

2017 Safety Manual

League #
0405-2301














Welcome

Dear Managers, Coaches & Parents;

Welcome to the 62nd Year of Chino American Little League Baseball!

The Chino American Little Leagues board of directors consists of volunteers who give freely of their time and energy. They have come back together this season with renewed enthusiasm and commitment in regards to the safety and improvement of our league. We have been awarded an honorable mention in 2008. We took second place in the western region in 2011 & 2012. In 2016 Little League International, Musco Lighting and AIG awarded us 1st place for our Safety Awareness Plan for the Western Region and 3rd Place Nationally

Once again, new safety goals have been set, and plans have been made to raise the necessary money for further improvements to our complex. Some changes we have made include;

-  Purchased new bases for single A & Tee ball division field
-  Installed sun shades for the major field bleachers
-  Purchased a 2012 Toro 3 wheel tractor (to drag the fields)
-  Purchased new 2017 volunteer *ID* badges with lanyards.
-  Continuing umpire services for lower division
-  Continuing upgrades to the snack bar
-  Replaced first aid kits for teams
-  Supplied CPR pocket masks in the snack bar first aid kits
-  Purchased new AED (automatic external defibrillator) for 2017
-  Purchased a new single A & Tee ball division back stop
-  Continuing to replace catcher's gear, helmets and equipment for all divisions.
-  Continuing online registration.
-  Repairs to the major, single A & T ball division benches courtesy of the Boy Scouts of America

For over 62 years our league has made a commitment to encourage and provide a safe environment for our kids to learn and thrive while they enjoy the game of baseball.

On November 8th, 2016 the Chino Valley Unified School District, California Bond Issue Measure G passed. This measure will help to rebuild and refurbish several schools including Chino High School, where Chino American plays. In 2019, the major field, AAA/AA & Single A Tee ball fields (where CALL plays) will be removed due to the construction on Chino High School. There are no plans for the junior/senior field to be touched.

The CALL president has been working with the City of Chino and proposed Ayala Park as the new location for Chino American Little League. The City of Chino will construct a new major field and one field for the lower divisions. The juniors and seniors will remain at Chino High School. Construction is set to begin sometime in 2017 and should be ready for the 2018 Season.

CHINO AMERICAN LITTLE LEAGUE - ESTABLISHED 1954
CHINO, CALIFORNIA

Our highest priority is for the **Safety** of our children. Prevention is the key to reducing accidents. At Chino American Little League we need **YOUR** commitment to **SAFETY** in order for us to succeed. To meet this goal Chino American Little League is actively participating in Little League International's *A Safety Awareness Program (ASAP)*. ASAP's mission is to "Create awareness, through education and information, with opportunities to provide a safer environment for kids and all participants of Little League Baseball".

The purpose of this manual is to provide important safety information to all Chino American Little League volunteers. While specifically written for Managers and Coaches, the information contained in this document can be a useful resource for all participants of Chino American Little League. Please take the time to review this manual in its entirety.

The commitment to this Safety Manual is proof that we at Chino American Little League are dedicated to our cause. Please read it carefully and familiarize yourself with safety fundamentals and refer to this manual as a reference guide throughout the season.

With that said, I would like to remind each of you that little league baseball is a wonderful sport for all kids to experience. When rooting for your teams and players, remember that good sportsmanship, being safe and setting a good example for our youth is of utmost importance!

Very truly yours,

Irene St. Esteben

League President



Tom Barr

Safety Coordinator

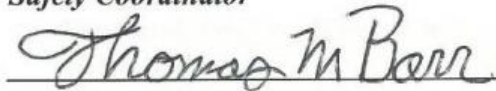


Table of Contents

WELCOME.....	1
TABLE OF CONTENTS.....	3
LEAGUE MISSION STATEMENT	7
LITTLE LEAGUE SAFETY PROGRAM (ASAP).....	8
TEN COMMANDMENTS OF SAFETY.....	8
LETTER FROM THE CITY OF CHINO	9
BACKGROUND CHECKS.....	11
SAFETY MANUAL AND FIRST AID KITS	12
CPR & FIRST AID TRAINING.....	14
MOUTH AND DENTAL INJURIES	16
CHINO AMERICAN LITTLE LEAGUE EMERGENCY PHONE NUMBERS	17
CHINO AMERICAN LITTLE LEAGUE 2017 BOARD OF DIRECTORS.....	18
CHINO AMERICAN LITTLE LEAGUE CODE OF CONDUCT.....	19
CHINO AMERICAN LITTLE LEAGUE SAFETY CODE.....	20
CHINO AMERICAN LITTLE LEAGUE SAFETY RESPONSIBILITIES.....	23
PRESIDENT.....	23
SAFETY COORDINATOR.....	23
MANAGERS & COACHES.....	25
FACILITIES COORDINATOR.....	28
SNACK BAR COORDINATOR.....	28
EQUIPMENT MANAGER	29
TEAM PARENT/ TEAM SAFETY OFFICER	29
UMPIRES	31
CONDITIONING & STRETCHING	33
PITCH COUNT.....	35
HYDRATION.....	37
COMMON SENSE SAFETY	38
EQUIPMENT.....	38
WEATHER	40
RAIN:.....	40
LIGHTNING:	40
HOT WEATHER:	41

CHINO AMERICAN LITTLE LEAGUE - ESTABLISHED 1954
CHINO, CALIFORNIA

ULTRA-VIOLET RAY EXPOSURE: 41

EVACUATION PLAN42

RISKS UNIQUE TO OUR FACILITY42

STORAGE SHED PROCEDURES43

MACHINERY44

GENERAL FACILITY44

BOYS OF AMERICA TROOP 309 - CHINO.....47

ACCIDENT REPORTING PROCEDURE48

 WHAT TO REPORT..... 48

 WHEN TO REPORT..... 48

 HOW TO MAKE A REPORT 49

 RETURNING TO PLAY 49

CERTIFICATE OF LIABILITY INSURANCE 2017.....50

INSURANCE PROGRAM51

 EXPLANATION OF COVERAGE 51

SNACK BAR – SAFETY FIRST54

 San Bernardino County - Health Permit - New.....55

 State Food Safety Training Certificate - New.....58

 C.A.L.L. Snack Bar Rules.....58

 CLEAN HANDS FOR CLEAN FOODS..... 60

CHILD ABUSE.....61

TRANSPORTATION63

HEALTH AND MEDICAL – GIVING FIRST AID64

 WHAT IS FIRST-AID? 64

 FIRST AID-KITS 65

 GOOD SAMARITAN LAWS 66

 PERMISSION TO GIVE CARE 67

 TREATMENT AT SITE – SOME IMPORTANT DO’S AND DON’TS 67

 WHEN TO CALL 911 69

CHECKING THE VICTIM – **NEW 2015 GUIDELINES**69

 CHECKING A CONSCIOUS VICTIM: 69

 CHECKING AN UNCONSCIOUS VICTIM: **NEW CPR 2015 GUIDELINES** 70

COMMOTIO CORDIS74

 FIRST AID FOR COMMOTIO CORDIS 74

CHINO AMERICAN LITTLE LEAGUE - ESTABLISHED 1954
CHINO, CALIFORNIA

PREVENTION OF SPORTS INJURIES75

 KNEE INJURY 75

 MUSCLE SORENESS 75

 BLISTERS 75

 SIDE STITCH 75

 SHIN SPLINTS 75

 ACHILLES TENDON PAIN..... 75

FIRST AID FOR SPORTS INJURIES76

 PRICES 76

 RETURN TO PLAY 77

BREATHING PROBLEMS.....78

 PREVENTION 79

BROKEN BONES81

 PREVENTION 81

 FIRST AID FOR BROKEN BONES 82

 DO NOT 82

BURNS.....82

 FIRST AID FOR BURNS 83

CHEST PAIN84

 FIRST AID FOR A HEART ATTACK 85

AED.....85

NEW AED.....86

CHOKING89

 ADULTS: CONSCIOUS VICTIM 89

 IF VICTIM BECOMES UNCONSCIOUS: 90

 CONSCIOUS INFANT (UNDER 1 YEAR OLD)..... 93

 UNCONSCIOUS INFANT..... 93

 CONSCIOUS CHILD (OVER 1 YEAR OLD)..... 93

 UNCONSCIOUS CHILD (OVER 1 YEAR OLD) 93

BLEEDING IN GENERAL.....95

CUTS, SCRAPES, & PUNCTURES.....95

 FIRST AID FOR CUTS, SCRAPES, & PUNCTURES 95

NOSEBLEEDS97

 FIRST AID FOR NOSEBLEEDS..... 97

INSECT BITES.....98

CHINO AMERICAN LITTLE LEAGUE - ESTABLISHED 1954
CHINO, CALIFORNIA

PREVENTION 99
FIRST AID FOR INSECT BITES 99
JAW, MOUTH AND TOOTH EMERGENCIES 100
EVALUATE FOR: 100
FIRST AID FOR JAW, MOUTH AND TOOTH EMERGENCIES: 101
EYE INJURIES 101
EVALUATE FOR: 102
FIRST AID FOR EYE INJURIES: 102
THE UNCONSCIOUS ATHLETE – HEAT ILLNESS 103
HEAT CRAMPS 104
HEAT EXHAUSTION 104
HEAT STROKE 104
EVALUATE FOR HEAT ILLNESS: 104
FIRST AID FOR HEAT ILLNESS 104
HEAD INJURIES 105
EVALUATE FOR HEAD INJURIES: 106
FIRST AID FOR HEAD INJURIES: 106
RETURN TO PLAY 107
ADHD 108
COMMUNICABLE DISEASE PROCEDURES 109
UNIVERSAL HYGIENE PROTOCOL FOR ALL SPORTS: 110
PARENTAL CONCERNS ABOUT SAFETY 110
BASEBALL CLINIC 112
CHINO CHRISTMAS PARADE 2016 114
APPENDIX 117
PLAYER ELIGIBILITY RESIDENTIAL BOUNDARIES: 118
LITTLE LEAGUE BASEBALL MEDICAL RELEASE FORM: 119
C.A.L.L. INCIDENT/INJURY TRACKING REPORT: 120
2017 VOLUNTEER APPLICATION: 121
2017 RETURNING VOLUNTEER APPLICATION 122
LITTLE LEAGUE ACCIDENT NOTIFICATION FORM – PAGE 1: 123
LITTLE LEAGUE ACCIDENT NOTIFICATION FORM – PAGE 2: 124
CLAIM FORM INSTRUCTIONS – PAGE 1: 125
CLAIM FORM INSTRUCTIONS – PAGE 2: 126
GENERAL LIABILITY CLAIM FORM – PAGE 1: 127
GENERAL LIABILITY CLAIM FORM – PAGE 2: 128
CPR TRAINING 129

*Please read and use the information in this handout to assist in
Your team's safety for this 2016 season.*

League Mission Statement

2016 – 2017

Chino American Little League aims to provide an opportunity for children of our community to participate and learn the game of baseball in a fun, safe and engaging environment. Our goal is to encourage the importance of sportsmanship and friendly competition to build strong future leaders.



Little League Safety Program (ASAP)

National Little League introduced a Safety Awareness Program (“ASAP”) in 1995 with the goal of re-emphasizing the position of the Safety Officer to “create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball”. This Safety Manual provides important information, for use by managers, coaches and umpires, to support their ability to ensure the safest environment possible for all players.

**Your League Safety Officer for this 2015 Season is
Tom Barr (909) 465-3501**

Safety is Everyone’s Responsibility!

For the best possible player experience, we ask everyone to step up and help deliver on the goal of providing a fun, safe, and positive environment for our children. Creating this environment requires help and participation from board members, managers, coaches, players, parents, volunteers and spectators. As part of your commitment, we ask that you read and abide by both the Code of Conduct and General Safety Code, provided on the following pages.

Ten Commandments of Safety

- *Be Alert*
- *Check Playing Field for Safety Hazards*
- *Wear Proper Equipment*
- *Ensure Equipment is in Good Shape*
- *Ensure First Aid is Available*
- *Maintain Control of the Situation*
- *Maintain Discipline*
- *Safety is a Team Sport*
- *Be Organized*
- *Have Fun!*

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CHINO, CALIFORNIA

Letter from the City of Chino

EUNICE M. ULLOA
Mayor

TOM HAUGHEY
Mayor Pro Tem



GLENN DUNCAN
EARL C. ELROD
Council Members

MATTHEW C. BALLANTYNE
City Manager

CITY of CHINO

January 9, 2017

ASAP Award Program
Little League International
P.O. Box 3485
Williamsport, PA 17701

RE: Chino American Little League Safety Plan

This letter is to show the City of Chino's support for Chino American Little League's safety plan. Both Chino American Little League and the City of Chino are dedicated to providing safe facilities for the community and program participants.

The City of Chino maintains parks and facilities for our community. We make these facilities available to youth organizations that serve the youth of Chino. Chino puts a high priority on the education, health, and safety of our youth. Chino has been a five-time winner of the 100 Best Communities for Young People award.

Chino American Little League has been a part of the Chino community for over 50 years. We have enjoyed a long relationship with them, as they provide valuable programming to the youth of this community. Historically, Chino American Little League has operated on school district property, and the City has provided practice fields as needed by the league. It has long been a desire of both organizations to have the league operate on City facilities.

The City has made a commitment to renovate two fields for use by Chino American Little League by the spring of 2018. This will be the start of their transition to City facilities. Attached you will find pictures of the current facilities and the plans for the renovations.

The City will excavate and reconstruct the infields and outfields to Little League specifications. The renovation will include new top soil, irrigation, laser grading, new perimeter edge turf, and new field fixtures. The dugouts and perimeter fencing will be demolished and new ones installed. We will also work with them on a yearly maintenance plan to ensure the continued safety of all participants.

The City is honored to be in partnership with Chino American Little League and to provide these facilities. Chino American Little League has a long history of operating a highly successful program in the community, and they are committed to the safety and well-being of their participants.

Sincerely,



Linda Reich
Director of Community Services

LR/JM:ma

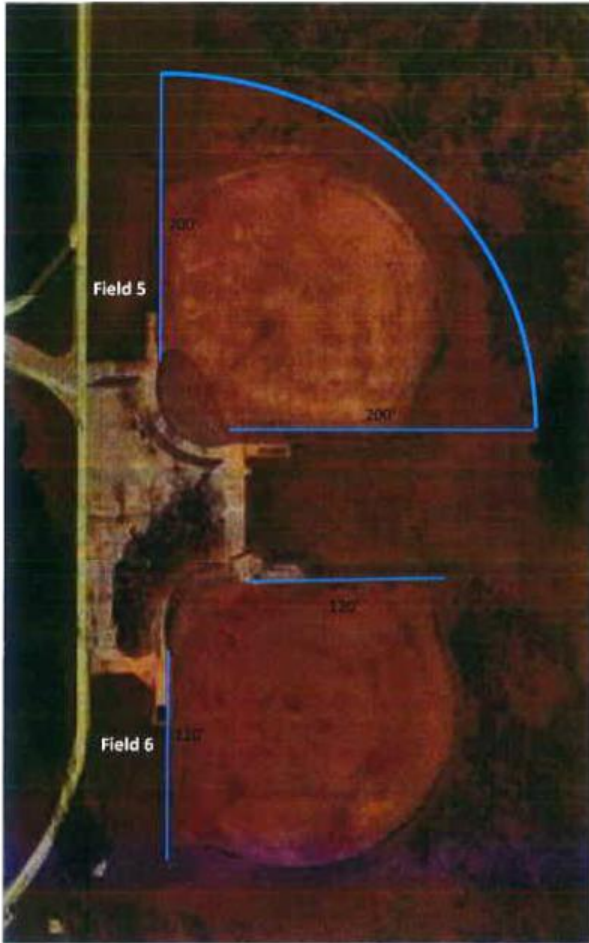
Attachment



13220 Central Avenue, Chino, California 91710
Mailing Address: P.O. Box 667, Chino, California 91708-0667
(909) 334-3250 • (909) 334-3720 Fax
Web Site: www.cityofchino.org

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Ayala Park: Fields 5 & 6



Both fields will be completely renovated to Little League specifications. Work will include:

- Demolition of dugouts, backstops, and perimeter fencing;
- Install new backstops, access gates, and perimeter fencing;
- Install outfield fence on field 5;
- Install fenced dugouts with covers;
- Install pitcher and batter warm-up cages;
- Reconstruct fields to Little League dimensions;
- Re-grade outfields and install new irrigation for dimensions;
- Re-grade infields and laser level;
- Install infield turf on field 5;
- Install new field fixtures;
- Install scorer's booth/table behind home plate;
- Install conduit and electrical for PA system and scoreboards.



Background Checks

Little League International has mandated **all** leagues check the volunteers who have repetitive contact with their leagues' children against sex offender registries across the nation. The move was prompted by a concern that checking a single state's sex offender registry is not sufficient in a society where people can so easily move out of state.

In keeping with National Little League's 2017 Safety Plan requirement, all Chino American Little League volunteers must complete and return a "2017 Little League Volunteer Application" form.
(Included in the appendix section of this Safety Manual)

Each volunteer must provide a copy of a government issued ID card or Drivers License for ID verification. The CALL President or Safety Officer will collect completed forms. All personal information is kept confidential for the year and forms are shredded at the end of the season.

The CALL President or Safety Officer will then conduct background checks on each individual using the *LexisNexis* Internet site to confirm that each volunteer does not have a sexual offender background.

Anyone **refusing** to fill out a volunteer application with complete information is **ineligible** to be a league volunteer.

CALL is taking one step further this season and providing a badge on a lanyard for each volunteer of the league whose background check has been completed and cleared. Once the badge has been provided it is **mandatory** that all individuals wear the badge **at all times** when in contact with the players during league events.

These badges let all parents know that the volunteer has been checked out and the players know they are a safe person to be with and come to when in need.



Safety Manual and First Aid Kits

With consideration of information from past injury tracking forms, C.A.L.L. has developed customized first aid kits for all divisions. Each team will be issued a First Aid Kit and a Safety Manual at the beginning of the season. The manager or the team will acknowledge the receipt of both by signing in the space provided below when taking possession of these articles.

