the safety and comfort of their catchers.

10b. Equipment Checkout and Return

At the start of every Little League season, every team manager will be required to sign-out their team equipment. It will be the responsibility of every manager and coach to maintain their team's equipment during the season. With this comes the responsibility of teaching players to respect the equipment. If at any time during the season a problem arises with the equipment (e.g., a broken helmet), please notify the Equipment Coordinator as soon as possible for a replacement. Once the season has ended, a date will be set for equipment return. Prior to returning the equipment, all managers/coaches shall clean out their equipment bag and have it ready to turn in at the specified date set by the Equipment Coordinator. A sample checkout sheet is shown in Appendix H.

10c. Team Folders

Per Little League regulations, managers must have a medical release form for each player (example in Appendix I) with them at all practices and games. At the preseason coach's meeting, each EDHLL team manager will receive a red team 3-clip folder containing the following:

- Cover page with the injury reporting form QR code and important league and emergency contact information (see page 9).
- Concussion and Sudden Cardiac Arrest information and action plans (Appendices J & K).

Managers are instructed to place all player medical release forms in this folder and keep it with them at all Little League activities. Team folders will be returned with equipment at the end of the season. The Safety Officer will destroy the medial release forms per HIPAA guidelines and prepare the folders for next year.

11. Injury Reporting

The Safety Officer will review EDHLL's injury reporting procedures with managers and coaches during the preseason safety meeting (ASAP requirement #6). Incident reports provide important information about the injury/incident needed to complete an insurance claim report. They also facilitate communication between teams in a league and leagues in a district. This sharing of information enables league Safety Officers and the District Safety Officer to constantly improve and maintain the quality and effectiveness of safety programs.



11a. What to Report

We cannot eliminate all injuries or accidents, but we can use them to identify the cause so something can be done to prevent occurrence, or at the very least, recurrence. Good judgement should be used when deciding which accidents and near misses to report for analysis. The severity of an injury is a consideration; however, it is not the only factor that should determine what incidents need to be reported. When an injury is severe enough to require professional services, the need for corrective measures is obvious. In situations where an incident occurs and the injury is minor or no injury results, filing an incident report is important because it may provide an opportunity to address a knowledge gap for players and coaches or revise league policies and procedures. Examples of incidents/accidents that require an incident report, follow-up and analysis include:

Two players going after the same fly ball collide OR a player trips and falls over a bat left on the field. Even if no one is hurt, these situations could result in serious injury. An incident report submitted to the Safety Officer will serve as a warning to managers of other teams. Corrective measures can then be taken by coaches to address field assignments, practice appropriate techniques and review the appropriate placement of equipment.

A player is injured chasing a fly ball and when the outfield is inspected, a hole is found in right field. An incident report will trigger immediate corrective action and review of other fields for safety.

Notes: Any player who is removed from play for a suspected concussion, who requires professional services for an injury, or who is out of play for 7 days or more due to an injury must present a written clearance note from a physician to the Safety Officer to return to practice or games.

11b. When to Report

All injuries or near misses must be reported to the EDHLL Safety Officer within 24 hours of the incident. If the injury occurred while playing at another league's field, the EDHLL Safety Officer should still be informed, and they will then communicate with the home league's safety officer.

11c. How to Report

Managers are responsible for notifying the EDHLL Safety Officer of any injury or near miss via the EDHLL Injury Reporting Form. This is a Google form that collects basic information about the person involved and the incident (see Appendix L):

- Manager's name, phone number and email address.
- Incident date, time, and location.
- The injured person's age, phone number.
- Brief description of the injury (or near miss).

The EDHLL Injury Reporting Form may be accessed one of several different ways:

1. Using a mobile phone, scan the QR code found on all red first aid bins located in all EDHLL field sheds and the concession stand at Jeff Mitchell Memorial Field.
2. The QR code can also be found on injury reporting tags attached to all team first aid kits.
3. A link to the form is located on the EDHLL home page, coach's page AND on the EDHLL safety page.

The completed injury reporting form is sent directly to the Safety Officer. Within 24 hours of receiving the EDHLL Injury Reporting Form, the Safety Officer will contact the player's parent/guardian, or the adult involved, complete the Incident/Injury Tracking Report form (Appendix M), determine if further action is needed (e.g. physician's note for return to play, etc.) and communicate the results of this conversation back to the reporting manager. The Safety Officer will report the incident to the District 54 Safety Officer via the District 54 Injury Reporting form, per the district safety plan, and maintain the original Incident/Injury Tracking Report form on file. These forms are kept on file for 24 months and then destroyed per HIPPA guidelines.

If an injury/accident sustained during a Little League activity requires professional medical attention, parents/guardians of the injured player are encouraged by the Safety Officer to complete the Little League Accident Notification form (See Appendix N). This form must be completed by parents/guardians (if claimant is under 19 years of age) and a league official (the Safety Officer) and forwarded to Little League Headquarters within 20 days of the accident to activate the secondary insurance policy carried by Little League International.

11d. Use of Incident/Injury Tracking Information

The EDHLL Safety Officer provides a monthly safety report to the Board of Directors. Collective injury information is de-identified and analyzed for patterns and/or issues that require corrective measures and is then presented to the board for discussion and implementation of appropriate actions. Similarly, the District 54 Safety Officer analyzes and presents de-identified injury information collected from leagues to the District Administrator, District Staff and League Presidents at their monthly meeting for discussion and potential action/response.

12. First Aid Kits

At the annual coach's meeting, each manager is issued a basic team first aid kit which contains:

- Adhesive bandages
- Gauze pads
- Cleansing and anti-sting wipes
- Paper tape
- Nitrile gloves

- CPR face shield
- Injury reporting card with QR code

A comprehensive first aid bin can be found in the EDHLL shed at every field and the Deputy Jeff Mitchell Memorial Field concession stand. The bin is bright red, located on the shelf within easy reach of the door and is labelled “EDHLL + *field name*.” Instant cold packs are stored in a second red bin.** Each first aid bin contains:

- Nitrile gloves
- Bacitracin packets
- Antiseptic wipes
- Sting relief wipes
- Eye pad
- Gauze, non-adherent
- Sterile gauze pads
- Self-adherent wrap
- Paper tape, 1-inch
- Adhesive bandages

If first aid supplies are needed for either team kits or shed first aid bins, Managers or Coaches are asked to notify the EDHLL Safety Officer (edhllsafety@gmail.com).

****Ice packs are to be used for injuries ONLY -- NOT for icing down a pitcher’s arm after they have pitched in a game. If a pitcher’s arm needs to be iced down after they have thrown, then it is up to that team’s manager, coach or the player’s family to provide ice for the player.**

13. Enforcement of Little League Rules

The primary purpose of the rules of any sport is to keep players safe. **Per our Codes of Conduct, EDHLL expects all league members to always follow Little League rules.** All managers and coaches should familiarize themselves with the 2023 Little League Rulebook, including any rule updates for 2023. Managers and coaches will enforce Little League rules at all practices and games, and they will also ensure that their spectators are behaving in the spirit of the rules of the game.

Managers are subject to random inspections of equipment and medical release forms and ensuring appropriate dugout behavior. The league Safety Officer, President, VP of Operations or District 54 staff may perform these random inspections.

Finally, a few very important safety reminders:

- Players are not allowed to have a bat in hand while in (or behind) the dugout.
- Managers are responsible for checking that players are properly equipped prior to play.
- Catchers must wear a throat protector regardless of the type of mask worn.
- Batting helmets must have a non-glare surface and cannot be mirror-like in nature (Rule 1.16).
- All fields shall be equipped with breakaway bases per Little League requirements.
- **Managers and coaches are NOT allowed to sit on buckets outside of the dugout during games. Managers and coaches must remain in dugout during play (with gates closed, if applicable) unless they are designated base coaches. Umpires will be instructed to remind managers of this rule at the plate meeting and to enforce during play.**

14. Player/Coach Data

Registration data is submitted to Little League International by the league President every January.

15. Survey Questions for 2023

The Little League survey questions for 2023 will be answered in the Data Center at the time of safety plan submission.

Additional EDHLL Safety Policies and Procedures

1. Manager & Coach Responsibilities

EDHLL managers and coaches are responsible for:

- The safety of their players.
- The team's conduct.
- The team while the players are at practices and games.
- Teaching and observing Little League rules and official rules of the league.
- Always having (or knowing where to find) a first aid kit and a copy of the EDHLL safety manual.
- Always having a medical release form for each player with them during practices and games (see Team Folders, page 22). A copy of the Medical Release Form is provided in Appendix I.
- Encouraging players to hydrate (bring full water bottles) and protect themselves from the sun (long sleeves and sunscreen), especially as the weather gets warmer.
- Encouraging players to wear proper equipment, e.g., protective cups and supporters, during practices and games.
- Promoting and providing all players with a positive Little League experience.
- The manager is ultimately responsible for the actions of their coaches and spectators.

a. Preseason Responsibilities

Once managers and coaches are selected, they are required to complete the mandatory online safety training courses required by Little League and the state of California, send their PDF certificates of completion to the EDHLL Safety Officer and the VP of Operations via the appropriate Google form. The required safety trainings are as follows:

1. Online Concussion Training, through CDC Heads Up: <https://www.cdc.gov/headsup/youthsports/training/index.html>
2. Sudden Cardiac Arrest (SCA) Prevention Training, via Eric Paredes Save a Life Foundation: <https://epsavealife.org/sca-prevention-training/>
3. Child Protection Program Training, Abuse Awareness for Adults: <http://usabmobilecoach.com/>

Managers and coaches must attend EDHLL's mandatory coach's clinic, EDHLL or District 54's safety training, and any other meeting required by EDHLL. Mandatory meetings will be communicated prior to the season and conducted by El Dorado Hills Little League or other outside agencies, such as District 54. At the coach's meeting, managers will receive an electronic copy of the EDHLL safety manual and a team first aid kit. The equipment distribution date and time will be set and communicated to all managers by the Equipment Coordinator.

