



2011 SAFETY PLAN

Safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Safety Director or another Board member immediately. Don't play on a field that is not safe or with unsafe playing equipment. Be sure your players are fully equipped at all times, especially catchers and batters. Remember to check your team's equipment often.

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1. Board of Directors

Name	Position	Email
Angela Mico	President	angelam@lppll.com
Joe Scarpa	VP - Equipment	joe@lppll.com
Jeff Hinrichsen	VP - Grounds	jeff@lppll.com
Mary Beth Moyan	VP - Uniforms	mb@lppll.com
Mikell Wood	VP - Fundraising	mikell@lppll.com
Scott Filby	Safety Officer	scott@lppll.com
Laura Chang	Secretary	laura@lppll.com
Lisa McCauley	Treasurer	lisa@lppll.com
Michael Splinter	Player Agent	mike@lppll.com
Angus Chang	Player Agent	angus@lppll.com
Sylvia Correa	Information Officer	sylvia@lppll.com
Angela Frank	Snack Shack Coordinator	afrank@lppll.com

2. Emergency Numbers

FIRE, POLICE & AMBULANCE

9-1-1

PRESIDENT

ANGELA MICO 346-6042

SAFETY OFFICER

SCOTT FILBY 600-4313

VICE-PRESIDENT – FIELD & GROUND

JEFF HINRICHSEN 803-3274

3. Safety Plan Procedures

ADMINISTRATORS

The Safety Plan administrators are the Board Members, Managers, Coaches and Volunteers. The individuals are responsible for implementing and maintaining the Safety Plan at Dooley Field, Land Park Diamonds, and any other designated playing facilities during the course of the baseball season. LPPLL is non-profit association of volunteers.

COMPLIANCE

All volunteers, patrons, and players are responsible for complying with safe play and proper work practices. Our system of ensuring that all individuals comply with these practices includes the following practices.

- ✓ -Informing all volunteers as to the provisions of our Safety Plan.
- ✓ -Informing, advising, and training for proper safety performance of volunteers.
- ✓ - Informing the volunteers immediately as to their failure to comply with safe and healthful work practices.
- ✓ -Re-advising and retraining the volunteers as to the proper safety performance when deficiencies are noted.
- ✓ Providing Little League International with Annual L.L. Facility Survey

COMMUNICATION

All Program Administrators are responsible for communicating to any individual about proper safety and health practices. Our communication system encourages all individuals to inform the Program Administrators about hazards without fear of any reprisal.

Our communication system includes one or more of the following items:

- ✓ -Orientation for new managers, coaches, and volunteers prior to an activity.
- ✓ -Review of our Safety Plan.
- ✓ -Scheduled board meetings.
- ✓ -Posted or distributed safety information.

The LPPLL Hotline (442-5611) is for individuals to anonymously inform Program Administrators about hazards or concerns regarding the safety of our league.

HAZARD ASSESSMENT

Daily inspections to identify and evaluate hazards at our facility and playing fields shall be performed by LPPLL Program Administrators.

Daily baseball equipment, field and facility inspections are performed according to the following schedule:

1. Prior to the start of every practice and the games;
2. When any new potential hazards are introduced into our facility or fields; and,
3. Immediate following any accident, injuries and illnesses that have occurred.

ACCIDENT INVESTIGATIONS

Notification Procedures

Accident or incident that causes *any individual* to seek medical treatment must be reported to the Safety Officer immediately. The purpose is to investigate and correct the condition as soon as possible to avoid any reoccurrence of the incident. The accident investigation form in the Safety Plan shall be completed within 24 hours and placed in the safety reporting in-box in the Snack Shack Building. Procedures for investigating accidents include:

1. Interviewing injured parties and witnesses;
2. Examining the area(s) for factors associated with the accident/exposure;
3. Determining the cause of the accident/exposure;
4. Taking corrective action to prevent the accident/exposure from reoccurring; and
5. Recording the findings and actions taken.
6. Completion of accident investigation forms.