One chemical ice pack will be issued to each team at the beginning of the season. Re-usable ice packs in various sizes are also available in the freezer at all times in the Snack Bar (During snack bar operational hours).

The head umpire will be issued 2 copies of the Safety Manual.

The Snack Bar will have a First Aid Kit and a Safety Manual in plain sight at all time.

The Safety Manual will include phone numbers to hospitals and other emergency services, C.A.L.L. Board Directors, the Chino American Little League Code of Conduct, and Do's and Don'ts of treating injured players.

The First Aid Kit will include the necessary items to treat an injured player until professional help arrives if need be (*See First Aid section*).

It is **mandatory** that all mangers and/or coaches have first aid kit present at all practices, games and/or any league sanctioned event

(See next page for *First Aid Kit Information Sheet* given to all mangers upon receipt of first aid kits



Chino American Little League

P.O. Box 1155 • Chino, CA. 91708-1155

(909) 628-3206

The First Aid Kit will become part of the team's equipment package and shall be taken to *all* field practices, batting cage practices, games (scrimmage and season), and any other Chino American Little League event where players or volunteers safety is at risk.

To *replace used materials* in the team's First Aid Kit, the manager, designated coaches or appointed Team Safety Officer must contact the C.A.L.L. Safety Officer.

There are two ways to have used items replenished:

- Fill out the *back* of the Contents Card found within each kit, check off what is needed and how much of each item is needed. Then, leave the card at the snack bar in the Safety Officer's mailbox.
- Or contact the C.A.L.L. Safety Officer, by phone or e-mail, directly and let her know what you need.

Tom Barr

Safety Officer

Cell (909) 465-3501

E-mail: 5tomcat@live.com

Three additional First Aid Kits will be available at the snack bar. Materials from these additional kits may not be used to replenish materials in the team's kit, but are available for emergency use only.

The use of the supplies within these kits is *encouraged when needed*. If an injury occurs and significant supplies *are* used, an *Incident/Injury Tracking Report* must be filled out reflecting what was used and what happened. Report forms can be found in a folder in the snack bar, in your Safety Folder or by contacting the Safety Officer directly. Filling out these forms is *very important* for tracking potential hazards and to help C.A.L.L families utilize Little League Insurance benefits for the injured party if/when needed.

By signing below, you are accepting *FULL* responsibility for the Chino American Little League First Aid Kit and its contents. The First Aid Kit must be returned to the Safety Officer by Closing Ceremonies 2017 or *a fee of \$50.00 shall be paid by you for its replacement*.

Signature _____ Division/Team _____ Date _____ Kit# _____

Sign and return one copy to Safety Coordinator - keep one copy for your records.

CPR & First Aid Training

In keeping with Chino American Little League's mission to provide a safe environment for our players, it is a **MANDATORY REQUIREMENT** for all managers and coaches to be certified in first aid and Adult, Child & Infant CPR including the use of an AED every two years. This certification is essential to know what to do if a player, coach, manager, umpire, or spectator is injured. Certifications will be accepted from any AHA or Red Cross endorsed class. Please provide the CALL Safety Officer with a copy of your card ASAP.

Chino American CPR / AED & First Aid Class

On February 20th, 2016 Chino American had an American Heart Association Heartsaver class at Carolyn Owens Community Center for (24) Board Members, Managers, Coach's and Parents. All participants received a Pocket Mask and Heartsaver Student workbook.



All were trained in Adult, Child and Infant CPR and Heartsaver and Choking.

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Trained in AED for Adults and Children and First Aid.



All were certified by the American Heart Association Heartsaver Course.

HEARTSAVER FIRST AID CPR AED		HEARTSAVER FIRST AID CPR AED	
Heartsaver® First Aid CPR AED  American Heart Association		Training Center Name MT. SAC CTC	TC ID # CA01420
VICKIE ROCHA		TC Info WALNUT, CA 91789	Phone 909-274-4838
This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid CPR AED Program. Optional completed modules are those NOT marked out: Child CPR AED Infant CPR Written test		Course Location _____	Instructor Name TOM BARR Inst. ID # 02130148415
Issue Date 2/21/16	Recommended Renewal Date 2/2018	Holder's Signature _____	© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1815

Mouth and Dental Injuries

Dear Managers & Coaches,

Mouth and dental injuries have been the most prevalent injury observed during the past few baseball seasons. A split lip will heal, but broken teeth won't. Did you know that teeth are the least capable part of the human body to repair themselves after an injury? The dental treatment required to repair damaged teeth or replace missing teeth is both time consuming and expensive.

Because of this, we are providing each player an Adams USA Form Fit Mouth Guard for their protection upon request. These mouth guards aren't mandatory in Little League Baseball. I am only requesting that you encourage their use by your players. For the mouth guard to be most effective, it is essential that it be fitted properly and stay in place during practice and games.

Our goals, as volunteers of Chino American Little League, not only include helping our players learn the game of baseball, but, in doing so, keeping them as safe - and intact- as possible to learn what competition and sportsmanship is all about.

Thank you in advance for you consideration.

Respectfully yours,

Tom Barr
Safety Officer
Chino American Little League

Chino American Little League Emergency Phone Numbers

Emergency Numbers

Police

Police - Emergency: 9-1-1
Police - Need Officer / Report a Crime: (909) 628-1234

Fire & Paramedic

Fire - Emergency: 9-1-1
Administration (909) 902-5260

Hospitals

Chino Valley Medical Center: (909) 464-8600
Loma Linda University Medical Center (909) 558-8216
(Pediatric Trauma Center)

Poison & Pesticides

Poison Control (800) 222-1222
National Pesticide Information (800) 858-7378

Utilities

Electricity - (Southern Cal Edison) (800) 611-1911
Gas - (Southern California Gas Company) (800) 427-2200
Water & Sewer Services - (City of Chino) (909) 628-1234
Refuse/Trash Collection - (City of Chino) (800) 423-9986

Little League ASAP 24 Hour Hotline: (800) 811-7443

Chino American Little League 2016 – 2017 Board of Directors

President	Irene St. Esteben	c.a.l.l.president@outlook.com
Vice President	Aaron Lewis	c.a.l.l.vicepresident@outlook.com
Junior Division-VP	Staff	c.a.l.l.baseball@outlook.com c.a.l.l.baseball@outlook.com
Secretary	Courtney Garcia Melinda Cutler	c.a.l.l.baseball@outlook.com
Treasurer	Stefanie Weaver	c.a.l.l.baseball@outlook.com
Safety Officer	Tom Barr	c.a.l.l.baseball@outlook.com
Umpire in Chief	Darrell Bailey	c.a.l.l.baseball@outlook.com
Equipment Officer	Steve Rocha	c.a.l.l.baseball@outlook.com
Auxiliary Coordinator	Nikki Gonzales Louis Gonzales	c.a.l.l.baseball@outlook.com
Snack Bar	Melissa R Lewis	c.a.l.l.baseball@outlook.com
Facilities Director	Mike St. Esteben	c.a.l.l.baseball@outlook.com c.a.l.l.baseball@outlook.com
Player Agent	Edward Felix	c.a.l.l.baseball@outlook.com
Major Coordinator	Jason Garcia	c.a.l.l.baseball@outlook.com
Triple A Coordinator	N. Del Rosario	c.a.l.l.baseball@outlook.com
Double A Coordinator	N. Del Rosario	c.a.l.l.baseball@outlook.com
TBall/ Single A Coordinator	Vicki Rocha	c.a.l.l.baseball@outlook.com
Information Officer	Staff	c.a.l.l.baseball@outlook.com

Chino American Little League Code of Conduct

The Board of Directors of Chino American Little League has **MANDATED** the following **Code of Conduct**. All coaches and managers will read this Code of Conduct acknowledging that he or she understands and agrees to comply with the **Code of Conduct**.

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

- At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manger, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands, or anywhere on the Chino American Little League complex while in an intoxicated state at any time. Intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- Smoke while in the stands or on the playing field or in any dugout ant any time. Smoking and use of tobacco products are prohibited within the Chino American Little League Complex or on Chino High School property at any time.
- Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
- As a manager or coach be guilty of mingling with or fraternizing with spectators during the course of the game.
- Speak disrespectfully to any manger, coach, official or representative of the league.

- Be guilty of tampering or manipulation of any league roster, schedules, draft positions or selections, official score books, ranking, financial records or procedures.
- Shall Challenge an umpire authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

The Board of Directors will review all infractions of the Chino American Little League Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

Chino American Little League Safety Code

The Board of Directors of Chino American Little League has mandated the following *Safety Code*. All managers and coaches will read this *Safety Code* and then read it to the players on their team.

Responsibility for safety procedures belong to every adult member of Chino American Little League. Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/her and to others.

- Only league approved managers and / or coaches are allowed to practice teams.
- Only league approved managers and / or coaches will supervise batting Cages.
- Managers, designated coaches and umpires will have mandatory training in CPR and First Aid.
- First-aid kits are issued to each team manager during the pre-season and additional kits will be located within the Snack Bar.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play area will be inspected before games and practice for holes, damage, stones, glass and other foreign objects.
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as “in play”.
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for the purpose or the team’s manager and designated coaches.

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- Foul balls batted out of playing area will be returned via the ball returns located behind home plate. At no time will foul balls be thrown over the fence during a game, or practice.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During practice warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- During pre-game, warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators, (i.e., playing catch, pepper, swinging bats etc.).
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games.
- Except when a runner is returning to a base, head first, slides are not permitted.
- Bases should never be strapped down or anchored.
- At no time should “horse play” be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide “safety glasses” for their children.
- On-deck batters are not permitted.
- Managers will only use the official Little League balls supplied by Chino American Little League.
- Once a ball has become discolored, it will be discarded.
- All male players will wear athletic supporters or cups during games. Catchers must wear a cup. Managers should encourage that cups be worn at practices too.
- Male catchers must wear a hard type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear a mask, “dangling” type throat protector and catcher’s helmet during practice, pitcher warm-ups, and games. Note: Skullcaps are not permitted.

CHINO AMERICAN LITTLE LEAGUE - ESTABLISHED 1954
CHINO, CALIFORNIA

- Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible.
- Managers will wear appropriate **closed toe shoes at all times**. Open toe shoes, sandals or flip flops are not permitted at any time during league events.
- Players will not wear watches, ring, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)
- No food or drink, at any time, in the dugouts. (Exception: bottled water, Gatorade and water from drinking fountains)
- Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher's gear and an athletic cup as described above.
- Manager will never leave an unattended child at a practice or game.
- No children under the age of 16 are permitted in the Snack Bar.
- Never hesitate to report any present or potential safety hazard to the Chino American Little League Safety Coordinator *immediately*.
- No alcohol or drugs allowed on the premises at any time.
- No medication will be taken at the facility unless administered directly by the child's parent. This includes aspirin, Motrin and Tylenol.
- No playing in construction areas at any time.
- No playing on and around lawn equipment, machinery at any time.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
- No throwing rocks.
- No climbing fences.
- No swinging on dugout gates.
- No pets are permitted on the Chino American Little League complex, or Chino High School premises at any time. This includes dogs, cats, birds, horses, etc.
- Observe all posted signs.

- Players and spectators should be alert at all times for foul balls and errant throws.
- All gates to the playing fields during games must remain closed. After players have entered or left the playing field, gates should be closed and secured.
- Bicycle helmets must be worn at all times when riding bicycles to and from the premises. Bicycling, Skateboarding, and Racer Scooters are not allowed on any concrete surface near benches, snack bar or bathrooms.
- *Always be alert for traffic.*
- No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.
- There is no running allowed on the bleachers.

Chino American Little League Safety Responsibilities President

The President of Chino American Little League is responsible for ensuring that the policies and regulations of the Chino American Little League Safety Coordinator are carried out by the entire membership to the best of his or her abilities.

Safety Coordinator

The main responsibility of the Chino American Little League Safety Coordinator is to develop and implement the League's safety program.

The Chino American Little League Safety Coordinator is a voted Board of Director's position and is placed on file with Little League International. They serve as the link Between the Board of Directors of Chino American Little League and its managers, coaches, umpires, team safety officers, players, spectators, and any other third parties on the complex in regards to safety matters, rules and regulations.

The Chino American Little League Safety Coordinator's responsibilities include:

- Coordinating the individual Team Safety Officers or Team Parent in order to provide the safest environment possible for all.
- Conduct all volunteer background checks through Lexis Nexis and provide all approved volunteers badges to identify themselves as cleared volunteers.
- Make sure all approved volunteers wear badges when around players at all times.

CHINO AMERICAN LITTLE LEAGUE - ESTABLISHED 1954
CHINO, CALIFORNIA

- Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Providing a First Aid Folder in the snack bar. This folder will contain ***injury report forms, AIG insurance forms, what parents should know about little league insurance forms*** and a place to put completed injury report forms to be picked up on a daily basis.
- Correlating and summarizing the data from the injury report forms to determine proper accident prevention in the future.
- Insuring that each team receives its Safety Manual and its First-Aid Kit at the beginning of the season.
- Installing First-Aid Kits in the Snack Bar and re-stocking the kits as needed.
- Make Little League's "***No Tolerance of Child Abuse***" clear to all.
- Inspecting Snack Bar and checking fire extinguishers.
- Instructing the Snack Bar workers on the use of fire extinguishers.
- Checking playing fields with the Field Managers and listing areas needing attention.
- Scheduling a First-Aid Clinic and CPR training class for all managers, designated coaches, umpires, player agents and team safety officers during the pre-season.
- Creating and maintaining all signs on the Chino American Little League complex including No parking signs, No Smoking signs, No Pets Allowed, cautionary signs etc.....
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
- Making spot checks at practices and games to make sure all managers have their First-Aid Kits and Safety Manuals.
- Tracking all injuries and near misses in order to identify injury trends.
- Visiting other leagues to allow a fresh perspective on safety.
- Making sure that safety is a monthly Board Meeting topic, and allowing experienced people to share ideas on improving safety.

Managers & Coaches

The Manager is a person chosen by the president of Chino American Little League after an interview process with a panel of board members to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

- The Manager shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
- The Manager is also responsible for the safety of his players. He/She is also ultimately responsible for the actions of designated coaches and the Team Safety Officer or Team Parent.
- If a Manager leaves the field, that Manager shall designate a Coach as a substitute and such Substitute Manager shall have the duties, rights and responsibilities of the Manager.

Pre-Season

Managers will:

- Take possession of this Safety Manual and the First-Aid Kit supplied by Chino American Little League.
- Appoint a volunteer as Team Parent for the season. (Who may or may not serve as TSO.)
- Team Safety Officer or Team Parent must be able to be present at all games and must own or have access to a cell phone for emergencies if games or practices take place off the complex.
- Attend mandatory fundamentals training clinics at least once every three years.
- Make sure at least one team representative attend the mandatory fundamental training clinic.
- Attend a mandatory training session on First Aid given by Chino American Little League with his/her designated coaches and TSO or Team Parent.
- Wear Volunteer Badge at all times while in presence of players.
- Meet with all parents on "Parents Day" to discuss Little League philosophy and safety issues.
- Cover the basics of safe play with his/her team before starting the first practice.
- Return the signed Chino American Little League Code of Conduct and the Chino American Little League Safety Code to the Chino American Little League Safety Coordinator before the first game.
- Teach players the fundamentals of the game while advocating safety.
- Teach players how to slide before the season starts. A board representative will be available to teach these fundamentals if the Manager or designated coaches do not know them.
- Notify parents that if a child is injured or ill and has to be taken for medical attention, he or she can not return to practice unless they have a note from their doctor. This medical release protects you if that child should become further injured or ill. There are no exceptions to this rule.
- Encourage players to bring water bottles to practices and games.
- Tell parents to bring sunscreen for themselves and their child.
- Encourage your players to wear mouth protection.

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

Season Play

Managers will:

CHINO AMERICAN LITTLE LEAGUE - ESTABLISHED 1954
CHINO, CALIFORNIA

- Obtain and keep copies of the *Little League Medical Release Forms* (see appendix) for his team. These forms will be kept confidential and with the manager at all times during league sanctioned events in the event of an emergency.
- Work closely with Team Safety Officer or Team Parent to make sure equipment is in working order.
- Make sure that telephone access is available at all activities including practices. It is suggested that a cellular phone always be on hand.
- Not expect more from their players than what the players are capable of.
- Teach the fundamentals of the game to players
 - Catching fly balls
 - Sliding correctly
 - Proper fielding of ground balls
 - Simple pitching motion for balance
- Be open to ideas, suggestions or help.
- Enforce that prevention is the key to reducing accidents to a minimum.
- Have players wear sliding pads if they have cuts or scrapes on their legs.
- Always have First-Aid Kit and Safety Manual on hand.
- Use common sense.

Pre-Game & Practice

Managers will:

- Make sure that players are healthy, rested and alert.
- Make sure that players returning from being injured have a medical release from signed by their doctor. ***Otherwise, they can't play.***
- Make sure players are wearing the proper uniform and catchers are wearing a cup.
- Make sure that the equipment is in good working order and is safe.
- Managers and coaches of both teams will walk the field for potential hazards to players such as holes, glass, rocks etc. and agree on the fitness of the playing field. In the event that the two managers cannot agree, the President or the on duty Chino American Little League Board Member shall make the determination.
- Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching. This includes, but is not limited to:
 - Calf Muscles - Hamstrings - Quadriceps - Groin
 - Back - Shoulders - Elbow/forearm - Arm shake out
 - Neck
- Then have players do a light job around the field before starting throwing warm-ups that should follow this order.
 - Light tosses short distance.
 - Light tosses medium distance.
 - Light tosses large distance.
 - Medium tosses medium distance.
 - Regular tosses medium distance.
 - Field ground balls.
 - Field pop flies.

During the Game

Managers will:

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



Manager's Notebook

Each year, all Managers receive a Notebook with the League General Rules, Manager Rules and Division Rules. Also in the notebook are Field Permits, Liability Insurance. Extra Accident reports, Volunteer and returning Volunteer Apps. Managers are the keep their players Rosters, Medical Release paperwork. Game schedule and Little League Rule Book.

In 2017, the Notebook will also CPR and Choking wallet cards and charts in the book.