Once teams are formed and before practice begins, the manager should hold a team meeting with parents. Many issues are easily avoided with a preseason parent meeting where the manager clearly states expectations for players and parents and includes a brief question and answer time. The manager should introduce themselves and the coaches, and communicate, at a minimum, the following:

- Discuss your personal coaching philosophy.
- Review behavior and communication expectations of players and parents and remind parents that they are expected to follow the EDHLL codes of conduct (see Appendix A). EDHLL has a zero-tolerance policy for abusive language or behavior towards officials, coaches, players, or

- other spectators (see page 11 of [EDHLL Bylaws](#)).
- Address potential illness issues, such as COVID-19. Players who are not attending school due to any illness, may not attend Little League activities until cleared to return to school.
- Discuss the basics of safe play, including batting helmets, bat safety, the use of sunscreen, and bringing plenty of water to practices and games.
- Go over the league's process for reporting injuries and inform parents that if their child is ill or injured, they must send a note from their doctor to you AND the EDHLL Safety Officer before their child can return to play. This medical release ensures the player is safe to return to baseball and protects you and EDHLL if further injury or illness occurs.



HEY COACH, HAVE YOU:

- ✓ **Walked field for debris/foreign objects**
- ✓ **Inspected helmets, bats, catchers' gear**
- ✓ **Made sure a First Aid kit is available**
- ✓ **Check conditions of fences, backstops, bases and warning track**
- ✓ **Made sure a cell phone is available in case of an emergency**
- ✓ **Held a warm-up drill**

In pre-season practices, teach players how to slide and cover the basics of safe play. Teach them the fundamental skills of the game, including proper throwing/pitching motion, fielding ground balls, catching fly balls, etc. Encourage players to wear proper equipment, including protective cups and mouthguards, to hydrate, and protect themselves from the sun.

b. In-Season Responsibilities

Managers and coaches should check the team equipment regularly and encourage players to respect the equipment that is issued.

- Only Little League approved equipment will be used during practices/games.
- Only official Little League balls will be used during practices and games.
- All helmets must meet NOCSAE specifications and standards.
- For safety, all helmets must fit properly.
- USABat Standard bats must be used in the Little League Major Baseball Division and below.
- Bats with dents, or that are fractured in any way, must be discarded.
- All catcher's masks must have a dangling type of throat protector and helmet. These must be worn during games, practices, and while a pitcher is warming up. **NO EXCEPTIONS.**
- Replace damaged equipment immediately by notifying the EDHLL Equipment Coordinator.

i. Pre-Practice and Game Responsibilities

Before the game, Managers are expected to walk the field, check conditions of equipment, ensure players are in proper uniform, shoes, and wearing protective cups, and make sure there is a first aid kit and charged mobile phone readily available. Finally, ensure players Warm Up to Throw, NOT Throw to Warm Up!

ii. Responsibilities During the Game

- Be organized and encourage everyone to be safe and wear the proper equipment.
- Catchers must have a dangling-type throat protector and protective cup. **NO EXCEPTIONS.**
- Ensure all equipment returns to the dugout when your team is at bat.
- Observe and enforce the **No On-Deck Rule** for batters and always keep all players in the dugout and behind the fence. There should be **NO BATS IN HANDS inside or behind the**

dugout. NO EXCEPTIONS.

- Attend to injured players promptly.
- Keep track of pitch counts during the game and facilitate effective communication with players and their families to avoid players exceeding appropriate pitch counts across all throwing activities (see pitch counts, ASAP Requirement #6d).

iii. Post-Game Responsibilities

- Ensure players perform a brief cool down, including a light jog and appropriate stretching.
- Ensure all equipment is returned to the shed, the shed is closed and locked, and the field is in the same or better shape than the way you found it.
- Managers should not leave the field until all players have been picked up.
- Managers must notify parents/guardians if their child has been injured, even if the incident was mild or seems insignificant.
- Notify the EDHLL Safety Officer of any injuries that occurred via EDHLL injury reporting procedures noted above (page 23, ASAP Requirement #11).

c. Warming Up / Stretching

Proper conditioning and warm-up are essential to reduce the risk of injury. It is vital that each manager/coach develop a practice plan that begins with a baseball-specific warm-up and integrates baseball-specific conditioning throughout the season. Performing a dynamic warm-up prior to activity prepares the body mentally and physically for the activity.

Static stretching (holding a muscle stretch) immediately before exercise is not generally recommended because muscles are weaker after stretching. To achieve increased flexibility and/or maximize range of motion, a regular stretching program performed after activity and/or on rest days is recommended. If managers, coaches, or players need assistance to construct a stretching program, please contact the Safety Officer for local professional resources.

Warm Up to Throw, DON'T Throw to Warm Up

A **dynamic warm-up** increases strength, flexibility, and power, all of which can enhance athletic performance. Light aerobic movements and dynamic stretching that mimics baseball movements prepare the body for more intense version of those movements by raising the heart rate and increasing blood flow to muscles (warming them up so they are less stiff and work more efficiently).

See Appendix O for an example of a dynamic warm-up (and stretching program) from the University of Rochester Sports Medicine.

2. First Aid

The annual safety clinic addresses the most common first aid issues and practices encountered in Little League. In addition, EDHLL strongly encourages all adults to become trained in First Aid and CPR. The Red Cross provides relatively affordable online training courses for first aid and combined online and in-person CPR and AED training in Sacramento. Visit <https://www.redcross.org/take-a-class> to learn more and to sign up for available courses.

a. First Aid Do's and Do not's

DO...

- Reassure a child who is injured, sick, frightened, or lost.
- Ask permission before providing first aid.
- Know your limitations.
- Managers, carry with you or know the location of a first aid kit to all practices and games.
- Managers, have all player medical release forms with you at all practices and games.
- Always have a cell phone charged and available at all practices and games.
- Report hazardous conditions to the Safety Officer or other board member immediately.

DO NOT...

- Administer any medications.
- Apply ice packs directly to skin. Wrap in a towel or apply over clothing.
- Provide food or beverages other than water.
- Be afraid to ask for help.
- Leave an unattended child at a practice or game.
- Hesitate to report any present or potential safety hazards to the Safety Officer or other board member.

b. Common injuries

Contusions (bruises)

- Result from a direct blow from a ball or player.
- There is swelling and discoloration from bleeding under the skin.
- Treat with ice and compression. Players are usually able to return to play the same day unless there is pain with bearing weight or with moving a joint (see musculoskeletal injuries below).
- **Note on applying ice:** do not apply ice or an ice pack directly to the skin. Wrap it in a towel or a shirt or apply over clothing. In the first 2-3 days after an injury, apply ice for 10 minutes every hour (at the most). After that, it may be applied 10-15 minutes, up to 3 times a day.

Abrasions

- Abrasions of the skin include small cuts, scrapes, turf burn, etc.
- Always use universal precautions when caring for wounds (gloves, etc.).
- Gently cleanse the wound with clean water to remove any debris. Allow to dry. Apply a clean dressing to keep wet areas covered. See Little League rules regarding blood on uniforms and equipment ([Little League Rules, Appendix C: Communicable Disease Procedures](#)).

Bloody Nose

- To control a nosebleed, have the player sit, lean forward* slightly, and pinch the nostrils closed for 5 minutes. [**Leaning back can cause the player to swallow blood, which can irritate the stomach and/or cause vomiting.*]

- If the nosebleed has not stopped after 15 minutes, the player should be medically evaluated.
- There is no evidence to support using ice packs on the back of the neck to stop bleeding from the nose.

Musculoskeletal injuries

- Children and adolescents are not small adults. As they grow, their soft tissues (muscles, ligaments, tendons, and fascia) are stiff and weak, which is a recipe for injury.
- The growth plates in the elbow and shoulder do not close until about age 15-17 in boys and about age 14-16 in girls. The growth plates are extremely vulnerable to injury from overuse and rotational forces like throwing. Growth plate injuries require appropriate treatment to avoid lifelong issues with the corresponding bone or joint.
- **Players should not play through any pain, especially in the shoulder or elbow, as this may signal a growth plate injury.**
- For other musculoskeletal injuries, if there is swelling, pain with bearing weight, pain with moving the joint, or limited movement of the joint, then medical evaluation is recommended prior to returning to play.

