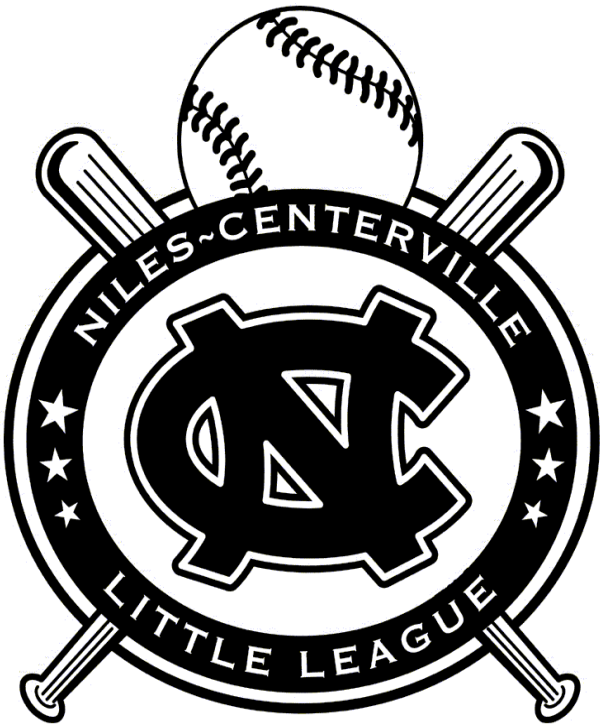


Niles-Centerville Little League

Safety Manual

2025

ID # 4051404

Little League
Official Program

Table of Contents

Mission Statement 6

Distribution of Safety Manual: 6

2025 Board of Directors 7

Emergency Numbers 8

NCLL Field Location 8

Code of Conduct 9

Safety Code - Injury Prevention 11

Batting Cage Rules 14

Accident Reporting Procedures 15

What to Report 15
When to Report 15
How to Make the Report 15
Safety Officer Responsibilities 15

Player Injury Return Policy 17

Extreme Weather Safety Policy 18

Air Quality 18
Extreme Heat 18
Thunder & Lightning 19

Child Abuse 20

Overview 21
Symptoms of Abuse 21
Red flags of Abuse 21
Physical abuse signs and symptoms: 22
Sexual abuse signs and symptoms: 22
Emotional abuse signs and symptoms: 23
Neglect signs and symptoms 23
Parental behavior warning signs: 23

Fingerprinting Policy 25

Required to LiveScan for NCLL: 25

NOT REQUIRED TO LIVESCAN: 25

CONCUSSION POLICY 26

WHAT IS A CONCUSSION? 26
WHY SHOULD I BE CONCERNED ABOUT CONCUSSIONS? 26
WHAT STEPS CAN WE TAKE TO PREVENT CONCUSSIONS? 26
WHAT ARE SIGNS AND SYMPTOMS OF A CONCUSSION? 27
SIGNS OBSERVED BY COACHING STAFF 27
SYMPTOMS REPORTED BY ATHLETE 27
WHAT ARE CONCUSSION DANGER SIGNS? 28
HEADS UP FOUR-STEP ACTION PLAN - WHAT SHOULD I DO WHEN A CONCUSSION IS SUSPECTED? 29
HOW CAN ATHLETES RETURN TO PLAY GRADUALLY? 30

SEVERE CARDIAC ARREST PREVENTION POLICY 32

OPIOID EDUCATION LAW 34

NCLL BASIC FIRST AID TRAINING 35

NCLL SAFETY EQUIPMENT MANAGEMENT 36

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) 36
FIRST AID KIT 37
FIRE EXTINGUISHER 37

FIRST AID DO'S AND DON'TS 38

DO: 38
DON'T: 38

CPR BASICS 39

WHAT IS CPR? 39
WHEN IS CPR USED? 39
HOW BENEFICIAL IS CPR? 39
WHAT TYPE OF CPR SHOULD BE PERFORMED? 40
WHAT IS THE GOOD SAMARITAN LAW? 40
WHAT SHOULD I DO IF I COME ACROSS SOMEBODY WHO IS INJURED, ILL OR IN PERIL? 40
CPR FOR ADULTS AND CHILDREN 41

FACIAL FRACTURES 47

WHAT IS A FACIAL FRACTURE? 47

EYE INJURIES 48

COMMUNICABLE DISEASE PREVENTION PROCEDURES 49

BLEEDING, CUTS AND SCRAPES 50

EXTERNAL BLEEDING 50
NOSEBLEED 51
BRUISES 51
MINOR WOUND CARE 52

HEAT-RELATED ILLNESSES 54

SEVERE ALLERGIC REACTION (ANAPHYLAXIS) **57**
INSECT STING ALLERGY **59**
WHAT IS AN ASTHMA ATTACK? **60**
CHOKING **62**
HOW TO APPROACH THE CHOKING VICTIM: 62
FIRST AID TECHNIQUES FOR THE CHOKING VICTIM: 62
DON'TS *64*
ANKLE SPRAINS **65**
BONE FRACTURES **66**
LITTLE LEAGUE ELBOW **67**
TIME OUT FOR TEETH **68**
STORAGE SHED PROCEDURES **69**
CONCESSION STAND PROCEDURES **70**
STEPS TO SAFE AND SANITARY FOOD SERVICE EVENTS 70
Menu *70*
Cooking *70*
Reheating *70*
Cooling and cold storage *70*
Hand washing *71*
Health and hygiene *71*
Food handling *71*
Dishwashing *71*
Ice *71*
Wiping cloths *72*
Insect control and waste *72*
Food storage and cleanliness *72*
Recycling *72*
Bar-B-Q Safety Tips *72*
CLEAN HANDS FOR CLEAN FOOD 73
TOP SIX CAUSES OF FOODBORNE ILLNESS 74
COVID-19 INFORMATION **75**
BASIC GUIDELINES: 75
SAFETY REMINDERS AND TIPS TO STAY SAFE: 75
CONTACT: 75
APPENDICES **77**
APPENDIX A 78
APPENDIX B 79
APPENDIX C 80
APPENDIX D 81
APPENDIX E 83
APPENDIX F 85

APPENDIX G 90
APPENDIX H 92
APPENDIX I 93
APPENDIX J 94
APPENDIX K 95
APPENDIX L 96
APPENDIX M 98
APPENDIX N 100

Mission Statement

Niles-Centerville Little League (NCLL) is devoted to providing a safe and pleasant environment for players, volunteer staff, parents, and spectators. NCLL's commitment to the Fremont Unified School District and Vallejo Mill Elementary School is to take pride in our surroundings and to the best of our ability, improve and enhance our facilities. NCLL is dedicated to the implementation and maintenance of a quality safety program based on current National, Western Region, and District 14 Little League guidelines. NCLL will follow all Little League Rules.

Distribution of Safety Manual:

- All board members
- All managers and coaches
- Copies of the current Safety Manual are available in the NCLL Snack Shack and on the NCLL website

`

2025 Board of Directors

Niles-Centerville Little League/District 14

Officer Role	Name	Phone Number	E-mail
President	Jeff Beck	(510) 409-8880	jbeck@becknet.org
Vice President Baseball Operations	Kyle Anderson	(510) 789-7933	kycanderson@gmail.com
Facilities	Jaime Neilson	(510) 593-4959	jaimeneil@hotmail.com
Coaching Coordinator	Mike Dickinson	(408) 401-8822	mdickinson11912@gmail.com
Player Agent	Paul Arias	(510) 499-6779	coacharias@yahoo.com
Secretary	Karen Ling	(510) 508-1659	karenling@gmail.com
Treasurer	Neil Beckett	(925) 766-5133	beckettn@yahoo.com
Safety Officer	Rosie Benin	(510) 725-5549	rosie731@gmail.com
Umpire-in-Chief	Steve Chappell	(408) 202-9555	punster@gmail.com
Auxiliary	Carolynn Sewell	(510) 304-5814	carolynnsewell@gmail.com
Equipment Manager	Valerie Maggard	(510) 398-7083	valerie.maggard@gmail.com
Information Officer	Patrick Justison	(510) 677-0004	patjustison@gmail.com
Head Scorekeeper	TBD		
Field Manager	Wally Grivois	(510) 304-1766	grivois@aol.com

Emergency Numbers

Police / Fire / EMS Emergency	**911**
Police non-emergency	(510) 790-6800 *option 3*
Fire / EMS Non-Emergency	(510) 494-4200
Police Business	(510) 790-6800
Poison Control	1-800-222-1222
Animal Control	(510) 790-6630
Child Protective Services	(510) 259-1800
Washington Hospital	(510) 797-1111
Washington Urgent Care	(510) 608-6174
Kaiser Permanente Hospital	(510) 248-3000
Palo Alto Medical Foundation – Fremont	(510) 490-1222
NCLL Safety Officer: Rosie Benin	(510) 725-5549
CA District 14 Administrator	(510) 501-5769

NCLL Field Location

Mailing Address: P.O. Box 2604
Fremont, CA 94536

Physical Location: Fields are located behind and adjacent to:
Vallejo Mills Elementary School
38569 Canyon Heights Dr. Fremont, CA 94536

Easy Access for Emergency Personnel:

Enter through the parking lot at the end of Orangewood Drive off Canyon Heights Drive (near the *abandoned* railroad tracks).

Code of Conduct

1. ***SPEED LIMIT 5 MPH*** in roadways and parking lots while attending any NCLL function. Watch for children at all times.
2. ***NO ALCOHOL ALLOWED*** in any parking lot, field, or common areas within the NCLL complex or school grounds.
3. ***NO SMOKING ALLOWED*** within the NCLL complex or school grounds. Smoking only permitted in the parking lot behind the green fence (beyond the batting cages).
4. ***Be RESPECTFUL and COURTEOUS*** to our neighbors. Do not block driveways or park in restricted spaces.
5. ***No playing in parking lots and/or between cars*** at any time.
6. ***No playing on and around lawn or field equipment*** while moving or stationary.
7. ***No person without a valid driver's license is allowed to drive the utility vehicle or riding lawn mower.***
8. ***Use crosswalks*** when crossing roadways. Always be alert for traffic.
9. ***No profanity*** please.
10. ***No swinging bats*** or throwing baseballs at any time within the walkways and common areas of the NCLL complex.
11. ***No throwing balls*** against dugouts or against backstop. Catchers must be used for all batting practice sessions.
12. ***No throwing*** rocks.
13. ***No horseplay*** in walkways at any time.
14. ***No climbing*** fences or trees.
15. ***No pets <u>without</u> a leash*** are permitted at NCLL games or practices.
16. ***Only a player on the field*** and at bat may swing a bat (Age 4 - 12). Juniors (Age 13) on the field at bat or on deck may swing a bat. Be alert of the area around you when swinging a bat while in the on-deck position.
17. ***Observe and follow all posted signs.*** Players and spectators should be ***alert*** at all times for ***Foul Balls and Errant Throws.***
18. ***During games,*** players must remain in the dugout area in an orderly fashion at all times.
19. No food is allowed in the dugout during a game. Only water/sports drinks are allowed.
20. ***After each game, each team must clean up trash*** in the dugout and around the stands.

21. ***All gates to the field must remain closed*** at all times. After players have entered or left the playing field, gates should be closed and secured.
22. ***No children under the age of 14*** are permitted in the Snack Bar without adult supervision.
23. ***Failure to comply with the above may result in expulsion from the NCLL field or complex.***
24. Home Team coaches and umpires must walk the field for all hazards before use. Look for rocks, glass, holes, etc. It is recommended to use a form to track and document any facility issues needing to be fixed.
25. NCLL goes to great lengths to provide as much training as possible. Attend as many of the Safety and Coaching Coordinator clinics as possible. Mandatory Coaches First Aid & proper mechanics/fundamentals orientation, and Little League philosophy are scheduled annually. This year, trainings may be available online. The mandatory coach's meeting will be held by **February 1, 2025,** in-person or virtually. Check the NCLL website frequently and for additional details. A complete league calendar with additional details can be found there and can be a very valuable resource.
26. Report all hazardous conditions to the Safety Officer or another Board member immediately. Don't play on a field that is not safe or with unsafe playing equipment.
27. Be sure your players are fully equipped at all times, especially catchers and batters. Managers and/or coaches should check team's equipment often.
28. Remember, **SAFETY IS EVERYONE'S JOB**. Prevention is the key to reducing accidents to a minimum.

Safety Code - Injury Prevention

1. Have an active Safety Officer on file with Little League International.
2. Responsibility for safety procedures should be that of an adult member of NCLL.
3. Arrangements should be made in advance of all games and practices for emergency medical services.
4. Managers, coaches, and umpires should have training in first aid, coaching, coordination and fundamentals (hitting, sliding, fielding).
5. First-aid kits are issued to each team manager and there is one located in the NCLL Snack Shack. A first-aid kit, a cell phone, and Little League Medical Release forms (See Appendix A) for each player are required at each game and practice.
6. No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
7. If the air quality index (AQI) is forecasted to be unhealthy (AQI ≥ 151) according to either www.baaqmd.gov or www.airnow.gov, practices and games will be cancelled. If the AQI is forecast to be unhealthy for sensitive groups (AQI 101-150), managers may decide to reduce the intensity of physical activities and advise more breaks for players.
8. Play area should be inspected frequently for holes, damage, stone, glass, and other foreign objects.
9. All team equipment should be stored outside of the area defined by the umpires as “in play”.
10. Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
11. Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team’s manager and coaches.
12. Procedure should be established for retrieving foul balls batted out of the playing area.
13. During practice and games, all players should be alert and watching the batter on each pitch.

14. During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.

15. All pre-game warm ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (i.e., playing catch, pepper, swinging bats, etc.).

16. Equipment should be inspected regularly for the condition of the equipment as well as for proper fit. Coaches and umpires inspect equipment before each use by players. Do not just discard: Bad equipment should be destroyed or make it unusable to stop children from attempting to "save it" from waste. It is recommended that coaches use a form to remind and track equipment needs.

17. Batters must wear protective National Operating Committee on Standards for Athletic Equipment (NOCSAE) helmets during batting practice and games.

18. Catchers must wear a catcher's helmet (with a mask and dangling throat guard), long model chest protector, and shin guards. Male catchers must wear a protective supporter and cup at all times. NO EXCEPTIONS. Managers should encourage all male players to wear protective cups and supporters for practices and games.

19. Except when a runner is returning to a base, headfirst slides are not permitted (This applies only to T-Ball, Farm, Minor, and Majors Divisions).

20. During sliding practice, bases should not be strapped down or anchored.

21. At no time should "horse play" be permitted on the playing field.

22. Parents of players who wear glasses should be encouraged to provide "safety glasses".

23. Players must not wear necklaces, watches, rings, earrings, pins, hard cosmetic, or hard decorative items during games and practices. Exceptions include medical alert bracelets or necklaces which must be secured and covered with flesh colored adhesive tape. Hard items to control the hair, such as beads, are permitted.