Facilities Coordinator

The Chino American Little League Facilities Coordinator is responsible to ensure the fields and structures used by Chino American Little League meet the safety requirements as set forth in this manual.

The Facilities Coordinator maintains the grounds and assures the safety of players by inspecting and repairing all areas of the playing field including the pitcher's mound, batter's box, and all infield and outfield areas.

Snack Bar Coordinator

The Chino American Little League Snack Bar Coordinators responsible to ensure the Snack Bar Volunteers are trained in the safety procedures as set forth in this manual.

Equipment Manager

The Chino American Little League Equipment Manager is responsible to get damaged equipment repaired or replaced as reported by managers and/or coaches. This replacement will happen in a timely manner. The Equipment Manager will also exchange equipment if it doesn't fit properly.

Team Parent/ Team Safety Officer

The Team Parent/ Team Safety Officer is a:

- Role model to younger children.
- Safety advocate.
- Liaison between the team and the Chino American Little League Safety Coordinator.

Pre-Season

In the pre-season, Team Parent/TSO must:

- *Acquire this Safety Manual* from the team manager and read it.
- Call the Chino American Little League Safety Coordinator and *introduce yourself*.
- Attend the *CPR/First Aid Class* with your team manager.
- Inspect the equipment when the Equipment Manager issues it to your team and replace any equipment that looks unsafe.
- Get to *know the players* on your team.
- Find out if a child is taking any kind of medication.

Season

During the season, the TSO or Team Parent will:

- Keep track of all injuries that occur on his or her team.
- Inspect players' equipment for cracks and broken straps on a routine basis.
- Have a five-minute safety meeting with the team each week.
- Communicate any safety infractions to the Chino American Little League Safety Coordinator or any other Board Member on duty.
- Help managers and designated coaches give First-Aid if needed. Act as a liaison between parents, managers, the Chino American Little League Safety Coordinator and the players.
- Fill out *accident/injury reports* if an injury occurs.
- Report all injuries to the Chino American Little League Safety Coordinator within 24 hours of the occurrence.
- Track the First-Aid Kit inventory and ask the Chino American Little League Safety Coordinator for replacements when needed.

Pre-Game

Before the game starts the Team Parent/TSO will:

- Make sure that this Safety Manual and the First-Aid Kit are present at all times.
- Greet the players as they arrive and make sure everyone is feeling all right.
- Watch the players when they stretch and do warm up exercises for signs of stress or injury.
- Check equipment for cracks and broken straps.
- Walk the field - remove broken glass and other hazardous materials.

- *Be ready to go into action if anyone should get hurt.*

During the Game

During the game the Team Parent/TSO will:

- *Watch players* to see that they are alert at all time.
- In case of injury, *help the team manager* treat the child until professional help arrives.
- Act as the liaison between the Chino American Little League Safety Coordinator, the team manager, the child and his or her parents.

Post-Game

After the game the Team Parent/TSO will:

- *Report any injuries* to the Chino American Little League Safety Coordinator within 24 hours of the occurrence.
- Fill out an *Incident/Injury Tracking Report* and send to the Chino American Little League Safety Coordinator if there is an injury at any time.
- Assist parents if child must go to a hospital or to see a doctor.
- Follow up with parents to make sure the child is all right.

*****If a Manager has not appointed a Team Parent/TSO then he or she must assume those responsibilities. *****

Post-Season Play

All Star Play:

- Everybody's responsibilities remain the same throughout the post season.
- This includes TOC and All Stars.

*****If a Manager knowingly disregards safety, he or she will come before the Chino American Little League Board of Directors to explain his or her conduct.*****

Umpires



Pre-Game

Before a game starts, the umpire shall:

- Check equipment in dugouts of both teams. Equipment that does not meet specifications must be removed from the game.
- Make sure catchers are wearing helmets when warming up pitchers.
- Run hands along bats to make sure there are no splinters.
- Make sure bats are legal size according to Little League International Rules.
- Make sure that bats have grips.
- Make sure there are foam inserts in helmets and that helmets meet Little League *NOCSAE* specifications and bear Little League's seal of approval.
- Inspect helmets for cracks.
- Walk the field for hazards and obstructions (e.g. rocks, pot holes and glass).
- Check players to see if they are wearing jewelry.
- Check players to see if they are wearing metal cleats.
- Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.
- Secure official Little League balls for play from both teams or board member on duty.

During the Game

During the game the umpire shall:

- **Be at the field 15 minutes before the game is scheduled to start.**
- Govern the game as mandated by Little League rules and regulations.
- Meet with both managers at home plate 2-3 minutes before scheduled game time.
- Make sure the games start on time.
- Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions, darkness or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension for safety of the players.

CHINO AMERICAN LITTLE LEAGUE - ESTABLISHED 1954
CHINO, CALIFORNIA

- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment.
- Continue to monitor the field for safety and playability.
- Make the calls loud and clear, signaling each call properly.
- Make sure players and spectators keep their fingers out of the fencing.

Post-Game

After a game, the umpire shall:

- Check with the managers of both teams regarding safety violations.
- Umpires working the last game of the day are to bring all umpire equipment back to the scorekeeping booth above the snack bar.
- Report any unsafe situations to the Chino American Little League Safety Coordinator by telephone and in writing/E-Mail.

Dress Code for Umpires

- Blue Polo Shirt
- Pants- *No shorts or sweat pants*
- Hat- recommended but not mandatory. **No MLB hats!**
- *Optional- Blue or Black sweatshirt
- Shirts must be tucked in
- **Absolutely no use of cell phones or ipods during game.**

Conditioning & Stretching

Conditioning is an intricate part of *accident prevention*. Extensive studies on the effect of conditioning, commonly known as “*warm-up*,” have demonstrated that:

- The *stretching* and *contracting* of muscles just before an athletic activity improves general control of movements, coordination and alertness.
- Such drills also help develop the *strength* and *stamina* needed by the average youngster to compete with minimum accident exposure.

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

Hints on Stretching

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

Suggestions for Warm-up Drills



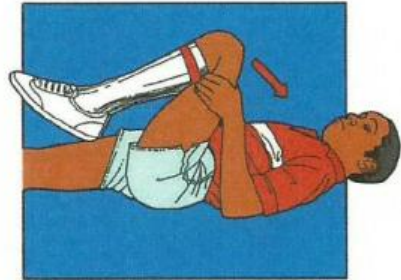
Heel Cord Stretches

Lean against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Slightly bend the leg that's closer to the wall. Lean forward. You should feel the stretch along the back of your calf. Repeat with other leg.



Head and Neck Circles

Make a circle with your head, going around first in one direction five times. Then reverse and make five circles in the opposite direction.



Low Back Stretches

Lie on your back, bring one knee up, and pull the knee slowly toward your chest. Hold and repeat three times. Switch legs and repeat.



Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.



Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.



Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.



Thigh Stretches #1

Sit on the ground. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on your knees. You should feel the stretch along the backs of your legs.

Thigh Stretches #2

Sit on the ground with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.



Pitch Count

Pitch count does matter. Little League Baseball is changing its decades-old pitching rules, making the actual number of pitches delivered the deciding factor in determining eligibility in the baseball division, it was announced August 25, 2006 by Stephen D. Keener, president and chief executive officer of Little League Baseball and Softball.

Starting with the 2007 season, pitchers in all divisions of Little League, from age 7 to 18, will have specific limits for each game, based on their age. The number of pitches delivered in a game will determine the amount of rest the player must have before pitching again.

For all of Little League Baseball's history and for the history of amateur youth baseball in general, pitching regulations have used innings pitched to determine pitcher eligibility. Recently, researchers and medical professionals in the field of sports medicine have been working to determine if the actual number of pitches thrown (i.e., pitch count) is a safer way to regulate pitching in youth baseball.

The number of pitches allowable under the new regulation is based on the pitcher's age. Specific rest periods are in place when a pitcher reaches a higher threshold of pitches delivered in a day.

The table below gives an overview of the number of pitches that will be allowed per day for each age group during the regular season.

League Age	Pitches allowed per day
13-16	95 per day
11-12	85 per day
9-10	75 per day
7-8	50 per day

During the regular season, pitchers league age 16 and under ***must*** adhere to the following rest requirements:

- If a player pitches 61 or more pitches in a day, three (3) calendar days of rest, **and a game**, must be observed.
- If a player pitches 41 - 60 pitches in a day, two (2) calendar days of rest, **and a game**, must be observed.
- If a player pitches 21 - 40 pitches in a day, one (1) calendar days of rest must be observed.
- If a player pitches 1-20 pitches in a day, no (0) calendar day of rest is required.

Studies have demonstrated that curveballs cause most problems at the inside of the elbow due to the sudden contractive forces of the wrist musculature. Fastballs, on the other hand, place more force at the

outside of the elbow. Sidearm delivery, in one study, led to elbow injuries in 74% of pitchers compared with 27% in pitchers with a vertical delivery style.

Dr. Glenn Fleisig at the American Sports Medicine Institute is in the process of finalizing the results of a study funded by USA Baseball that evaluated pitch counts in skeletally immature athletes as they relate to both elbow and shoulder injuries. The study included 500 athletes, ages 9-14, from the Birmingham, Alabama area. Each child who pitched in a game was called after the game and interviewed over the phone. The investigators were able to conduct over 3000 interviews. Approximately 200 of the 500 pitchers had videotape of their mechanics.

PRELIMINARY DATA HAVE DEMONSTRATED THE FOLLOWING:

- 1.) A significantly higher risk of elbow injury occurred after pitchers reached 50 pitches.
- 2.) A significantly higher risk of shoulder injury occurred after pitchers reached 75 pitches.
- 3.) In one season, a total of 450 pitches or more led to cumulative injury to the elbow and the shoulder.
- 4.) The mechanics, whether good or bad, did not lead to an increased incidence of arm injuries.
- 5.) The preliminary data suggest that throwing curveballs increases risk of injury to the shoulder more so than the elbow: however, subset analysis is being undertaken to investigate whether or not the older children were the pitchers throwing the curve.
- 6.) The pitchers who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury to their throwing arm.
- 7.) A slider increases the risk of both elbow and shoulder problems.

Ⓢ **A pitcher who delivers one or more pitches in a game cannot play the position of catcher for the remainder of that day.**

Hydration

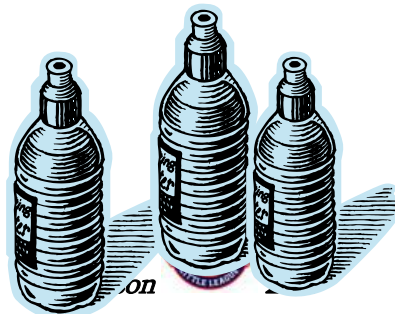
Good *nutrition* is important for children. Sometimes, the most important nutrient children need is *water*-especially when they're engaging in physical activity. When children are physically active, their muscles generate *heat* thereby increasing their *body temperature*. As their body temperature rises, their cooling mechanism - sweat - kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become *overheated*.

We usually think about *dehydration* in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly.

It does not matter if it's January or July; thirst is not an indicator of fluid needs. Therefore, *children must be encouraged to drink fluids even when they don't feel thirsty*.

Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning.

During any activity water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. *Caffeinated beverages (tea, coffee, colas) should be avoided* because they are diuretics and dehydrate the body further. *Avoid carbonated drinks*, which can cause gastrointestinal distress and may decrease fluid volume.



Common Sense Safety

Playing safe boils down to using **common sense**. For instance, if you witnessed a strange person waling around the Chino American Little League complex who looked like he/she didn't belong there you would report the incident to a Board Member. There will always be a Board Member on site (*see the telephone number list in the beginning of this manual to identify them or check the display cases outside the Snack Bar*). The Chino American Little League Board Member, after hearing your concerns, **will** investigate the matter and have the person in question removed before anything could happen if, indeed, that person did not belong there.

Another example of **common sense** – You witness kids throwing rocks or batting rocks on the Chino American Little League complex. They are having fun but are unknowingly endangering others. Don't just walk on by figuring that someone else will deal with the situation. Stop and explain to the kids what they are doing wrong and ask them to stop.

Webster's Dictionary definition of **common sense** is: Native good judgment; sound ordinary sense. In other words, to use **common sense** is to realize the obvious. Therefore, **if you witness something that is not safe, do something about it!** And encourage all volunteers and parents to do the same.

Equipment

The Equipment Manager is an elected Chino American Little League Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but is the Manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice.

The Chino American Little League Equipment Manager will promptly replace damaged and ill fitting equipment.

Kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

At the end of the season, all equipment must be returned to the Chino American Little League Equipment Manager. First-Aid kits must also be turned in with the equipment.

- Each team, at all time in the dugout, shall have seven (7) protective helmets which must meet NOCSAE specifications and standards.

CHINO AMERICAN LITTLE LEAGUE - ESTABLISHED 1954
CHINO, CALIFORNIA

- These helmets will be provided by Chino American Little League at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.
- Each helmet shall have an exterior warning label. NOTE: The warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.
- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player/base coach is mandatory.
- Use of a helmet by an adult base coach is optional.
- Assure all bases are disengage-able and in proper working order.
- All male players must wear athletic supporters.
- Male catchers must wear the metal, fiber, or plastic type cup and a long-model chest protector.
- Female Catchers must wear long or short model protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.
- Only Official Little League balls will be used during practices and games.
- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Manager.
- Make sure helmets fit.
- Replace questionable equipment immediately by notifying the Chino American Little League Equipment Manager.
- Make sure that players respect the equipment that is issued.
- Multi-colored gloves can no longer be worn by pitchers.

Weather

Most of our days in Southern California are warm and sunny but there are those days when the weather turns bad and creates *unsafe weather conditions*.

Rain:

If it begins to rain:

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

Lightning:

The average lightning stroke is 5-6 mile long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second.

The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour.

Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud. This fact is the reason the many lightning deaths and injuries occur with clear skies overhead.

On average, the thunder from a lightening stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles!

The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind; the storm can be less than 3 miles away!

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

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

Hot Weather:

One thing we do get in Southern California is hot weather. Precautions must be taken in order to make sure the players on your team do not ***dehydrate*** or ***hyperventilate***.

- 1.) Suggest players take drinks of water when coming on and going off the field between innings.
- 2.) If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P.
- 3.) If a player should collapse as a result of *heat exhaustion*, call **911 immediately**. Get the player to drink water and use the instant ice bags supplied in your First-Aid to cool him/her down until the emergency medical team arrives. (*See section on Hydration*)

Ultra-Violet Ray Exposure:

This kind of exposure increases an athlete's risk of developing a specific type of skin cancer known as ***melanoma***.

The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time that they are 18 years old.

Therefore, Chino American Little League will recommend the use of sunscreen with a SPF (sun protection factor) of at least 30 as a means of protection from damaging ultra-violet light.

Evacuation Plan

Severe storms, lightning, earthquakes and fire are all possible in Southern California. For this reason, Chino American Little league must have an evacuation plan.

- 1.) At that time all players will return to the dugout and wait for their parents to come and get them.
- 2.) If a player's parent is not attending the game, the Manager will take responsibility for evacuating that child.
- 3.) Once parents have obtained their children, they will proceed to their cars in a calm and orderly manner.
- 4.) Drivers will then proceed slowly and cautiously out of the facility, observing the 25 MPH speed limit.
- 5.) Once outside the facility, drivers will observe the posted speed limits.

****IFA MANAGER HAS NOT APPOINTED A TEAM PARENT/TSO THEN HE OR SHE MUST ASSUME THOSE RESPONSIBILITIES.****

Risks Unique to Our Facility

- *No crosswalks* exist at either end of the field. We continue to work with the City Of Chino, department of transportation, regarding safety issues and getting crosswalks placed/painted.
- Please drop off children/players on south side of Jefferson. **DO NOT DROP OFF ON NORTH SIDE UNLESS** an adult is accompanying Players/Children across street.
- Due to the proximity of the playing fields to Chino Valley Medical Center, helicopters routinely use the adjacent playing fields as a heliport landing site to pick-up or drop-off patients.
- Play during games that are in progress during the landing or lifting off of an air ambulance **must stop** during the time in which the helicopter rotor blades are moving. This will prevent possible injuries due to the distraction of the helicopter in the adjacent playing fields.
- Play shall resume as soon as the helicopter has cleared the field or the rotor blades of the helicopter have stopped moving.
- Two years ago the stairway to the scorekeeper's booth received a complete over hall including demolition of the previous narrow staircase. In its place a brand new, wider, sturdier and safer stairwell was built and painted by Chino American Little League volunteers.

Storage Shed Procedures

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

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

Machinery

Tractors, mowers and any other heavy machinery will:

- Be operated by appointed staff only.
- Never be operated under the influence of alcohol or drugs (including medication).
- Not be operated by any person under the age 16.
- Never be operated in a reckless or careless manner.
- Be stored appropriately when not in use with the brakes in the on position, the blades retracted, the ignition locked and the keys removed.
- Never be operated or ridden in a precarious or dangerous way (i.e. riding on the fenders of a tractor).
- Never left outside the tool sheds or appointed storage areas if not in use.



General Facility

- Net covering, extending to top of score booth, shall be periodically inspected for integrity to catch foul balls and protect spectators.
- All bleachers will have safety rails.

CHINO AMERICAN LITTLE LEAGUE - ESTABLISHED 1954
CHINO, CALIFORNIA

- All dugouts will have bat racks.
- The backstops will always be padded and painted green for the safety of the catcher.
- The dugouts will be clean and free of debris at all time.



- Dugouts and bleachers will be free of protruding nails and wood splinters.
- Disengage-able bases shall be used at all times to help prevent sliding injuries
- Home plate, batter's box, bases and the areas around the pitcher's mound will be checked periodically for tripping and stumbling hazards.
- Materials used to mark the field will consist of a non-irritating white pigment (no lime).
- Chain-link fences will be checked regularly for holes, sharp edges, and loose edges and will be repaired or replaced accordingly.
- A required Facility Survey will be completed yearly and submitted to Little League International.
- Score booth will have a working P.A. system.
- New Portable Single A / Tee Ball Back Stop was bought for the 2016 season.
- After the first parent meeting, managers will gather volunteer parents to pick up trash and other materials that could lead to accidents on the Chino American Little League complex.