Heat illness

- Children and adolescents, again, are not small adults. They produce more heat with activity and are not able to cool themselves as well as adults (as was previously discussed). Thus, children and adolescents can overheat very quickly **and** in any type of weather.
- When it is hot, provide frequent water breaks (every 15 minutes) in the shade. Water is sufficient for hydration unless the activity is intense and lasts more than 60 minutes.
- Players should have their own water bottle labeled with their name. **No sharing of water bottles will be allowed.**
- Players who are overheated should rest and hydrate until they feel well enough to rejoin the activity.
- **If symptoms progress to vomiting or confusion, this is heat stroke and is a medical emergency. Call 9-1-1 right away.**

Anaphylaxis / Allergic reactions

- Some people/players may have serious allergic reactions to things like bees or peanuts. **Managers and coaches need to know if any players on their team have a serious allergy, and if they carry an EpiPen.**
- **If you suspect a player is having an allergic reaction, administer an EpiPen if one is on hand (see Appendix P for instructions) and call 9-1-1. The longer you wait to administer an EpiPen, the harder it is to stop an allergic reaction.**
- For moderate symptoms after a bee sting, try to remove the stinger by gently scraping with a fingernail or business card and apply ice to the area.

Dental Injuries

- Control the bleeding in the mouth by gently biting on a towel. This will also help stabilize the tooth.
- If the tooth is broken or knocked out completely, first find the tooth or broken piece, then rinse it and store in milk or inside the cheek for transport to the dental office.
- **IMMEDIATELY** transport the player and the tooth to the dentist.

3. Injury Prevention

a. General principles for injury prevention

Little League players are at the perfect age to learn how to take care of themselves as athletes. EDHLL supports the empowerment of youth athletes and encourages them, and their families, to be proactive and take the following steps to help prevent injuries:

- Taking time off to rest at least one day per week and one month per year is important for young athletes.
- Wearing appropriate and properly fitted protective equipment: in the case of baseball, that would be helmets, sport cups, padding, catcher's gear, etc. Players should be reminded that they are not invincible when wearing it.
- Regular conditioning exercises to strengthen the muscles used in play: practice makes permanent!
- Stretching regularly after games and practice can increase overall flexibility.
- Reinforce proper technique throughout the season.
- Dynamic warm-up is recommended prior to activity (see page 29). Dynamic movements are gentle, repetitive movements that gradually increase range of motion. *Evidence strongly suggests that pre-exercise static stretching does not reduce the risk of injury. Muscle injuries occur when the muscle is not strong enough or did not contract at the right time.*
- Take breaks! For water and for fun to break things up during a session.
- Play by the rules: they are intended to keep players safe.
- Do not allow players to play through pain.

b. Equipment

For maximum effectiveness, playing equipment must be in good condition, properly fitted, and meet all Little League standards. The following are brief descriptions of appropriate baseball equipment; for more equipment details and specifications, please see the Equipment section above (page 22).

- **Helmets:** Must meet NOCSAE specifications and standards (affixed with NOCSAE symbol).
- **Bats:** USABat Standard bats must be used in the Little League Major Baseball Division and below. Either USABat Standard bats **or** BBCOR bats must be used at the Intermediate (50/70) Baseball and Junior League Baseball Divisions. At the Senior League Baseball Division, all bats must meet the BBCOR standard.
- **Catcher's gear:** Catchers must wear a catcher's helmet (with face mask and dangling throat protector; skull caps not permitted per Little League), chest protector (long-model or short-model), and shin guards. Male catchers must wear a protective cup at all times.
- **Protective cups:** All young men should wear protective athletic cups while playing baseball, and all male catchers are required to wear them.
- **Sports bras:** All young ladies should wear supportive athletic undergarments.
- **Balls:** Only official Little League balls will be used during practices and games.
- **Face mask/chin guard for helmets:** To use a helmet attachment in Little League play, the helmet manufacturer must provide a notice indicating that affixing the protector to the helmet has not voided the helmet's NOCSAE certification. That notice must be shown to the umpire prior to the game ([per Little League](#)).
- **Mouthguards:** Recommended to protect teeth from injury (due to impact from balls, collisions with other players, etc.).

c. Head and facial injuries

The risk of injuries to the head and face are less common in baseball and softball than in other (collision type) sports such as football and ice hockey. However, head and face injuries that do occur in baseball and softball are caused by balls and bats and are usually much more severe. A 2017 study¹ that reviewed 29 articles about head injuries in baseball found that the most common mechanism of injury for younger players (ages 5-9) was being struck by a bat and for older players (ages 10-19) it was being struck by a ball. Overall rates of injury were higher in games than in practices.

To prevent severe and emotionally traumatic injuries, EDHLL urges managers, coaches, and parents to educate their players about the importance of wearing batting helmets and when and where it is appropriate to have a bat in hand or swinging.

d. Elbow and shoulder injuries

The role of parents and coaches in injury prevention is crucial. A 2015 study found that 46% of youth baseball respondents said they were encouraged on at least one occasion to keep playing despite having arm pain.² When a child complains of arm pain, adults **MUST** act in the best interests of the child. Risk factors for elbow pain in baseball/softball include:

- Pitching while fatigued.
- Poor pitching mechanics.
- Pitch velocity.
- Pitch counts (120 to 130-140 per game).

Prevention strategies include limiting fatigue and overuse by following pitching/throwing guidelines (see below), taking periodic time off from baseball/softball, and using age-appropriate strength and conditioning programs (consult a professional). Players should maintain range of motion throughout the body and the shoulder. And remember, Warm up to throw, don't Throw to warm-up! (See Dynamic Warm-up section on page 29).

e. Nutrition and Hydration

When children and adolescents are physically active, their muscles generate heat, which increases their body temperature. One of the body's natural cooling responses to increased body temperature is sweat. 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 that of an adult. If fluids are not adequately replaced, children can quickly become overheated. We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. Whether it is January or July, thirst is not an indicator of fluid needs. **Always encourage children to drink fluids, even when they do not feel thirsty.** Managers and coaches should schedule water breaks every 15 to 30 minutes during practices on hot days and should encourage players to drink between every inning during games.

¹ Cusimano MD, Zhu A. Systematic Review of Traumatic Brain Injuries in Baseball and Softball: A Framework for Prevention. *Front. Neurol.*, 30 October 2017. <https://doi.org/10.3389/fneur.2017.00492>

² Makhni EC, Morrow ZS, Luchetti TJ, et al. Arm Pain in Youth Baseball Players: A Survey of Healthy Players. *AJSM* 43:1, 2015.

Water is the best fluid for hydration. The American Academy of Pediatrics says that most children need only water to hydrate during and after sports. Sports drinks just add a lot of extra calories (plus sugar and dyes); the average 8-year-old burns only 150 calories in an hour of sports. And children can replenish electrolytes at the next meal.

Adolescence is the perfect time to teach athletes how to effectively fuel their body for training, competition, and recovery. Some excellent tips are listed in the table below, from the article [“Fueling and Hydrating Before, During and After Exercise,”](#) from the Nationwide Children’s Sports Medicine website.

	Before Exercise		During Exercise		After Exercise	
When	3-4 hrs before	30-60 min before	Exercise lasting <60 min	Exercise lasting >60 min	15-60 min after	2-3 hrs after
Nutrition Recommendations	Meal: high carb, moderate protein, low fat & fiber	Snack: carb		Snack: carb	Snack: Carb & protein	Balanced meal: carb, protein & fats
Hydration Recommendations	8-20 oz fluid 1 hour before exercise		None or water	4-6 oz fluid every 15 min	Rehydrate with 16-24 oz fluid per one pound lost through sweat	
Examples	<ul style="list-style-type: none"> ○ Lunch meat and cheese sandwich ○ Grilled chicken, rice, vegetables ○ Spaghetti and meatballs 	<ul style="list-style-type: none"> ○ Peanut butter sandwich ○ Pretzels and peanut butter ○ Trail mix and banana 		<ul style="list-style-type: none"> ○ Sports drink ○ 100% fruit juice ○ Orange ○ Banana ○ Granola bar 	<ul style="list-style-type: none"> ○ Chocolate milk ○ Cheese & crackers ○ Protein bar ○ Smoothie ○ Yogurt & granola 	<ul style="list-style-type: none"> ○ Hamburger & grilled vegetables ○ Salmon, mixed vegetables & rice ○ Pizza & salad ○ Lasagna

4. EDHLL Board of Directors 2023

Position	Name	Phone	Email
President	Brent McGhee	916-705-9415	edhllpresident@gmail.com
VP Operations	Rob Dorjath	773-368-4229	edhllvpops@gmail.com
VP Administration	Dev Sirur	916-221-0623	edhllvpofad@gmail.com
Information Officer	Alyssa Craine	650-823-6244	edhllinfo@gmail.com
Treasurer	Cristina Simpson	916-768-5665	edhlltreasurer@gmail.com
Safety Officer	Sarah Preiss-Farzanegan	585-233-8012	edhllsafety@gmail.com
Secretary	Laney Eaton	661-335-1541	edhllsecretary@gmail.com
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Adult Umpire-in-Chief	<i>open</i>		edhlladultuic@gmail.com
Concessions Coordinator	Bryan Parker	805-402-3778	edhllconcessions@gmail.com
Equipment Coordinator	Cesar Montes de Oca	530-903-9023	edhllequipment@gmail.com
Fields Coordinator	Eric Gonsalves	209-480-0585	edhllfields@gmail.com
Scheduling Coordinator	Steve Ramos	408-655-0515	edhllscheduler@gmail.com
Spiritwear Coordinator	Lisa Gregerson	916-200-8302	edhllspiritwear@gmail.com
Sponsorship/Fundraising Coordinator	Ricky Mehta	530-305-5625	edhllsponsorship@gmail.com
Volunteer Coordinator	Elise Hymes	650-787-3091	edhllvolunteer@gmail.com
Uniforms Coordinator	Ryan McCracken	916-214-7699	edhlluniforms@gmail.com

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El Dorado Hills Little League Player Code of Conduct

I hereby pledge to be positive playing for El Dorado Hills Little League and accept responsibility for my participation by following this Players' Code of Conduct

I will ...