24. The Catcher must wear a catcher's helmet and face mask with a dangling throat guard in warming up pitchers. This applies between innings and in the bullpen during a game and also during practices. Skull caps are not permitted.

25. Batting/catcher's helmets should not be painted unless approved by the manufacturer.

26. Managers and Coaches are permitted to warm up pitchers at home plate or in the bullpen or elsewhere at any time including warm-up, pre-game warm-up, and in other instances. They may also stand by to observe a pitcher during warm-up in the bullpen.

27. On-deck batters are not permitted (except in Juniors and Intermediate Divisions).

28. Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.

29. Complete an annual “Little League Facility Survey”.

30. Contact: Rosie Benin, Safety Officer, at (510) 725-5549 or Jeff Beck, President, at (510) 409-8880.

31. Submit a qualified safety plan registration form with our Safety Manual to Little League® International.

32. Submit league player registration data or player roster data and coach and manager data.

Batting Cage Rules

Batting Cages are for use by NCLL players and coaches ONLY. All other players, coaches, persons who are NOT members of NCLL are prohibited from using the batting cages at any time, unless they receive prior written permission from the NCLL Board of Directors.

- Each team must have 2 adults minimum for their batting cage session:
    - One (1) authorized NCLL Coach to pitch or feed balls into the pitching machine
    - One (1) adult to monitor the players outside the cages
- No more than 2 players are allowed inside the gate during a batting session:
    - One (1) player batting (wearing a helmet)
    - One (1) player should be waiting behind the safety fence inside the gate (wearing a helmet)
    - A facemask must be attached to the helmet when the pitching machine is in use.
- All other players must wait/watch from outside the gate.
- Batting Cage door must be closed when batting practice is in session.
- All players with a bat in their hand MUST be wearing a batting helmet. If using a pitching machine inside the batting cage the helmet must have a facemask attached….NO EXCEPTIONS.
    - Helmets with face masks are available in the Batting Cage container.
- DO NOT SWING BATS OUTSIDE THE BATTING CAGE…EVER!

Accident Reporting Procedures

What to Report

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

When to Report

All such incidents described above must be reported to the Safety Officer *within 24 hours* of the incident. The 2025 Safety Officer is Rosie Benin. NCLL Injury/Incident Tracking Reports (See Appendix C) can be e-mailed to the Safety Officer at ncllsafety@gmail.com.

How to Make the Report

Incidents are to be documented on the NCLL Injury/Incident Tracking Report. Completed reports should be turned into the Safety Officer. At a minimum, the following information must be provided:

1. The name and phone number of the individual involved.
2. The date, time, and location of the incident.
3. As detailed a description of the incident as possible.
4. The preliminary estimation of the extent of any injuries.
5. The name and phone number of the person reporting the incident.

Safety Officer Responsibilities

Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and:

1. Verify the information received.
2. Obtain any other information deemed necessary;
3. Check on the status of the injured party;
4. In the event the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of NCLL's insurance coverage and the provisions for submitting any claim forms (Appendix J) and the need for a written medical release;

5. E-mail a copy of the NCLL Injury/Incident Tracking Report to the District 14 Safety Officer.

If the extent of the injuries are more than minor in nature, the Safety Officer shall periodically call the injured party to:

1. Check on the status of any injuries, and
2. Check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered “closed” (i.e. no further claims are expected and/or the individual is participating in the league again).

Player Injury Return Policy

If a player sustains an injury, whether it occurs on or off the field, and seeks medical attention for this injury, the family must provide a written medical release from a physician or other accredited medical provider before the player can resume play.

Any manager found in violation of this requirement will receive a one (1) game suspension.

When a player misses more than seven (7) continuous days of participation for an injury or illness, a physician or other accredited medical provider must give written medical release for a return to full baseball activity.

Player families need to provide medical releases to the manager and Safety Officer.

Players or managers/coaches with casts cannot be on the field. If in the dugout, they must be in uniform jersey (players only), the first in the dugout, and last one out of the dugout and cannot participate in any celebrations outside the dugout (i.e. homerun, win, etc.).

Extreme Weather Safety Policy

Air Quality

During periods of extreme environmental conditions, the local AQI (Air Quality Index) and associated air quality alerts will be monitored. The www.airnow.gov application should be used for this purpose.

If the local AQI is around 150 or higher, games will be cancelled.
It is responsibility of the home league's designated official to check the AQI at least 2 hours prior to the game start time and will notify D14 administrator and both team managers if the game is to be cancelled.

Games will be rescheduled to a different day when the AQI is no longer above 150.
Reference: CIF Sports Medicine Advisory Committee Statement on Air Quality and Sport Participation.

Extreme Heat

During periods of extreme heat, the National Weather Service (NWS) HeatRisk forecast tool should be used to find your location's HeatRisk level. According to The California Department of Public Health (CDPH) Heat Risk Grid, the HeatRIsk level will determine what actions to take.
If the the HeatRisk level is forecast to be "Major" (Red/Level 3) or "Extreme" (Magenta/Level 4), games will be cancelled.

It is responsibility of the home league's designated official to check the HeatRisk level at least 2 hours prior to the game start time and notify the D14 administrator and both team managers if the game is to be cancelled.

Games will be rescheduled to a different day when the HeatRisk level is no longer Major" (Red/Level 3) or "Extreme" (Magenta/Level 4).
Reference: The CDPH Health Guidance of Schools on Sports and Strenuous Activities During Extreme Heat.

Thunder & Lightning

The home league will designate a “lightning monitor”, a person at the field who is not a coach, manager or umpire who can follow the lightning plan guidelines.

The “lightning monitor” is responsible for:

1. Diligently monitoring for any lighting and should halt activities if the sky looks threatening.

2. Halting game activities if any of the following is observed:

- Lightning is seen
- Thunder is heard (usually means the storm is within 10 miles)
- Time between lightning and thunder is 30 seconds or less (indicates storm is less than 6 miles away)

3. Communicating to game participants and spectators that they should avoid open areas and seek shelter in a building or car immediately.

4. Ensuring that game participants wait at least 30 minutes after the storm has passed before allowing game activities to resume.
Reference: Little League Rulebook, Appendix A – Lightning Safety Guidelines

Child Abuse

NCLL is committed to preventing any and all forms of child abuse, including emotional, physical, and sexual abuse. We have a zero-tolerance policy for any behavior that is consistent with any type of child abuse or exploitation. In accordance with requirements by the SafeSport Act, California State Law, and Little League International, NCLL adopts the following policies:

A. Reporting of abuse involving a minor to the proper authorities:

    a. All volunteers of NCLL are now mandated reporters and must complete a "Volunteer Application".

    b. All volunteers are required to undergo a background check that utilizes national sex offender registry and criminal record databases. NCLL's background check process will be in accordance with Little League Regulation on background checks and California State's Law on Background Checks.

    c. **If you suspect a case of child abuse within our league, seek help immediately.** Call 911 If the child needs immediate medical attention. Report suspected child abuse, including sexual abuse, within 24 hours to any police department, sheriff's department, county probation department, or the county welfare department and the NCLL President. The Alameda County Emergency Response Child Abuse Reporting Telephone Number is (510) 259-1800. The NCLL President will notify the District 14 Administrator.

    d. Volunteers could face criminal charges if they or the league choose to ignore, or not report to the proper authorities, any act of child abuse, including sexual abuse, within 24 hours.

B. NCLL prohibits retaliation on "good faith" reports of child abuse. Any NCLL member that retaliates against a person or persons who made a good faith report of actual or suspected child abuse will be subject to disciplinary action up to and including dismissal.

C. To the greatest extent possible, the presence of at least two mandated reporters whenever administrators, employees, or volunteers are in contact with, or supervising children (CA B&P Division 8, Chapter 2.9).

D. NCLL requires all volunteers to complete the Abuse Awareness Training course provided by Little League on an annual basis.

Overview

Child abuse consists of any intentional harm or mistreatment to a child under 18 years of age. There are different types of child abuse, which often occur at the same time.

- **Physical abuse**. This occurs when a child is purposely physically injured or put at risk of harm by another person.
- **Sexual abuse**. This is any sexual activity with a child, such as fondling, oral-genital contact, intercourse, exploitation or exposure to child pornography.
- **Emotional abuse**. This means injuring a child's self-esteem or emotional well-being. It includes verbal and emotional assault, such as continually belittling or berating a child, as well as isolating, ignoring or rejecting a child.
- **Medical abuse**. Medical child abuse occurs when someone gives false information about illness in a child that requires medical attention. This puts the child at risk for unnecessary medical care and injury.
- **Neglect**. This is the failure to provide adequate food, shelter, affection, supervision, education, or dental or medical care.

It is very common for child abuse to be perpetrated by someone the child knows and trusts, often a parent or other relative.

Symptoms of Abuse

A child who is being abused may feel guilty, ashamed, or confused. The child may be afraid to tell anyone about the abuse, especially if the abuser is a family member or friend. For this reason, it is vital to watch for the following:

Red flags of Abuse

- Withdrawal from friends or usual activities
- Changes in behavior, such as aggression, anger, hostility or hyperactivity or changes in performance (eg, school, sports)
- Depression, anxiety or unusual fears, or a sudden loss of self-confidence
- An apparent lack of supervision
- Frequent absences from school or sports
- Reluctance to leave activities, as if he or she doesn't want to go home
- Attempts at running away
- Rebellious or defiant behavior
- Self-harm or attempts at suicide

Specific signs and symptoms depend on the type of abuse and can vary. Remember that warning signs are just that – warning signs. The presence of warning signs does not necessarily mean that a child is being abused.

Physical abuse signs and symptoms:

- Unexplained injuries, such as bruises, fractures or burns
- Injuries that don't match the given explanation

Sexual abuse signs and symptoms:

- Sexual behavior or knowledge that's inappropriate for the child's age
- Pregnancy or a sexually transmitted infection
- Blood on the child's underwear
- Statements that he or she was sexually abused
- Inappropriate sexual contact with other children

Emotional abuse signs and symptoms:

- Delayed or inappropriate emotional development
- Loss of self-confidence or self-esteem
- Social withdrawal or a loss of interest or enthusiasm
- Depression
- Avoidance of certain situations, such as refusing to go to school or ride the bus
- Desperately seeks affection
- A decrease in school performance or loss of interest in school or other activities
- Loss of previously acquired developmental skills

Neglect signs and symptoms

- Poor growth, weight gain or being overweight
- Poor hygiene
- Lack of clothing or supplies to meet physical needs
- Taking food or money without permission
- Hiding food for later
- Poor record of school attendance
- Lack of appropriate attention for medical, dental, or psychological problems or lack of necessary follow-up care

Parental behavior warning signs:

- Shows little concern for the child
- Appears unable to recognize physical or emotional distress in the child
- Blames the child for the problems
- Consistently belittles or berates the child, and describes the child with negative terms
- Expects the child to provide him/her with attention and care and seems jealous of other family members getting attention from the child
- Uses harsh physical discipline
- Demands inappropriate level of physical or academic performance
- Severely limits the child's contact with others
- Offers conflicting or unconvincing explanations for a child's injuries or no explanation at all

Reference: Adapted from Mayo Clinic: Child Abuse. Retrieved from https://www.mayoclinic.org/diseases-conditions/child-abuse/symptoms-causes/syc-20370864 on January 21, 2019.

Fingerprinting Policy

The Fingerprint background check requirement is in effect as of January 1, 2024

Fingerprinting must be completed by all volunteers and administrators who have direct contact with or supervise youth more than 16 hours a month or 32 hours a year (CA Business and Professions code, Division 8, Chapter 2.9). Fingerprinting will be done utilizing a LiveScan system which submits fingerprints to CA DOJ. The cost of fingerprints will be paid by NCLL for all volunteers requiring fingerprinting. During the fingerprinting process, NCLL must be identified as requiring updated alerts should a subsequent event occur involving the volunteer that would generate a notice from CA DOJ. NCLL must notify the state when a volunteer is no longer volunteering in the organization.

It is NCLL's intention to fully comply with the amended California Business and Professions Code subsection 2.9 "Youth Service Organizations" requiring fingerprinting for some of NCLL's volunteers. The following list identifies volunteers who will and will not be required to be fingerprinted. At the discretion of the NCLL League President, other league volunteers or league positions may be identified that are required to be fingerprinted to comply with California law.

Required to LiveScan for NCLL:

- Board member, Managers, Coaches
- Non-voting board members with consistent field presence
- Home plate umpires (substitutes who will not reach the legal hour requirement for LiveScan can be exempted at the direction of the League President)
- On-field volunteers (practice and/or games)
- Safety parent/bleacher parent
- Snack Shack Supervisors

NOT required to LiveScan:

- Scorekeepers
- Volunteer base umpires
- Team parents
- Snack shack volunteers
- Field maintenance/field prep crew

Concussion Policy

What is a concussion?

A concussion is a type of traumatic brain injury (TBI). It is 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.

Why should I be concerned about concussions?

Most athletes with a concussion will recover quickly and fully. But for some athletes, signs and symptoms of concussion can last for days, weeks, or longer.

- If an athlete has a concussion, his or her brain needs time to heal. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems.
- In rare cases, repeat concussions can result in brain swelling, permanent brain damage and can even be fatal.

In rare cases, a dangerous blood clot may form on the brain of an athlete with a concussion and crowd the brain against the skull which increases the risk for brain damage and possibly death.

What steps can we take to prevent concussions?

Insist that safety comes first. To help minimize the risk for concussions or other serious brain injuries:

- Ensure that athletes follow the rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Wearing a helmet is a must to reduce the risk of severe brain injury and skull fracture.
- However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.
- Check with your league, school, or district about concussion policies. Concussion policy statements can be developed to include:
    - The school or league’s commitment to safety
    - A brief description of concussion
    - Information on when athletes can safely return to school and play.
    - Parents and athletes should sign the concussion policy statement at the beginning of the season

What are signs and symptoms of 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 “feeling down”
- Adapted from Lovell et al. 2004

What are concussion danger signs?

If after a bump, blow, or jolt to the head or body the athlete exhibits one or more of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

Heads Up Four-Step Action Plan - What should I do when a concussion is suspected?

1. **Remove the athlete from play IMMEDIATELY and seek emergency medical care right away.**
2. Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. **When in doubt, sit them out!**
3. **Ensure the athlete is evaluated by an appropriate medical professional.**
    - Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods they can use to assess the severity of concussions.
    - As a coach, record the following information to help health care professionals in assessing the athlete after the injury:
        - Cause of the injury and force of the hit or blow to the head or body
        - Any loss of consciousness (passed out/knocked out) and if so, for how long
        - Any memory loss immediately following the injury
        - Any seizures immediately following the injury
        - Number of previous concussions (if any)
4. **Inform the athlete's parents or guardians.**
    - Let them know about the possible concussion and give them the NCLL Concussion fact sheet for parents. This fact sheet can help parents monitor the athlete for signs or symptoms that appear or get worse once the athlete is at home or returns to school.
5. **Keep the athlete out of play.**
    - An athlete should be removed from play the day of the injury and until an appropriate health care professional says they are symptom-free and it's OK to return to play.
    - After you remove an athlete with a suspected concussion from practice or play, the decision about returning to practice or play is a medical decision.