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CHINO, CALIFORNIA*



New Portable Single A / Tee Ball Stop



Major Field Warning Track & Protective Fence Tops



Chino American Little League Major Field

Boys Scouts of America Troop 309 Chino

Eagle Scout and Former Chino American Little League Player Derrick Schemel asked to do his Eagle Scout Project at Chino American Little.

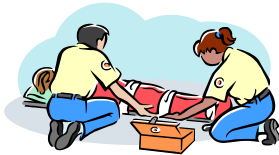
On Saturday February 13, 2016, scouts from Troop 309, parents and friends came to Chino American where they replaced and painted the wood on the benches of the major field and four benches for the T-Ball / Single A field. They also sanded and painted the major field back stop.



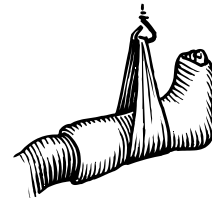
The scouts also replaced the wood and hooks, where players hang their bat bags, with longer wood to accommodate more bat bags in the major field dugouts. They also repainted the yellow safety lines around the steps to the bleachers and painted the score booth staircase.



Troop 309 Group Photo



Accident Reporting Procedure



What to Report

An incident that causes any player, manager, coach, umpires, or volunteers to receive medical treatment and/or first-aid must be reported to the Chino American Little League Safety Coordinator. This includes even passive treatments and /or evaluation and diagnosis of any injury.

When to Report

All such incidents described above must be reported to the Chino American Little League Safety Coordinator within 48 hours of the incident. The Chino American Little League Safety Coordinator, Tom Barr, can be reached at the following:

Tom Barr, Safety Officer
Cell (909) 465-3501
E-mail: 5tomcat@live.com

The Chino American Little League Safety Coordinator's contact information will be posted at all times on the message board inside the snack bar.

How to Make a Report

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations or e-mails. When contacting the Safety Officer, the following information must be provided:

- The name and phone number of the individual involved.
- The date, time, and location of the incident.
- A detailed description of the incident.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.

An Incident/Injury Tracking Report Form must be filled out as soon as possible and turned in to the Safety Officer. Within 24 hours of receiving the Incident/Injury Report Form, the Chino American Little League Safety Officer will contact the injured party or the party's parents/legal guardian and;

- Verify the information received.
- Obtain any other information deemed necessary.
- Check on the status of the injured party.
- In the event that the injured party required other medical treatment (i.e. emergency room visit, doctor's visit, etc.) - advise the parent or guardian of the Chino American Little League's insurance coverage and the provision for submitting any claims.

If the extent of the injuries is more than minor in nature, the Chino American Little League Safety Coordinator shall periodically call the injured party to:

- Check on the player and status of any injuries.

Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time that an Accident Claim Agent from Little League Baseball Incorporated has contacted parent or guardian. From that point forward all information pertaining to such case is considered confidential.

Returning to Play

As per Little League Baseball Official Regulations and Playing Rules:

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

CHINO AMERICAN LITTLE LEAGUE - ESTABLISHED 1954
CHINO, CALIFORNIA

2017 Certificate of Liability Insurance

CERTIFICATE OF LIABILITY INSURANCE		DATE (MMDDYY)
PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland, PA 17867		1/04/17 4 05 23
CERTIFICATE #: 4052301-1		
INSURERS AFFORDING COVERAGE:		
ADDITIONAL NAMED INSURED: CHINO AMERICAN LL IRENE ST ESTEBEN 12417 CATALPA AVE CHINO CA 91710		INSURER A: Lexington Insurance Company INSURER B: National Union Fire Insurance Company of Pittsburgh, PA (Non-Liability) INSURER C: AIG Specialty Insurance Company

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY				EACH OCCURRENCE	\$1,000,000
		X OCCURRENCE	011225818	1/03/2017	1/01/2018	GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS	Property Damage Deductible: \$250			PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
						Sexual Abuse AGGREGATE	\$2,000,000
		MEDICAL PAYMENTS				Any One Person	
A	X	DIRECTORS & OFFICERS	18251913	1/01/2017	1/01/2018	EACH LOSS	\$1,000,000
						AGGREGATE	\$1,000,000
C	X	CYBER LIABILITY COVERAGE	017601604	1/03/2017	1/01/2018	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE
		S&P SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION			RETROACTIVE DATE	CONTINUITY DATE
	REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION			POLICY INCEPTION	POLICY INCEPTION	
	EM EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION			NOT APPLICABLE	POLICY INCEPTION	
A	X	CRIME COVERAGE	011408720	1/01/2017	1/01/2018	EACH LOSS	\$35,000
			Crime Deductible: \$250 Property/\$1,000 Money			AGGREGATE	NONE
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	1/01/2017	1/01/2018	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:
 1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
 2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

1. CITY OF CHINO 2. CHINO UNIFIED SCHOOL DISTRICT 3. CITY OF MONTCLAIR
 4. CITY OF ONTARIO 5. CITY OF UPLAND 6. CITY OF CHINO HILLS 7. BOYS
 REPUBLIC HIGH SCHOOL

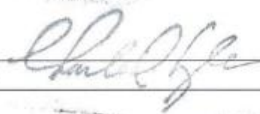
INSURED

Little League Baseball Risk Purchasing Group, Inc.
 539 U.S. RT. 15 Highway
 South Williamsport, PA 17702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Insurance Program

Explanation of Coverage

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a \$50.00 deductible per claim, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

- The Little League Baseball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
- Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
- 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.
- Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
 - a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.

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CHINO, CALIFORNIA*

- b) If the Insured incurs injury, to sound, natural teeth and necessary treatment requires treatment for that injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of:
1. A maximum of \$1,500 or
 2. Reasonable Expenses incurred for the deferred dental treatment.

Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the injury occurs. No payment will be made for deferred treatment unless the physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in understanding the important aspects in the operation of the Little League endorsed insurance program.



CHINO AMERICAN LITTLE LEAGUE - ESTABLISHED 1954
CHINO, CALIFORNIA



Snack Bar – Safety First



Youth Sports Snack Bars Announcements

Beginning January 2015, all youth sports snack bar operations that prepare, sell and/or distribute food to the public will have to be inspected and permitted by DEHS. Per the California Health & Safety (H & S) Code §113713, DEHS is the responsible agency for enforcing all food protection laws of the state within the County of San Bernardino. Operations at snack bars must meet applicable state requirements to ensure food handling practices are performed in a safe manner.

Organizations that operate youth sporting event snack bars will be required to obtain a permit in order to sell, prepare or distribute food. Note: This applies to all “for profit and “non-profit” organizations operating more than 3 times in a 90 day period

The specific type of health permit required for a youth sporting event snack bar depends on the food handling processes and duration of operation. Youth sporting event snack bars can operate under any of the following permits

1. Prepackaged Food Snack Bar Permit: Food sale/distribution is limited to prepackaged, labeled foods such as chips, candy, cookies, and bottled/canned beverages. Note: Small scale operations with a food display area of non-potentially hazardous prepackaged food of 25 square feet or less are exempt from permitting requirements.

2. Limited Food Preparation Snack Bar Permit: Snack bars with limited preparation or handling of non-prepackaged foods such as popcorn, hot dogs, cookies, doughnuts, snow cones, churros (and other baked items), coffee, hot chocolate, etc. fall into this category. All non-prepackaged and potentially hazardous (foods that will support the growth of bacteria and require time or temperature control to limit pathogenic microorganism growth or toxin formation) foods must be prepared in the snack bar kitchen.

3. Food Preparation Snack Bar Permit: Food preparation for potentially hazardous foods such as hamburgers, tamales, chili and other foods containing meat, dairy (or other ingredients that would typically require heating or refrigeration), will fall into this category. All food preparation must be conducted in the snack bar kitchen. Note: A BBQ may be approved for outdoor cooking purposes only. The permit will be “seasonal” if the youth sporting event snack bar operates for less than 6 months in a year. An “annual” permit will be required if the youth sporting event snack bar operates 6 months or longer in a year

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385 N. Arrowhead Ave., San Bernardino, CA 92415 | Phone: 800.442.2283 • Fax: 909.387.4323

www.SBCounty.gov/dph/dehs

PERMIT NON-TRANSFERABLE

EXPIRES: 6/30/2017

RIBAS MELISSA / ESTEBAN IRENE
CHINO AMERICAN LITTLE LEAGUE
SNACK BAR
PO BOX 1155
CHINO, CA 91708

OWNER OF RECORD: **EHS NON-PROFIT SNACK BAR**
REGULATED FACILITY: FA0028642
FACILITY LOCATION: CHINO AMERICAN LITTLE LEAGUE SNACK
BAR
5511 JEFFERSON ST
CHINO, CA 91710

#	Program Element	Program Identifier	Permit #	Program #
1	1553 Snack Bar - Limited Prep 6 Mos		PT0031857	PR0037393

TOTAL FEE PAID: \$ 84.00

THIS IS NOT AN INVOICE

MUST BE POSTED IN A CONSPICUOUS PLACE AT THE PERMITTED FACILITY. ISSUANCE OF THIS PERMIT DOES NOT IMPLY APPROVAL. FACILITIES MUST POST ENTIRE PAGE.



This permit may be suspended or revoked by the Department of Public Health, Environmental Health Services for cause. This permit is granted on the condition that the permittee will comply with the laws, ordinances, and regulations that are now or may hereafter be force by the United States Government, the State of California, and the County of San Bernardino pertaining to the below mentioned business. Penalty fees are assessed on permits renewed 30 days after the expiration date indicated above, or for failure to obtain a new permit in case of transfer of ownership.

The Business Owner is responsible for timely renewal. Not receiving a renewal notice for any reason does not mitigate responsibility for timely payment. If not paid within 30 days of the expiration date shown, a 25% penalty will be imposed.

Division Chief
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

www.SBCounty.gov

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Public Health
 Environmental Health Services

www.SBCounty.gov
 www.SBCounty.gov/dph/dehs

CAL CODE OFFICIAL INSPECTION REPORT

FACILITY NAME CHINO AMERICAN LITTLE LEAGUE SNACK BAR		DATE 11/12/2016	REINSPECTION DATE Not Specified	PERMIT EXPIRATION 6/30/2017
LOCATION 5511 JEFFERSON ST, CHINO, CA 91710			INSPECTOR Yanan Zhu	
MAILING ADDRESS 5511 JEFFERSON ST, CHINO, CA 91710			IDENTIFIER: None	
TIME IN 11:30 AM			SERVICE: 001 - Inspection - Routine	
TIME OUT 11:56 AM			RESULT: 03 - Corrective Action / No Follow up Required	
FACILITY ID FA0028642			ACTION: 01 - No Further Action Required	
RELATED ID PR0037393			PE 1553	

Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional inspection to be billed at the hourly rate as provided in the San Bernardino County Code [Schedule of Fees](#).

Administrative Order to Show Cause (OSC): The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not be suspended or revoked; otherwise the right to a hearing shall be deemed waived.

A
SCORE 99

See the following pages for the code sections and general requirements that correspond to each violation listed below.

- In = In compliance
- N/O = Not observed
- N/A = Not applicable
- COS = Corrected on-site
- MAJ = Major violation
- OUT = Out of compliance

DEMONSTRATION OF KNOWLEDGE				COS	MAJ	OUT
In	N/O		1. Demonstration of knowledge; food safety certification			2
EMPLOYEE HEALTH & HYGIENIC PRACTICES						
In			2. Communicable disease; reporting, restrictions & excl			4
In	N/O		3. No discharge from eyes, nose, and mouth			2
In	N/O		4. Proper eating, tasting, drinking or tobacco use			2
PREVENTING CONTAMINATION BY HANDS						
In	N/O		5. Hands clean and properly washed; gloves used prop		4	2
In			6. Adequate handwashing facilities supplied & accessib			2
TIME AND TEMPERATURE RELATIONSHIPS						
In	N/O	N/A	7. Proper hot and cold holding temperatures		4	2
In	N/O	N/A	8. Time as a public health control; procedures & record		4	2
In	N/O	N/A	9. Proper cooling methods		4	2
In	N/O	N/A	10. Proper cooking time & temperatures		4	
In	N/O	N/A	11. Proper reheating procedures for hot holding		4	
PROTECTION FROM CONTAMINATION						
In	N/O	N/A	12. Returned and reservice of food			2
In			13. Food in good condition, safe and unadulterated		4	2
In	N/O	N/A	14. Food contact surfaces: clean and sanitized		4	2

FOOD FROM APPROVED SOURCES				COS	MAJ	OUT
In			15. Food obtained from approved source			4
In	N/O	N/A	16. Compliance with shell stock tags, condition, display			2
In	N/O	N/A	17. Compliance with Gulf Oyster Regulations			2
CONFORMANCE WITH APPROVED PROCEDURES						
In		N/A	18. Compliance with variance, specialized process, and HACCP Plan			2
CONSUMER ADVISORY						
In	N/O	N/A	19. Consumer advisory provided for raw or undercooked foods			2
HIGHLY SUSCEPTIBLE POPULATIONS						
In		N/A	20. Licensed health care facilities/public and private schools; prohibited foods not offered			4
WATER/HOT WATER						
In			21. Hot and cold water available		4	2
LIQUID WASTE DISPOSAL						
In			22. Sewage and wastewater properly disposed		4	2
VERMIN						
In			23. No rodents, insects, birds, or animals		4	2

SUPERVISION		OUT
24. Person in charge present and performs duties		1
PERSONAL CLEANLINESS		
25. Personal cleanliness and hair restraints		1
GENERAL FOOD SAFETY REQUIREMENTS		
26. Approved thawing methods used, frozen food		1
27. Food separated and protected		1
28. Washing fruits and vegetables		1
29. Toxic substances properly identified, stored, use		1
FOOD STORAGE/DISPLAY/SERVICE		
30. Food storage; food storage containers identified		1
31. Consumer self-service		1
32. Food properly labeled & honestly presented		1

EQUIPMENT/UTENSILS/LINENS		OUT
33. Nonfood contact surfaces clean		1
34. Warewashing facilities: installed, maintained, used		1
35. Equipment/Utensils approved; installed; clean; good repa		1
36. Equipment, utensils and linens: storage and use		1
38. Adequate ventilation and lighting; designated area		1
39. Thermometers provided and accurate		1
40. Wiping cloths: properly used and stored		1
PHYSICAL FACILITIES		
41. Plumbing: proper backflow devices		1
42. Garbage and refuse properly disposed; facilities m		1
43. Toilet facilities: properly constructed, supplied, clea		1
44. Premises; personal/cleaning items; vermin-proofin		1

PERMANENT FOOD FACILITIES		OUT
45. Floor, walls, ceilings: built, maintained, and clean		1
46. No unapproved private homes/living or sleeping qu		1
SIGNS REQUIREMENTS		
47. Signs posted; last inspection report available		1
48. Food handler cards		3
COMPLIANCE & ENFORCEMENT		
49. Permits Available		
50. Restrooms Required		
51. Plan Review		
52. VC&D		
53. Impoundment		
54. Permit Suspension		



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Public Health
Environmental Health Services

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CAL CODE OFFICIAL INSPECTION REPORT

FACILITY NAME CHINO AMERICAN LITTLE LEAGUE SNACK BAR	DATE 11/12/2016
LOCATION 5511 JEFFERSON ST. CHINO. CA 91710	INSPECTOR Yanan Zhu

36. EQUIPMENT, UTENSILS AND LINENS: STORAGE AND USE

POINTS	Compliance date not specified Not In Compliance
1	Violation Reference - HSC - 114074, 114081, 114119

Inspector Comments: Observed tong for hot dog was stored on a dry clean towel on the table in front of hot dog warmer. Discontinue this practice, store utensils in a commercial food grade container that is easily cleanable so as to prevent possible contamination.

Violation Description: All clean and soiled linen shall be properly stored; non-food items shall be stored and displayed separate from food and food-contact surfaces. (114185.3 - 114185.4) Utensils and equipment shall be handled and stored so as to be protected from contamination. (114074 - 114075, 114081, 114119, 114121, 114161, 114178, 114179, 114083, 114185, 114185.2, 114185.5) Pressurized cylinders must be securely fastened to a rigid structure. (114172)

IMPORTANT: Risk Based Inspection Frequency

Food facilities that pose a higher risk level for causing foodborne illness will be subject to an additional inspection, to be billed at the hourly rate as provided in the San Bernardino County Code [Schedule of Fees](#). Facilities that received one or more of the following will be elevated to a high risk tier:

- A score letter of "C" or lower on one of the last graded inspections,
- A score letter of "B" on two of the last three graded inspections,
- Repeated "four (4) point violation Risk Factor" (critical violation codes 1-23) on the last two inspections, or
- More than three (3) critical violations (codes 1-23) noted during an inspection.

Overall Inspection Comments

Observed two compartment sink was use for hand-washing and ware-washing. Upon disrepair, replace two compartment sink with commercial food grade three compartment sink that is ANSI/NSF approved.
Observed household microwaves were used in facility. Upon disrepair, replace household microwave with commercial food grade equipment that are ANSI/NSF approved.

Signature(s) of Acknowledgement

NAME: Melissa Ribas
TITLE: Snack Bar Coordinator

Youth Sporting Events Food Safety Training

To assist with those changes, the County of San Bernardino Environmental Health Services has collaborated with StateFoodSafety.com in making a brief online Food Safety Course for Youth Sporting Event Snack Bars. Volunteers that handle food and/or food contact surfaces at snack bars are strongly encouraged to complete this course. Upon successful completion, participants will receive a certificate of completion and will have the opportunity to obtain and print a variety of food safety posters.



All Chino American Board Members are required, to take the State Food Safety Training

Chino American Snack Bar Rules

- No person under the age of sixteen will be allowed behind the counter in the Snack Bar.
- People working in the Snack Bar will be trained in safe food preparation. Training will cover safe use of the equipment. This training will be provided by the Snack Bar Coordinator (a Chino American Little League Board Member) and given to Team Mom's at Team Parent's Day in the beginning of the season.
- Cooking equipment will be inspected periodically and repaired or replaced if need be.