- Always try my best and work hard for myself and my team
- Attend and participate in all scheduled games and practices and notify my coach in advance if unable to do so
- Be a good sport (win or lose)
- Be aware of safety
- Exercise self-control at all times
- Follow and play by the rules
- Follow the guidelines set forth for my team and El Dorado Hills Little League
- Learn the value of commitment to my team and realize practice sessions are educational experience and opportunities
- Never throw my bat, helmet, glove or any object in disgust / anger on or off the playing field at any time
- Not bully, tease, taunt or make fun of another teammate or opponent for any reason
- Participate and communicate positively with my coaches, teammates, parents, fans and opponents
- Participate for my own enjoyment and benefit
- Practice good sportsmanship at all times, to win without boasting, lose without excuse and never quit.
- Put my personal goals aside for the betterment of my team
- Refrain from using foul language and/or making any inappropriate gestures
- Set a positive example for others to follow
- Show respect towards the umpires and their decisions and will accept their call as final and not argue a judgment call.
- Treat everyone, including coaches, parents, players and officials, with respect, regardless of ability, race, creed, color, nationality or gender.
- **Let my coaches know if I pitched on any other outside baseball team.**
- **Have fun and keep a positive attitude!**

Player's Code of Conduct

My signature verifies that I have read, understand and agree to abide by this Code of Conduct. I understand that consequences may include me being removed from practice/game, suspension and/or El Dorado Hills Little League.

Player Name	Player Signature	Date
-------------	------------------	------

Parent Name	Parent Signature	Date
-------------	------------------	------

Little League Pledge: I trust in God, I love my country and will respect its laws, I will play fair and strive to win, but win or lose, I will always do my best.

League Use Only	Division:	Team:
------------------------	------------------	--------------



El Dorado Hills Little League

Parent Code of Conduct

***NOTE: This form is required to be signed by both parents prior to any child playing in regular league games.**

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I (We) therefore agree:

- I (We) not force my child to participate in sports.
- I (We) will remember that children participate to have fun and that the game is for youth, not adults.
- I (We) inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
- I (We) learn the rules of the game and the policies of the league
- I (We) and my guests will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.
- I (We) and my guests will not engage in any kind of unsportsmanlike conduct with any official coach, player or parent, such as booing and taunting, refusing to shake hands or using profane language or gestures.
- I (We) will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
- I (We) will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- I (We) will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
- I (We) will teach my child that doing one's best is more important than winnings, so that my child will never feel defeated by the outcome of a game or his/her performance.
- I (We) will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
- I (We) will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
- I (We) will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
- I (We) will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
- I (We) respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed-upon time and place.
- I (We) will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all sports events.
- I (We) will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
- **I (We) will ensure that my participation on any other baseball team will be made known to my coaches, specifically around my availability to pitch.**

Print Players Name (First / Last Name)

Mother / Guardian Signature

Date

Players Name Date of Birth

Father / Guardian Signature

Date

For League Use:

Division: _____

Team: _____



MANAGER/COACH CODE OF CONDUCT

The El Dorado Hills Little League Board of Directors goal is to ensure that games are fair, positive and enjoyable experiences for all players and their families. Players, coaches, officials, parents and spectators are to conduct themselves in a manner that "Honors the Game" and demonstrates respect to other players, coaches, officials, parents, spectators and fans.

A requirement by Little League International is that all managers attend a Coaching and Safety clinic. In addition, El Dorado Hills Little League requires attendance at an annual meeting. The clinics and meetings are held annually to enhance knowledge of the game, rules and share information about the league operations.

- I understand that the safety and welfare of the players is my number one priority
- I understand that as a manager/coach I have a tremendous influence on the players, I will strive to be a positive role model in my interactions with all players, parents, and officials
- I will act with dignity, patience and portray a optimistic spirit before, during and after the game
- I understand players should always demonstrate positive behavior and respect toward teammates, opponents, coaches, officials, parents and spectators
- I will always encourage players and provide positive support
- I will treat officials with the utmost respect and support their decisions
- I understand EDHLL has a zero tolerance policy regarding interactions with umpires
- I will follow Little League rules when communicating with umpires for review and protests
- I will not indulge in conduct which would incite players or spectators against the officials
- I will teach the value of good sportsmanship and the concepts of fair play
- I understand teaching the skills of the game should always be placed above winning
- I understand as a manager/coach practices should be held as scheduled by the league
- I understand that it is my responsibility to check that fields are open and if a field is closed, I am responsible for communicating to my team and cancelling practice
- I understand as a manager/coach that I am responsible for the team and coaching staff
- I understand I am responsible for knowing the rules and ignorance will not be accepted as exception
- A volunteer form must be completed and approved prior to board approval

I understand that these policies cannot address every possible situation that presents itself and they do not eliminate the expectation of good judgment and positive behavior at all times. By signing below I agree to comply with the policies and understand that failure to comply may result in disciplinary action up to and including removal of coaching.

Signature of Manager or Coach

Date

Appendix B – BigAI Baseball Online Training



MY LEAGUE	SKILLS	STRATEGY	PRACTICE PLANS	GAME DAY
<p>This section includes:</p> <ul style="list-style-type: none"> A checklist of extra equipment needed for practices this season Information on how to fit gloves and select bats Letter of expectations for players and parents And more... 	<p>This section includes:</p> <ul style="list-style-type: none"> All of the fundamental skills you need to teach How to identify and correct common mistakes Formations and ways to teach your team the skills and keep your players active and engaged Lots of drills, fun games and challenges you can use all season long 	<p>This section includes:</p> <ul style="list-style-type: none"> Introduction to basic baseball terms, rules and positions for the team An animated approach introducing the roles and responsibilities of each position in several game situations A game that players love called Bubba Baseball designed to introduce the basic strategies of the game 	<p>This section includes:</p> <ul style="list-style-type: none"> A complete set of practice plans for the pre-season, during the season and a fun practice to wind-up the season A series of short 20-30 minute practices to run before each game during the season and fun activities after each game Every practice plan in the center has links to videos on warm-ups, teaching skills and drills and fun games and activities 	<p>This section includes:</p> <ul style="list-style-type: none"> Tips on how to prepare for the game Pre-game plans with warm-up & practice drills In-game plans with tips on how to organize and support players on the field and in the dugout Post-game plans to close off game day in a fun and effective way with every player on your team
Buy Now				

Training & Development for Coaches of 9-12 year olds
(Includes everything we presented in the live clinics and much more)



MY LEAGUE	SKILLS	STRATEGY	PRACTICE PLANS	GAME DAY
<p>This section includes:</p> <ul style="list-style-type: none"> A checklist of extra equipment needed for practices this season Information on how to fit gloves and select bats Letter of expectations for players and parents And more... 	<p>This section includes:</p> <ul style="list-style-type: none"> All of the fundamental skills you need to teach How to identify and correct common mistakes Formations and ways to teach your team the skills and keep your players active and engaged Lots of drills & fun games so the players get quality repetitions all season long 	<p>This section includes:</p> <ul style="list-style-type: none"> How to teach positional play and roles and responsibilities for every player on your team in several game situations A structured approach to teach game strategy and then practice each of the defensive plays under game-like situations 	<p>This section includes:</p> <ul style="list-style-type: none"> A complete set of practice plans for the pre-season, practice plans designed for during the season, and finally practices designed to get your team ready for post season play Practice plans with links to videos on warm-ups, teaching skills and drills and fun games to use during each practice 	<p>This section includes:</p> <ul style="list-style-type: none"> Pre-game plans to help prepare for the game with playing time systems, effective pre-game warm-up routines In-game plans with tips on how to manage and coach during the game Post-game plan on how to close off game day in a positive way for every player on your team
Buy Now				

<http://bigalbaseball.com/>
 Access codes will be distributed to EDHLL members via email, website, and social media.



2023 Coach's Meeting & Safety Clinic*

*The safety clinic will be included in this year's preseason coach meeting:***

Double A, Triple A, and Majors/Juniors coaches

Date: Tuesday, January 31, 2023***

Time: 6:00 p.m. – 9:00 p.m. for Double A coaches

Single A and T-Ball Coaches

Date: Wednesday, February 8, 2023***

Time: 6:00 p.m. – 9:00 p.m.

*Little League requires that every coach attend a safety clinic AT LEAST once every 3 years.

****Due to recent changes in Little League rules and updated EDHLL safety procedures, the above coach meetings are mandatory.**

Those who are unable to attend will be required to complete the District 54 online safety webinar on their own time and prior to their first practice.



This clinic meets the necessary ASAP requirements set forth by Little League Baseball, INC.

***Meeting dates subject to change based on meeting space availability.

Concussion INFORMATION SHEET



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


What Is a Concussion?

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

How Can I Help Keep My Children or Teens Safe?

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

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

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

How Can I Spot a Possible Concussion?

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

Signs Observed by Parents or Coaches

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

Symptoms Reported by Children and Teens

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

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



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

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

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

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

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

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

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

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

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

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

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



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.
- Athlete's Name Printed: _____ Date: _____
- Athlete's Signature: _____
- I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.
- Parent or Legal Guardian's Name Printed: _____ Date: _____
- Parent or Legal Guardian's Signature: _____

Revised January 2019

A Fact Sheet for Youth Sports Parents



This sheet has information to help protect your children or teens from Sudden Cardiac Arrest

Why do heart conditions that put kids at risk go undetected?