How can athletes return to play gradually?

An athlete should return to sports practice under the supervision of an appropriate health care professional. Below are five gradual steps that you and the health care professional should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks, or months.

- **BASELINE**: Athletes should not have any concussion symptoms. Athletes should only progress to the next step if they do not have any symptoms at the current step.
- **STEP 1**: Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.
- **STEP 2**: Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).
- **STEP 3**: Add heavy non-contact physical activity, such as sprinting/running, high intensity stationary biking, a regular weightlifting routine, and a non-contact sport specific drills (in 3 planes of movement).
- **STEP 4**: Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.
- **STEP 5**: Athlete may return to competition.
- If at any step, an athlete's symptoms come back or she/he gets new symptoms when becoming more active, this is a sign that the athlete is pushing him or herself too hard. The athlete should stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.

In compliance with California Legislature Assembly Bill No. 2007, NCLL will:

1. Provide a concussion and head injury information sheet (See Appendix E) to each athlete on an annual basis. The information sheet shall be reviewed, signed and returned by the athlete and, if the athlete is 17 years of age or younger, this sheet shall also be reviewed and signed by the athlete's parent or guardian, before the athlete participates in tryouts or initiates in practice.

2. Have each coach, manager, and administrator successfully complete the online CDC Heads Up concussion training online. The certificate of course completion must be turned into to the Safety Officer prior to supervising the athlete in baseball activity.

3. Any player showing signs or symptoms suggestive of a concussion or other head injury will be immediately removed from participation/competition. If an athlete who is 17 years of age or younger has been removed from an athletic activity due to a suspected concussion, NCLL shall notify a parent or guardian of the date and time of the injury, the nature of the injury, the symptoms observed, any treatment provided to the athlete, and turn in a completed NCLL Incident/Injury Tracker Form (See Appendix C) to the Safety Officer. The player will not be allowed to return to play in NCLL until he/she has been evaluated by a licensed health care provider and has received a written clearance to return to athletic activity from a licensed health provider who is trained in the evaluation and management of concussions and is acting within the scope of his or her practice. The clearance must be on the health provider's letterhead and display the address location. It is important to note that **conditional clearances** will NOT be accepted. If the licensed health care provider determines that the athlete sustained a concussion or other head injury, the athlete shall also complete a graduated return-to-play protocol of **no less than 7 days** in duration under the supervision of a licensed health care provider.

Severe Cardiac Arrest Prevention Policy

In compliance with California Legislature Assembly Bill No. 379, NCLL will:

1. Require each coach, administrator, and umpire to successfully complete the sudden cardiac arrest prevention education offered annually before supervising an athlete in any baseball activity.

2. Provide each family with a sudden cardiac arrest prevention information sheet with a requirement that each player and parent review, sign and return the signed sudden cardiac arrest prevention information sheet before the player engages in any baseball activity, including tryouts, practice, and competition.

3. Sudden cardiac arrest prevention education and educational materials and a sudden cardiac arrest information sheet (Appendix F) shall, at a minimum, include information relating to all of the following:

    - Cardiac conditions and their potential consequences.
    - The signs and symptoms of sudden cardiac arrest.
    - Best practices for removal of an athlete from an athletic activity after fainting or a suspected cardiac condition are observed.
    - Steps for returning an athlete to an athletic activity after the athlete faints or experiences a cardiac condition.
    - What to do in the event of a cardiac emergency: this shall include calling 911, performing hands-only CPR, and using an automated external defibrillator (AED) if it is available.

4. Post related information online or provide educational materials to athletes and parents, or both.

5. Require that an athlete who has passed out or fainted in an athletic activity shall be immediately removed from the athletic activity for the remainder of the day, and shall not be permitted to return to any athletic activity until the athlete is evaluated by a licensed healthcare provider. The athlete shall not be permitted to return to athletic activity until the athlete receives written clearance to return to athletic activity from a licensed healthcare provider. It is important to note that conditional clearances will NOT be accepted. If the licensed healthcare provider suspects that the athlete has a cardiac

condition that puts the athlete at risk for sudden cardiac arrest or other heart-related issues, the athlete shall remain under the care of the licensed healthcare provider to pursue follow-up testing until the athlete is cleared to play. If an athlete who is 17 years of age or younger has been removed from athletic activity due to fainting or another suspected cardiac condition, NCLL shall notify a parent or guardian of that athlete of the time and date of the injury, the symptoms observed, and any treatment provided to that athlete for the injury.

Opioid Education Law

NCLL must annually provide each player and parent/guardian the CDC Opioid Fact Sheet for Patients (Appendix G) and get a written acknowledgment back from the player and parent/guardian (Appendix G). The fact sheet may be delivered electronically, and the written acknowledgment may be received electronically.

NCLL Basic First Aid Training

While we attempt to provide basic first aid training for injuries that may occur during games or practice, common sense should always be the deciding factor when it comes to the youth of our league. When in doubt, do not hesitate to call 911. Erring on the side of safety is better than making decisions which may jeopardize the health of a player. This program is designed to provide fundamental training for the treatment of most sport injuries.

Each manager will be issued a certified first aid kit. If any first aid supply needs to be replenished, contact the Safety Officer. Ice packs included within the kit are for emergency use when away from the field and should not take the place of real ice which can be obtained from the Snack Shack.

Basic First Aid **online** training will be made available to all managers and coaches. Additional Safety Clinics will be provided to all league members on dates to be confirmed.

NCLL Safety Equipment Management

Automated External Defibrillator (AED)

The AED is stored in a clearly marked storage cabinet located inside the Minor Field's Score Booth mounted on the far wall. The AED Plus® Automated External Defibrillator Operator's Guide (Appendix K) can be found in the AED storage bag.

Device Type:	Zoll AED Plus
Date of Purchase:	Sep 12, 2015
Device Serial Number(s):	X15H777584
Pediatric Pads:	Pedi-padz II (SKU: 8900-0810-01)
Adult Pads:	CPR-D-padz (SKU: 8900-0800-01)

Once monthly, the AED needs to be checked by the Safety Officer for the following:

1. Good condition and appearance of the green check symbol in the status indicator window.
2. Check the expiration date of the pediatric pads which need to be replaced every 18 months.
3. Check the expiration date of the adult pads which need to be replaced every 18 months.
4. Change battery according to unit prompt.
5. Document these checks in the NCLL Safety Equipment Log (See Appendix H) which is kept in the Safety Binder in the Snack Shack.

First Aid Kit

A large first aid kit is kept in the Snack Shack. **Once monthly or as needed**, the Safety Officer will check the first aid kit to see what supplies need to be replenished and ordered. These checks will be documented in the NCLL Safety Equipment Log (Appendix I), which is kept in the Safety Binder in the Snack Shack.

Fire Extinguisher

This is kept in the Snack Shack. **Once monthly**, the fire extinguisher's pressure gauge should be checked to ensure that the fire extinguisher is holding pressure. The fire extinguisher should be visually inspected for:

- Obvious signs of physical damage, such as corrosion, leakage or dents
- Pressure gauge should be in the operating range (green)
- Pull pin is not missing and the pull pin seal is intact
- Extinguisher is still present in its designated location
- No damage has occurred
- No obstructions are blocking the equipment from view or from easy access
- Extinguisher is fully charged and operational

Annually, the fire extinguisher should undergo a maintenance inspection and be certified by a fire protection equipment company. Document these checks in the NCLL Safety Equipment Log (Appendix J), which is kept in the Safety Binder in the Snack Shack.

First Aid Do's and Don'ts

Do:

- Have your first aid kit, "Prevention and Emergency Management of Little League Baseball and Softball Injuries" booklet, your cell phone, and all player Medical Release Forms with you at ALL games and practices
    - Reassure and aid children who are injured, frightened, or lost.
- Provide or assist in obtaining, medical attention for those who require it.
- Know your limitations.
- Assist those who require medical attention - and when administering aid, remember to...
    - LOOK for signs of injury bruise/contusions, an obvious broken bone).
    - LISTEN to the injured describe what happened and what hurts. Before questioning, you may have to calm and soothe an excited child to get an accurate description of injury.
    - FEEL gently and carefully the injured area for signs of swelling, or the grating of a broken bone.

Don't:

- Leave a child unattended at a practice or game
- Administer any medications
- Provide any food or beverages (other than water) to injured players
- Hesitate in giving aid when needed
- Be afraid to ask for help if you're not sure of the proper procedures (i.e., CPR, first aid, etc.)
- Transport injured individuals except in extreme emergencies
- Hesitate to report any present or potential safety hazard to the Safety Officer immediately

CPR Basics

What is CPR?

Cardiopulmonary Resuscitation (CPR) consists of the application of chest compressions and rescue breaths to a person who has no pulse and is not breathing. Chest compressions enable the heart to circulate oxygenated blood throughout the body and to the brain. Rescue breaths provide ventilation and oxygenation of the blood.

When is CPR used?

CPR can be used in various conditions such as cardiac arrest, serious arrhythmias, choking, and drowning.

How beneficial is CPR?

A patient's survival rate increases when he/she receives CPR, electrical therapy from an Automated External Defibrillator (AED), and if trained emergency medical technicians (EMT) arrive as quickly as possible to provide further assistance.

If the patient is unconscious, is not breathing, and has no pulse, CPR should be started immediately. It is important to note that the risks for brain damage and death increase the longer an individual goes without oxygen to the brain:

- 0-4 minutes: Permanent or serious brain damage is not likely
- 4-6 minutes: Brain damage is very possible
- 6-10 minutes: Brain damage is expected
- 10+ minutes: Death is likely

What type of CPR should be performed?

Untrained rescuers should provide Compression-Only CPR since it's easy for an operator (dispatcher) to provide instructions and guidance over the phone.

What is the Good Samaritan Law?

The Good Samaritan Law protects individuals who assist those who are injured, ill, or in peril.

As long as one is acting voluntarily and without the expectation of reimbursement or compensation while performing on-site first aid, they will have legal protection.

What should I do if I come across somebody who is injured, ill or in peril?

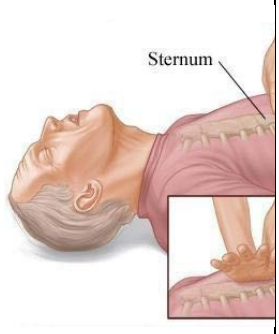
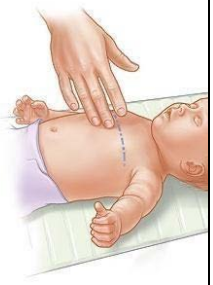
First, make sure you and the patient are not in any danger. If it is possible to maintain your own safety, resolve the risk or move the patient out of harm's way. If not, call 911.

Second, check to see if the patient is conscious or not. Shout "Are you okay?" Repeat if necessary. If the patient does not respond, immediately call 911. Check for adequate breathing and a pulse. If not present, start CPR. If possible, have someone nearby call 911 and begin CPR immediately.

CPR for Adults and Children

Action	Adults & Adolescents (Puberty is based on the presence of axillary hair and breast development)	Children (age 1 year to Puberty)	Infant (Less than 1 year of age, excluding Newborns)
Before performing any actions, assess for responsiveness.	Ask: "Are you OK?" and tap on shoulder		Rub the infant's chest.
If no response, activate Emergency Response System (ERS)	• Call 911. • Begin CPR & use an AED if available • If you are alone and don't have a mobile phone, leave the patient to call 911 and retrieve an AED.	• For Witnessed collapse, call 911 or have someone call • For Unwitnessed collapse, perform 2 minutes of CPR, then call 911 or have someone else call	• For Witnessed collapse, call 911 or have someone call • For Unwitnessed collapse, perform 2 minutes of CPR, Call 911 or have someone else call
Check for scene safety	• Ensure the scene is safe for both the patient and the rescuer(s). • If the patient is at risk, try to resolve the risk if the rescuer's safety can be maintained.		
Check for breathing	• Look for chest rise and fall • Place your face close to the patient's face • Listen and feel for adequate breathing		

Action	**Adults & Adolescents** (Puberty is based on the presence of axillary hair and breast development)	**Children** (age 1 year to Puberty)	**Infant** (Less than 1 year of age, excluding Newborns)
Check pulse	• Place the 2nd and 3rd fingers on the carotid artery (between the side of the neck and the neck muscle) • You can also place the same fingers on the radial artery (inside of the wrist below the thumb) • Check for at least 5 seconds but no more than 10 seconds		• Place the 2nd and 3rd fingers on the brachial artery (found inside of the infant's upper arm between the elbow and shoulders • Check for at least 5 seconds but no more than 10 seconds.
If no breathing and no pulse, ensure proper body positioning before initiating CPR.	• Ensure proper body positioning: • Patient should be resting on a firm, solid surface • Rescuer should be on the knees and as close to the side of the patient as possible.		