HAZARD CORRECTION

Unsafe or unhealthy conditions, practices or procedures shall be corrected immediately. Hazards shall be corrected according to the following procedures:

1. When observed or discovered; and
2. When an imminent hazard exists which cannot be immediately abated without endangering person(s) and/or property, we will remove all exposed individuals from the area. Individuals who will correct the hazardous condition will have the necessary knowledge and protection.
3. Both home and visiting Managers and/or coaches must walk fields for hazards (rocks, glass, holes, etc.)

TRAINING AND INSTRUCTION

All Managers, Coaches and Volunteers shall have training and instruction on general safety and health practices at the beginning of each season. Training and instruction is provided on:

1. Implementation and maintenance of the Safety Plan.
2. Emergency action and fire prevention response (Dial 9-1-1).
3. Medical services and emergency procedures (Dial 9-1-1).
4. Proper housekeeping, such as keeping walkways and aisles clear, work areas neat and orderly, and promptly cleaning up spills.
5. Prohibiting horseplay, scuffling, or other acts that tends to adversely influence safety.
6. Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment and electrical panels.
7. Proper reporting of hazards and accidents to the Safety Officer and Program Administrators.
8. Proper lifting techniques and the availability of the manager to drop off his equipment at the diamonds.
9. Utilization of safety checklists for identifying potential hazards.

Additional training will be given when volunteers are given new job assignments for which training has not previously provided; whenever new procedures or equipment are introduced to the facility or fields and represent a new hazard; and whenever the LPPLL Association is made aware of a new or previously unrecognized hazard.

Safety related information and trainings are performed through the LPPLL Website, Board Meetings, Manager and Coaches Clinics, Umpire Clinic, First Aid Clinic, ASAP News, etc. All Managers and Coaches will be given training on first aid, heat stress and Safety Code of Little League. 2011 Safety training dates are 1/11/11 at Cal Middle School Sacramento, CA. and 3/12/11 at Dooley Field. Coaching Fundamentals training dates are 1/11/11 Cal Elementary School, Sacramento, CA and as needed (dates to be announced) at Dooley Field.

4.Safety Reminders for Managers and Coaches

- Managers and coaches will inspect the baseball equipment and field prior to any baseball practices and games
- Player emergency medical forms must be carried at all LPPLL baseball activities.
- No earrings, necklaces or bracelets or other jewelry, except medical alert jewelry
- No hat pins on hats or uniforms
- No metal cleats except for Juniors and Senior Leagues
- Catchers must wear a protective cup and supporter
- Catchers must wear a throat protector/neck plate on helmet
- All batters and runners must wear a batting helmet
- All base coaches under 18 must wear a batting helmet
- Catchers warming up the pitchers must wear all the gear
- Catchers doing infield must wear a helmet
- No on deck batters in the Majors and Minors Divisions
- A batter may take practice swings only prior to stepping into the batter's box.
- A player bleeding must leave the game until the bleeding has stopped and bandaged.
- Have first aid kit, ice or ice bags at all practices and games
- It is required that all farm and t-ball players to maintain two hands on the bat at all times.

- In addition to the above the Managers and Coaches will adhere to the Safety Code for Little League as stated in the Little League's Official Regulations and Playing Rules.
- Managers and Coaches shall be informed of first aid treatment and responses.