While a youth may display no warning signs of a heart condition, studies do show that symptoms are typically present but go unrecognized, unreported, missed or misdiagnosed.

- Symptoms can be misinterpreted as typical in active youth
- Fainting is often mistakenly attributed to stress, heat, or lack of food or water
- Youth experiencing symptoms regularly don't recognize them as unusual – it's their normal
- Symptoms are not shared with an adult because youth are embarrassed they can't keep up
- Youth mistakenly think they're out of shape and just need to train harder
- Youth (or their parents) don't want to jeopardize playing time
- Youth ignore symptoms thinking they'll just go away
- Adults assume youth are OK and just "check the box" on health forms without asking them
- Medical practitioners and parents alike often miss warning signs
- Families don't know or don't report heart health history or warning signs to their medical practitioner
- Well-child exams and sports physicals do not check for conditions that can put youth at risk
- Stethoscopes are not a comprehensive diagnostic test for heart conditions

Protect Your Kid's Heart

Educate yourself about sudden cardiac arrest, talk with your kids about warning signs, and create a culture of prevention in your youth's sports organization.

- Know the warning signs
- Document your family's heart health history as some conditions can be inherited
- If symptoms/risk factors present, ask your doctor for follow-up heart/genetic testing
- Don't just "check the box" on health history forms—ask your youth how they feel
- Take a cardiac risk assessment with your youth each season
- Encourage youth to speak up if any of the symptoms are present
- Check in with your coach to see if they've noticed any warning signs
- Active youth should be shaping up, not breaking down
- As a parent on the sidelines, know the cardiac chain of survival
- Be sure your school and sports organizations comply with state law to have administrators, coaches and officials trained to respond to a cardiac emergency
- Help fund an onsite AED

What happens if my child has warning signs or risk factors?

- State law requires youth who faint or exhibit other cardio-related symptoms to be re-cleared to play by a licensed medical practitioner.
- Ask your health care provider for diagnostic or genetic testing to rule out a possible heart condition.

Electrocardiograms (ECG or EKG) record the electrical activity of the heart. ECGs have been shown to detect a majority of heart conditions more effectively than physical and health history alone. Echocardiograms (ECHO) capture a live picture of the heart.

- Your youth should be seen by a health care provider who is experienced in evaluating cardiovascular (heart) conditions.
- Follow your providers instructions for recommended activity limitations until testing is complete.

What if my youth is diagnosed with a heart condition that puts them at risk?

There are many precautionary steps that can be taken to prevent the onset of SCA including activity modifications, medication, surgical treatments, or implanting a pacemaker and/or implantable cardioverter defibrillator (ICD). Your practitioner should discuss the treatment options with you and any recommended activity modifications while undergoing treatment. In many cases, the abnormality can be corrected and youth can return to normal activity.

Appendix F – EDHLL Facility Survey (preliminary report, 11/18/22)

#	Field	Description / Notes	Safety Issue	Improvement (Non-Safety)	Priority High Medium Low	Resp. Party	Freq.	Start / Completion Date	2023 Comments
1	Brooks T-Ball	Put cement floor in the dugouts		Yes	Low		once		Would help with drainage as water drains well from the field but accumulates here
2	Brooks T-Ball	Consider adding a second T-Ball field between Brooks and JMF		Yes	High	EDHLL/CSD	Capital Improvement Project		Would help to alleviate 4 teams having a bye during the week
3	Jeff Mitchell	Pull hay bales off of top of retaining wall	Yes		Medium	CSD	annually		Bales are there during rainy months, should be removed before LL season starts
4	Jeff Mitchell	New picnic tables and score table		Yes	Low	CSD	once		Have been ordered, CSD will install
5	Jeff Mitchell	New flags needed: U.S., Little League, Sacramento Cty and EDC Sheriff and EDHFD		Yes	High	EDHLL	once		US flag can stay on flagpole, all have lights
6	Jeff Mitchell	If the lights go out, EDHLL have access to flip breaker switch	Yes		High		once		Often the cause is the breaker, and someone at the field can flip the switch; EDHLL would need ???????
7	Jeff Mitchell	Memorial signage for Bryce		Yes	Medium	EDHLL	once		Send proposal to CSD for approval
8	Jeff Mitchell	Add new dirt	Yes		High				
9	Jeff Mitchell	Lip behind 2B: sod needs replacing	Yes		High	CSD	once		
10	Jeff Mitchell	Mound: fill in front of the mound with sod	Yes		High	CSD	once	Spring break	Complete and then maintain the mound area annually
11	Jeff Mitchell	Mound: rubber is leaning, ditch in front need to be fixed	Yes		High	CSD	once		Complete and then maintain the mound annually
12	Jeff Mitchell	Batters box: to help preserve the area, use a mat to cover for practices		Yes	High	EDHLL	once		Consider cost and storage
13	Jeff Mitchell	Covers for home plate and mound need replacing	Yes		High	CSD	once then as needed		
14	Jeff Mitchell	Bulpens: portable mounds are breaking down. Options are to fix them and fill in the dirt in front VS repair the mounds and move to other field and build permanent mounds in bulpens	Yes		Medium	EDHLL	once and then maintain		CSD can get us a cost estimate from the company they use for maintaining the mounds
15	Jeff Mitchell	Lengthen the field		Yes	Low	EDHLL	Capital Improvement Project		EDHLL would submit proposal to CSD, who can oversee the process and EDHLL would fund. CSD would want to see what benefit this would have to the overall community, since LL is not the only party to use the field. (Goal is 225 feet)
16	OME	Home plate crooked	Yes		High	CSD	annually		
17	OME	Cover top of 1B dugout for shade and protection	Yes		High	EDHLL	once		submit request to CSD
18	OME	Bat racks moved to inside dugouts (back fence near the opening furthest from home plate); 1 rack per dugout	Yes		High		once		
19	OME	Paint foul lines	Yes		Medium	EDHLL	annually		
20	OME	Replace dugout benches (rusting and rough edges)	Yes		High	CSD	once		Benches ordered and awaiting delivery
21	OME	Mark fences for 1B/3B in case pegs are removed	Yes		Medium	EDHLL	once		
22	OME	Check if outfield fence needs repairs	Yes		High	EDHLL	annually		
23	OMW	Outfield lip all around	Yes		High	CSD	once and maintain		
24	OMW	Needs more dirt	Yes		High		once		
25	OMW	Outfield fence holes to repair	Yes		High	EDHLL	annually		
26	OMW	Move bat racks inside dugouts- back fence near the opening furthest from home plate	Yes		High	CSD	once		
27	OMW	Paint foul lines on grass	Yes		Medium		annually		
28	OMW	Catcher and batter boxes need levelling	Yes		Medium	CSD	annually		
29	OMW	Rebuild mound (this is annual per MOU)	Yes		Medium	CSD	annually		
30	OMW	Weight the mound tarp better to keep it on (and school kiddos out)	Yes		Medium		once and maintain		
31	OMW	Spot seed the outfield	Yes		Medium	CSD	once and then as needed	Thanksgiving break	
32	OMW	Dugout gate closest to home plate- lock it	Yes		High	EDHLL	once		EDHLL will put lock on it and provide combo to CSD
33	OMW	Between east and west fields, grass area that floods (near purple valve box)	Yes		Medium	CSD	once and then as needed		Will adjust valves
34	Silva Valley	Incline path by the garden down the hill to field level is treacherous	Yes		High	EDHLL	Capital Improvement Project		Submit proposal to Ryan, who submits to the school; will likely say yes since it will be an improvement.
35	Silva Valley	Overgrowth behind bleachers by stairs and by the incline path	Yes		Medium	CSD	annually		
36	Silva Valley	Dugouts need a gate at opening closest to home plate	Yes		High	CSD	once		
37	Silva Valley	Secure backstop fence	Yes		High	CSD	once and then maintain		
38	Silva Valley	Remove top board of wood along backstop		Yes	Medium	CSD	once		To improve sight lines for fans sitting in first two rows of bleachers (these rows are not used currently, because the boards block the view)
39	Silva Valley	Home plate needs adjusting	Yes		Medium	CSD	once		
40	Silva Valley	Outfield grass has dips, holes, uneven, poor grass; raise backstop; extend concrete behind 3B to make room for higher bleachers, etc	Yes		High		Capital Improvement Project		Submit proposal to Ryan, who submits to the school; will likely say yes since it will be an improvement.
41	Silva Valley	Secure gaps in netting (top fence in front of dugouts)	Yes		High		once and then maintain		
42	Valley View	Install dugout gates?	Yes		High	CSD	once		LL vs community benefit? (per CSD) if it will only benefit LL and not the larger community, they indicated it was a low priority
43	Valley View	Outfield fence holes to repair	Yes		High	EDHLL	annually		
44	Valley View	Needs dirt	Yes		High		once and then as needed		
45	Valley View	3B infield grass edge needs fixing	Yes		High	CSD	once and then as needed		