Action	**Adults & Adolescents** (Puberty is based on the presence of axillary hair and breast development)	**Children** (age 1 year to Puberty)	**Infant** (Less than 1 year of age, excluding Newborns)
Place hands in proper position	• Locate the breastbone (eg, sternum) • Place heel of one hand on the lower half of the breastbone • Bring second hand on top and lace the fingers together 	• Locate the breastbone (eg, sternum) • Place the heel of one hand on the lower half of the breastbone • Only one hand should be used for smaller children.	• Place the 2nd and 3rd fingers below the nipple line and in the center of the chest 

Action	Adults & Adolescents (Puberty is based on the presence of axillary hair and breast development)	Children (age 1 year to Puberty)	Infant (Less than 1 year of age, excluding Newborns)
Start chest compressions	• Push hard to a depth of 2 inches • Allow full recoil of the chest wall after each compression • Push fast at a rate of 100-120/min • Tempo of compressions should match tempo of song "Staying Alive" • Lock your elbows and use your body weight to provide chest compressions	• Push hard to a depth of 2 inches or 1/3 of the AP diameter of the chest • Allow full recoil of the chest wall after each compression • Push fast at a rate of 100-120/min • Tempo of compressions should match tempo of song "Staying Alive" • Lock your elbows and use your body weight to provide chest compressions	• Push hard to a depth of 1.5 inches or 1/3 AP diameter of the chest • Allow full recoil of the chest wall after each compression • Push fast at a rate of 100-120/min • Tempo of compressions should match tempo of song "Staying Alive" • Lock your elbows and use your body weight to provide chest compressions

Action	Adults & Adolescents (Puberty is based on the presence of axillary hair and breast development)	Children (age 1 year to Puberty)	Infant (Less than 1 year of age, excluding Newborns)
Start rescue breathing (if you are trained in CPR)	• Place one hand on the patient's forehead and squeeze the nose shut • Use the other hand to lift the chin • Place a pocket mask over the nose and mouth and ensure a good seal • Give one rescue breath • Once the chest has fully recoiled, repeat to give a second rescue breath	• Place one hand on the child's forehead and squeeze the nose shut • Use the other hand to lift the chin • Place a pocket mask over the nose and mouth and ensure a good seal • Give one rescue breath (use less breath than you would for an adolescent/adult) • Once the chest has fully recoiled, repeat to give a second rescue breath	• Place one hand on infant's forehead as the other hand gently lifts the chin • Place a pocket mask over the infant's nose and mouth and ensure a good seal • Give one rescue breath over one second (use less breath than you would with children or adults) •Once the chest has fully recoiled, repeat to give a second rescue breath.
Compression to Ventilation Ratio	30 compressions: 2 rescue breaths (if you are trained in CPR)		

Action	Adults & Adolescents (Puberty is based on the presence of axillary hair and breast development)	Children (age 1 year to Puberty)	Infant (Less than 1 year of age, excluding Newborns)
Use the AED as soon as it becomes available	1. Turn AED on. 2. The AED will run a self-test. If the green check mark lights up, the AED is working correctly. 3. Remove all clothing from the patient's arms, chest, and abdomen. 4. Select the appropriate pads for use in adults and children. For children with signs of puberty (eg, axillary hair, breast development) use adult pads. If there are no signs of puberty, use pediatric pads. 5. Apply the pads in the proper location (use diagram). 6. Let the AED analyze the patient's rhythm. DO NOT TOUCH THE PATIENT DURING ANALYSIS. 7. If shock is advised, stay "stand clear". Take a moment to ensure that nobody/nothing is touching the patient. 8. Press the shock button. 9. If no shock is required or after one shock is delivered, start CPR. 10. After 2 minutes of continuous CPR, stop CPR. Repeat steps 6-10.		

Facial Fractures

What is a facial fracture?

A facial fracture is a broken bone in the face. The face is made up of bones in the forehead, cheekbones, eye sockets, nose, upper jaw, and lower jaw. Other bones are found deeper within the facial structure. Muscles that are needed to chew, swallow, and talk are attached to these bones.

Baseball is a leading cause of sports-related facial fractures. The most common fractures involve the jaw, cheek, nose, and eye socket. These can result from direct impact with the ball, player-player collisions, and impact from a swung bat. Although some facial fractures can be minor, others may cause irreversible damage and can be life-threatening.

Seek emergency medical care if any of the following are present after an injury to the face:

- Facial pain and swelling
- Facial deformity
- Upper and lower jaw don't meet
- Sunken or bulging eyeball
- Blurred or double vision
- Blood in the white part of the eye
- Difficulty with eye movement
- Facial numbness
- Blood or clear fluid draining from the nose
- Trouble swallowing or breathing

First aid measures:

- Gently apply cold compress

Reference: Adapted from The Cleveland Clinic's Facial Fractures. Retrieved from https://my.clevelandclinic.org/health/articles/facial-fractures on January 26, 2018.

Eye Injuries

Sports-related eye injuries are frequently associated with baseball. A serious eye injury may not be obvious immediately and a delay in medical care can lead to worsening of damaged areas and result in permanent vision loss.

Seek emergency medical care if any of the following are present:

- Eye pain or swelling
- Blurred or double vision
- One eye sticks out
- Unusual pupil size or shape
- Blood in the clear part of the eye
- Cut or torn eyelid
- One eye does not move as well as the other
- There is something in the eye or under the eyelid that cannot be easily removed

First aid:

- DO NOT touch, rub or apply pressure to the eye
- DO NOT try to remove objects that are stuck in the eye
- DO NOT apply ointment or medication to the eye

For a blow to the eye:

- Gently apply a small, cold compress to reduce pain and swelling (DO NOT apply pressure)

For a particle or foreign material in the eye:

- DO NOT rub the eye
- Lift the upper eye lid over the lashes of the lower lid
- Blink several times and allow tears to flush out the particle
- If the particle remains, keep eye closed and seek medical attention

Reference: Adapted from the American Academy of Ophthalmology's "Recognizing and Treating Eye Injuries". Retrieved from https://www.aao.org/eye-health/tips-prevention/injuries on January 26, 2019.

Communicable Disease Prevention Procedures

- Use gloves to prevent mucous membrane exposure when contact with blood or other body fluids are anticipated (provided in first-aid kit).
- Immediately wash hands and other skin surfaces if contaminated with blood.
- Clean all blood contaminated surfaces and equipment.
- Managers, coaches, and volunteers with open wounds should refrain from all direct contact until the condition is resolved.
- Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.
- RETURNING PLAYER TO THE GAME: “The bleeding must be stopped, the open wound covered, and if there is an excessive amount of blood on the uniform, it must be changed before the athlete may participate again”.

  (source: Little League Rule Book 2015)

Bleeding, Cuts and Scrapes

Call 9-1-1 for the following emergencies:

• Bleeding that cannot be stopped

• Wounds that show muscle or bone, involve joints, are deep or involve hands or feet

• Large wounds

• Large or deeply embedded objects in the wound

• Human or animal bites

• Any wound on the face

• Skin or body parts that have been partially or completely torn away

External Bleeding

What to do:

- Wear disposable gloves.
- Cover the wound with a sterile dressing and apply direct pressure.
- Cover dressing with a roller bandage.

If the bleeding does not stop:

- Apply additional dressings and bandage and apply more pressure.
- Call or have someone else CALL 9-1-1 or the local emergency number.
- Care for shock.

NOTE: Wash hands with soap and water after giving care.

Reference: Adapted from WebMD's Bleeding Cuts and Wounds. Retrieved from https://www.webmd.com/first-aid/bleeding-cuts-wounds on January 26, 2019.

Nosebleed

Bleeding usually occurs from only one nostril. If the bleeding is heavy enough, the blood can fill up the nostril on the affected side and overflow into the nasopharynx (the area inside the nose where the two nostrils merge), spilling into the other nostril to cause bleeding from both sides. Blood can also drip back into the throat or down into the stomach, causing a person to spit or even vomit blood.

Seek emergency medical care if the following are present:

- Nosebleed following an injury to the face
- Blood gushes out of the nose
- Difficulty breathing
- Bleeding does not stop after 10 minutes of continuous application of pressure (in kids)
- Pale skin, feeling tired or confused as these may be signs of shock
- Have the player/person sit up straight but lean head forward. (Tilting your head back will only cause the person to swallow the blood).
- Pinch the nostrils together, towards the bottom of the nose, below the bone with your thumb and index finger continuously for at least 5 minutes (in children).

Reference: Adapted from UpToDate's: Patient education: Nosebleeds (The Basics). Retrieved from UpToDate on January 26, 2019.

Bruises

What to look for:

- Discoloration (often red first, then purple or dark red)
- Pain
- Possible swelling

- Muscle tightness--as the cells heal, regular tissue is replaced with less flexible scar tissue
- Limited motion of the joint(s) above and/or below the bruise.

What to do:

- Apply ice or a cold pack to help control the pain and swelling.
- Fill a plastic bag with ice or wrap ice with a damp cloth and apply it to the injured area for periods of about 20 minutes. If more icing is needed, remove the ice or cold pack for 20 minutes and then replace it.
- Place a cloth, or other thin barrier, such as a gauze pad, between the source of cold and skin to prevent injury.
- Elevate the injured part to reduce swelling. DO NOT elevate if it causes more pain.
- Do not apply heat within at least the first 72 hours. Heat will make the swelling worse, delay the healing time and limit the muscle's ability to contract and stretch.
- Get a medical evaluation to ensure there is no underlying severe injury (eg, bone fracture)

If there is no fracture:

- Gently stretch the injured muscle for at least 5 minutes per day. Stretch only to the point of a gentle pull, and hold it without bouncing. Try 20 repetitions, holding each for 15 seconds.
- Continue icing the area three to four times a day for 15-20 minutes each. Take it off for at least two hours between applications. Ice especially after stretching.

Minor Wound Care

What to do:

- Wear disposable gloves.
- Apply direct pressure to control bleeding.

- Wash the wound with soap and water. If possible, rinse for about 5 minutes with clean, running tap water.
- Cover the wound with a sterile dressing and bandage.

Heat-Related Illnesses

Stay cool

- Wear lightweight, light-colored, loose-fitting clothing.
- Stay cool indoors (an air-conditioned place is ideal) as much as possible.
- Keep in mind that electric fans may provide comfort, but don't prevent heat-related illness when the temperature is in the high 90s. Taking a cool shower or bath or moving into an air-conditioned place is a better way to cool off.
- Try to limit outdoor activities to when it's coolest, like the morning and evening hours.
- Rest often in the shade so the body has a chance to recover.
- Cut down on exercise during the heat. If you're not used to exercising in a hot environment, start slowly and pick up the pace gradually. If exertion in the heat makes your heart pound and leaves you gasping for breath, STOP all activity. Get into a cool area or into the shade, and rest.
- Wear sunscreen. Sunburn affects your body's ability to cool down and can make you dehydrated. If you must go outdoors, wear a wide-brimmed hat, sunglasses, and sunscreen of SPF 15 or higher 30 minutes prior to going out.

Stay hydrated

- Drink plenty of fluids, regardless of level of activity. Don't wait until you're thirsty to drink.
- Avoid very sugary drinks. They cause the body to lose more fluid. Also avoid very cold drinks which can cause stomach cramps.
- Sports drinks can replace salts and minerals lost through sweating.

Stay informed

- Check your local news for extreme heat alerts and safety tips.
- Know the signs and symptoms of heat-related illnesses and how to treat them.

Signs and symptoms of heat-related illnesses and actions that need to be taken.

WHAT TO LOOK FOR	WHAT TO DO
HEAT STROKE	
• High body temperature (≥ 103°F) • Hot, red, dry, or damp skin • Fast, strong pulse • Headache • Dizziness • Nausea • Confusion • Losing consciousness (passing out)	• Call 911 – heat stroke is a medical emergency • Move the person to a cooler place • Help lower the person's temperature with cool cloths or a cool bath • Do not give the person anything to drink
HEAT EXHAUSTION	
• Heavy sweating • Cold, pale, and clammy skin • Fast, weak pulse • Nausea or vomiting • Muscle cramps • Tiredness or weakness • Dizziness • Headache • Fainting (passing out)	• Move to a cool place • Loosen clothes • Put cool, wet cloths on the body or take a cool bath • Sip water **Get medical help right away if:** • You are throwing up • Your symptoms get worse • Your symptoms last longer than 1 hour

HEAT CRAMPS	
• Heavy sweating during intense exercise • Muscle pain or spasm	• Stop physical activity and move to a cool place • Drink water or a sports drink • Wait for cramps to go away before you do any more physical activity **Get medical help right away if:** • Cramps last longer than 1 hour • You're on a low-sodium diet • You have heart problems
SUNBURN	
• Painful, red, and warm skin • Blisters on the skin	• Stay out of the sun until your sunburn heals • Put cool cloths on sunburned areas or take a cool bath • Put moisturizing lotion on sunburned areas • Do not break blisters
HEAT RASH	
• Red clusters of small blisters that look like pimples on the skin (usually on the neck, chest, groin, or in elbow creases)	• Stay in a cool, dry place • Keep the rash dry • Use powder (like baby powder) to soothe the rash

Reference: Adapted from CDC: Warning Signs and Symptoms of Heat-Related Illness Retrieved from https://www.cdc.gov/disasters/extremeheat/warning.html on December 19. 2018.

Severe Allergic Reaction (Anaphylaxis)

Anaphylaxis is a severe allergic reaction that is potentially life-threatening. The most common causes of anaphylaxis are severe allergies to insect stings (bees, wasps, hornets), food, medications, and latex. What makes anaphylaxis so dangerous is that allergic reactions are affecting more than one part of the body, often many parts of the body (skin, respiratory tract, gastrointestinal tract, circulatory system), at the same time.

Anaphylaxis is a medical emergency requiring immediate treatment with epinephrine and a trip to the emergency room.

If the person has the following signs and symptoms of anaphylaxis:

- Red rash with hives/welts
- Pale or red color to face and body
- Trouble breathing
- Wheezing
- Chest tightness
- Cough
- Swollen lips, tongue, throat
- Difficulty swallowing
- Hoarse voice
- Vomiting
- Diarrhea
- Stomach cramping
- Feelings of faintness or dizziness

Take these actions:

1. Help the individual follow his/her Anaphylaxis Emergency Action Plan, if available
2. Assist the person with self-administration of Epinephrine
3. Call 911

4. If there is no improvement or worsening of symptoms within 15 minutes of the 1st injection, assist the person with self-administration of a second dose of Epinephrine, but only as instructed by the Anaphylaxis Emergency Action Plan.
5. Perform CPR if the person becomes unresponsive, stops breathing and has no pulse.

Note: A player who suffers from a history of severe allergic reactions most likely will have a prescribed Epinephrine AutoInjector (EpiPen). If he or she has an EpiPen, it must be easily accessible by the player, manager/coach and/or parent. The player is allowed to self-administer this medication as necessary.

Insect Sting Allergy

First aid for insect sting allergy symptoms:

1. Remove the stinger within 30 seconds

- Scrape the area with a fingernail or some other hard edge (like a credit card)
- Don't pinch the stinger -- this can inject more venom.

2. Clean the area with soap and water to prevent a skin infection

3. Control swelling

- Ice the area.
- If you were stung on your arm or leg, elevate it.
- Remove any tight-fitting jewelry from the area of the sting. As it swells, rings or bracelets might be difficult to remove.

References:

Adapted from The American Academy of Allergy, Asthma, and Immunology's Stinging Insect Allergy. Retrieved from https://www.aaaai.org/conditions-and-treatments/library/allergy-library/stinging-insect-allergy on January 26, 2019.

What is an Asthma Attack?

An asthma attack is a significant worsening of asthma symptoms caused by the obstruction of airflow in the lungs. Tightening of muscles in the airways (bronchospasm) and swelling on the inside of the airways along with mucus production (inflammation) cause the obstruction. This leads to difficulty breathing, wheezing, coughing, shortness of breath, and difficulty performing normal daily activities. Asthma attacks can range from being mild to severe and life-threatening.

Seek emergency medical care for the following signs and symptoms of a severe asthma attack:

- Severe wheezing when breathing both in and out
- Coughing that won't stop
- Trouble breathing
- Rapid shallow breathing
- Inability to talk without stopping for a breath
- Chest tightness or pressure
- Feelings of fear or confusion, anxiety or panic
- Sweating
- Tightened neck and chest muscles, called retractions
- Blue lips or fingernails
- Or worsening symptoms despite use of rescue medications

Mild asthma attacks are generally more common. Usually, the airways open up within a few minutes to a few hours after treatment, such as a rescue inhaler. Severe asthma attacks are less common but last longer and require immediate medical attention. It is important to recognize and treat even mild symptoms of an asthma attack to help prevent severe episodes and keep asthma under control.