5. Little League Safety Rules Referenced in the Official Play Book

- **Playing Conditions:**
 - No games or practices should be held when weather or field conditions are unsafe, particularly when lighting is inadequate or when lightning storms are nearby.
 - Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects. **(3.10a, b)**
- **Jewelry:**
 - Players must not wear watches, rings, pins, earrings, jewelry or other metallic items (except eyeglasses) during a practice or game. **(1.11j)**. New earring posts can NOT merely be taped down, but have to be removed.
 - Exception: Jewelry that alerts medical personnel to a specific condition is permissible if taped down.
- **Catchers:**
 - Catchers must wear catcher's facemask and helmet, throat guard, chest protector and shin guards at all times while acting as catcher in the crouched position for games, bull-pen warm-ups and practices. Male catchers must wear a protective supporter and cup. **(1.17)**
 - Catchers must wear a facemask and helmet when warming up pitchers between innings and for infield practice prior to a game. This applies even if the catcher is standing. **(1.17)**
 - Managers and coaches are not allowed to warm up the pitcher before the start of the game. **(8.03)**
- **Helmets:**
 - Helmets must meet NOCSAE specifications and standards. Use of helmet by the batter, all base runners and base coaches is mandatory. **(1.16)**
 - Batting/catchers helmets may not be painted unless approved by the manufacturer.
- **Casts:**
 - Casts may not be worn during the game. **(1.11k)**
 - Only the manager, coaches and eligible players are allowed in the dugout and on the playing field. A player with a cast is allowed in the dugout but not on the field and must be listed as injured on the teams' lineup.
- **General:**
 - Shoes with metal spikes or cleats are not permitted, except in Junior and Senior Baseball. Shoes with molded cleats are permissible. **(1.11h)**
 - **All** male players must wear athletic supporters. **(1.17)**. However, it is **suggested** that a protective plastic type (hard) cup be worn as well for the players' protection.
 - The traditional batting donut is not permissible.

- Little League does not allow "on deck" batters in majors division or below.
- Parents of players who wear glasses should be encouraged to have their child wear "safety glasses".
- The use of tobacco and alcoholic beverages in any form is prohibited on the playing field, benches and dugouts.(XIV-e)

6. General Safety Reminders

• EQUIPMENT BUILDING

- Are the equipment storage rooms clean and orderly?
- Managers and/or coaches shall inspect all player equipment on a regular basis and see that inappropriate equipment is discarded.
- Are all areas kept dry or appropriate means taken to assure the surfaces are slip-resistant?
- Are all spilled materials or liquids cleaned up immediately?
- Is combustible scrap, debris and waste stored safely and removed promptly?
- Are all areas adequately illuminated?

• ENVIRONMENTAL/INFECTION CONTROLS

- Are volunteers instructed in proper first aid and other emergency procedures?
- Is personal protective equipment provided, used and maintained wherever required?
- Are restrooms and washrooms kept clean and sanitary?
- Has a training and information program been provided for volunteers exposed to or potentially exposed to blood and/or body fluids?
- Have infection control procedures been instituted where appropriate such as universal precautions, workplace practices, and personal protective equipment?
- Is personal protective equipment provided to volunteers and in all appropriate locations?
- Is the necessary equipment (i.e. mouthpieces, resuscitation bags, and other ventilation devices) provided for administering mouth-to-mouth resuscitation on potentially infected individuals?
- Are all equipment and environmental and working surfaces cleaned and disinfected after contact with blood or potentially infectious materials?
- Are all toilets and washing facilities clean and sanitary?
- Are all areas adequately illuminated?
- Are aisles and passageways kept clear?

• FIRE PROTECTION

- Are volunteers aware of the fire hazards of the material and processes to which they are exposed?
- Is your local fire department well acquainted with your facilities, location and specific hazards?

- Are fire extinguishers mounted in readily accessible locations?
- Are fire extinguishers recharged regularly and noted on the inspection tag?

- **LADDER/EQUIPMENT REMINDERS**

- Are protective goggles or face shields provided and worn where there is any danger of flying particles or corrosive materials?
- Are approved safety glasses worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions or burns?
- Are protective gloves, aprons, shields, or other means provided against cuts, corrosive liquids and chemicals?
- Are non-slip safety feet provided on each ladder?
- Are non-slip safety feet provided on each metal or rung ladder?

- Are ladder rungs and steps free of grease and oil?
- Is it prohibited to place ladders on boxes, barrels, or other unstable bases to obtain additional height?
- Are volunteers instructed to face the ladder when ascending or descending?
- Are volunteers prohibited from using ladders that are broken, missing steps, rungs, or cleats, broken side rails or other faulty equipment?
- Are volunteers instructed not to use the top 2 steps of ordinary stepladders as a step?
- Is it required that when portable rung or cleat type ladders are used the base be so placed that slipping will not occur, or it is lashed or otherwise held in place?
- Are portable metal ladders legibly marked with signs reading "CAUTION" "Do Not Use around Electrical Equipment" or equivalent wording?
- Are metal ladders inspected for damage?