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CHINO, CALIFORNIA

- **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 (abdominal 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 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: **A.** Washing in hot soapy water. **B.** Rinsing in clean water; **C.** Chemical or heat sanitizing; and **D.** Air drying.
- **Ice:** Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause food borne illness.
- **Wiping Cloths:** Rinse and store your wiping cloths in a bucket of sanitizing solution (example: 1 gallon of water and ½ teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.
- **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).
- **Food Storage and Cleanliness:** Keep food stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.
- Carbon Dioxide tanks will be secured with chains so they stand upright and can't fall over. Report damaged tanks or valves to the supplier and discontinue use.
- Cleaning chemicals must be stored in a locked container.
- A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.
- All Snack Bar workers are to be instructed on the use of fire extinguishers.
- A fully stock First Aid Kit will be available in the Snack Bar at all times.
- The Snack Bar main entrance door will not be locked or blocked while people are inside.

Clean Hands for Clean Foods



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.

Child Abuse

Volunteers

Volunteers are the greatest resource Little League has in aiding children's development into leaders of tomorrow. But some potential volunteers may be attracted to Little League to be near children for abusive reasons.

Big Brothers/Big Sisters of American defines child sexual abuse as "the exploitation of a child by an older child, teen or adult for the personal gratification of the abusive individual." So abusing a child can take many forms, from touching to non-touching offenses.

Child victims are usually made to feel as if they have brought the abuse upon themselves; they are made to feel guilty. For this reason, sexual abuse victims seldom disclose the victimization. Consider this:

- Big Brother/Big Sisters of American contend that for every child abuse case reported, ten more go unreported.
- Children need to understand that it is never their fault, and both children and adults need to know what they can do to keep it from happening.

Anyone can be an abuser and it could happen *anywhere*. By educating parents, volunteers and children, you can help reduce the risk it will happen at Chino American Little League.

Like all safety issues, prevention is the key. Chino American Little League has a three-step plan for selecting caring, competent and safe volunteers;

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

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

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

Reporting

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

Investigation

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

Suspending/Termination

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

Immunity from Liability

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

Make Our Position Clear!!!

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

The Buddy System

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

Access

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

Lighting

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

Toilet Facilities

Generally speaking, Little Leaguers are capable of using toilet facilities on their own, so there should be no need for an adult to accompany a child into rest room areas. There can sometimes be special circumstances under which a child requires assistance to toilet facilities, for instance when the Coach Pitch /T-Ball divisions need to use the toilet facilities, but there should still be adequate privacy for that child. Again, we can utilize the “buddy system” here.

Transportation

Before any manager or designate coach can transport any Chino American Little League child, other than his/her own, anywhere, he or she must:

- Have a valid California Driver’s License.
- Submit a copy of his or her Driver’s License to the Chino American Little League Player Agent so the driving record can be checked.
- Submit a copy of proof of insurance to the Chino American Little League Player Agent. (Must have Uninsured Motorist coverage)
- Wear corrective lenses when operating a vehicle if the Driver’s License stipulates that the operator must wear corrective lenses.
- Have signed permission slips from parents before children are transported.
- Have correct class of license for the vehicle he or she is driving.
- Not carry more children in their vehicle than they have seat belts for.
- Make sure that the vehicle is in good running order and that it would pass a CHP vehicle safety inspection if spontaneously given.
- Not drive in a careless or reckless manner.
- Not drive under the influence of alcohol, drugs, or medication.
- Obey all traffic laws and speed limits at all times.
- Never transport a child without parent permission and always return him/her to their parent or legal guardian.

Health and Medical – Giving First Aid

The information contained in this emergency first aid & preparedness manual is provided by medical and emergency services authorities. Chino American Little League presents this material as a public service. While every reasonable effort has been made to ensure its accuracy, Chino American Little League assumes no liability and is not responsible for any action undertaken by any person utilizing the information contained in these pages. Any person relying upon this emergency first aid and preparedness information does so at his/her own risk.

(The First Aid information provided has been adapted, in part, from the following sources;

1. Prevention and Emergency Management of Youth Baseball and Softball Injuries - Published 2005 by the American Orthopaedic Society for Sports Medicine.
2. HealthWorld Online - www.healthy.net
3. CORE CPR

What is First-Aid?

First-Aid means exactly what the term implies - - it is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrive, (EMS personnel). At no time should anyone administering First Aid go beyond his or her capabilities. Know your limits!

The average response time on 911 calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

First Aid-Kits

In 2013, the Chino American Little League Board of Directors allocated funds to have all the First Aid kits completely replace with New Hard case Kits. The supplies within the kits were kept the same. Procedures to get items re-stocked in a timely manner and the Chino American Little League Safety Coordinator's name and phone number are printed on a cards found within all First-Aid Kits.

The First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or post-season) and any other Chino American Little League Little League event where children's safety is at risk.

To replenish materials in the Team First Aid Kit, the Manager, designated coaches or the appointed Team Safety Officer must contact the Chino American Little League Safety Coordinator. (See contact information and address in phone # section of this Safety Manual or First Aid Kit)
First Aid Kits and this Safety Manual must be turned in at the end of the season along with your equipment package.

Person signing out First Aid Kit will be billed \$50.00 if not returned post season.

The First Aid Kit will come in a hard case and include the following items:

Par Level	Item
3	Instant Cold Pack
2	Clear bags 4 x 6 (for ice packs)
5	Large Patch Band aid
10	Regular Band aid 1"x 3"
10	Small Band aid ¾" x 3"
3	Knuckle Bandage
2	2" Gauze Roll
2	4" Gauze Roll
5	2x2 Gauze Pad
5	4x4 Gauze Pad
1	Oval Eye Pad
1	Triangular Bandage
1	3" Elastic Bandage
1	4" Elastic Bandage
1	1" Elastic Tape
1	1" Clear Tape
5	Antiseptic Wipes
1	Bandage Scissors
1	Tweezers
2 pairs	Medium Disposable Gloves
2 pairs	Large Disposable Gloves
1	Small Flashlight
1	First aid/CPR guide
1	Contents card

If you are missing any of the above items, contact the Chino American Little League Safety Coordinator immediately.

Three additional First-Aid Kits will be available in the major/minor field Snack Bar. Materials from these additional Kits may not be used to replenish materials in the team's kit but only used in emergency situations.

We encourage using supplies as needed. If supplies are used – An Incident/Injury Tracking Report Form should reflect usage – Just a quick note will do!

Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. The “Good Samaritan Laws” give legal protection to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a reasonable and prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim's injury. For example, a reasonable and prudent person would - -

- Move a victim only if the victim's life was endangered.
- Ask a conscious victim for permission before giving care.
- Check the victim for life-threatening emergencies before providing further care.
- Summon professional help to the scene by calling 9-1-1.
- Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the “Good Samaritan” use common sense and a reasonable level of skill, not to exceed the scope of the individual's training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury. People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer's response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

Permission to Give Care

If the victim is conscious, you must have his/her permission before giving first-aid. To get permission you must tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care.

Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. *If the condition is serious, permission is implied if a supervising adult is not present.*

Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

Treatment at Site – Some Important **Do's** and **Don'ts**

Do...

- Reassure and aid children who are injured, frightened, or lost.
- Know your limitations. Ask for help when you're not sure what to do.
- **CARRY THE FIRST AID KIT ASSIGNED TO YOUR TEAM TO ALL GAMES AND PRACTICES.**
- Provide, or assist in obtaining medical attention for those that require it.
- When assisting and/ or providing for those that require medical attention, remember to ...
 - **LOOK** for signs of injury (bleeding, deformity of a bone or joint, black-and-blue discolored area etc.)
 - **LISTEN** to the injured describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited and/ or scared child in order to get an accurate description of the injury.
 - **FEEL** gently and carefully the injured area for signs of swelling or grating of a broken bone.
 - Have the player gently **MOVE** the injured part on his own if he/she can.
- Have your players *Medical Clearance Forms* with you at all games and practices.
- Make arrangements to have a cellular phone available at all practices and games.
- Have three "league registered" adults at **every** game AND practice!

Don't...

- **Don't** administer **ANY** medications. (I.e. Tylenol, Motrin, Neosporin ointment, inhalers etc.)
- **Don't** provide any food or beverage (other than water)
- **Don't** hesitate to give aid when needed.
- **Don't** be afraid to ask for help if you're not sure of the proper procedures (i.e. CPR, first aid splinting etc.)
- **Don't** transport injured individuals, except in **EXTREME EMERGENCIES.**

- **Don't** leave an unattended child or children at a practice or game.
- **Don't** hesitate to report any present or potential safety hazard to the Safety Officer or any other board member **immediately**.

9-1-1 Emergency Number

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

- First Dial 9-1-1.
- Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask.
 - The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc. **Our address is 5429 Jefferson Ave, Chino**
 - The telephone number from which the call is being made.
- The caller's name.
- What happened – for example, a baseball related injury, bicycle accident, fire, fall, etc.
- How many people are involved?
- The condition of the injured person – for example, unconsciousness, chest pains, or severe bleeding.
- What help (first aid) is being given.
- Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
- Continue to care for the victim till professional help arrives.
- Appoint somebody to go the street and look for the ambulance and fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

When to call 911

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

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

If you have any doubt at all ~ call 911.

Also call 911 for any of these situations:

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

Checking the Victim – **NEW 2015 AHA CPR Guidelines**

If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed. This check has the following steps:

Checking a Conscious victim:

- 1) Talk to the victim and to any people standing by who saw the accident take place.
- 2) Check the victim from head to toe, so you do not overlook any problems.

- 3) Do not ask the victim to move, and do not move the victim yourself.
- 4) Notice if the victim is drowsy, not alert, or confused.
- 5) Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
- 6) Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- 7) Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- 8) Ask the victim again about the areas that hurt.
- 9) Ask the victim to move each part of the body that doesn't hurt.
- 10) Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
- 11) Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
- 12) Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim, care to give for that problem, and who to call for help.
- 13) When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
- 14) When the victim feels ready, help him or her stand up.

Checking an unconscious victim: **NEW 2015 AHA CPR** Guideline

In 2015 The American Heart Association changed the guidelines that are used for CPR assistance. The new guidelines recommend that the three steps of cardiopulmonary resuscitation (CPR) be rearranged.

The new first step is doing chest compressions instead of first establishing the airway and then doing mouth to mouth. The new guidelines apply to adults, children, and infants but exclude newborns.

The old way was A-B-C — for airway, breathing and compressions.

The new way is C-A-B — for compressions, airway, and breathing.

The following pages sum up how to do the new CPR for Adult, Child & Infant

(See the following charts)

Heartsaver® Adult CPR AED



Tap and shout.



Shout for help. Send someone to phone 9-1-1 and get an AED.



Look for no breathing or only gasping.



Push hard and fast. Give 30 compressions.*
Open the airway and give 2 breaths.



Repeat sets of 30 compressions and 2 breaths.



When the AED arrives, turn it on and follow the prompts.

- *. Push down at least 2 inches.
- Give 100 to 120 compressions per minute.
- Let the chest come back up to its normal position.
- Try not to interrupt compressions for more than a few seconds.

15-1025 4/16 ISBN 978-1-61869-434-0 © 2016 American Heart Association Printed in the USA

Printed on 100% PC fiber.

Heartsaver® Child CPR AED



Tap and shout.



Shout for help. Send someone to phone 9-1-1 and get an AED.



Look for no breathing or only gasping.



Push hard and fast. Give 30 compressions.*

Open the airway and give 2 breaths.



Repeat sets of 30 compressions and 2 breaths.



If you are alone and do not have a cell phone, give 5 sets of 30 compressions and 2 breaths. Phone 9-1-1 and get an AED. Return to the child and continue CPR.



When the AED arrives, turn it on and follow the prompts.

- *. Push down at least one third the depth of the chest, or about 2 inches.
- Give 100 to 120 compressions per minute.
- Let the chest come back up to its normal position.
- Try not to interrupt compressions for more than a few seconds.

15-1029 (4 of 4) 4/16 ISBN 978-1-61569-437-1 © 2016 American Heart Association Printed in the USA

Printed on 100% PC fiber



Heartsaver® Infant CPR



Tap and shout.



Shout for help. Send someone to phone 9-1-1.



Look for no breathing or only gasping.



Push hard and fast. Give 30 compressions.*
Open the airway and give 2 breaths.



Repeat sets of 30 compressions and 2 breaths.



If you are alone after 5 sets of 30 compressions and 2 breaths, take the infant with you to phone 9-1-1 and get an AED. Continue to provide CPR.

- * Push down at least one third the depth of the chest, or about 1½ inches.
- Give 100 to 120 compressions per minute.
- Let the chest come back up to its normal position.
- Try not to interrupt compressions for more than a few seconds.

15-1029 (2 of 4) 4/16 ISBN 978-1-61669-437-1 © 2016 American Heart Association Printed in the USA

Printed on 10% PC fiber

Commotio Cordis

A medical term for a rare disruption of the heart's electrical system, commotio cordis is caused by a blow to the chest directly over the heart, which occurs between heart contractions, leading to sudden cardiac arrest. It most often strikes healthy young athletes, due to the pliability of their chest walls. For *commotio cordis* to take place, the blunt force must strike the heart at a specific point between beats. This causes the heart to go into an abnormal rhythm, such as ventricular fibrillation, and then into arrest.

Ventricular fibrillation is a useless quivering of the heart, which results in complete cessation of circulation and deprives the brain and other organs of oxygen. Death can occur within minutes if proper help is not administered by a trained, qualified individual.

According to the *Am J Dis Child*. 1991 Nov; 145(11):1279-82, death by *commotio cordis* is the leading cause of fatalities in youth baseball in the US, with 2 to 3 deaths per year.

Commotio Cordis cannot be completely eliminated through the use of protective equipment. Chest protectors do not appear to protect against it: athletes have died wearing chest protectors while playing baseball, lacrosse, hockey and softball.

But there are many ways to help prevent commotio cordis. They include:

- ④ Encourage coaches and officials to become trained in cardiopulmonary resuscitation (CPR), automatic external defibrillator (AED) use, and first aid. It is imperative that commotio cordis is recognized and treated within the first minute of onset.
- ④ Use all-purpose chest protectors and safety baseballs during practice games.
- ④ Teach athletes how to protect themselves against chest injuries. Coaches and parents should work with kids on proper playing and position techniques through controlled practice sessions. This includes demonstrating how to protect themselves from balls in the chest area by properly turning away or holding up a glove or mitt.
- ④ Have cell phone available at all times to call 911.
- ④ Have AED available on premises at all times.

First Aid for Commotio Cordis

The treatment of Commotio Cordis is no different from any other cardiopulmonary emergency.

- ④ Initiate CPR measures immediately. (Survival is associated with resuscitation efforts begun within 1-3 minutes of collapse.)
- ④ Call 911 and obtain AED from snack bar.
- ④ Follow all instructions prompted by AED.

Prevention of Sports Injuries

The following are the six most prevalent types of sports injuries:

Knee injury – knees are very prone to injury.

- Don't look at your knees when you stand or move.
- Do not bend knees past 90 degrees when you do half knee bends.
- Do not twist your knees. Keep your feet flat as much as possible during stretches.
- Use the softest surface available when you exercise.
- Wear proper shoes with soft, flexible soles.
- When you jump, land with knees bent.

Muscle soreness – a symptom of having worked out too hard or too long

- Do warm-up exercises such as those that stretch the muscles before your activity, not only for vigorous activities such as running, but even for less vigorous ones such as golf.
- Don't overdo it.
- In vigorous activities, go through a cool-down period. Spend five minutes doing the activity at a slower pace. For example, after a run, walk or walk/jog for five minutes so your pulse comes down gradually.

Blisters – from poor fitting shoes or socks

- Wear shoes and socks that fit well. The widest area of your foot should match the widest area of the shoe. You should also be able to wiggle your toes with the shoe on in both a sitting and standing position. The inner seams of the shoe should not rub against areas of your feet.
- Wear preventive taping, if necessary.

Side stitch - a sharp pain felt underneath the rib cage

- Don't eat or drink two hours before you exercise.
- Do proper breathing by raising abdominal muscles as you breathe in.
- Don't "work through pain". Stop activity, and then walk slowly.

Shin splints – mild to severe ache in front of the lower leg

- Strengthen muscles in this region.
- Keep calves well stretched.
- When using an indoor track, don't always run in the same direction.

Achilles tendon pain – caused by a stretch, tear or irritation to the tendon that connects the calf muscles to the back of the heel.

- Do warm-up stretching exercises before the activity. Stretch the Achilles tendon area and hold the position. Don't bounce.
- Wear proper fitting shoes that provide shock absorption and stability.
- Avoid running shoes with a heel counter that is "too" high.
- Run on flat surfaces instead of up hill. Running up hill aggravates the stress put on the Achilles tendon.

Less common, but more severe injuries can occur during sports, especially contact sports like football. These include:

- **Broken bones**
- **Joint dislocations**
- **Strains and sprains**
- **Head injury**
- **Neck/spine injury**

Take measures to prevent serious injuries during contact sports.

- Wear the right protective gear and clothing for the sport. Items to wear include a helmet, shoulder, knee and wrist pads, a mouth guard, a personal flotation device, etc.
- Train in the sport so you learn how to avoid injury.
- Follow the rules that apply to the sport.

First Aid for Sports Injuries

PRICES

At the first sign of serious discomfort or pain, stop what you're doing and for a general guide to treating sports injuries, remember, the word **PRICES**.

- P** Protection
- R** Rest
- I** Ice
- C** Compression
- E** Elevation
- S** Support

By following this easy-to-remember formula, you can avoid further injury and speed recovery.

- **Protect** the injured part of the body; for example, use crutches for an ankle or knee injury.