Note: A player who suffers from asthma most likely will have a prescribed inhaler. If he or she has an inhaler, it must be easily accessible by the player, manager/coach and/or parent. The player is allowed to self-administer this medication as necessary.

Choking

The universal distress signal for choking is grabbing the throat with the hand.

Other danger signs include:

- Bluish skin color
- Difficulty breathing
- Inability to speak
- Loss of consciousness if blockage is not cleared
- Noisy breathing or high-pitched sounds while inhaling
- Weak, ineffective coughing

How to approach the choking victim:

- First ask, "Are you choking? Can you speak?" DO NOT perform first aid if the person is coughing forcefully and able to speak -- a strong cough can dislodge the object.

First aid techniques for the choking victim:

1. ***Perform the Heimlich maneuver:***
    - Stand behind the person and wrap your arms around the person's waist.
    - Make a fist with one hand. Place the thumb side of your fist just above the person's navel, well below the breastbone.
    - Grasp the fist with your other hand.
    - Make quick, inward and upward thrusts with your fist.
    - Continue these thrusts until the object is dislodged or the victim loses consciousness.

2. ***Perform the "five and five" approach recommended by the American Red Cross. Back blows do not need to be used if you have not been trained in this technique.***

    - Give 5 back blows. Stand to the side and just behind a choking adult. For a child, kneel down behind. Place one arm across the person's chest for support. Bend the person over at the waist so that the upper body is parallel with the ground. Deliver five separate back blows between the person's shoulder blades with the heel of your hand.
    - Give abdominal thrusts. Perform five abdominal thrusts (also known as the Heimlich maneuver).
    - Alternate between 5 blows and 5 thrusts until the blockage is dislodged.

3. ***For pregnant or obese people***

    - Wrap your arms around the person's CHEST.
    - Place your fist on the MIDDLE of the breastbone between the nipples.
    - Make firm, backward thrusts.

The above first aid techniques should be repeated until the blockage is dislodged or the victim loses consciousness. If the person loses consciousness:

- Lower the person to the floor.
- Call 911 or the local emergency number or tell someone else to do so.
- Begin CPR.
- If you see something blocking the airway, try to remove it.

After removing the object that caused the choking, keep the person still and get medical help. Anyone who is choking should have a medical examination. Complications can occur not only from the choking, but also from the first aid measures that were taken.

DON'TS

- DO NOT interfere if the person is coughing forcefully, able to speak, or is able to breathe in and out adequately. However, be ready to act immediately if the person's symptoms worsen.
- DO NOT try to grasp and pull out the object if the person is conscious.

Call 911 if you find someone unconscious.

When the person is choking:

- Tell someone to call 911 or the local emergency number while you begin first aid/CPR.
- If you are alone, shout for help and begin first aid/CPR.

After the object is successfully dislodged, the person should see a doctor because complications can arise. In the days following a choking episode, contact a doctor immediately if the person develops:

- Persistent cough
- Pneumonia
- Wheezing

These could be signs that the object has entered the lung instead of being expelled.

Reference: Adapted from Mayo Clinic's Choking: First Aid. Retrieved from https://www.mayoclinic.org/first-aid/first-aid-choking/basics/art-20056637 on January 21, 2020

Ankle Sprains

A sprain is the stretching and tearing of ligaments (fibrous bands connecting adjacent bones in a joint). Many patients report hearing a "snap" or "pop" at the time of the sprain/injury. This is usually followed by pain and swelling on the lateral aspect of the ankle.

The Most Important Initial Management of a Sprain Is P.R.I.C.E.

- **P – protect** – use a splint or support aid to protect your injury from further damage
- **R** - **rest** - no weight bearing for the first 24 hours after the injury (possibly longer, depending upon severity)
- **I** - **ice** - apply ice packs using a towel over a plastic bag to the area that is painful. Be careful to avoid frostbite. Ice should be intermittently applied (15 to 20 minutes) three to five times per day for the first 24 hours. Leave it off at least two hours between applications.
- **C** - **compression** - apply an elastic wrap bandage from the toes up to mid-calf, applying even pressure to help prevent the accumulation of edema.
- **E** - **elevation** - elevating the ankle helps in removing edema. By having the foot higher than the hip (or heart), gravity is used to pull edema out of the ankle.

Many of the problems resulting from sprains are due to blood and edema in and around the ankle. Minimizing swelling helps the ankle heal faster. **In the initial 24 hours, it is very important to avoid things that might increase swelling such as:**

- Hot showers
- Heat rubs (methylsalicylate counterirritants) such as "Ben Gay", etc.
- Hot packs
- Aspirin - prolongs the clotting time of blood and may cause more bleeding into the ankle. (Tylenol or Ibuprofen may be taken to help with pain, but will not speed up the healing process)

Bone Fractures

First aid for fractures is all about immobilizing (limiting movement of) the injured area. Splints can be used for this. Control any external bleeding. Complicated breaks where a limb is very deformed may need to be realigned before splinting – only paramedics or medical staff should do this. Fractures of the head or body such as skull, ribs and pelvis are all serious and should be managed by paramedics.

If you suspect a bone fracture, you should:

- Keep the person still – do not move them unless there is an immediate danger, especially if you suspect fracture of the skull, spine, ribs, pelvis or upper leg.
- Attend to any bleeding wounds first. Stop the bleeding by pressing firmly on the site with a clean dressing. If a bone is protruding, apply pressure around the edges of the wound.
- If bleeding is controlled, keep the wound covered with a clean dressing.
- Never try to straighten broken bones.
- For a limb fracture, provide support and comfort such as a pillow under the lower leg or forearm.
  However, do not cause further pain or unnecessary movement of the broken bone.
- Apply a splint to support the limb. Splints do not have to be professionally manufactured. Items like wooden boards and folded magazines can work for some fractures. You should immobilize the limb above and below the fracture.
- Use a sling to support an arm or collarbone fracture. Raise the fractured area if possible and apply a cold pack to reduce swelling and pain.
- Stop the person from eating or drinking anything until they are seen by a doctor, in the event that surgery is required

Little League Elbow

Throwing a baseball, especially pitching, can be very stressful to a child's elbow. In fact, it can affect normal growth of the elbow bones.

Young bones have growth plates on the ends, which tend to be at greater risk for fracture. One specific growth plate, along the inside of the elbow, is where some of the throwing muscles attach. If these muscles forcefully and repeatedly pull at that attachment, like when pitching, they can actually pull off a piece of the growth plate. This type of fracture, if not properly treated, can limit the growth of the affected bone.

This condition is called "Little League Elbow" and causes pain along the inside of the elbow.

What should you do if your "little leaguer" complains of elbow pain?

- Don't wait to see if it will go away!
- Stop all activities that cause pain.
- See a doctor as quickly as possible.

To help prevent elbow and shoulder injuries, most youth leagues limit the number of pitches that a player can throw each week. They especially limit the number of curve balls, as this pitch specifically uses the muscles that attach to the inside of the elbow.

So don't wait for an injury to happen: Be proactive! Ask your area youth baseball director about their safety policies. If they don't have similar rules, suggest that they contact one of the national youth baseball organizations for more information.

Time Out For Teeth

Sports can be tough on teeth. All it takes is one quick jab of an elbow or unexpected bounce of a ball and you end up sitting in the dentist's chair.

Tooth injuries are not generally life threatening, but they can be quite painful and disfiguring. The best way to restore a dislodged tooth is to act quickly.

1. Pick up the tooth by the crown NOT the root
2. If the tooth is dirty, gently rinse the tooth with water
3. Keep the tooth moist at all times by either:
    - Placing the tooth back in the socket (taking great caution not to swallow it) or
    - Putting in a cup of milk or back in the mouth, next to the cheek
4. Bite down on piece of clean gauze to minimize bleeding from the socket

Reference: Adapted from the American Association of Endodontist's: Knocked Out Teeth. Retrieved from https://www.aae.org/patients/dental-symptoms/knocked-out-teeth/ on January 26, 2019.

Storage Shed Procedures

The following applies to all NCLL storage sheds and equipment boxes and anyone who has been issued a key by NCLL to use these sheds/boxes.

All individuals (i.e., Managers, Umpires, Field Maintenance) with keys to the NCLL equipment sheds and boxes need to be aware of their responsibilities for the orderly and safe storage of equipment, boxes, chalk, rakes/shovels, bases, etc. Doors to the storage sheds and equipment boxes are to remain closed and locked when not in use. If repeated access to the sheds and boxes is necessary, the doors need to at least be closed at all times to prevent accidental injury.

Before you use any machinery located in the sheds (eg, lawn mowers, weed whackers, lights, scoreboards, generators, public address systems, etc.) please locate and read the written operating procedures for the equipment. You must have a valid driver's license to operate the league's riding lawn mower and utility vehicle.

All chemicals or organic materials stored in NCLL sheds shall be properly marked and labeled as to its contents. All chemicals or organic materials (i.e., lime, fertilizer, etc.) stored within these equipment sheds will be separated from the areas used to store machinery and gardening equipment (i.e., rakes, shovels, etc.) to minimize the risk of puncturing storage containers. Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of as soon possible to prevent accidental poisoning or injury.

Concession Stand Procedures

The following general safety measures apply to the NCLL Snack Shack.

Steps to Safe and Sanitary Food Service Events

Menu

Keep the menu simple. Keep potentially hazardous foods (i.e., 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.*

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 food borne illnesses from temporary events can be traced back to lapses in temperature control.*

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 appropriate killing temperatures.*

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 the temperature periodically to see if the food is cooling properly. *Allowing hazardous foods to remain un-refrigerated for too long has been the number ONE cause of food borne illness.*

Hand washing

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

Health and hygiene

Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (i.e., 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.

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.*

Dishwashing

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. ***Ideally***, dishes and utensils should be washed in a four-step process:

1. Wash in hot soapy water;
2. Rinse in clean water;
3. Sanitize with chemicals or heat;
4. Chemical or heat sanitizing; and
5. Air dry.

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 your hands. *Ice can become contaminated with bacteria and viruses and cause food-borne illnesses.*

Wiping cloths

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

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.

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. *(Remember: Training your concession stand volunteers is one of the requirements for a qualified safety plan.)*

Recycling

Cardboard, newspaper, white paper, mixed recyclable paper, recyclable glass food and beverage containers, metal (aluminum and steel) food and beverage containers, PET (#1) and HDPE (#2) plastic bottles that are clean should be placed in the appropriate recycling bins.

Bar-B-Q Safety Tips

1. Read all instructions before using the grill. Note safety, operation and handling instructions.
2. Clean grill thoroughly before and after using. This is to avoid grease build up that can cause flare-ups and/or fire. NEVER put lighter fluid directly on flames.
3. Keep all grilling activities away from buildings.
4. Use all grills outdoors.
5. Store all lighting fluids away from children.
6. Have a multipurpose A-B-C fire extinguisher, a garden hose, bucket of water or sand nearby.
7. Keep all children and pets away from grilling area (at least 5 feet in all directions).

8. Never leave cooking unattended.
9. Use proper grilling utensils for safe handling.
10. Use only fluids recommended for charcoal grilling and dispose of charcoal properly in a metal container dowsed with water. Check cooking area for proper extinguishment.

Clean Hands for Clean Food

Since the staff at concession stands may not be professional food workers, it is important that they be thoroughly instructed in the proper method of washing their hands. The following may serve as a guide:

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

Wash your hands in this fashion before you begin work and frequently during the day, especially after performing any of these activities:

- After touching bare human body parts other than clean hands and clean exposed portions of arms.
- After using the restroom.
- After caring for or handling animals.
- After coughing, sneezing, using a handkerchief or disposable tissue.
- After handling soiled surfaces, equipment or utensils.

- After drinking, using tobacco, or eating.
- During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks.
- When switching between working with raw food and working with ready-to-eat food.
- Directly before touching ready-to-eat food or food-contact surfaces.
- After engaging in activities that contaminate hands.

Top Six Causes of Foodborne Illness

From past experience, the US Centers for Disease Control and Prevention (CDC) list these circumstances as the most likely to lead to illness. Check this list to make sure your concession stand has covered these common causes of foodborne illness.

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

COVID-19 Information

Niles-Centerville Little League will continue to follow Federal, State, and Local COVID safety guidelines, and send email notifications regarding any changes.

Basic Guidelines:

- All players, coaches, volunteers will stay home if they are unwell or have any symptoms of illness including: fever over 100.4 degrees, nausea, cough, sore throat, body aches, difficulty breathing, or fatigue.
- Any player who tests positive, should stay home and let their coach know. The coach will let the NCLL Safety Officer and League President know.
- Any managers, coaches, volunteers who test positive will let the NCLL Safety Officer and League President know.
- No eating or sunflower seeds in the dugout or batting cages.

Safety Reminders and Tips to Stay Safe:

- Players, coaches and volunteers should stay home if they feel sick.
- Practice proper respiratory etiquette (cough or sneeze into tissue, sleeve, or elbow).
- Wash hands regularly. Especially after using the bathroom, before and after eating, after sneezing or coughing into your hands.
- Do not share food or drinks.

Contact:

- Rosie Benin, Safety Officer, at (510) 725-5549, nclsafety@gmail.com
- Jeff Beck, President, at (510) 409-8880, jbeck@becknet.org

For current guidelines refer to:

For CDC Guidance: Refer to: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html

For Alameda County Health Care Services Agency and Public Health Department: https://covid-19.acgov.org/index.page

For Covid-19 Current Safety Measures for California: https://covid19.ca.gov/safely-reopening/

Appendices

Appendix A

LITTLE LEAGUE® BASEBALL AND SOFTBALL
MEDICAL RELEASE

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

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent(s)/Legal Guardian Name: _____ Relationship: _____

Parent(s)/Legal Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

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)/Legal 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/Legal Guardian Signature Date:

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

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.

Little League® Volunteer Application – 2024

Do not use forms from past years. Use extra paper to complete if additional space is required.

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/LocalBGcheck for more information.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

All RED fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.):

Previous volunteer experience (including baseball/softball and year):

1. Do you have children in the program? ☐ Yes ☐ No
   If yes, list full name and what level? _____
2. Special Certification (CPR, Medical, etc.)? If yes, list: _____ ☐ Yes ☐ No
3. Do you have a valid driver's license? ☐ Yes ☐ No
   Driver's License#: _____ State _____
4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?
   If yes, describe each in full: _____ ☐ Yes ☐ No
   (If volunteer answered yes to Question 4, the local league must contact Little League International.)
5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? ☐ Yes ☐ No
   If yes, describe each in full: _____
   (Answering yes to Question 5, does not automatically disqualify you as a volunteer.)
6. Do you have any criminal charges pending against you regarding any crime(s)? ☐ Yes ☐ No
   If yes, describe each in full: _____
   (Answering yes to Question 6, does not automatically disqualify you as a volunteer.)
7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? ☐ Yes ☐ No
   If yes, explain: _____
   (If volunteer answered yes to Question 7, the local league must contact Little League International.)