- **SNACK SHACK**

- Only approved personnel should be in the snack shack
- All workers should be familiar with the list of Emergency Contact Numbers.
- All workers should know where the First Aid Kit is located.
- All Workers should know where the Fire Extinguisher is located and how to use it.
- Gloves should be used when preparing and handling food.
- Hands should be washed frequently with antibacterial soap.
- Never put water on a grease fire. Smother it!
- A thermometer should be kept in every refrigerator.
- All light bulbs should have protective coverings over them
- Cold foods should be stored at 45 °degrees or less and hot foods at 140 degrees °or more.
- All spills shall be clean up promptly to help prevent unsanitary conditions.
- Inspect the appliances regularly and report any problems as they are found.

7. Guidelines on Heat Stress

When the body is unable to cool itself by sweating, several heat-induced illnesses such as heat stress or heat exhaustion and the more severe heat stroke can occur, and can result in death.

Factors Leading to Heat Stress

High temperature and humidity; direct sun or heat; limited air movement; physical exertion; poor physical condition; some medicines; and inadequate tolerance for hot workplaces.

Symptoms of Heat Exhaustion

Headaches, dizziness, lightheadedness or fainting. Weakness and moist skin. Mood changes such as irritability or confusion. Upset stomach or vomiting.

Symptoms of Heat Stroke

Dry, hot skin with no sweating. Mental confusion or losing consciousness. Seizures or fits.

Preventing Heat Stress

Know signs/symptoms of heat-related illnesses; monitor yourself and coworkers. Block out direct sun or other heat sources. Use cooling fans/air-conditioning; rest regularly. Drink lots of water; about 1 cup every 15 minutes. Wear lightweight, light colored, loose-fitting clothes. Avoid alcohol, caffeinated drinks, or heavy meals.

What to Do for Heat-Related Illness

• Call 911 (or local emergency number) at once.

While waiting for help to arrive:

- Move the worker to a cool, shaded area.
- Loosen or remove heavy clothing.
- Provide cool drinking water.
- Fan and mist the person with water.

8. Guidelines on FIRST AID

These procedures are from the American Red Cross and are a guide ONLY.

Emergency Action Principles

1. Stay Calm.
2. Survey the scene for safety (yours).
3. Check victim for response - "tap and shout" - if no response, send someone to call 911.
4. Look, listen and feel for breathing for about 5 seconds.

If the athlete is not breathing or you cannot tell:

1. Position the victim on his or her back, while supporting the head and neck.
2. Tilt the head back and lift the chin.
3. Look, listen and feel for breathing for about 5 seconds.

If the athlete is not breathing:

1. With the victim head tilted back and chin lifted, pinch the nose shut. With a child, do not tilt the head back as far. Give 2 slow breaths. Breathe into the victim until the chest gently rises.
2. Check the pulse for 5 to 10 seconds.
3. Check for severe bleeding
4. Give care for the conditions you find.
5. If no breathing, begin rescue breathing (artificial respiration). If no pulse, find qualified person to begin CPR.

Basic First Aid Techniques:

Bleeding: To reduce risks of infection, whenever possible wear latex gloves and wash hands before and after treating an open wound.

1. Direct Pressure - Place a dressing over wound and apply direct pressure. If dressing is not available, use towel, clothing, or bare hand.
2. Elevate the wound if no suspected fracture. Elevate the wound above level of heart. Continue direct pressure.
3. Apply pressure bandage as a last resort.
4. Pressure Points - if direct pressure and elevation does not stop bleeding, apply pressure to a pressure point while maintaining direct pressure. Note: Any place there is a pulse is a pressure point .

Internal Bleeding: Any victim with a deep puncture wound or deep bruise, who becomes restless, nauseated, faint, cool, pale or weak...

1. Maintain an open airway. Send someone to get medical help.
2. Treat for shock - maintain normal body temperature.
3. Do not give fluids.