- Have the player **Rest** and avoid using the injured part. There are different degrees of rest that are appropriate for different injuries at different stages of recovery. Usually, rest initially means avoiding the activity that created the injury.
- **Ice** not only makes your player comfortable by easing pain, it reduces swelling and inflammation. Ice should initially be applied for 20 to 30 minutes out of each hour.
- Apply **Compression** carefully to keep swelling to a minimum. You must be cautious with elastic bandages, though. They must not be applied so tightly that they cause more swelling below where they are placed. The ideal technique is to wrap the entire exposed limb, from the most distant point to well above the injury site. For example, for an ankle injury, wrap all the way from the tips of the toes to just below the knee.
- **Elevation** of the injured part decreases pooling of blood and other fluids in the area, thereby helping to keep down the swelling. The most effective elevation is with the injured part higher than the heart.
- **Support** the injured part as necessary with taping or some type of functional bracing to guard against re-injury.

Return to Play

The return of an athlete to sport activity after an injury is the major goal of treatment. Return-to-play decisions should be shared among the physician, athlete, parents, and coaches. While a physician may release an athlete to return to play, the manager or coach should still assess this step with the following criteria:

1. The injury in question has sufficiently healed so that re-injury is unlikely.
2. The injury should have healed sufficiently so that other areas of the body are not put at risk of injury.
3. The athlete should be able to participate in a manner such that other athletes on the field of play will not be put at risk for injury.

Answering these questions will involve evaluation of strength, flexibility, agility, and endurance. The manager or coach should ensure that athletes return to full activity on a gradual basis. Regardless of the length of time it takes for a player to return to play, it is critical that a return-to-play program does not create any further symptoms. The athlete and coach should be aware of any pain, swelling, or limping. As an athlete recovers from an injury, the coach can evaluate what movements and activities are required for various phases of the sport, enabling the athlete to return to full sports activity in a stepwise fashion.

Breathing Problems

Some 44 million Americans suffer from allergies and asthma and have trouble breathing during an attack. What's more, there are millions of people who have breathing difficulties because of grey, gritty smog and air polluted by poorly tuned engines and cigarette smoke.

Breathing difficulties also affect people who are very allergic to some types of shellfish, nuts, medications and insect bites. These people can suffer an allergic reaction called anaphylactic shock. This reaction begins within minutes of exposure to the substance causing the allergy. During this type of allergic reaction, the airways narrow, making it difficult to breathe. Soon, the heartbeat races and blood pressure drops. Anaphylactic shock can kill if a person is not treated within 15 minutes.

Breathing difficulties from some things may require emergency care.

In children they include:

- Wheezing
- Croup, a virus with a "barking cough" common in young children
- Epiglottitis, which is inflammation of the flap of tissue at the back of the throat that closes off the windpipe.
- Diphtheria, which is a very contagious throat infection
- Heart defects children are born with

In children and adults they include:

- Severe allergic reactions
- A face, head, nose or lung injury
- Carbon monoxide poisoning
- Harsh chemical burns in the air passages
- Choking
- Drug overdose
- Poisoning
- Asthma
- Bronchitis and pneumonia

In adults they include:

- Emphysema
- Congestive heart failure
- Heart attack
- Blood clot in a lung

Prevention

- Avoid allergic substances or agents that induce asthma, if you have it.
- Do not walk, run or jog on roads with heavy automobile traffic.
- If you have a gas furnace, have it checked once a year for carbon monoxide leaks.
- Never leave your car running in a closed garage.
- Make sure immunizations against childhood diseases, especially diphtheria, are up-to-date.
- If you smoke, ***quit***.
- Keep small objects a child could choke on out of reach and do not give gum, especially bubble gum, nuts, hard candy or popcorn to children under five years old.
- Lock up all medications and poisonous substances so small children can't get to them.

Asthma

Asthma Emergency Signs

Seek Emergency Care If A Child Experiences Any Of The Following:

- + Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)
- + Child's chest or neck is pulling in while struggling to breathe
- + Child has trouble walking or talking
- + Child stops playing and cannot start again
- + Child's fingernails and/or lips turn blue or gray
- + Skin between child's ribs sucks in when breathing

Asthma is different for every person.

The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report. If you are at all uncertain of what to do in case of a breathing emergency...

Call 9-1-1 and the child's parent/guardian!

Michigan Asthma Steering Committee of the Michigan Department of Community Health

Broken Bones

There are different kinds of broken bones:

Simple or closed fractures:

- The broken bone is not visible through the skin nor is there a skin wound near the fracture site. An example of this is a greenstick fracture. It is called this because the x-ray shows a barely visible fracture and it resembles the pattern of a very young splintered twig.

Compound or open fracture:

- A bone may separate partially or completely from the other half and a skin wound is also present. The bone can protrude through the skin or the skin has been cut due to the injury.

Bones can break in more than one place. Bones in children are more pliable and may resist breakage more than bones in adults. In most cases, children's bones are still growing, especially the long bones of their arms and legs. Damage to the ends of these bones should be looked at carefully because of the risk of stunting the bone's growth.

Bones in some senior citizens become dangerously thin with age and break easily. Also, many women after menopause and some elderly men suffer from osteoporosis, a condition which weakens the bones.

Broken bones need treatment right away. They may cause future deformities and limited movement if not properly cared for. They are also very painful.

Prevention

- Make sure you and your child wear the right protective gear for the activity done. Items to wear include a helmet, shoulder, knee and wrist pads and a mouth guard.
- Check that everyone in the car is wearing a seatbelt. Don't start the engine until everyone has buckled up.
- Talk to your physician about taking Hormone Replacement Therapy (HRT) if you are a woman who has gone through menopause.
- Exercise. Moderate, weight-bearing exercise such as walking, aerobics and dancing increases bone mass.
- Get enough calcium. One thousand to 1,500 mg of calcium is recommended per day. You can get this amount of calcium through good food sources such as:
 - * Non-fat or low-fat milk products.
 - * Sardines
 - * Spinach, broccoli or other dark leafy green vegetables.
 - * Calcium fortified foods such as some orange juices, apple juices breads and cereals.(Note: calcium supplements may be needed to meet daily calcium requirements.)
- If you smoke, **quit**. If you drink, limit the amount.

First Aid for Broken Bones

- Check the person's airway and breathing. If necessary, call 911 and begin CPR, or bleeding control.
- Keep the person still and calm.
- Examine the person closely for other injuries.
- In most cases, if medical help responds quickly, allow the medical personnel to take further action.
- If the skin is broken, steps should be taken immediately to prevent infection. Don't breathe on the wound or probe it. If possible, cover the wound to prevent contamination with sterile dressings.
- If needed, immobilize the broken bone with a splint or sling. Possible splints include cardboard from an empty box, a rolled up newspaper or even a bat. Immobilize the area both above and below the injured bone.
- Apply ice packs to reduce pain and swelling.
- Take steps to prevent shock. Lay the person flat, elevate the feet about 12 inches above the head, and cover the person with a coat or blanket. However, DO NOT move the person if a head, neck, or back injury is suspected.

Do Not

- DO NOT move the person unless the broken bone is stable.
- DO NOT move a person with an injured hip, pelvis, or upper leg unless it is absolutely necessary. If you must move the person, pull the person to safety by his clothes (such as by the shoulders of a shirt, a belt, or pant-legs).
- DO NOT move a person who has a possible spine injury.
- DO NOT attempt to straighten a bone or change its position unless blood circulation appears hampered.
- DO NOT try to reposition a suspected spine injury.
- DO NOT test a bone's ability to move.

*If a young child refuses to put weight on an arm or leg after an accident, won't move the arm or leg, or you can clearly see a deformity, assume the child has a broken bone and get medical help.

Burns

Burns can result from dry heat (fire), moist heat (steam, hot liquids), electricity, chemicals, and radiation (i.e., sunlight). Treatment for burns depends on:

- The depth of the burn (whether it is first, second, or third degree).
- How much area of the body is affected?
- The location of the burn.

First degree burns affect only the outer skin layer. The area appears dry, red, and mildly swollen. A first degree burn is painful and sensitive to touch. Mild sunburn and brief contact with a heat source such as a hot iron are examples of first degree burns. First degree burns should feel better within a day or two. They should heal in about a week if there are no other problems. (See “[First Aid Procedures for First Degree Burns](#)”.)

Second degree burns affect the skin’s lower layers as well as the outer skin. They are painful, swollen, and show redness and blisters. The skin also develops a weepy, watery surface. Examples of second degree burns are severe sunburn, burns caused by hot liquids and a flash from gasoline. First aid procedures can be used to treat many second degree burns depending on their location and how much area is affected. (See “[Questions to Ask](#)” and “[First Aid Procedures for Second Degree Burns](#)”.)

Third degree burns affect the outer and deeper skin layers as well as any underlying tissue and organs. They appear black, grey leathery, white and charred. The skin is swollen and underlying tissue is often exposed. The pain felt with third degree burns may be less than with first or second degree burns. There can also be no pain at all when nerve endings are destroyed. Pain may be felt around the margin of the affected area, however. Third degree burns usually result from electric shocks, burning clothes, severe gasoline fires and the like. They always require emergency treatment. They may result in hospitalization and sometimes require skin grafts.

First Aid for Burns

For First Degree Burns:

- Cool the area right away. Place the affected area in a container of cold water or under cold running water. Do this for at least 5-10 minutes or until the pain is relieved. This will also reduce the amount of skin damage. (If the affected area is dirty, gently wash it with soapy water first.)
- Do not apply ice or cold water for too long a time. This may result in complete numbness leading to frostbite.
- Keep the area uncovered and elevated, if possible. Apply a dry dressing, if necessary.
- Do not use butter or other ointments (Example: Vaseline) as these will increase the temperature of the skin.
- Avoid using local anesthetic sprays and creams. They can slow healing and may lead to allergic reactions in some people.
- Call your doctor if after 2 days you show signs of infection (fever of 101 degrees F or higher, chills, increased redness, swelling, or pus in the infected area) or if the affected area is still painful.
- Take aspirin, acetaminophen, or ibuprofen, or naproxen sodium to relieve pain. (Note: Do not give aspirin or any medication containing salicylates to anyone 19 years of age or younger, unless a doctor tells you to.)

For Second Degree Burns (that are not extensive and less than 3” in diameter):

- Immerse the affected area in cold (not ice) water until the pain subsides.

- Dip clean cloths in cold water, wring them out and apply them over and over again to the burned area for as long as an hour. Blot the area dry. Do not rub.
- Do not break any blisters that have formed.
- Avoid applying antiseptic sprays, ointments, and creams.
- Once dried, dress the area with a single layer of loose gauze that does not stick to the skin. Hold in place with bandage tape that is placed well away from the burned area.
- Change the dressing the next day and every two days after that.
- Prop the burnt area higher than the rest of the body, if possible.
- Call your doctor if there are signs of infection (fever of 101 degrees F or higher, chills, increased redness and swelling, and pus) or if the burn shows no sign of improvement after 2 days.

Chest Pain

Chest pain can come from a lot of things.

Causes of chest pain that need emergency medical care include:

- Heart attack
- Injury such as to the chest wall or lung
- Collapsed lung
- Blood clot that has traveled to a lung (pulmonary embolism)

Other causes of chest pain include:

- Lung problems such as pneumonia or bronchitis (if severe enough, these might also need emergency care)
- Hiatal hernia
- Heartburn
- Shingles
- Pulled muscle
- Anxiety
- Swallowing too much air

How do you know when need medical help for chest pain? It's not always easy to tell. If you're not sure why your chest hurts, it's best to check it out. Getting help for a heart attack, lung injury or other serious conditions could save a life.

A cardinal symptom for cardiac problems and one of the number one indicators that someone is having a heart attack is that he or she will be in denial. A heart attack can mean certain death to most people. People do not wish to acknowledge death therefore they will deny that they are having a heart attack.

First Aid for a Heart Attack

- 1) Recognize the signals of a heart attack.
- 2) Convince the victim to stop activity and rest.
- 3) Help the victim to rest comfortably.
- 4) Try to obtain information about the victim's condition.
- 5) Comfort the victim.
- 6) Call **911** and report the emergency.
- 7) If the person becomes unconscious at any time, follow your CPR steps.

AED

Because this risk of injury exists, even in little league baseball, An **AED can be found in the Snack Bar at Chino American Little League**. We are proud to part of The Chino Valley Heart Safe Community Program and to be one of very few little leagues to have an **AED available at all times** during games and practices since 2006.

According to the American Heart Association, in the time it takes you to read this information, sudden cardiac arrest will have claimed another victim. Statistics show that more than 200,000 Americans die of sudden cardiac arrest every year. Up to 50,000 of these deaths could have been prevented if someone had initiated the Cardiac Chain of Survival, and an **Automated External Defibrillator (AED)** had been available for immediate use at the time of the emergency.

An AED is a device about the size of a laptop computer that analyzes the heart's rhythm for any abnormalities and, if necessary, directs the rescuer to deliver an electrical shock to the victim. This shock, called defibrillation, may help the heart to reestablish an effective rhythm of its own.

An AED is easy to operate. It uses voice prompts to instruct the rescuer. Once the machine is turned on, the rescuer will be prompted to apply two electrodes provided with the AED to the victim's chest. Once applied, the AED will begin to monitor the victim's heart rhythm. If a "shockable" rhythm is detected, the machine will charge itself and instruct the rescuer to stand clear of the victim and to press the shock button.

The cardiac chain of survival is a series of four critical steps. All four steps of the chain must be present to help ensure survival from sudden cardiac arrest. The four steps are:

- Step one: Early access to care (calling 9-1-1 or another emergency number)
- Step two: Early cardiopulmonary resuscitation (CPR)
- Step three: Early defibrillation

- Step four: Early advanced cardiac life support, as needed

The third step, delivering an electrical shock to the heart, which is known as defibrillation, is recognized as the most critical step in restoring cardiac rhythm and resuscitating a victim of sudden cardiac arrest.

Training is necessary in order to understand the role of defibrillation in the broader context of the cardiac chain of survival. Training in CPR and AED skills will enable the rescuer to use all the steps in the cardiac chain of survival, thereby significantly increasing the victim's chance of survival. AED training is included in the annual CPR/First Aid class given by the Safety Officer of Chino American Little League.

If you are unable to attend the Chino American Little League CPR/First Aid Class, you can contact your local American Heart Association for a listing of training classes. The American Heart Association offers half-day courses that include CPR and AED skills and comprehensive, daylong sessions that also include first aid. These interactive courses are taught by certified American Heart Association instructors and use hands-on practice scenarios and videos that reflect a variety of situations.

Commotio cordis is a sudden disturbance of heart rhythm observed mostly in boys and young men during participation in sports. *Commotio cordis* is Latin for "commotion of the heart": the term refers to a functional effect of mechanical stimulation in the absence of structural damage, as opposed to myocardial contusion which involves tissue damage.

It occurs as the result of a blunt, non-penetrating impact to the chest region, often caused by impact of a ball, a bat or other projectile.

New AED for 2017

The Chino American Board of Directors, decided it was time to update their 7 year old AED. To latest standard. A New AED was order in December of 2016 and arrived on January 4th, 2017. The AED to be install in the snack bar, under the ADA (Americans with Disabilities Act) guidelines.

An Automated External Defibrillator (AED) site notification form was fill out & sent the Inland Counties Emergency Medical Agency (ICEMA)



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CHINO, CALIFORNIA



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo and Mono Counties
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
(909) 388-5823 FAX: (909) 388-5825

**AUTOMATED EXTERNAL DEFIBRILLATOR (AED)
 SITE NOTIFICATION FORM**

Physician Medical Director Information	
Physician's Name:	NA Senate Bill - 658 Chapter 264 9/3/15
CA Medical License No:	NA Senate Bill - 658 Chapter 264 9/3/15
Physician's Phone No:	NA Senate Bill - 658 Chapter 264 9/3/15
I am serving as the Physician Medical Director for this defibrillation program as described in the California Code of Regulations, Section 100039. I hereby certify that the AED program described herein complies with all applicable laws and regulations, including placement, use, training, and maintenance of the device(s).	
Date:	01/21/2017
Signature:	NA
On-Site Contact Information	
Name of On-Site Contact:	Tom Barr
Employer:	Chino American Little League
Phone Number of On-Site Contact:	(909) 465-3501
Physical Address of On-Site Contact:	13263 Orange Ct. Chino. CA. 91710
Mailing Address of On-Site Contact:	13263 Orange Ct. Chino. CA. 91710

AED Location Information	Chino American Little League
Name of Building or Complex:	Snack Bar
Physical Address:	5429 Jefferson Ave. Chino. CA. 91710
Nearest Cross Street:	10th St. & Walnut Ave.
Floor and location of device placement:	1st Floor - West Wall
Closest/Fastest Street Access Point:	Jefferson Ave.
Equipment Information	Philips
Make:	HEARTSTART HS1 AED
Model:	M5066A S/N A16K-09992
Is AED in an alarmed/locked cabinet?	Yes
Date of placement at this location:	01/21/2017

Revised 07/01/15:mae

AED / CPR 2017 Refresher Course.

With a New AED and 85 % of Chino American Board AED / CPR Certified under the American Heart Association Heartsaver guidelines. It was decided to have a refresher course on AED & CPR for the Board Members. On January 7th, 2017 an AHA Instructor held refresher course for the board members, as well as Certified (3) Board Member, who had not been certified in CPR / AED & First Aid




A Practical CPR / AED Station with a CPR Manikin and AED Trainer Device was set up in the Score booth above the snack bar.



The Board Members took turns working together in Groups of two. Doing Single and Double rescuer CPR on the Manikin, using their pocket masks for breathing and working the AED Trainer device.



HEARTSAVER FIRST AID CPR AED		HEARTSAVER FIRST AID CPR AED	
		Training Center Name	TC ID #
NIKKI GONZALES		MT. SAC CTC	CA0142
The above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid CPR AED Program. Optional completed modules are those NOT marked out:		TC Info	TC
		City: WALNUT, CA 91789	909-274-4235
Child CPR AED Infant CPR Exam		Course Location	
Issue Date: 1/7/17		Instructor Name	Inst. ID #
Recommended Renewal Date: 1/2019		TOM BARR	02130148415
		Holder's Signature	
		© 2015 American Heart Association Tampering with this card will alter its appearance. 15-1812	

Choking

These emergency procedures for choking, which are based on procedures recommended by the American Heart Association, are reprinted from the Home Organizer for Medical Emergencies. Used with permission.