In which of the following would you like to participate? (Check one or more.)

☐ League Official ☐ Umpire ☐ Manager ☐ Concession Stand
☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ Other _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone

_____

_____

_____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/BgStateLaws

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

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):

Review the Little League Regulation 1(c)(9) for all background check requirements

☐ JDP (Includes review of the U.S. Center of SafeSport's Centralized Discplinary Database and Little League International Ineligible/Suspended List)*

OR

☐ National Criminal Database check
☐ National Sex Offender Registry
☐ U.S. Center of SafeSport's Centralized Discplinary Database and Little League International Ineligible/Suspended List

*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this application.

☐ Proof of completion of Abuse Awareness Training for Adults provided to league

Last Updated: 10/25/23

Appendix C

Activities/Reporting

Niles-Centerville Little League
Incident/Injury Tracking Report

League Name: Niles-Centerville Little League League ID: 405 - 14 - 04 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 (5-8) ☐ Minor (7-12) ☐ Major (9-12) ☐ Junior (13-14)
☐ Senior (14-16) ☐ Big League (16-18)

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 Little League purposes only, to report 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 claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

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

Appendix D

LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM
INSTRUCTIONS

AIG
Accident & Health (U.S.)

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

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 ☐ Female ☐ 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 ☐Yes ☐No School Plan ☐Yes ☐No
Individual Plan ☐Yes ☐No Dental Plan ☐Yes ☐No

Date of Accident | Time of Accident ☐AM ☐PM | Type of Injury

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

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

☐ BASEBALL	☐ CHALLENGER (4-18)	☐ PLAYER	☐ TRYOUTS	☐ SPECIAL EVENT (NOT GAMES)	
☐ SOFTBALL	☐ T-BALL (4-7)	☐ MANAGER, COACH	☐ PRACTICE		
☐ CHALLENGER	☐ MINOR (6-12)	☐ VOLUNTEER UMPIRE	☐ SCHEDULED GAME	☐ SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)	
☐ TAD (2ND SEASON)	☐ LITTLE LEAGUE (9-12)	☐ PLAYER AGENT	☐ TRAVEL TO		
	☐ INTERMEDIATE (50/70) (11-13)	☐ OFFICIAL SCOREKEEPER	☐ TRAVEL FROM		
	☐ JUNIOR (12-14)	☐ SAFETY OFFICER	☐ TOURNAMENT		
	☐ SENIOR (13-16)	☐ VOLUNTEER WORKER	☐ 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
- ☐ 01 1ST
- ☐ 02 2ND
- ☐ 03 3RD
- ☐ 04 BATTER
- ☐ 05 BENCH
- ☐ 06 BULLPEN
- ☐ 07 CATCHER
- ☐ 08 COACH
- ☐ 09 COACHING BOX
- ☐ 10 DUGOUT
- ☐ 11 MANAGER
- ☐ 12 ON DECK
- ☐ 13 OUTFIELD
- ☐ 14 PITCHER
- ☐ 15 RUNNER
- ☐ 16 SCOREKEEPER
- ☐ 17 SHORTSTOP
- ☐ 18 TO/FROM GAME
- ☐ 19 UMPIRE
- ☐ 20 OTHER
- ☐ 21 UNKNOWN
- ☐ 22 WARMING UP

INJURY
- ☐ 01 ABRASION
- ☐ 02 BITES
- ☐ 03 CONCUSSION
- ☐ 04 CONTUSION
- ☐ 05 DENTAL
- ☐ 06 DISLOCATION
- ☐ 07 DISMEMBERMENT
- ☐ 08 EPIPHYSES
- ☐ 09 FATALITY
- ☐ 10 FRACTURE
- ☐ 11 HEMATOMA
- ☐ 12 HEMORRHAGE
- ☐ 13 LACERATION
- ☐ 14 PUNCTURE
- ☐ 15 RUPTURE
- ☐ 16 SPRAIN
- ☐ 17 SUNSTROKE
- ☐ 18 OTHER
- ☐ 19 UNKNOWN
- ☐ 20 PARALYSIS/ PARAPLEGIC

PART OF BODY
- ☐ 01 ABDOMEN
- ☐ 02 ANKLE
- ☐ 03 ARM
- ☐ 04 BACK
- ☐ 05 CHEST
- ☐ 06 EAR
- ☐ 07 ELBOW
- ☐ 08 EYE
- ☐ 09 FACE
- ☐ 10 FATALITY
- ☐ 11 FOOT
- ☐ 12 HAND
- ☐ 13 HEAD
- ☐ 14 HIP
- ☐ 15 KNEE
- ☐ 16 LEG
- ☐ 17 LIPS
- ☐ 18 MOUTH
- ☐ 19 NECK
- ☐ 20 NOSE
- ☐ 21 SHOULDER
- ☐ 22 SIDE
- ☐ 23 TEETH
- ☐ 24 TESTICLE
- ☐ 25 WRIST
- ☐ 26 UNKNOWN
- ☐ 27 FINGER

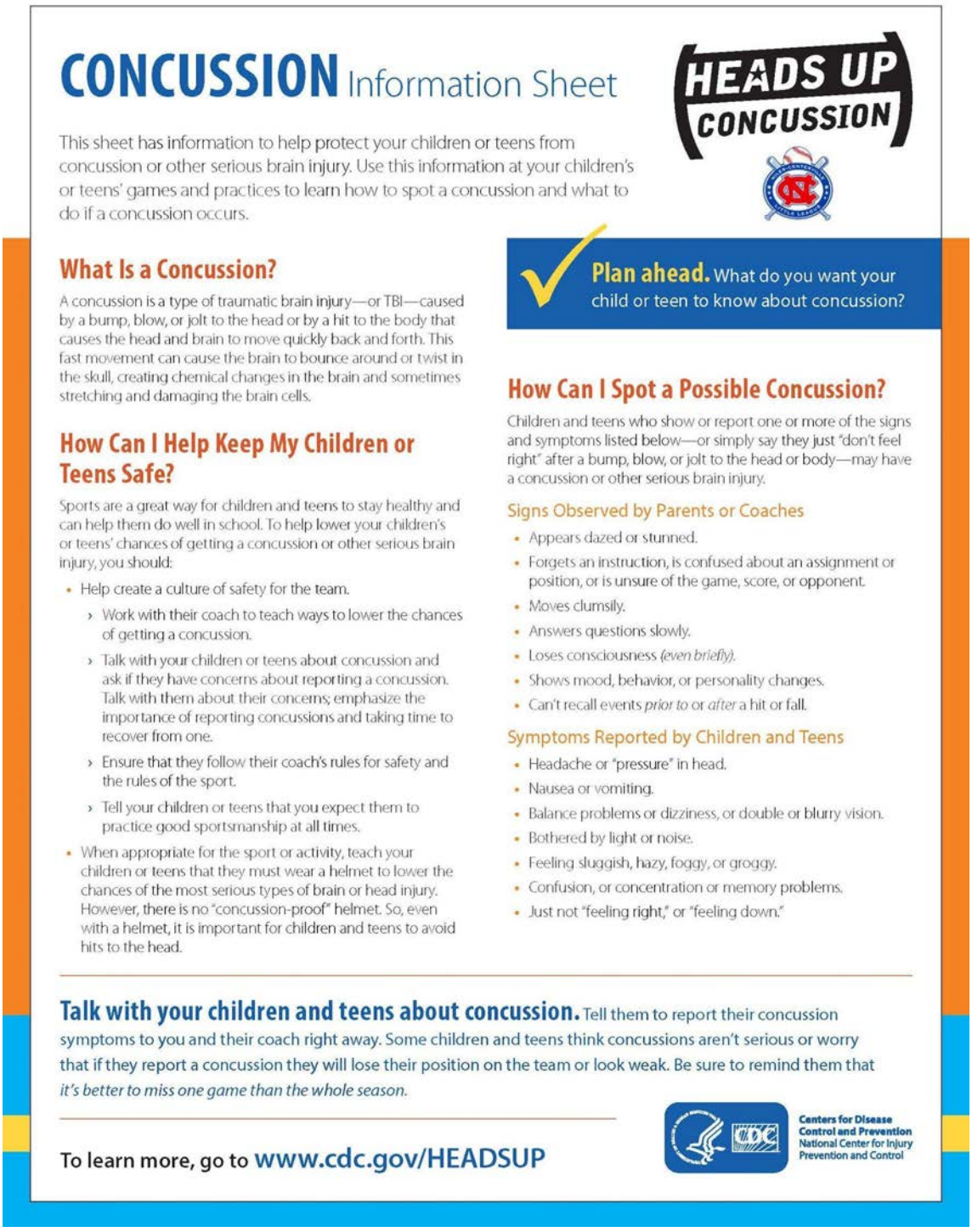
CAUSE OF INJURY
- ☐ 01 BATTED BALL
- ☐ 02 BATTING
- ☐ 03 CATCHING
- ☐ 04 COLLIDING
- ☐ 05 COLLIDING WITH FENCE
- ☐ 06 FALLING
- ☐ 07 HIT BY BAT
- ☐ 08 HORSEPLAY
- ☐ 09 PITCHED BALL
- ☐ 10 RUNNING
- ☐ 11 SHARP OBJECT
- ☐ 12 SLIDING
- ☐ 13 TAGGING
- ☐ 14 THROWING
- ☐ 15 THROWN BALL
- ☐ 16 OTHER
- ☐ 17 UNKNOWN

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

Appendix E



CONCUSSION Information Sheet

HEADS UP CONCUSSION

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

What Is a Concussion?

A concussion is a type of traumatic brain injury—or 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.*

To learn more, go to www.cdc.gov/HEADSUP

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

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

HEADS UP CONCUSSION

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.

Revised 5/2015

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

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

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

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

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

To learn more, go to www.cdc.gov/HEADSUP

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

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

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

Appendix F

A Fact Sheet for Youth Sports Parents

KEEP THEIR HEART IN THE GAME

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.

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is a life-threatening emergency that occurs when the heart suddenly stops beating. It strikes people of all ages who may seem to be healthy, even children and teens. When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure, but their heart has stopped. SCA leads to death in minutes if the person does not get help right away. Survival depends on people nearby calling 911, starting CPR, and using an automated external defibrillator (AED) as soon as possible.

What CAUSES SCA?

SCA occurs because of a malfunction in the heart's electrical system or structure. The malfunction is caused by an abnormality the person is born with, and may have inherited, or a condition that develops as young hearts grow. A virus in the heart or a hard blow to the chest can also cause a malfunction that can lead to SCA.

How COMMON is SCA?

As a leading cause of death in the U.S., most people are surprised to learn that SCA is also the #1 killer of student athletes and the leading cause of death on school campuses. Studies show that 1 in 300 youth has an undetected heart condition that puts them at risk.

Factors That Increase the Risk of SCA

- ✔ Family history of known heart abnormalities or sudden death before age 50
- ✔ Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- ✔ Family members with known unexplained fainting, seizures, drowning or near drowning or car accidents
- ✔ Family members with known structural heart abnormality, repaired or unrepaired
- ✔ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

FAINTING

IS THE #1 SYMPTOM OF A HEART CONDITION

RECOGNIZE THE WARNING SIGNS & RISK FACTORS

Ask Your Coach and Consult Your Doctor if These Conditions are Present in Your Youth

Potential Indicators That SCA May Occur

- ► 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

Cardiac Chain of Survival

Their life depends on your quick action!
CPR can triple the chance of survival.
Start immediately and use the onsite AED.

CALL


PUSH

SHOCK

KeepTheirHeartInTheGame.org

Hoja informativa para padres de jóvenes atletas

KEEP THEIR HEART IN THE GAME

Esta información ayuda a proteger a sus niños y adolescentes del Paro Cardíaco Repentino

¿Por qué no se detectan las afecciones cardíacas que ponen en riesgo a los jóvenes?

Si bien un joven puede no mostrar señales de advertencia de una afección cardíaca, los estudios muestran que generalmente los síntomas están presentes pero no se reconocen, no se reportan, se pasan por alto o se diagnostican mal.

- Los síntomas pueden malinterpretarse como típicos en jóvenes activos
- El desmayo con frecuencia se atribuye por error al estrés, calor, falta de alimentos o agua
- Los jóvenes que tienen síntomas regularmente no los reconocen como raros, es normal para ellos
- Los jóvenes (o sus padres) no quieren jugar menos tiempo
- Los jóvenes piensan por error que están fuera de forma y solo necesitan entrenar más duro
- Los jóvenes no hablan de sus síntomas con adultos porque les da pena no seguir el ritmo de sus compañeros
- Los adultos suponen que los jóvenes están bien y simplemente "marcan la casilla" en los formularios de salud sin preguntarles
- El personal médico y los padres por igual con frecuencia pasan por alto las señales de advertencia
- Los jóvenes ignoran los síntomas pensando que desaparecerán
- Las familias no saben o no reportan a su médico el historial de salud cardíaca o las señales de advertencia
- Los exámenes para niños sanos y los exámenes físicos deportivos no buscan las afecciones que pueden poner en riesgo a los jóvenes
- Los estetoscopios no son una prueba diagnóstica completa para afecciones cardíacas

Proteja el corazón de sus hijos

Infórmese sobre el Paro Cardíaco Repentino, hable con sus hijos sobre las señales de advertencia y cree una cultura de prevención en la organización deportiva a la que pertenecen.

- Conozca las señales de advertencia
- Documente el historial de salud cardíaca de su familia, ya que algunas afecciones son hereditarias
- Si se presentan síntomas o factores de riesgo, pida a su médico pruebas cardíacas o genéticas
- No solo "marque la casilla" en los formularios de historial de salud, pregúntele a su hijo cómo se siente
- Hágase una evaluación de riesgo cardíaco junto con su hijo cada temporada
- Aliente a sus hijos a hablar si tienen alguno de los síntomas
- Consulte con el entrenador para ver si ha notado alguna señal de advertencia
- Los jóvenes activos deberían estar mejorando, no empeorando
- Como padre en las gradas, conozca la cadena cardíaca de supervivencia
- Asegúrese de que la escuela y organizaciones deportivas cumplen con la ley estatal y tienen administradores, entrenadores y oficiales capacitados para responder a una emergencia cardíaca
- Aporte a la compra colectiva de un desfibrilador para el sitio

¿Qué sucede si mi hijo tiene señales de advertencia o factores de riesgo?

- La ley estatal requiere que los jóvenes que se desmayan o presentan otros síntomas relacionados con el corazón sean reautorizados para jugar por un proveedor médico con licencia *(licenced healthcare provider)*.
- Pídale a su proveedor médico que ordene pruebas diagnósticas o genéticas para descartar una posible afección cardíaca.