Always Phone 911 if necessary!

Nosebleed:

1. Place Victim in sitting position with head forward.
2. Apply pressure by pressing the bleeding nostril toward the middle of the nose.
3. If you suspect a head, neck or back injury, do not try to control a nosebleed. Instead, keep the victim from moving and stabilize the neck and head.

Sprains & Strains: Sprains are stretched or torn tendons, muscles, ligaments and blood vessels around joints, often at the ankle. There may be swelling, tenderness, discoloration, and pain upon motion. Any possible injury to muscles or joints should be treated like a fracture.

1. Do a primary survey.
2. Phone 911 if necessary.
3. Immobilize the injury area.
4. Apply well-padded ice bags.
5. Elevate affected area.
6. Any serious injury should receive medical attention.
7. Observe victim for shock.

Head, Neck and Spinal Injuries: Injuries to the head, neck and/or spine are very serious. Look for the following when caring for a possible victim:

- Bumps, bruises, or wounds on the head.
- Headache, dizziness, unconsciousness (immediate or delayed half an hour or more).
- Unequal pupils.
- Sleepiness or inability to be wakened.
- Bleeding or fluid draining from the mouth, nose or ears.
- Facial muscles or other body parts paralyzed or working abnormally.
- Numbness, loss of sensation or unable to move fingers, toes, or extremities.
- Deformity of neck or spine.

Stabilize the head and neck as you found them.

1. Stabilize the head and neck as you found them.
2. Phone 911 for assistance.
3. Do a primary survey.
4. Continue to monitor breathing and pulse.
5. Do not move victim unless absolutely necessary.
- 6 Do not control bleeding from the nose or ears if a head injury is suspected. Ensure bleeding does not impair breathing. If airway becomes blocked by fluids, place victim on backboard and turn on side. If a backboard is unavailable, the victim may be turned on his side as a unit, supporting the head and neck, to clear the mouth.

Heat Exhaustion: Victim may have pale and clammy skin, profuse perspiration, weakness, nausea, dizziness, headache, and possible cramps.

1. Give victim cool water.
2. Have victim lie down with feet elevated 8-12 inches.
3. Loosen victim's clothing.
4. Cool victim by using cool wet cloths and fanning the victim or by moving to an air-conditioned area.

Head Stroke: Victim may have hot, red, dry skin, (if sweating from heavy exercise, skin may be wet), rapid and strong pulse, high body temperature (105F or more). This is an immediate and life threatening emergency.

1. Send someone to call 911 immediately.
2. Get the person out of the heat and into a cooler place.
3. Cool the victim fast. Wrap wet sheets around the body and fan.
4. Watch for symptoms of shock.
5. Give nothing by mouth.

Blisters: It is best to leave a blister unbroken if you can relieve all pressure from blister by using moleskin or other type of padding. If pressure must be relieved, ask a family member of the victim to seek proper medical help.

Scrotum:

1. Gently roll victim on back and bend knees or elevate legs.
2. Loosen belt and gently rub abdominal muscles. Don't lift victim and drop on his backside. A testicle, which has already been driven into the pelvis, may complicate the problem.

Fractures:

An open fracture will have bone protruding through the skin. A closed fracture will have pain, swelling, irregularity, or deformity over injured area. A dislocation is a displacement of a bone end from the joint.

1. Do a primary survey.
2. Phone 911 for assistance.
3. Treat a dislocation as a fracture. Do not attempt to reduce a dislocation or correct any deformity near a joint as movement could cause further injury.
4. Leave fractured bone in the position found. Do not push bone back through skin.
5. Cover an open fracture wound with a large clean cloth or dressing.
6. Gently apply pressure to control bleeding.
7. Use pressure points if bleeding continues.
8. Apply splint, keep broken part in as normal a position as possible.
9. Observe victim for signs of shock.
10. Do not wash or clean wound.
11. Monitor breathing and pulse.
12. Apply a cold pack to a closed fracture. Do not apply a cold pack to an open fracture or dislocation.