Adult & Child: Conscious Victim

- Choking is indicated by the Universal Distress Signal (**hands clutching the throat**).
- If the victim can speak, cough or breathe, do not interfere.
- Rescuers should ask 1 question: “Are you choking?” If the victim has poor air exchange and increased breathing difficulty, a silent cough, cyanosis, or inability to speak or breathe help is needed, give abdominal thrusts (the Heimlich maneuver).

Reach around the victim's waist. Position one clenched fist above navel and below rib cage. Grasp fist with other hand. Pull the clenched fist sharply and directly backward and upward under the rib cage 6 to 10 times quickly.

In case of extreme obesity or late pregnancy, give chest thrusts. Stand behind victim. Place thumb of left fist against middle of breastbone, not below it. Grab fist with right hand. Squeeze chest 4 times quickly.

- Continue uninterrupted until the obstruction is relieved or advanced life support is available. In either case, the victim should be examined by a physician as soon as possible.

If Victim Becomes Unconscious:

- Position victim on back, arms by side.
- Shout for "Help". Call 9-1-1 or the local emergency number.
- Perform rescue breathing. If unsuccessful, give 6-10 Chest compressions.
- Repeat sequence: perform finger sweep (only if object can be seen, attempt rescue breathing, perform chest compressions, until successful.
- Continue uninterrupted until obstruction is removed or advanced life support is available. When successful, advise the victim to be examined by a physician as soon as possible.
- After obstruction is removed, begin the ABC's of CPR, if necessary.

(See the following charts)

Heartsaver® Adult Choking



Recognize a severe airway block

- Makes the choking sign
- Cannot breathe, cough, speak, or make sounds

Ask, “Are you choking?” If he nods yes, say “Can I help you?”



Give thrusts slightly above the belly button until

- Object is forced out
or
- Person can breathe and make sounds
or
- Person becomes unresponsive

If the person becomes unresponsive



- Shout for help.
- Phone or have someone else phone 9-1-1 and get an AED. Put the phone on speaker mode so that you can talk to the dispatcher.
- Provide CPR if needed, starting with compressions.
- After each set of 30 compressions, open the airway to give breaths.



- Look in the mouth. If you see an object in the mouth, take it out.
 - Give 2 breaths and then repeat 30 compressions.
- Continue CPR until
 - The person moves, speaks, blinks, or otherwise reacts
 - Someone with more advanced training arrives and takes over

Heartsaver® Child Choking



Recognize a severe airway block

- Makes the choking sign
- Cannot breathe, cough, speak, or make sounds
- Has a cough that has no sound

Ask, "Are you choking?" If he nods yes, tell him you are going to help.



Give thrusts slightly above the belly button until

- Object is forced out
or
- Child can breathe and make sounds
or
- Child becomes unresponsive

If the child becomes unresponsive

- Shout for help.
- Use a cell phone; put it on speaker mode while you begin CPR.
- Give sets of 30 compressions and 2 breaths, checking the mouth for objects after each set of compressions (remove object if seen).
- If you are alone and do not have a cell phone, after 5 sets of 30 compressions and 2 breaths, phone 9-1-1 and get an AED. Use the AED as soon as it is available. Continue CPR, checking the mouth for objects after each set of compressions.
- Continue CPR and looking in the mouth after each set of compressions until
 - The child moves, cries, speaks, blinks, or otherwise reacts
 - Someone with more advanced training arrives and takes over



Conscious Infant (Under 1 year old)

- Support the head and neck with one hand. Straddle the infant face down over your forearm; head lower than trunk, supported on your thigh.
- Deliver five back blows, forcefully, with the heel of the hand between the infant's shoulder blades.
- While supporting the head, immediately sandwich the infant between your hands and turn onto its back, head lower than trunk.
- Using 2 or 3 fingers (see illustration for finger position), deliver five thrusts in the sternal (breastbone) region. Depress the sternum 1/2 to 1 inch for each thrust. Avoid the tip of the sternum.
- Repeat both back blows and chest thrusts until foreign body is expelled or the infant becomes unconscious.

ALTERNATE METHOD: Lay the infant face down on your lap, head lower than trunk and firmly supported. Perform 5 back blows. Turn infant on its back as a unit and perform 5 chest thrusts.

Unconscious Infant

- Shout for help. Call 9-1-1 or the local emergency number.
- Perform tongue-jaw lift. If you see the foreign body, remove it.
- Attempt rescue breathing.
- Perform the sequence of back blows and chest thrusts as described for conscious infant.
- After each sequence of back blows and chest thrusts, look for the foreign body and, if visible, remove it.
- Attempt rescue breathing. Repeat steps 4 and 5.
- If foreign body is removed and victim is not breathing, begin the ABC's of CPR.

Conscious Child (Over 1 year old)

To dislodge an object from the airway of a child:

- Perform abdominal thrusts (the Heimlich maneuver) as described for adults. Avoid being overly forceful.

Unconscious Child (Over 1 year old)

If the child becomes unconscious, continue as for an adult except:

- Do not perform blind finger sweep in children up to 8 years old. Instead, perform a tongue-jaw lift and remove foreign body only if you can see it.

{ **Note:** Abdominal thrusts are not recommended in infants and blind finger sweeps should not be performed on infants or small children. }

Heartsaver® Infant Choking



Recognize a severe airway block

- Cannot breathe or make a sound
- Has a cough that has no sound

Remove the object (support the infant's head)

- Give up to 5 back slaps: hold the infant facedown and give slaps with the heel of your hand between the shoulder blades.
- If the object does not come out, turn the infant onto her back.
- Give up to 5 chest thrusts: use 2 fingers to push on the chest in the same place you push during CPR.
- Repeat giving up to 5 back slaps and up to 5 chest thrusts until the infant can breathe, cough, or cry or until she becomes unresponsive.



If the infant becomes unresponsive

- Shout for help.
- Use a cell phone; put it on speaker mode while you begin CPR.
- Give sets of 30 compressions and 2 breaths, checking the mouth for objects after each set of compressions (remove object if seen).
- If you are alone and do not have a cell phone, after 5 sets of 30 compressions and 2 breaths, take the infant with you to phone 9-1-1 and get an AED. Use the AED as soon as it is available. Continue CPR, checking the mouth for objects after each set of compressions.
- Continue CPR and looking in the mouth after each set of compressions until
 - The infant moves, cries, speaks, blinks, or otherwise reacts
 - Someone with more advanced training arrives and takes over



Bleeding in General

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

If a victim is bleeding;

- 1) **Act quickly**. Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
- 2) **Control bleeding** by applying direct pressure on the wound with a sterile pad or clean cloth.
- 3) If bleeding is controlled by direct pressure, **bandage firmly** to protect wound. Check pulse to be sure bandage is not too tight.
- 4) If bleeding is not controlled by use of direct pressure, **apply a tourniquet** only as a last resort and call **911** immediately.

Cuts, Scrapes, & Punctures

Cuts, scrapes, and punctures can all result in bleeding.

- Cuts slice the skin open.
- Scrapes hurt only the top part of your skin. They can hurt more than cuts, but they heal quicker.
- Punctures stab deep.

You can treat most cuts, scrapes, and punctures yourself. But you should get emergency care if you are bleeding a lot, or if you are hurt very badly. Blood gets thicker after bleeding for a few minutes. This is called clotting. Clotting slows down bleeding. Press on the cut to help slow down the bleeding. You may have to apply pressure for 10 minutes or more for a cut that bleeds a lot. Sometimes a cut needs stitches. Stitches help the cut heal.

First Aid for Cuts, Scrapes, & Punctures

For cuts and scrapes:

- Clean around the wound with soap and water.
- Press on the cut to stop the bleeding, and continue for up to 10 minutes if you need to. Use a sterile bandage, clean cloth, or if not available, a clean hand. (Try not to use dry gauze. It can stick to the wound). Don't use a Band-Aid for applying pressure.
- Press on the cut again if it keeps bleeding. Get help if it is still bleeding after 20 minutes or more. Keep pressing on it while you wait for help.
- Lift the part of the body with the cut higher than the heart. This slows down blood flow to that spot.
- Put one or more Band-Aids on the cut. Do it this way:

CHINO AMERICAN LITTLE LEAGUE - ESTABLISHED 1954
CHINO, CALIFORNIA

- Put the Band-Aid across the cut so it can help hold the cut together.
- The sides of the cut skin should touch, but not overlap.
- Don't touch the cut with your hand.
- You can use a butterfly bandage if you have one.
- Use more than one bandage for a long cut.
- For scrapes, make a bandage from gauze and first-aid tape.
- Leave the bandage on for 24 hours. Change the bandage every day or two or more often if you need to. Be careful when you take the bandage off. You don't want to make the cut bleed again. If you have used gauze, wet it before you pull it off.

For punctures that cause minor bleeding:

- Let the wound bleed to clean itself out.
- Remove the object that caused the puncture. Use clean tweezers. (Dip the tweezers in alcohol for 5 minutes to clean them. Or you can hold a lit match to the ends.)

{**Note:** *Don't pull anything* out of a puncture wound if blood gushes from it or if it has been bleeding badly. Get emergency care.}

- Wash the wound with warm water and soap or take a bath or shower to clean it.
- Leave the wound open. Cover it with a bandage if it is big or still bleeds a little.
- Wash the wound with warm, water 2 to 3 times a day.



Nosebleeds

Most nosebleeds are from broken blood vessels just inside the front of the nose. Causes for these minor nosebleeds include:

- Frequent or hard nose blowing or coughs
- Nose picking
- Common cold
- Allergies
- Very cold or very dry air
- A punch or blow to the nose

Blood usually comes out of just one nostril. Medical care is seldom needed for this kind of nosebleed. Self-care/first aid can help stop the bleeding. (See below.) Often the bleeding stops on its own.

Medical care is needed, though, when there is a lot of bleeding from the back of the nose and the blood goes down the back of the throat or backward into the mouth. This type is called a posterior nosebleed and can be caused by:

- Atherosclerosis (hardening) of the nasal passages
- High blood pressure
- Taking blood-thinning medicines
- Bleeding disorders like hemophilia
- A tumor in the nose (Older persons are more likely to get this type of nosebleed.)

First Aid for Nosebleeds

- Stay calm.
- Breathe through the mouth, not the nose.
- Sit up and bend the head slightly forward.
- Pinch both nostrils shut using a thumb and forefinger. Apply steady pressure for 10 minutes.
- Spit out any blood that collects in the mouth.
- If bleeding has not stopped after 10 minutes of applied pressure, pinch the nostrils for 10 more minutes. Keep breathing through the mouth.
- At the same time, apply cold compresses (such as ice in a soft cloth) to the area around the nose.

Insect Bites

To most people, bites and stings from insects are nothing more than a temporary annoyance. Since baseball and softball are played outdoors, coaches need to be aware of the implications of stings or bites from bees, wasps, yellow jackets, hornets, ants, spiders, and ticks. **If one of your players is allergic to a bite or sting, it can pose a serious, even life threatening problem for the athlete. The coach must know how to handle such a situation.**

Insects that sting include:

- Bumblebees
- Honeybees
- Hornets
- Wasps
- Yellow jackets



Most often, the symptoms that come from these insect stings include:

- Quick, sharp pain
- Swelling
- Itching
- Redness at the sting site



Insect stings can even result in a severe allergic reaction. Symptoms of this include:

- Severe swelling, all over and/or of the face, tongue, lips
- Weakness, dizziness
- A difficult time breathing or swallowing
- Sometimes death due to airway obstruction or shock

Approximately 1 out of 20 individuals will be allergic to the venom produced by bees, hornets, yellow jackets, or wasps. However, deaths from severe allergic reactions are rare. The symptoms of itching, burning, and hives, along with swelling about the lips and tongue with problems breathing, can indicate that a person is allergic to the venom injected at the time of a sting. Ice should be applied to the site of the bee sting, but the coach should remember that in this type of reaction, **time is critical**. The emergency plan should be activated and the athlete should be transported to the hospital **immediately**. The stinger can be removed by carefully scraping, trying not to inject more venom.

Players who have a history of allergic reactions to bee stings may carry a special kit with them for treatment. Most commonly, these kits contain adrenaline (epinephrine) in a syringe for quick injection. This can reverse the effects that make it difficult for a player to breathe. Many kits also contain antihistamines in an oral form, but these are slower in providing relief from a sting. If a special insect

bite kit is provided by a player's family, the coach must know how to use it and must be sure that the kit is available at all times (during both games and practices). Be sure to go over proper use of the kit with the player and family at the beginning of the season.

Symptoms of a severe allergic reaction usually happen soon after or within an hour of the sting.

You have to get this kit from your doctor. You should also wear a medic alert bracelet that lets others know that you are allergic to insect stings. People who have had severe reactions in the past to bee or wasp stings should ask their doctor about allergy shots.

Prevention

Try to avoid getting stung.

- Keep foods and drink containers tightly covered. (Bees love sweet foods like soft drinks.)
- Don't wear perfume, colognes and hair spray when you are outdoors.
- Don't wear bright colors. Choose white or neutral colors like tan. These don't attract bees.
- Wear snug clothing that covers your arms and legs. . Don't go barefoot.
- Be careful when working outdoors such as when pulling weeds or removing shutters from the house to paint. Bees often build hives behind shutters.
- If an insect gets in your car, stop the car, roll down the windows and get the insect out of the car.

Proper field maintenance to decrease the risks from stinging insects is also important. Specifically, keeping trash cans with sticky-sweet residues away from playing areas will aid in keeping playing fields clear of stinging insects.

First Aid for Insect Bites

- Gently scrape out the stinger as soon as possible. Use a credit card or a fingernail. (This applies to bees only; yellow jackets, wasps and hornets don't lose their stingers.)
- Don't pull the stinger out with your fingers or tweezers. Don't squeeze the stinger. It contains venom. You could re-sting yourself.
- Clean the sting area with soapy water.
- Put a cold compress on the sting. Put ice in a cloth, plastic bag or plastic wrap. Don't put ice directly on the skin. Hold the cold compress on the site for 15-20 minutes.
- Keep the sting area lower than the level of the heart.



Jaw, Mouth and Tooth Emergencies



Jaw injuries can be as minor as scraping the chin or as serious as a fracture. If identified early and treated appropriately, short- and long-term problems may be avoided. While injuries to teeth may not be life threatening or as serious as a severe jaw injury, damage to permanent teeth can cause significant disfigurement and long-term problems for the young player. **The time from injury to treatment of tooth injuries may be of critical importance in determining the survival of an injured tooth.** The time factor in this particular case is even more important than with some injuries to the muscles, joints, and bones.

Mouth guards are more and more being considered top priority as sports equipment. They protect not just the teeth, but the lips, cheeks and tongue. They help protect children from head and neck injuries such as concussions and jaw fractures.

Since mouth and dental injuries have been the most prevalent injury observed over the past two seasons as safety coordinator, Chino American Little League is providing each player with an Adams USA Form Fit Mouth Guard for their protection.

These mouth guards are not mandatory equipment in Little League Baseball. We do strongly request that you encourage their use and emphasize their importance to your players.

For the mouth guard to be most effective, it is essential that it fit properly and stay in place during practice and games.

Evaluate for:

- History of a direct blow to the jaw or mouth.
- Complaints of pain around the jaw, mouth, teeth, or ear.
- Complaints of trouble breathing, swallowing, or speaking.
- A report that the player feels like an object is in the throat (a piece of a cracked tooth lodged in place).
- A report by the player that he or she feels a chip, a crack, looseness, roughness or other abnormality of a tooth.
- Complaints of difficulty bringing the teeth together or parting them, or pain with biting down.
- Complaints of a numb feeling in the neck, chin, mouth, lip, tongue, or ear.
- Difficulty moving the tongue, feeling the tongue, or controlling the tongue muscles (This should alert you to a potential airway problem that could be life-threatening).



Look for:

- The tooth or fragment of tooth on the ground, if it has been knocked out. **This is critically important!**
- Missing teeth or fragments of teeth in the player's mouth

- An uneven tooth that appears to have been driven into the gum
- Cuts or swelling around lips, gums, mouth, or tongue
- Some asymmetry in the appearance of the face from one side to the other
- Some abnormal position of the lower jaw
- Teeth that don't line up properly. Do the top teeth protrude over the bottom teeth more than normal, or Do the bottom teeth stick out in front of the upper teeth?

First Aid for Jaw, Mouth and Tooth Emergencies:

- Control bleeding by placing pressure on the area with your gloved hand, using clean gauze or cloth. If bleeding doesn't stop within 10 minutes, get the player to an emergency department or summon help. Do not have the person swallow anything until all bleeding has stopped and he or she can speak, move the jaw fully, and breathe without difficulty or pain.
- Except for mild injuries, if the person has any trouble breathing, speaking, swallowing, or moving the tongue, lips, or jaw or shows some asymmetry of the face, the player should be sent to an emergency department immediately.
- Notify parents.
- Immediately refer player to a dentist or hospital for a tooth or a tooth fragment that has been knocked out. *Be sure to send the tooth or fragment with the player.*

When is a dental injury not serious? If the teeth are in place, are not loose, are intact, and don't hurt when biting down, speaking, swallowing, or breathing, then usually the tooth problem is not urgent. However, parents should still be notified, and they should make the final decision as to whether the player sees the dentist or not. All other dental problems should be evaluated immediately.

What should you do with a knocked-out tooth? The ideal treatment of a tooth that is knocked out is early replacement and stabilization.

TIME IS CRITICAL!

Re-implantation within one hour provides the best chance for saving the tooth.



The other significant consideration is **handling and transporting the tooth**. It must be kept wet.

DO NOT TOUCH THE ROOT OF THE TOOTH (the area where blood or tissue is attached). All dirt and other loose debris should be *gently* rinsed off with a sterile solution or, if that is not available, tap water. The best way to transport a tooth is in a commercial tooth transport kit that contains the appropriate solution. These are not yet available in your first aid kits. Instead the other options would be to transport the tooth wrapped in a sterile moist gauze or sponge, in a cup of fresh milk or the person's own saliva. Again please notify parents **IMMEDIATELY!**

Eye Injuries

At no time does the baseball travel faster on the diamond than when it is hit solidly with the bat. Speeds of up to 100 miles per hour for the batted ball have been recorded. While such a speeding projectile could cause many types of damage, some of the most serious and crippling may be to the eye. The

ability to evaluate eye injuries properly is an important skill. Generally, eye injuries will require physician referral and treatment, but your initial handling of the injury, along with safety precautions on and off the field, can make the difference between full recovery and permanent blindness.