  Los electrocardiogramas (ECG o EKG) registran la actividad eléctrica del corazón. Se ha demostrado que los ECG detectan la mayoría de las afecciones cardíacas más efectivamente que el historial físico y clínico solos. Los ecocardiogramas (ECHO) capturan una imagen en vivo del corazón.
- Un proveedor de atención médica con experiencia en la evaluación de afecciones cardiovasculares (del corazón) debe consultar a su hijo.
- Siga las instrucciones de su proveedor para conocer las limitaciones de actividad recomendadas hasta que se completen las pruebas de evaluación.

¿Qué pasa si diagnostican a mi hijo con una afección cardíaca que lo pone en riesgo?

Hay muchos pasos que se pueden tomar para prevenir un PCR, como modificar la actividad, dar medicamentos, hacer tratamientos quirúrgicos o implantar un marcapasos y / o desfibrilador cardioversor implantable. Su médico debe hablarle de las opciones de tratamiento y modificaciones a la actividad recomendadas durante el tratamiento. En muchos casos, la anormalidad puede corregirse y el joven puede volver a sus actividades normales.

¿Qué es el Paro Cardíaco Repentino (PCR)?

El Paro Cardíaco Repentino (PCR) es una emergencia potencialmente mortal que ocurre cuando el corazón deja de latir de repente. Afecta a personas de todas las edades que pueden aparentar estar sanas, incluso a niños y adolescentes. Cuando ocurre un PCR, la persona se desploma y no responde o no respira normalmente. Pueden jadear o temblar como si tuvieran una convulsión, pero su corazón se ha detenido. Si la persona no recibe ayuda de inmediato el PCR lleva a la muerte en minutos. Su supervivencia depende de que las personas cercanas llamen al 911, comiencen la resucitación (CPR) y utilicen un desfibrilador externo automático (AED) lo antes posible.

¿Qué causa un PCR?

Un PCR ocurre debido a un mal funcionamiento en el sistema o estructura eléctrica del corazón. El mal funcionamiento lo causa una anormalidad de nacimiento o de herencia, o una condición que se desarrolla a medida que crecen los corazones de los jóvenes. Un virus en el corazón o un golpe fuerte en el pecho también pueden causar un mal funcionamiento que puede provocar un PCR.

¿Qué tan común es el PCR?

Aunque es una de las principales causas de muerte en los EE. UU., la mayoría se sorprende al saber que el PCR también es el asesino número 1 de estudiantes atletas y la principal causa de muerte en los planteles escolares. Los estudios muestran que 1 de cada 300 jóvenes tiene una afección cardíaca no detectada que los pone en riesgo.

Factores que aumentan el riesgo de un PCR

- ✔ Antecedentes familiares de anomalías cardíacas conocidas o muerte súbita antes de los 50 años.
- ✔ Antecedentes familiares específicos de síndrome del QT largo, síndrome de Brugada, miocardiopatía hipertrófica o displasia ventricular derecha arritmogénica (AEVD)
- ✔ Familiares con desmayos, convulsiones, que se hayan ahogado o casi ahogado o hayan tenido accidentes de auto, todo sin explicación
- ✔ Miembros de la familia con anormalidad cardíaca estructural conocida, reparada o no reparada
- ✔ Uso de drogas como cocaína, inhalantes, drogas "recreativas", bebidas energéticas en exceso, píldoras de dieta o suplementos para mejorar el rendimiento

DESMAYOS
EL SÍNTOMA #1
DE UNA AFECCIÓN CARDIACA

RECONOZCA LAS SEÑALES DE ADVERTENCIA Y FACTORES DE RIESGO

Pregunte al entrenador y consulte con su médico si su hijo presenta estas condiciones.

Indicadores potenciales de que podría ocurrir un PCR

- ► Desmayos o convulsiones, especialmente durante o justo después de hacer ejercicio
- ► Desmayos repetidamente o con emoción o sobresalto
- ► Falta de aliento excesiva durante el ejercicio
- ► Corazón acelerado o agitado
- ► Palpitaciones o aleteo en el corazón o latidos irregulares
- ► Frecuente mareo o aturdimiento
- ► Dolor o malestar en el pecho al hacer ejercicio
- ► Fatiga excesiva e inesperada durante o después del ejercicio

Cadena cardíaca de supervivencia

¡La vida depende de entrar en acción rápido!
La resucitación (CPR) puede triplicar las posibilidades de sobrevivir.
Comience de inmediato y use el desfibrilador (AED) del sitio.

CALL


PUSH

SHOCK

KeepTheirHeartInTheGame.org

Hoja informativa para padres de jóvenes atletas

KEEP THEIR HEART IN THE GAME

Esta información ayuda a proteger a sus niños y adolescentes del Paro Cardíaco Repentino

Para obtener más información, vaya a KeepTheirHeartInTheGame.org

Obtenga herramientas gratuitas para ayudar a crear una cultura de prevención en el hogar, en la escuela, en la cancha y en el consultorio del médico.

Hable de las señales de advertencia de una posible afección cardíaca con su hijo o adolescente y pida que firme a continuación.

Separe esta sección y devuélvala a su organización deportiva.

Guarde la hoja informativa para usar en los juegos y prácticas de sus hijos para ayudar a protegerlos de un Paro Cardíaco Repentino.

Aprendí sobre las señales de advertencia y hablé con mi padre/madre/tutor o entrenador sobre qué hacer si tengo algún síntoma.

NOMBRE ESCRITO DEL ATLETA | FIRMA DE ATLETA | FECHA

Leí esta hoja informativa sobre la prevención de un Paro Cardíaco Repentino con mi hijo y platicamos sobre qué hacer si nota alguna señal de advertencia, y sobre qué hacer si presenciamos un paro cardíaco.

NOMBRE ESCRITO DEL PADRE/MADRE/TUTOR LEGAL | FIRMA DEL PADRE/MADRE/TUTOR LEGAL | FECHA

Si bien perder un juego puede ser inconveniente, sería una tragedia perder a un atleta joven porque las señales de advertencia no fueron reconocidas o porque las comunidades deportivas no estaban preparadas para responder ante una emergencia cardíaca.

¡Mantenga su corazón en el juego!

ERIC PAREDES SAVE A LIFE FOUNDATION

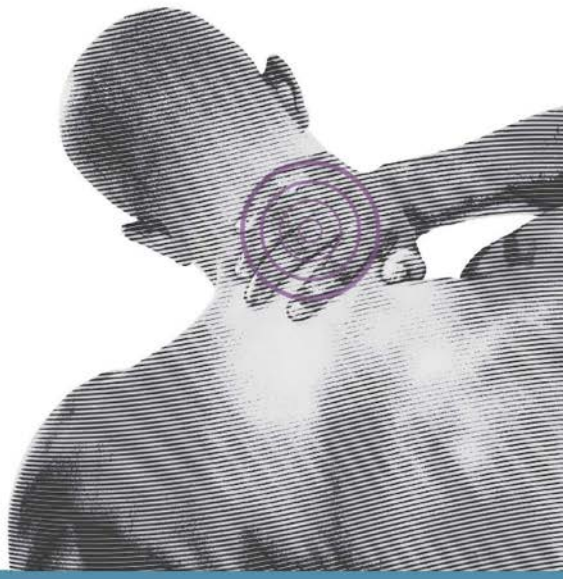
Appendix G

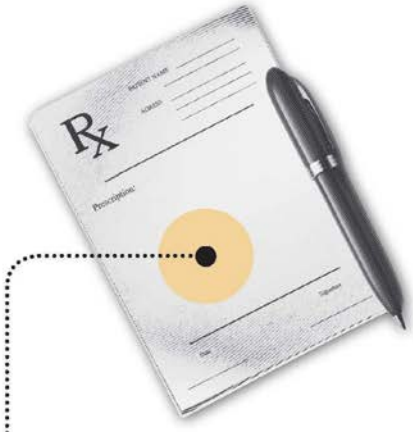

PRESCRIPTION OPIOIDS:
WHAT YOU NEED TO KNOW
Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.
WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?
Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:
Tolerance—meaning you might need to take more of a medication for the same pain relief
Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
Increased sensitivity to pain
Constipation
Nausea, vomiting, and dry mouth
Sleepiness and dizziness
Confusion
Depression
Low levels of testosterone that can result in lower sex drive, energy, and strength
Itching and sweating
As many as 1 in 4 PEOPLE*
receiving prescription opioids long term in a primary care setting struggles with addiction.
* Findings from one study
RISKS ARE GREATER WITH:
History of drug misuse, substance use disorder, or overdose
Mental health conditions (such as depression or anxiety)
Sleep apnea
Older age (65 years or older)
Pregnancy
Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:
Benzodiazepines (such as Xanax or Valium)
Muscle relaxants (such as Soma or Flexeril)
Hypnotics (such as Ambien or Lunesta)
Other prescription opioids
CDC
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
American Hospital Association
CS264107C May 9, 2016

KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- Pain relievers such as acetaminophen, ibuprofen, and naproxen
- Some medications that are also used for depression or seizures
- Physical therapy and exercise
- Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.





Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.

IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider within ___ days.
  - Work together to create a plan on how to manage your pain.
  - Talk about ways to help manage your pain that don't involve prescription opioids.
  - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
  - Never sell or share prescription opioids.
  - Never use another person's prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

Appendix H

Safety Forms Signature Acknowledgment Form

After you have read each of the Safety Documents listed below, each player and parent or guardian must complete this form and upload this sheet to the NCLL website prior to tryouts. Thank you!

Please check each box:

☐ I have received and read the Concussion Information Sheet with my child, and my parent or coach.

HEADS UP CONCUSSION

☐ I have received the fact sheet on sudden cardiac arrest prevention and read the information with my child, and with my parent or coach.

KEEP THEIR HEART IN THE GAME

☐ I have received the Opioid Factsheet for Patients that is published by the Centers for Disease Control and Prevention.

PRESCRIPTION OPIOIDS:

Player Name (Print): _____

Player Signature: _____ Date: _____

Parent or Guardian Name (Print): _____

Parent or Guardian Signature: _____ Date: _____

Appendix I

NCLL Safety Equipment Log: Automated External Defibrillator (AED) Zoll Plus

Once monthly, the AED needs to be checked by the Safety Officer for the following:

1. Good condition and appearance of the green check symbol in the status indicator window.
2. Check the expiration date of the pediatric pads which need to be replaced every 18 months.
3. Check the expiration date of the adult pads which need to be replaced every 18 months.
4. Change battery according to unit prompt.
5. Document these checks in the NCLL Safety Equipment AED Log (which is kept in the Safety Binder below the AED in the Snack Shack).

Date	Green Check Visible in Status Indicator Window	Pediatric Pad Expiration Date	Adult Pad Expiration Date	Notes/Actions:
Jan				
Feb				
March				
April				
May				
June				
July				
Aug				
September				
October				
November				
December				

Appendix J

NCLL Safety Equipment Log: First Aid Kit in Snack Shack

Once monthly or as needed, the Safety Officer will check the first aid kit to see what supplies need to be replenished and ordered. Document these checks in the NCLL Safety Equipment Log (which is kept in the Safety Binder below the AED in the Snack Shack).

Date	Supplies Missing	Action

Appendix K

NCLL Safety Equipment Log: Fire Extinguisher in Snack Shack

Once monthly, the fire extinguisher should be visually inspected for the following (OSHA 29 CFR 1910.157(e)(3):

- Obvious signs of physical damage, such as corrosion, leakage or dents
- Pressure gauge should be in the operating range (green)
- Pull pin is not missing and the pull pin seal is intact
- Extinguisher is still present in its designated location with no obstruction from view or easy access
- Extinguisher is fully charged and operational

Annually, the fire extinguisher should undergo a maintenance inspection and be certified by a fire protection equipment company. Document these checks in the NCLL Safety Equipment Log (which is kept in the Safety Binder below the AED in the Snack Shack).

Date	Fire Extinguisher Check	Action Taken
Jan	Free of physical damage Y/N Pressure gauge in green zone Y/N Pull pin and seal in place Y/N Easy access Y/N	
Feb	Free of physical damage Y/N Pressure gauge in green zone Y/N Pull pin and seal in place Y/N Easy access Y/N	
March	Free of physical damage Y/N Pressure gauge in green zone Y/N Pull pin and seal in place Y/N Easy access Y/N	
April	Free of physical damage Y/N Pressure gauge in green zone Y/N Pull pin and seal in place Y/N Easy access Y/N	
May	Free of physical damage Y/N Pressure gauge in green zone Y/N Pull pin and seal in place Y/N Easy access Y/N	
June	Free of physical damage Y/N Pressure gauge in green zone Y/N Pull pin and seal in place Y/N Easy access Y/N	
July	Free of physical damage Y/N Pressure gauge in green zone Y/N Pull pin and seal in place Y/N Easy access Y/N	
August	Free of physical damage Y/N Pressure gauge in green zone Y/N Pull pin and seal in place Y/N Easy access Y/N	
September	Free of physical damage Y/N Pressure gauge in green zone Y/N Pull pin and seal in place Y/N Easy access Y/N	
October	Free of physical damage Y/N Pressure gauge in green zone Y/N Pull pin and seal in place Y/N Easy access Y/N	
November	Free of physical damage Y/N Pressure gauge in green zone Y/N Pull pin and seal in place Y/N Easy access Y/N	
December	Free of physical damage Y/N Pressure gauge in green zone Y/N Pull pin and seal in place Y/N Easy access Y/N	

⚠ Warning!

- ▲ Use the AED Plus® unit only as described in this manual. Improper use of the device can cause death or injury.
- ▲ DO NOT use or place the AED Plus unit in service until you have read the AED Plus Operator's and Administrator's Guides.
- ▲ DO NOT use or place the AED Plus unit in service if the unit's status indicator window (located on the left side of the handle) displays a red "X".
- ▲ DO NOT use or place the AED Plus unit in service if the unit emits a beeping tone.
- ▲ Connect the electrode cable to the AED Plus unit after installing batteries.
- ▲ Keep the electrode cable connected to the AED Plus unit at all times.
- ▲ This device is intended for use by personnel who have been trained in its operation. Users should receive training in basic life support/AED, advanced life support or a physician-authorized emergency medical response training program.
- ▲ Only use electrodes labeled "Infant/Child" on children less than 8 years old or weighing less than 55 lbs (25 kg). Use CPR-D-padz® if patient is older than 8 years or weighs more than 55 lbs (25 kg).
- ▲ Always stand clear of patient when delivering treatment. Defibrillation energy delivered to the patient may be conducted through the patient's body and cause a lethal shock to those touching the patient.
- ▲ DO NOT touch the electrode surfaces, the patient, or any conductive material touching the patient during ECG analysis or defibrillation.
- ▲ Move patient away from electrically conductive surfaces prior to use of equipment.
- ▲ DO NOT use the unit near or within puddles of water.
- ▲ Keep the patient as motionless as possible during ECG analysis.
- ▲ DO NOT use the unit near flammable agents, such as gasoline, oxygen-rich atmospheres, or flammable anesthetics.
- ▲ Avoid radio frequency interference from high-power sources that might cause the defibrillator to interpret cardiac rhythms incorrectly by turning off cell phones and 2-way radios.
- ▲ Disconnect non-defibrillation protected electronic devices or equipment from patient before defibrillation.
- ▲ Dry victim's chest, if wet, before attaching electrodes.
- ▲ Apply freshly opened and undamaged electrodes, within the electrode expiration date, to clean and dry skin to minimize burning.
- ▲ DO NOT place electrodes directly over the patient's implanted pacemaker. Pacemaker stimuli may degrade the accuracy of ECG rhythm analyses or the pacemaker may be damaged by defibrillator discharges.
- ▲ Check labeling inside the ZOLL® AED Plus cover before using the cover as a Passive Airway Support System (PASS) device to ensure it is intended for this use.
- ▲ DO NOT use the Passive Airway Support System (PASS) if there is a suspected head or neck injury. Place the patient on a firm surface before performing CPR.
- ▲ DO NOT recharge, disassemble, or dispose of batteries in fire. Batteries may explode if mistreated.
- ▲ DO NOT use or stack the AED Plus unit with other equipment. If the unit is used or stacked with other equipment, verify proper operation prior to use.