#	Field	Description / Notes	Safety Issue	Improvement (Non-Safety)	Priority High Medium Low	Resp. Party	Freq.	Start / Completion Date	2023 Comments
46	Valley View	Grass lip behind 1B	Yes		High	CSD	once and then as needed		dirt is a quick fix, would need time in warm weather to fix the grass
47	Valley View	Paint foul lines	Yes		Medium	EDHLL	annually		
48	CSD North	Fix infield/outfield lip	Yes		High	CSD	once and then as needed		CSD will push dirt out toward lip and educate field preppers to drag dirt out in that direction; a grass patch is doable in season or a full apron in July (they have a turf consultant)
49	CSD North	Add dirt to infield	Yes		High	CSD/EDHLL	once and then as needed		
50	CSD North	Move bat racks inside dugouts	Yes		High	CSD	once		
51	CSD North	Backstop shade needs adjusting (not effective)	Yes		Medium	CSD	once and maintain		CSD can tighten it to elevate a bit
52	CSD North	Rebuild batters box	Yes		Medium	CSD/EDHLL	annually		
53	CSD North	Water spout by 1B fence is a hazard	Yes		High	CSD	once		CSD can wrap it with padding
54	CSD North	Low spot behind 2B in the dirt	Yes		High	CSD	once		
55	CSD North	Paint foul lines on grass		Yes	Medium	EDHLL	annually		consider line painter purchase; will enable youth umpires to do their job more effectively
56	CSD South	Needs fence ties on 3B line	Yes		Medium	EDHLL	once		
57	CSD South	Fix concrete lip in 3B dugout	Yes		High	CSD	once and then as needed		will be address with adding dirt to field
58	CSD South	Move bat racks inside dugouts	Yes		High	CSD	once		
59	CSD South	3B fence is convex and fence post is leaning		Yes	Medium	CSD	once		
60	CSD East/NY Creek	Bulpens need new mounds	Yes		High	EDHLL/CSD	once and then maintain		new mound (EDHLL finance, CSD contractor execute) or fix the temporary ones (EDHLL) for a better landing angle (has potential for injury)
61	CSD East/NY Creek	Trim tree hanging over 1B bulpen	Yes		High	CSD	annually		
62	CSD East/NY Creek	Trim/remove blackberry bush between shed and 1B bulpen	Yes		Medium	CSD	annually		
63	CSD East/NY Creek	Install fencing with a gate along 1B OF; there is a steep slope down into a small rocky ravine and snakes live down there	YES		HIGH	CSD	once		This is a priority to keep kids from chasing balls down that hill (right where teams warm up in the outfield); any fence would need a gate to allow soccer and mowers to get through
64	CSD East/NY Creek	Secure backstop fence in front of scorer's table	Yes		Medium	CSD	once		
65	CSD East/NY Creek	Address blackberry bush in 3B dugout	Yes		Medium	CSD	once		CSD to remove
66	CSD East/NY Creek	Install bat rack in 3B dugout (is missing)	Yes		HIGH	CSD	once		
67	CSD East/NY Creek	3B dugout shelf- top right shelf end piece needs to be secured	Yes		HIGH	CSD	once and maintain		
68	CSD East/NY Creek	Adjust 3B 50/70 peg (dirt in the hole) with a cover or install lower; currently is a tripping hazard	Yes		HIGH	CSD	once		
69	CSD East/NY Creek	New Little League pledge banner		Yes	low	EDHLL	once and maintain		
70	CSD East/NY Creek	Paint foul lines on grass	Yes		Medium	CSD	annually		Will enable youth umpires to do their job more effectively

EDHLL 2023 Majors Bag # M-01

Equipment	Amount	Condition	Returned Condition
<i>Catchers Gear</i>			
Shin Guards	2 sets	New/Used	
Knee Savers	2 sets	New/Used	
Chest Protector	2	New/Used	
Mask	2	New/Used	
Glove	2	New/Used	
<i>Helmets</i>	4	Good	
<i>Bats</i>	2	Good	
<i>Prac. Balls</i>	Bucket-24	New	
<i>Game Balls</i>	24	New	
<i>Pitch Counter</i>	2		
<i>First Aid Kit</i>	1		

2023 Little League Equipment Sign-Out

At the start of every Little League season, every team manager may be required to sign-out his/her team equipment. It will be the responsibility of every manager/coach to maintain their team's equipment during the season. With this comes the responsibility of teaching players to respect the equipment. If at any time during the season a problem arises with the equipment (i.e., broken helmet or catcher's gear) notify the equipment coordinator for replacement. Once the season has ended a date will be set for equipment return. Prior to returning the equipment, all managers/coaches shall clean out their equipment bag and have it ready to turn in at the specified date, set by the Equipment Manager.

Equipment Checkout

Division _____ Team Name _____

Manager/Coach _____ Date _____

Equipment Return

Manager/Coach _____ Date _____

Appendix I – Little League Medical Release Form



**Little League Baseball and Softball
MEDICAL RELEASE**



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____
 Parent (s)/Guardian Name: _____ Relationship: _____
 Parent (s)/Guardian Name: _____ Relationship: _____
 Player's Address: _____ City: _____ State/Country: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Mobile Phone: _____

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: _____ City: _____ State/Country: _____
 Hospital Preference: _____
 Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____
 League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/guardian cannot be reached 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

Date of last Tetanus Toxoid Booster: _____

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.

Mr./Mrs./Ms. _____
 Authorized Parent/Guardian Signature Date:

FOR LEAGUE USE ONLY:

League Name: El Dorado Hills Little League League ID: 4055422
 Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
 Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.



 **SIGNS AND SYMPTOMS**

Athletes who experience one or more of the signs or symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

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

 **ACTION PLAN**

As a coach, if you think an athlete may have a concussion, you should:

1. **Remove the athlete** from play.
2. **Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a health care provider.** Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion.
3. **Record and share information about the injury**, such as how it happened and the athlete's symptoms, to help a health care provider assess the athlete.
4. **Inform the athlete's parent(s) or guardian(s)** about the possible concussion and refer them to CDC's website for concussion information.
5. **Ask for written instructions from the athlete's health care provider** about the steps you should take to help the athlete safely return to play. Before returning to play an athlete should:
 - > Be back to doing their regular school activities.
 - > Not have any symptoms from the injury when doing normal activities.
 - > Have the green-light from their health care provider to begin the return to play process.

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.



For more information and to order additional materials **free-of-charge**, visit: www.cdc.gov/HEADSUP.

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



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.

Prevent Sudden Cardiac Arrest in Young Athletes



Signs & Symptoms

Youth who experience one or more of the signs and symptoms listed below may have a heart condition that puts them at risk for Sudden Cardiac Arrest.

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Fainting is the #1 sign of a potential heart condition

Symptom Action Plan

If an athlete passes out or faints, or displays any of the above symptoms, you should:

REMOVE the athlete from play

ALERT the parent or guardian

RECORD and share information about the symptom/s to help a health care provider evaluate the athlete

REQUIRE written clearance from the youth's health care provider to green-light the player to return

While it may be inconvenient for a youth to be removed and miss a game to be re-cleared, it would be a tragedy if they died because symptoms went unrecognized.

Cardiac Arrest Action Plan

If an athlete suddenly collapses, every minute delayed in emergency intervention decreases their chance of survival by 10%.

Their life depends on YOUR quick action!

RECOGNIZE Sudden Cardiac Arrest

- Victim is collapsed, unresponsive and not breathing
- Don't be fooled by gasping/gurling/seizure-like activity
- SCA may also be caused by a hard blow to the chest

CALL 9-1-1

- Operator can instruct you in CPR
- Ask nearest person to retrieve AED

PUSH

- Start hands-only CPR immediately
- Push hard and fast in the center of the chest

SHOCK

- Any bystander can use the AED
- Follow the step-by-step audio instructions
- AED **WILL NOT HURT** THE PERSON, **ONLY HELP**

KeepTheirHeartInTheGame.org



Appendix L – EDHLL Injury Reporting Form (Google Form)



EDHLL Injury Reporting Form

Managers, to report an injury (or near miss), please complete the short form below. The Safety Officer will contact the player's parent/guardian or the adult involved, complete the injury tracking form, determine if further action is needed (such as quarantine in the case of COVID-19, physician's note for return to play, etc.) and communicate the results of this conversation back to you. Thank you for helping EDHLL continue to prioritize the safety of our players, volunteers and community!
Sarah Preiss-Farzanegan, M.D., EDHLL Safety Officer

spfarzanegan@gmail.com [Switch account](#)

* Required

Email *

Your email

Your name (first and last) *

Your answer

Your phone number (the Safety Officer will call you as mentioned above) *

Your answer

Incident Date *

Date

mm/dd/yyyy

Time the incident occurred (approximate time is ok) *

Time

: AM

Field name/location where incident occurred *

- Brooks Tee Ball field
- Deputy Jeff Mitchell field
- Silva Valley
- Oak Meadow East
- Oak Meadow West (closest to Silva Valley Parkway)
- NY Creek (aka CSD East)
- CSD North (closest to dog park)
- CSD South (closest to playground)
- Bass Lake
- Valley View
- Snack Shack
- Not applicable
- Other: _____

Injured person is *

- Child
- Adult volunteer
- Spectator
- Other: _____

Injured person's phone number (parent/guardian if child): *

Your answer

Brief description of injury (or near miss): *

Your answer

Send me a copy of my responses.