Use only as a guide.

When in doubt, always call 911 and consult a physician!

Dangers from Concussions

The following information was adapted from the Quality Standards Subcommittee of the American Academy of Neurology. The Management of Concussion in Sports (practice parameters). Neurology 1997; 48:581-585.

A ball hits the player in the head causing the player to be temporarily stunned. Two players accidentally hitting heads leaving one conscious but dazed and causing the other one to momentarily lose consciousness. These are examples of concussions. Medically, a concussion is defined as a temporary change in mental functioning such as awareness, visual abilities, equilibrium, etc., caused by trauma to the head. The injured individual may or may not lose consciousness.

The following are features frequently observed in individuals with a concussion:

Vacant stare
Befuddled expression
Slowness in answering questions or following instructions
Confusion
Inability to focus and easy distractibility
Disorientation, e.g., walking in the wrong direction, unaware of time, date and place
Slurred or incoherent speech
Loss of coordination, e.g., stumbling, inability to walk straight on a line
Emotions out of proportion to circumstances, e.g., distraught, crying for no apparent reason
Memory difficulties, e.g., doesn't remember questions
Loss of consciousness, e.g., unresponsive to arousal
Headache

A player who suffers a concussion should be removed from the game and assessed on the sideline. The player may or may not be allowed to continue depending upon the degree of the concussion and the sideline assessment. A major concern is the "second impact

syndrome" if a player is struck again in the head without time to recover from the first event. In the second impact syndrome, a player who suffers a second impact develops swelling of the entire brain which can lead to death.

The following are methods to assess the injured player on the sideline:

Mental function

- Check to determine if the player know who she/he is, where she/he is, etc., in relation to time, place, person and situation
- Check for the ability to concentrate, e.g., have the player count backwards from 100 by 3 or 7 (or other number appropriate for age)
- Check for memory, e.g., ask for the name of team in previous game, recall three words or common objects immediately and again in five minutes, (e.g., white and black dog, yellow ball, name of other team), important recent events, etc.

Body function (neurological function)

- Check for coordination and agility
- Check for strength
- Check for sensation to touch of face, arms, legs
- Check for ability to run to goal line and back from the coaches' area

When the player can return to play depends upon the severity of the concussion. The severity can be categorized into one of three grades.

Grade 1 Concussion

- Temporary confusion
- No loss of consciousness
- Total recovery within 15 minutes from time of the injury
- This would be like a standing eight count

Grade 2 Concussion

- Temporary confusion
- No loss of consciousness
- Not totally recovered within 15 minutes from time of injury

Grade 3 Concussion

- Any loss of consciousness
- Brief (seconds)
- Prolonged (minutes)

These are the recommendations for players who suffer a concussion.

Grade 1 Concussion

- Remove from game
- Assess immediately and at five minute intervals
- Assess with exertion activities if appears to be totally recovered at rest
- May return to game if totally clear within 15 minutes

Grade 2 Concussion

- Remove from game and evaluate as above
- Do not allow to return to game
- Send to physician for assessment no later than the next day
- Allow to play again only after one full week of being totally clear

Grade 3 Concussion

- Transport player to emergency room
- Transport by ambulance if remains unconscious and/or has other injuries, e.g., possible neck injury
- Allow to play again only with clearance of physician,
- . Assume that player with a brief grade 3 concussion will not play for at least one week, that a player with a longer grade 3 concussion will not play for at least two weeks and that a player with multiple grade 3 concussions will not play for a least a month or longer

9. Background Check Requirement

Local Little League programs are now *required* to annually conduct a background check of Managers, Coaches, Board of Directors members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams. (Reg. I [b], Reg. I [c] 9.) The Background check program will be administered by the league president and the safety officer.

The purpose of these background checks is, first and foremost, to protect children. Second, they maintain Little League as a hostile environment for those who would seek to harm children. Third, they will help to protect individuals and leagues from possible loss of personal or league assets because of litigation.

The Little League Volunteer Application – 2010 form will be used by the league to obtain background check information. (Form attached.)