⚠ Caution!

- ▲ DO NOT disassemble the unit. A shock hazard exists. Refer all servicing to qualified personnel.
- ▲ Use only commercially available type 123A lithium manganese dioxide batteries. Discard batteries properly after removal from unit. Use only batteries from recommended manufacturers. See the AED Plus Administrator's Guide (P/N 9650-0301-01) for a list of recommended battery manufacturers.
- ▲ If the device is stored outside the recommended environmental conditions, the electrode pads and/or batteries may be damaged or their useful life reduced.
- ▲ The CPR-D-padz Electrode can be connected to other ZOLL defibrillators with Multifunction Cables. Defibrillation can be administered when connected to other ZOLL defibrillators. The CPR function does not operate with any device other than the AED Plus defibrillator.
- ▲ Keep the unit away from magnetic resonance imaging equipment.

Important!

This symbol indicates that an AED Plus unit is equipped for treating adult and pediatric patients. An AED Plus unit without this symbol is not equipped to treat pediatric patients and will NOT work with Pedi-padz II pediatric electrodes. To upgrade an AED Plus unit for use with ZOLL Pedi-padz II pediatric electrodes, contact ZOLL Medical Corporation or an authorized ZOLL distributor for information on the ZOLL AED Plus Pediatric Upgrade Kit.

Set-up and Check-out Procedure:

1. Insert 10 new batteries into AED Plus unit.
2. Connect electrode cable to AED Plus unit and pack sealed electrodes inside unit cover. Close cover.
3. Turn unit on and wait for "Unit OK" audio message. Verify that unit issues appropriate "Adult Pads" or "Pediatric Pads" audio message.
4. Turn unit off.
5. Wait 2 minutes. Verify that green check symbol (✔) appears in status indicator window (located on left side of handle) and that unit does not emit a beeping tone.
6. Place AED Plus unit in service.
7. Check AED Plus unit periodically to ensure that green check symbol (✔) appears in status indicator window.

Battery Replacement

For AED Plus units running software version 5.32 or higher, replace batteries every 5 years or if unit prompts. For earlier software versions, replace batteries every 3 years and place a dated AED Plus battery replacement reminder label next to the On/Off button. These labels are available from ZOLL Customer Service. Use only type 123A lithium manganese dioxide batteries from recommended manufacturers.

- Remove all batteries from battery compartment and discard before installing any new batteries.
- Insert 10 new batteries into battery well. Do not use old batteries.
- Press button in battery well only after installation of new batteries.

Cleaning

- Clean and disinfect unit with soft, damp cloth using 90% isopropyl alcohol or soap and water, or chlorine bleach (30 milliter water).
- Do not immerse any part of the unit in water.
- Do not use ketones (MEK, acetone, etc.).
- Avoid using abrasives (e.g., paper towels) on the LCD display, if so equipped.
- Do not sterilize the unit.

TROUBLESHOOTING

Problem	Recommended Action
Self-test failed.	Manually test by pressing and holding the ON/OFF button for more than 5 seconds. If unit fails test again, remove from service.
"Change batteries" prompt.	Replace all batteries at the same time.
Red "X" in Status Indicator window OR beeping noise when unit is OFF.	Perform manual test. Check to see if cable is attached properly to unit. Replace batteries. If unit still does not operate correctly, remove from service.
Red "X" in Status Indicator window when unit is ON.	Power cycle the unit. If Red "X" is still present in Status Indicator window, remove unit from service.

Federal (U.S.A.) law restricts this device for sale to or on the order of a physician.

AED Plus®

Automated External Defibrillator

Operator's Guide

AHA 2015

ZOLL®

For Technical support or repair:

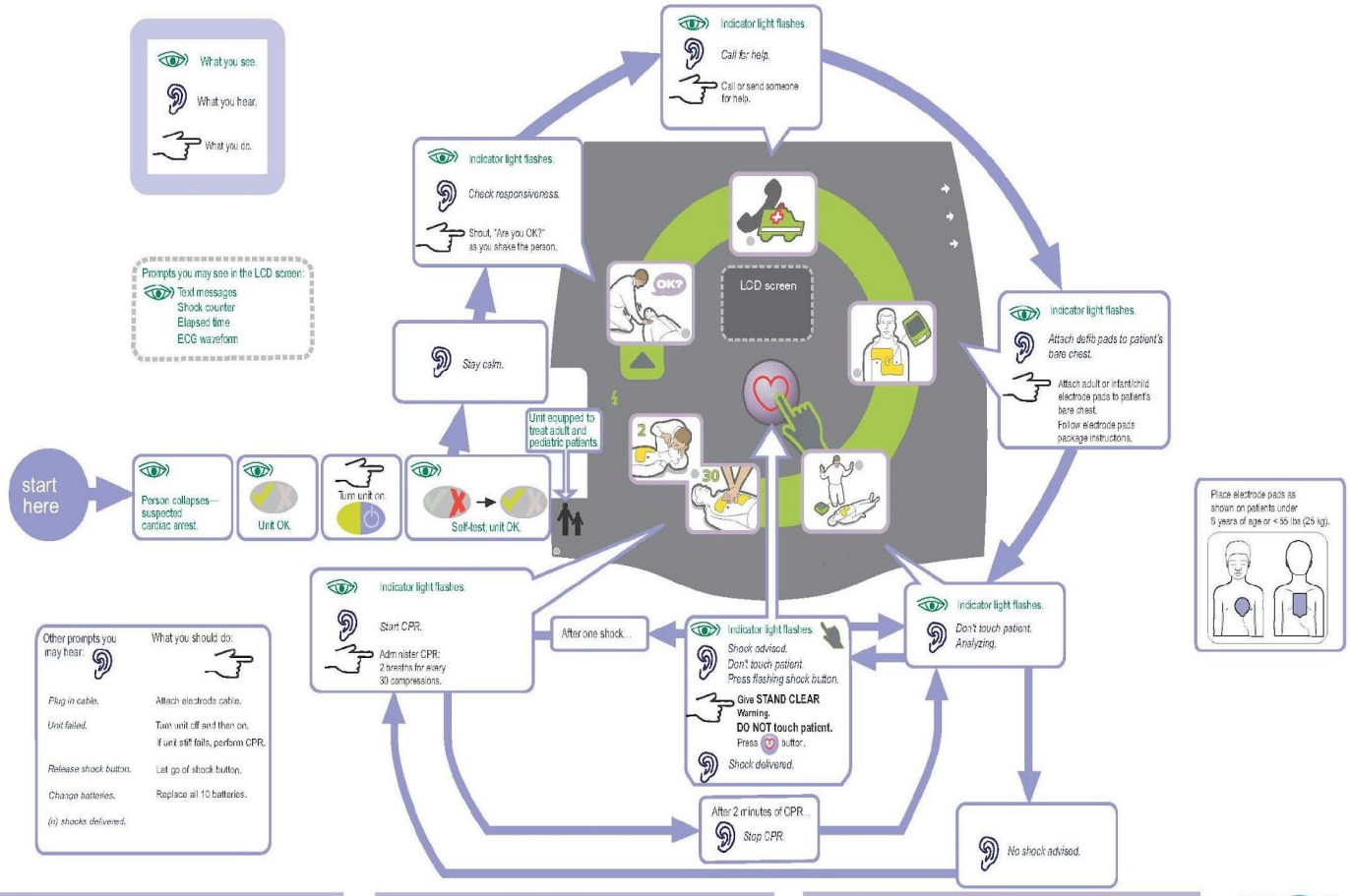
ZOLL Medical Corporation
269 Mill Rd.
Chelmsford, MA 01824-4105
978-421-9655 • 800-348-9011
Fax: 978-421-0010

ZOLL Medical Europe
Newtonweg 18
6662 PV ELST
The Netherlands
+31 (0) 481 366410
Fax: +31 (0) 481 366411

International Service:
Contact your local distributor.

CE 0123

REF 9650-0300-01 Rev. U



INDICATIONS FOR USE

Use the AED when a suspected cardiac arrest victim has an apparent LACK OF CIRCULATION indicated by:

- Unconsciousness and
- Absence of normal breathing and
- Absence of a pulse or signs of circulation.

This device is intended for use by personnel who have been trained in its operation. Users should receive training in basic life support/AED, advanced life support or a physician-authorized emergency medical response training program.

When a victim is less than 8 years of age, or weighs less than 55 lbs (25 kg), the ZOLL AED Plus should be used with ZOLL AED Plus Pediatric Electrodes. Therapy should not be delayed to determine the patient's exact age or weight.

CONTRAINDICATIONS FOR USE

Do NOT use when a patient:

- Is conscious; or
- Is breathing; or
- Has a detectable pulse or other signs of circulation.

INTENDED USER

This device is intended for use by personnel who have been trained in its operation. Users should receive training in basic life support/AED, advanced life support or a physician-authorized emergency medical response training program. The CPR monitoring function provides a metronome designed to encourage rescuers to perform chest compressions at the AHA recommended rate of 100 compressions per minute. Voice and visual prompts encourage a minimum compression depth of 2 inches for adult patients. The CPR monitoring function is not intended for use on patients under 8 years of age.

ZOLL

ZOLL Medical Corporation
269 Mill Road
Chelmsford, MA 01824-4105
978-421-9655 • 800-348-9011
www.zoll.com

Appendix M

Niles-Centerville Little League (NCLL): Frequently Asked Questions About Background Checks

What is NCLL's policy on background checks?

In accordance with Little League Regulation 1(c) 8 and 9, NCLL is required to have all board members, managers, coaches, and other volunteers who provide regular service to the league and/or who have repetitive access to or contact with players or teams to fill out the official Little League® Volunteer Application; submit a driver's license for identity verification; and conduct a background check on these individuals on an annual basis. NCLL will utilize JDP Background Screening or another comparable background check provider. This a core element of NCLL's Safety Plan.

What type of background check is required?

Background checks are required to access nationwide sex offender registry data and criminal records.

Who is responsible for processing background check information for NCLL members?

The NCLL Safety Officer and other designated board members will conduct background checks for league members. The aforementioned individuals also undergo background checks that are processed by other board members.

How are background checks conducted?

JDP Background Screening is a Little League approved provider of background checks. NCLL utilizes the JDP QuickApp to upload the names and email addresses of volunteers. The volunteer will then receive an email from NCLL with a link to the Little League Volunteer Application. The volunteer must complete this online application and provide his/her social security number to initiate the background check. Use of JDP QuickApp enhances the protection of sensitive, personal information, such as social security numbers. This information is secured within the JDP environment and is not released or visible to any third party, including NCLL board members. The NCLL Board Member conducting the background check will also verify the information on the volunteer application with a government issued ID.

What if there is a criminal record detected on my background check?

Background checks are flagged if a charge is discovered. NCLL will investigate the charge to determine if this prohibits the individual from volunteering. If not, the Board Member conducting the background check must present this information to the League president and Board to determine if this individual is fit to participate in any manner within the league.

If a criminal record from the public records database is reported to NCLL, a letter or email, which includes a copy of the completed background screening report & Summary of Rights is sent to the potential volunteer by JDP. A toll-free number is listed on the letter should the information reported be disputed by the potential volunteer.

Niles-Centerville Little League (NCLL): Frequently Asked Questions About Background Checks (cont)

What will result in termination of a volunteer under Little League regulations?

Per Little League Regulation 1(c)9: "No league shall permit any person to participate in any manner whose background check reveals a conviction, guilty plea, no contest pleas, or admission to any crime involving or against a minor or minors". In addition, NCLL is required to contact the Security Manager at Little League International if a potential volunteer appears on the National Sex Offender Registry. Additionally, volunteers who refuse to submit a fully completed Little League Volunteer Application, along with a government issued photo ID, must be immediately terminated or eliminated from consideration for any position.

Where can I get additional information about Little League's regulation on background checks or the background check provider JDP?

Educational resources for parents/guardians, volunteers, and league officials on the above topics can be found at: www.littleleague.org

What if I have additional questions about the background check process at NCLL?

E-mail additional questions to the NCLL Safety Officer at ncllsafety@gmail.com.

Adapted from: Frequently Asked Background Check Questions. Retrieved from https://www.littleleague.org/university/articles/frequently-asked-background-check-questions/ on December 11, 2018

Appendix N

What Must be Reported

Any of the below acts involving anyone under the age of 18:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

The mandated reporter must only have ***reasonable suspicion*** that a child has been mistreated; no evidence or proof is required prior to making a report. The case will be further investigated by law enforcement and/or child welfare services.

How To Report

By Phone

Immediately, or as soon as possible, make a telephone report to child welfare services and/or to a Police or Sheriff's department.

1. Child Welfare Services Phone # _____
2. Police Department Phone # _____
3. Sheriff's Department Phone # _____

In Writing

Within 36 hours, a written report must be sent, faxed or submitted electronically. The written report should be completed on a state form called the 8572, which can be downloaded at: https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss_8572.pdf

Other Information

Safeguards for Mandated Reporters:

- The Child Abuse and Neglect Reporting Act (CANRA) states that the name of the mandated reporter is strictly confidential, although it is provided to investigative parties working on the case.
- Under state law, mandated reporters cannot be held liable in civil or criminal court whenreporting as required; however, under federal law mandated reporters only have immunity for reports made in good faith.

Failure to report:

- Failure to report concerns of child abuse or neglect is considered a misdemeanor and ispunishable in California by six months in jail and/or up to a $1,000 fine.
- For the complete law and a list of mandated reporters refer to California Penal Codes 11164-11174.3.

This document and Mandated Reporting information can be found at www.mandatedreporterca.com