Submit

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Google Forms

For Local League Use Only

Activities/Reporting

**A Safety Awareness Program's
Incident/Injury Tracking Report**

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____
 Field Name/Location: _____ Incident Time: _____
 Injured Person's Name: _____ Date of Birth: _____
 Address: _____ Age: _____ Sex: Male Female
 City: _____ State _____ ZIP: _____ Home Phone: () _____
 Parent's Name (If Player): _____ Work Phone: () _____

 Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

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

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

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

Type of injury: _____

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

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

Type of incident and location:

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

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

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

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



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

Send Completed Form To:
 Little League® International
 539 US Route 15 Hwy, PO Box 3485
 Williamsport PA 17701-0485
Accident Claim Contact Numbers:
 Phone: 570-327-1674

Accident & Health (U.S.)

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. **Limited** deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name			League I.D.		
PART 1					
Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)	Age	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code) () ()	Bus. Phone (Inc. Area Code) () ()	
Address of Claimant			Address of Parent/Guardian, if different		

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

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Accident	Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM	Type of Injury
------------------	---	----------------

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

Check all applicable responses in **each** column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	(Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

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

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

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

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

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

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

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official	Position in League	
Address of League Official	Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()	

Were you a witness to the accident? Yes No

Provide names and addresses of any known witnesses to the reported accident.

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

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

Does your league use batting helmets with attached face guards? YES NO
If YES, are they Mandatory or Optional At what levels are they used?

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

Date	League Official Signature
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University Sports Medicine



MEDICINE of THE HIGHEST ORDER

Dynamic Warm-up & Work out for Baseball / Softball

Definition – Dynamic Warm-ups – A series of ground based callisthenic and plyometric movements that increase the athlete’s core temperature, increase joint mobility, and increase joint flexibility.

Dynamic Warm-up Principles

- Warm-up to throw, not throw to warm up.
- Focus on the purpose of every warm-up exercise
- Keep your head over your hips
- Stay in the Universal Athletic Position on the balls of your feet
- Whenever possible, maximally dorsiflex (extend) your foot and toes upward
- Perform each exercise through a complete and full range-of-motion
- Perform each exercise over a distance of 10-15 yards
- Lateral movements should be performed to both the right and left.

In the beginning the dynamic warm-up make take anywhere from 20-30 minutes. Once proper technique is programmed into the athlete’s warm-up, it should take approximately 10-15 minutes to perform.

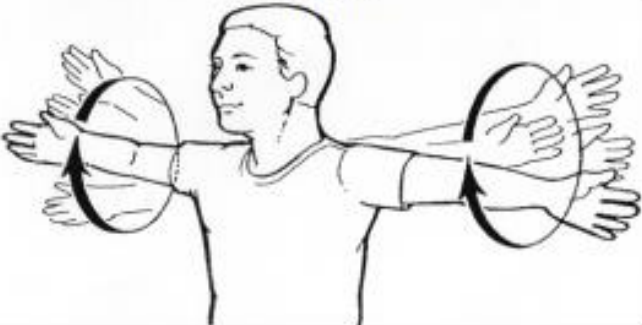


Part I. DYNAMIC WARM-UP (PICK 5-10 EXERCISES AND ROTATE THEM EACH TRAINING DAY, PERFORMING EACH EXERCISE AT LEAST ONCE PER WEEK)



Exercise	Description
JOG OUT, BACKPEDAL IN	Jog forward (down) emphasizing pocket-chest arm movement with good knee punch; backpedal with same emphasis; repeat 2X
KNEE PULLS	Walk forward pulling knee to armpit every other stride; everyone down, everyone back
TOE PULLS	Walk forward reaching down placing heel on ground and grabbing toes pulling back every third stride; everyone down, everyone back
WALKING LUNGE	Walk forward lunging with square shoulders placing elbow to ground planting opposite hand; everyone down, everyone back
HURDLE KICKS	Walk forward kicking leg every other stride with shoulders on top of hips and reaching out front; everyone out, everyone back
SLIDE AND STRETCH	Side to side stretch with two infielder shuffles in between everyone down, everyone back

HIGH KNEES	Run forward emphasizing knee lift, pocket-chest arm movement and forward lean; everyone down, everyone back
BUTT KICKS	Run forward emphasizing calf to hamstring movement setting off cycling action; everyone down, everyone back
DOUBLE TOUCH SKIPS	Skip forward touching each foot twice emphasizing stepping off power pad, good arm movement
LATERAL SLIDE SKIPS	Skip sideways touching each foot twice emphasizing stepping off power pad, good arm movement and knee push
SKIP AND SWING	Skip forward (down) with rotational arm swing forward; skip backward (back) with rotational arm swing backward
SLIDE AND GLIDE	Heel to heel shuffle (don't cross feet) sideways down and back with side to side arm swings
CARIOCA	Carioca sideways down and back keeping shoulders square
TAPIOCA	Tapioca sideways down and back keeping shoulders square while emphasizing fast feet and fast hips
FAST FEET	Run forward emphasizing putting feet up and down as fast as possible; everyone down and back
START-STEALS	Run forward from crossover start emphasizing staying low, stride length, and chewing up ground, everyone down, everyone back
FALL-STARTS	Lean forward until you begin to lose your balance, once you reach the point of no return, begin running/sprinting emphasizing staying low, stride length, and chewing up ground, everyone down, everyone back



PART II. STRETCHING

IIa. POSTERIOR CAPSULE / ROTATOR CUFF

Exercise	Diagram
<p>ARM CIRCLES Perform forward and backward arm circles for 20-30 seconds</p>	
<p>BACK SLAPS</p> <p>Stand with your feet about 12 inches apart. Extend your arms palms down until your arms are level with your shoulders. Swing your arms to the right, letting your slapping your left hand against your right shoulder, with your right hand slapping against the small of your back. Then swing your arms in the opposite direction, having your right hand slap against your left shoulder and the back of your left hand slap against the small of your back. As you swing back and forth allow your torso and legs to follow the movement. Allow your heels to lift from the floor but do not allow either foot to completely leave the floor. As you swing right turn your head right, and turn your head left as you swing to the left. Perform 20-30 seconds.</p>	
<p>SLEEPER STRETCH Lie on your side with bottom arm in front of you, elbow bent. Gently push on bottom wrist with opposite hand until a stretch is felt in the bottom shoulder. Hold for 20 seconds, perform 5 repetitions.</p>	




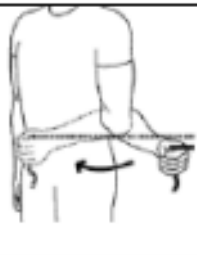

<p>HORIZONTAL ABDUCTION STRETCH Gently pull on elbow with opposite hand until a stretch is felt in the shoulder. Hold for 20 seconds, perform 5 repetitions.</p>	
<p>TOWEL STRETCH Hold a towel loosely with the side to be stretched behind your back, palm facing away from back. Gently pull upward with the opposite hand pulling the hand behind your back gently upward until a stretch is felt in the shoulder of the arm behind your back. Hold for 20 seconds, perform 5 repetitions.</p>	


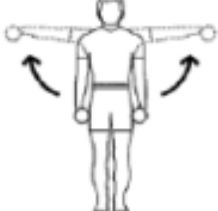


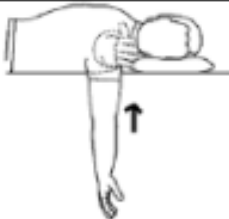
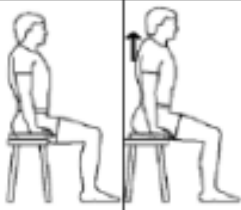
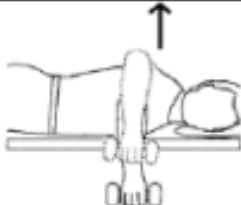
Iib. TRUNK STRETCHING





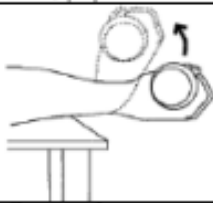
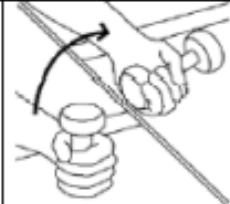
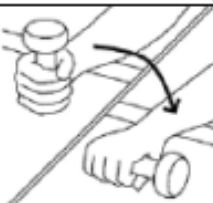

Exercise	Diagram
<p>STANDING TRUNK TWIST Stand with your feet about 12 inches apart. Swing your arms to the right. Then swing your arms in the opposite direction. As you swing back and forth allow your torso and legs to follow the movement.</p>	
<p>LATERAL BENDS Holding a bat overhead, lean to one side and hold for 10-15 seconds, then repeat to the other side. Perform 3-5 repetitions to each side.</p>	

PART III. – THROWERS 10 – UPPER EXTREMITY EXERCISES (MINIMUMLY PERFORMED 2-3 TIMES PER WEEK WHILE INSEASON)

Perform 10-30 repetitions. The exercises can be performed before pitching as part of the warm-up and after pitching as part of the cool down (Ex. 10 reps before pitching and 10 reps after the game)

Exercise	Diagram
<p>1a. DIAGONAL PATTERN D2 FLEXION Grip tubing handle overhead and out to the side. Pull tubing down and across your body to the opposite side of leg. During the motion lead with your thumb.</p>	
<p>1b. DIAGONAL PATTERN D2 EXTENSION Gripping tubing handle, begin with arm across the body in front of the opposite hip, and palm facing downward. Bring arm up and out to the opposite side. Exercise should be performed in controlled manner.</p>	
<p>2a. EXTERNAL ROTATION AT 0 DEGREES ABDUCTION Stand with elbow fixed at side and at 90 degrees with arm across front of body. Grip tubing handle while the other end of tubing is fixed. Pull out with arm, keeping elbow at side. Return tubing slowly and controlled.</p>	
<p>2b. INTERNAL ROTATION AT 0 DEGREES ABDUCTION Stand with elbow fixed at side and at 90 degrees with shoulder rotated out. Pull arm across body keeping elbow at side. Return tubing slowly and controlled.</p>	
<p>2c. EXTERNAL ROTATION AT 90 DEGREES ABDUCTION Stand or sit with shoulder abducted 90 degrees and elbow flexed 90 degrees. Grip tubing handle while the other end is fixed straight ahead, slightly lower than the shoulder. Keeping shoulder abducted, rotate shoulder back keeping elbow at 90 degrees. Return tubing and hand to start position.</p>	

<p>2d. INTERNAL ROTATION AT 90 DEGREES ABDUCTION Stand or sit with shoulder abducted to 90 degrees, externally rotated 90 degrees and elbow bent to 90 degrees. Keeping shoulder abducted, rotate shoulder forward, keeping elbow bent at 90 degrees. Return tubing and hand to start position.</p>	
<p>3. SHOULDER ABDUCTION AT 90 DEGREES Stand with arms at side, elbows straight, and palms against sides. Raise arms to side, palms down, until arms reaches 90 degrees (shoulder level). Hold 2 seconds and lower slowly.</p>	
<p>4. SCAPTION, INTERNAL ROTATION Stand with elbow straight and thumb down. Raise arm to shoulder level at 30 degrees angle in front of body. Do not go above shoulder height. Hold 2 seconds and lower slowly.</p>	
<p>5a. PRONE HORIZONTAL ABDUCTION (Neutral) Lie on table, face down, with involved arm hanging straight to the floor, and palm facing down. Raise arm out to the side, parallel to the floor. Hold 2 seconds and lower slowly. Ok to use light dumbbell.</p>	
<p>5b. PRONE HORIZONTAL ABDUCTION (Full ER, 100 ° Abd) Lie on table, face down, with involved arm hanging straight to the floor, and thumb rotated up (hitchhiker). Raise arm out to the side with arm slightly in front shoulder, parallel to the floor. Hold 2 seconds and lower slowly. Ok to use light dumbbell.</p>	
<p>6. SEATED PRESS-UPS Seated on a chair or on a table, place both hands firmly on the sides of the chair or table, palm down and fingers pointed outward. Hands should be placed equal with shoulders. Slowly push downward through the hands to elevate your body. Hold the elevated position for 2 seconds and lower body slowly.</p>	
<p>7. PRONE ROWING Lie on your stomach with your involved arm hanging over the side of the table, dumbbell in hand and elbow straight. Slowly raise arm, bending elbow, and bring dumbbell as high as possible. Hold at the top for 2 seconds, then slowly lower.</p>	

<p>8. PUSH-UPS Start in the down position with arms in a comfortable position. Place hands no more than shoulder width apart. Push up as high as possible, rolling shoulders forward after elbows are straight. Start with a push-up into wall. Gradually progress to kneeling, and finally to floor as tolerable.</p>	
<p>9a. ELBOW FLEXION Standing with arm against side and palm facing inward, bend elbow upward turning palm up as you progress. Hold 2 seconds and lower slowly.</p>	
<p>9b. ELBOW EXTENSION Raise involved arm overhead. Provide support at elbow from uninvolved hand. Straighten arm overhead. Hold 2 seconds and lower slowly.</p>	
<p>10a. WRIST EXTENSION Supporting the forearm and with palm facing downward, raise weight in hand as far as possible. Hold 2 seconds and lower slowly.</p>	
<p>10b. WRIST FLEXION Supporting the forearm and with palm facing upward, lower a weight in hand as far as possible and then curl it up as high as possible. Hold for 2 seconds and lower slowly.</p>	
<p>10c. SUPINATION Support forearm on table with wrist in neutral position. Using a weight or hammer, roll wrist taking palm up. Hold for a 2 count and return to starting position</p>	
<p>10d. PRONATION Support forearm on a table with wrist in neutral position. Using a weight or hammer, roll wrist taking palm down. Hold for a 2 count and return to starting position.</p>	
<p>10e. RICE BUCKET Get a 5 gallon bucket. A bucket that baseballs are kept in is fine. Fill 3/4 with rice. Dig your hand down, alternating between inwards and outwards rotation, grab a handful of rice or a baseball that is buried in the rice and squeeze as hard as you can for 5 seconds. Repeat 10 times. Perform with opposite hand.</p>	

PART IV. LEAD-UP THROWING

Using the Crow-Hop method, the athlete should begin warm-up throws at a comfortable distance (approximately 30-45 ft) and then progress to their position specific distances. The object is for the athlete to throw the ball using the Crow-Hop method and emphasize proper mechanics for each throw. The coach can then work the position specific players through their throwing drills.

PART V. LEAD-UP BATTING

It should be noted that the stress placed on the arm and shoulder in tee batting are very different from the throwing motion. Begin a warm-up with dry swings progressing to hitting off the tee, then soft toss, and finally live pitching.

Part 1 Identifying The Symptoms Of Anaphylaxis



1 Identify the symptoms. Anaphylaxis can occur when a person is accidentally exposed to a known allergen, but it also can occur when a person is exposed to an allergen for the first time. It is also possible to become sensitized to an allergen, that is, to develop allergies to things that previously did not cause a reaction. In some cases the reaction can be so severe it can be life threatening. Look for the following symptoms:^[1]

- Flushing of the skin
- Rash on the body
- Swelling of the throat and mouth
- Difficulty swallowing and speaking
- Severe asthma
- Abdominal pain
- Nausea and vomiting
- Drop in blood pressure
- Collapse and unconsciousness
- Confusion, dizziness or an "impending sense of doom"



2 Ask the person if they need help to use their EpiPen. Anaphylaxis is considered a "treat first" emergency. If the person knows they need an injection and can inject themselves, ensure they do so before calling emergency services. If they need you to inject them, the instructions for the EpiPen are printed on the side of the device.

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3 Call emergency services. Even if the person feels fine after injecting epinephrine/adrenaline, it's still imperative to have professional help as soon as possible. The EpiPen will only last for as long as it takes emergency services to reach you.

- Always have your country's emergency number on your phone. In the U.S. and Canada, the emergency number is 911. In the UK, 999 is the main emergency number. In Australia, dial Triple Zero (000).^[2]
- Tell the operator your location before anything else, so help can be sent immediately.
- Describe the condition and the emergency to the operator.



4 Check for a medical ID necklace or bracelet. If you suspect a case of anaphylaxis in someone else, look for a necklace or bracelet. People suffering from severe allergies usually carry those in case of an accident.^[3]

- These necklaces and bracelets detail the condition and give additional information on health.
- They usually bear a Red Cross sign or other easily recognizable visual clues.
- If you suffer from severe allergies, always carry the instructions with the EpiPen. That way, if you are incapacitated and someone else has to administer it, they'll know what to do.
- Don't give the EpiPen to someone suffering from a heart condition unless they have their own based on a doctor's prescription.^[4]

Using the EpiPen



- 1 Hold the EpiPen firmly with your fist in the middle.** Do not put any part of your hand over either end to avoid an accidental trigger. An EpiPen is a single-use device; once it is triggered it cannot be re-used.
- Avoid placing your finger over either end to avoid accidentally triggering the device.
 - Pull off the blue activation cap (opposite end from the orange tip that holds the needle).^[1]



- 2 Inject into the mid-outer-thigh.** Place the orange tip against the thigh and push firmly. There should be a click once the needle has entered the thigh.^[1]
- Hold for several seconds.
 - Do not inject in any other place than the thigh. Accidental intravenous injections of adrenaline can lead to death.^[1]

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- 3 Remove the EpiPen.** Remove the unit and massage the injection area for 10 seconds.
- Check the tip. The orange needle cover should automatically cover the injection needle once the EpiPen is removed from the thigh.



- 4 Prepare for possible side effects.** When you give a person an EpiPen, it may cause them to feel panicked or paranoid, and can also cause their body to shake uncontrollably. This is NOT a seizure.^[1]
- The shaking will subside over the next few minutes or hours. Don't freak out; just try to be calm and reassuring. Your calm will help to settle the person.

Appendix Q – References, Links, and Websites

Concussion Safety:

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

Sudden Cardiac Arrest Prevention information:

<https://epsavealife.org/what-is-sca/>

Abuse Awareness Trainings approved by SafeSport and Little League:

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

Little League Baseball Bat Rules:

<https://www.littleleague.org/playing-rules/bat-rules/>

Little League Rulebook App (FREE download):

<https://www.littleleague.org/playing-rules/little-league-rulebook-app/>

California District 54 Little League:

<https://www.ca54littleleague.com>

El Dorado Hills Little League:

<https://www.edhll.com/>

Lightning Safety (NOAA):

<https://www.noaa.gov/jetstream/lightning/lightning-safety>

Concession Stand Tips:

<https://ll-production-uploads.s3.amazonaws.com/uploads/2018/01/09-Concession-Safety.pdf>

Modifying Helmets/Additional Attachments:

<https://www.littleleague.org/playing-rules/modifying-helmets-with-additional-attachments/>

Big Al Training:

<http://bigalbaseball.com/>