Evaluate for:

- Complaints of sharp, stabbing, or deep, throbbing pain in the eye
- Complaints of blurred vision
- Complaints of double vision
- A report of seeing halos of light, flashing lights, or the sensation of a floating object inside the eye
- Complaints of extreme sensitivity to light
- Complaints of loss of part or all of the visual field (looks like the view through a camera lens, with a finger covering part or the entire lens)



Look for:

- One eye bulging or protruding more than the other
- Cut or puncture on the eyeball (*Figure 2*)
- Pupils that are not equal in size or shape
- Blood in the eye
- Foreign particle on the iris or elsewhere in or around the eye
- Swelling, bruising, or discoloration around the eye: a “black eye” (mild, moderate, severe).

First Aid for Eye Injuries:

- Ask the player to slowly move both eyes in all directions while following your finger. Compare movement of injured eye to movement of uninjured eye.
- If you find any of the abnormalities described above other than a minor scrape or bruise, cover the eye with an eye shield or patch (provided in your team first aid kit) and have the player transported to the nearest emergency department.
- For a simple foreign body like sand or dirt, it is acceptable to flush the eye with plain water. Other foreign bodies such as metal or glass should be covered and sent to the emergency department for removal. **DO NOT** pull any foreign object out that is embedded or sticking in the eye. Have the player seen immediately in the nearest emergency department.
- If a chemical irritant such as chalk from the foul lines is in the eye and the remainder of the eye is fine, wash the eye with a sterile salt solution or water. If burning or irritation persists, take the player immediately to the emergency department.
- Ice is the only acceptable painkiller for an eye injury.
- Notify parents **IMMEDIATELY**.

Eye Protection

Any athlete who routinely wears glasses should wear some type of safety glasses when playing baseball or softball, since regular glasses not only do not protect the eye from injury, but may actually cause

injury if they do not meet safety requirements. These should be made with sturdy polycarbonate frames molded to the temples. This is especially important in children and adolescents who have small faces and features. Lenses should be made of polycarbonate that is 3 mm thick. These have been shown to provide the best protection.

Return to Play

Only when you are confident that none of the abnormalities we have described are present, and that your player has normal vision with full painless motion of the eye in all directions, should you allow that player back into the game (or practice) after an injury. All others should be sent to a physician or the emergency department for evaluation.



The Unconscious Athlete – Heat Illness

This and the next section deal with far more serious medical problems you may encounter on the field. Though such serious problems do not occur frequently, you must *be prepared!*

There are several possible causes for unconsciousness in a young player. These include:

- Head and neck injury
- Cardiac arrest – a sudden and often unexplained stoppage of the heart. This can result from many different causes, including an inherited heart defect.
- Heat illness – high temperature and high humidity may result in life threatening heat illness. This is the subject of the rest of this section.
- Other illness – medical problems such as diabetes and epilepsy may certainly be the cause of unconsciousness.

- Intoxication – unfortunately, intoxication with alcohol or other drugs must also be considered in dealing with the unconscious athlete.

As you run out onto the field to take care of a player who has just become unconscious, you should quickly run through these possibilities in your mind. Probably the most common of all these possibilities will be **heat illness**, particularly because we live in Southern California.

Heat illness can be divided into three categories, depending on its severity: heat cramps, heat exhaustion and heat stroke. These three conditions are summarized as follows:

Heat Cramps

Muscle tightening and spasms with intense pain. Usually lower leg, but may be abdominal or rib cage. Muscle spasms, either seen or felt, that usually do not respond to kneading or massage.

Heat Exhaustion

Severe fatigue, profound weakness, light-headedness. Flu-like symptoms; headache; muscle aches; nausea; vomiting, diarrhea. Elevated temperature, ranging from normal 98.6°F to 103°F. Mental state normal or only mildly impaired. Complete loss of consciousness is rare.

Heat Stroke

Confusion, disorientation, agitation in milder cases. Hysterical behavior, delirious behavior, coma in more severe cases. Temperature at least 105°F Hot, flushed, dry.

Evaluate for:

- History of recent illness, especially if player is taking medication for it now
- Other complaints as noted in heat illness listing.
- Cool and damp skin (heat exhaustion) or warm and dry skin (heat stroke)
- Pulse (thready or bounding)

First Aid for Heat Illness

Move player immediately out of the sun and into the shade. If for some reason this is not possible, adults should stand close to the player, providing shade with their bodies.

For Heat Cramps:

- Provide rest, cooling.
- Stretch gently.
- Give electrolyte drinks such as Gatorade, Pedialyte etc. by mouth if player is awake and alert.

For Heat Exhaustion:

- Provide rest, rapid cooling.
- Give electrolyte drinks such as Gatorade, Pedialyte etc. by mouth if player is awake and alert.

- Activate emergency care plan (call 911) as necessary or transport to local medical facility.
- Notify parents **immediately**.
- Watch for progression to heat stroke!

For Heat Stroke:

- **Extreme medical emergency!**
- Cool rapidly, remove clothing, pack in ice, wet, and fan.
- Activate emergency care plan! (Call 911)
- Notify parents **IMMEDIATELY!!!**.

Caution: Do not try to force a player to drink water unless you are certain that he or she is conscious.

Children are somewhat more susceptible to heat illness than adults, so in the young age groups be especially careful. According to the American Academy of Pediatrics: “Kids do not adapt to extremes of temperature as effectively as adults. Children frequently do not feel the need to drink enough to replenish fluid loss during prolonged exercise. This may lead to severe dehydration.”

WATER, WATER, WATER - Almost all heat illnesses are related to **dehydration!** As temperature and humidity go up, athletes must be almost forced to drink adequate amounts of water. Plain water is still the best and the cheapest. However, a flavored salt-containing sport drink may stimulate players to drink a greater volume.

NEVER use salt tablets. The American Academy of Pediatrics specifically recommends that a child should not only be well-hydrated prior to activity, but should also be forced to drink a specific amount of fluid even if he or she does not feel thirsty. For example, every 20 minutes, an 88-pound child should be encouraged to drink five ounces of cold tap water or a flavored salted beverage. An adolescent weighing 132 pounds should consume nine ounces. These considerations could be especially important if your team is playing a doubleheader or is in a tournament.

Head Injuries

Other serious medical problems you may encounter on the field, although typically associated with contact sports, are concussions. **Concussions** are defined as brain tissue injuries that result in an abnormality in brain function. *A direct blow to the head causes them.*

Typical mechanisms of injury in baseball are: a blow from the ball or bat or collision with another player or with an object such as the fence or the ground. It is important to realize that concussions range in severity from very mild to life-threatening injuries. Although they can result in unconsciousness, most concussions that occur during sports are milder. However, even without a loss of consciousness, these are serious injuries and should not be ignored just because an athlete wasn't knocked out. In addition to unconsciousness, other signs and symptoms that indicate someone may have sustained a concussion

include headache, poor muscle coordination, confusion, irritability, memory loss, double vision, nausea, and vomiting.

Concussions can be classified as mild, moderate, or severe. In **mild** concussions, symptoms (including headache) are completely resolved within a short period of time following the injury (less than 15 minutes). **Moderate** injuries are those that last longer before symptoms resolve. **Severe** concussions are those in which there is **ANY** loss of consciousness or when symptoms other than headache last longer than 30 minutes.

Evaluate for:

- A history of a blow to the head from a collision with an object or another player
- Complaints of an injury to the head such as a contusion, laceration, or other head and neck injury
- Complaints of headache or vision problems
- Accurate memory of recent events (things that happened during the game or earlier that day)

Look for:

- Localized area of injury such as a laceration or contusion on the head or face
- Imbalance in walking or moving
- Size and reaction of pupils (they should be equal and get smaller in response to bright light)
- Eye movements following your finger
- Localized area of tenderness on head
- A skull fracture indicated by grating or soft spot where blow occurred.

First aid for Head Injuries:

All concussions should be treated as potentially serious injuries, even if they appear to be mild. Severe concussions require immediate transfer to a medical care facility for evaluation.

An unconscious athlete who has sustained a blow to the head requires special precautions. Because they may also have a neck injury, the head and neck should be immobilized until trained personnel arrive. Three or four assistants can logroll a person who is face down **while the head and neck are stabilized and kept in alignment with the body.**

Standard CPR techniques should be employed to evaluate airway, breathing, and circulation (ABCs, as taught in Red Cross training) while awaiting transport by emergency medical personnel. A physician should evaluate any concussion (moderate or severe) as soon as possible. This includes concussions associated with any loss of consciousness or cases with no loss of consciousness where symptoms don't resolve quickly. Therefore, after an initial assessment, the athlete should be re-evaluated every five minutes or so until symptoms resolve. If any symptoms persist after 15 minutes or if they worsen, the player should be evaluated by a trained physician immediately. There is no specific treatment for most concussions other than rest and prevention of re-injury.

Other head injuries such as lacerations and contusions are often associated with concussions. These should be treated as appropriate with **PRICES** as described in First Aid for Sports Injuries.

In rare circumstances, swelling or bleeding in the brain may develop hours after the initial injury. Thus, even an individual who appears to have recovered from a mild injury should be watched for any worsening in condition. The player should not be left alone after even a mild concussion that resolves quickly. Parents or other family members should be informed about the injury and warned to be on the lookout for any unusual behavior or symptoms. If anything unusual occurs, immediate evaluation is required.

One of the most important reasons for recognizing and treating concussions is to prevent **second impact syndrome (SIS)**. SIS is a condition that may occur if the brain is subjected to a second impact before it has completely recovered from an initial injury. This complication can occur even if the second blow is mild. Severe brain damage, even death, may occur. Half of people who develop SIS die, while others **sustain permanent brain damage!** Therefore it is essential that a player who has suffered a concussion be kept from playing until all symptoms are resolved, an appropriate amount of time has passed, and a physician has given clearance for return to play.

Return to Play

All players with possible concussions should be removed from playing for at least 15 minutes for rest and evaluation. In order to prevent re-injury and avoid the catastrophic results of **SIS**, players that sustain concussions should not return to play unless they meet several criteria.

First, any player that suffers a concussion cannot return to play that same day. That includes anyone with any symptoms (including headache) lasting longer than 15 minutes. Trained medical personnel, preferably a physician, should see them promptly. Typically, they will not be able to play for at least one week and then may return only if they have had no symptoms and are cleared by a physician. Chino American Little League requires a note from their physician clearing them to return to play.

If they sustain a second injury that season after returning, they typically would not be able to play for a month or more. In cases of very mild concussions, those that resolve within 15 minutes and involve **NO LOSS OF CONSCIOUSNESS**, it is not usually necessary to require medical evaluation. The athlete should be removed from playing or practicing for the duration of that event. It is important that all symptoms resolve. The player's family or responsible adult should be notified immediately and should be warned to watch for any worsening in the player's condition. Someone should stay with the player for the next 24 hours. If any symptoms persist or worsen, medical personnel should evaluate the player.

A player who has been cleared to return to play should perform some basic exercises such as push-ups, sit-ups, and several short sprints. If no headache or other symptoms develop, the player may be allowed to return to play. However, if any symptoms are present or the player just doesn't seem right, return to play should be delayed and further evaluation performed. **You can never be faulted for protecting a player you are not sure about.**



ADHD

ADHD is a common behavioral disorder that affects an estimated 8% to 10% of school-age children. Boys are about three times more likely than girls to be diagnosed with it, though it's not yet understood why. Children with ADHD act without thinking, are hyperactive, and have trouble focusing. They may understand what's expected of them but have trouble following through because they can't sit still, pay attention, or attend to details.

Of course, all children (especially younger ones) act this way at times, particularly when they're anxious or excited like during a baseball games. But the difference with ADHD is that symptoms are present over a longer period of time and occur in different settings. They impair a child's ability to function socially, academically, and at home. The good news is, with proper treatment, children with ADHD can learn to successfully live with and manage their symptoms.

Why should managers, coaches and volunteers be concerned with ADHD when it comes to baseball?

Unfortunately, more and more children are being diagnosed with ADHD every year. Chances are that one or more of the children on your team will have ADHD. It is important to recognize the child's situation for safety reasons because not paying attention during a game or practice could lead to serious accidents involving the child and/or his teammates. It is equally as important to not call attention to the child's disability or to label the child in any way. Hopefully the parent of an ADHD child will alert you to his/her condition.

Treatment of ADHD usually involves medication. *Do not, at any time, administer the medication* -- even if the child asks you to. Make sure the parent is aware of how dangerous the game of baseball can be and suggest that the child take the medication (if he/she is taking medication) before he/she comes to the practice or game. A child on your team may in fact be ADHD but has not been diagnosed as such. You should be aware of the symptoms of ADHD in order to provide the safest environment for that player and all other players around him.



Communicable Disease Procedures

While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood born infectious diseases can be transmitted. For example, hepatitis B can be present in blood as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

- 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.
- Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.
- Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
- Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
- Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
- Manager, coaches or volunteers with bleeding or oozing skin conditions should refrain from **all** direct athletic care until the condition resolves.
- Contaminated towels should be properly disposed of/disinfected.
- Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.

- If an outbreak occurs on a team, especially in a contact sport, consider evaluating other team members for potential spread of the infectious agent.
-
- If a lesion or potential exposure has been identified, the player must receive clearance from their physician before returning to play. Clearance must be in writing and turned in to Safety Officer before returning to play.

Universal Hygiene Protocol for All Sports:

- Shower immediately after all competition and practice
- Wash all workout clothing after practice
- Wash personal gear, such as knee pads, periodically
- Don't share towels or personal hygiene products with others
- Refrain from cosmetic shaving

Parental Concerns about Safety

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

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

Should my child be pitching as many innings per game?

Little League has a new pitch count rule starting the 2007 season which all managers and coaches must follow. The rules are different depending on the age of the player but the rules are there to protect children.

Do mouth guards prevent injuries?

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

How do I know that I can trust the volunteer managers and coaches not to be child molesters?

Chino American Little League runs background checks on all board members, managers, coaches and volunteers before appointing them. Volunteers are required to fill out applications which give Chino American Little League the information and permission it needs to complete a thorough investigation. If

the League receives inappropriate information on a volunteer, that volunteer will be immediately removed from his/her position and banned from the facility.

How can I complain about the way my child is being treated by the manager, coach, or umpire?

You can directly contact the Chino American Little League Player Agent for your division or any Chino American Little League board member. Their names and telephone numbers are in this manual or available in the snack bar at all times (when in operation). The complaint will be brought to the attention of Chino American Little League President and Board of Directors and immediately investigated.

Will that helmet on my child's head really protect him while he or she is at bat and running around the bases?

The helmets used at attention must meet NOCSAE standards as evidenced by the exterior label. These helmets are certified by Little League Incorporated and are the safest protection for your child. The helmets are checked for cracks at the beginning of each game and replaced if need be.

Is it safe for my child to slide into the bases?

Sliding is part of baseball. Managers and coaches teach children to slide safely in the pre-season.

My child has been diagnosed with ADD or ADHD - is it safe for him to play?

Chino American Little League now addresses ADD and ADHD in their Safety Manual. Managers and coaches now have a reference to better understand ADD and ADHD. The knowledge they gain here will help them coach ADD and ADHD children effectively. The primary concern is, of course, safety. Children must be aware of where the ball is at all times. Managers and coaches must work together with parents in order help ADD and ADHD children focus on safety issues.



Chino High School Baseball Clinic



Chino High School Baseball, in conjunction with the Chino Valley Fire Departments “SPARK of LOVE TOY DRIVE”, held a baseball clinic on December 17, 2016 for Chino American Little League players. The cost of admission to the clinic was an unwrapped toy valued at \$10.00 or more.

The clinic began with head varsity coach Mike Surina reminiscing about how he played for Chino American, as well as Chino High school, and then went on to play at the University of La Verne. He also discussed how the clinic would operate.

Next he introduced guest speakers Jacob Anderson and Jeff Ishii. Both Jacob and Jeff talked about their careers in baseball and the importance of school. Jacob Anderson played at Chino American and Chino High School. He received a full scholarship to Pepperdine University and was drafted by the Toronto Blue Jays and is currently playing with the Vancouver Canadians.

Jeff Ishii played and coached at Chino American. He also played at Chino High school and attended Cal Poly Pomona and Pomona Pitzer College. He finished up his education at the University of Southern California and later went on to become a teacher and is currently a scout for the St. Louis Cardinals.

Then the players were off to the clinic. The players warmed up with Chino High school players and then performed fielding and hitting drills. As the clinic was coming to a close, the Chino Valley Fire Department Medic truck 61 arrived.

Fire fighter captain Keith Stroup (former Chino American board member and President) and his crew, met with some of the players and then posed for pictures with the coaching staff, players and the donated toys. After the toys were loaded onto the fire truck, the players and coaches were treated to a hot dog, chips and a drink.

CHINO AMERICAN LITTLE LEAGUE - ESTABLISHED 1954
CHINO, CALIFORNIA



2016 Chino Youth Christmas Parade & Fair

On December 10, 2016, Chino American Little League participated in the Chino Youth Christmas Parade and Fair. This year the theme was Christmas around the World. Several board members helped paint and decorate the float with large baseballs made out of plywood that were suspended overhead. Each baseball said Happy Holidays in a different language. The remainder of the float was decorated with two Christmas trees and a lot of decorations. The younger little league players rode comfortably on a bale of hay during the parade. The floats were judged and the Chino American float won most Creative.



CHINO AMERICAN LITTLE LEAGUE - ESTABLISHED 1954
CHINO, CALIFORNIA



City of **Chino** California

Certificate of Congratulations
Chino American Little League

*The City of Chino congratulates you on winning "Most Creative" float in the
Chino Youth Christmas Parade and Fair*

*Presented by the
Mayor and City Council of the City of Chino*

December 20, 2016

Date



Eunice M. Ulloa

Eunice M. Ulloa, Mayor

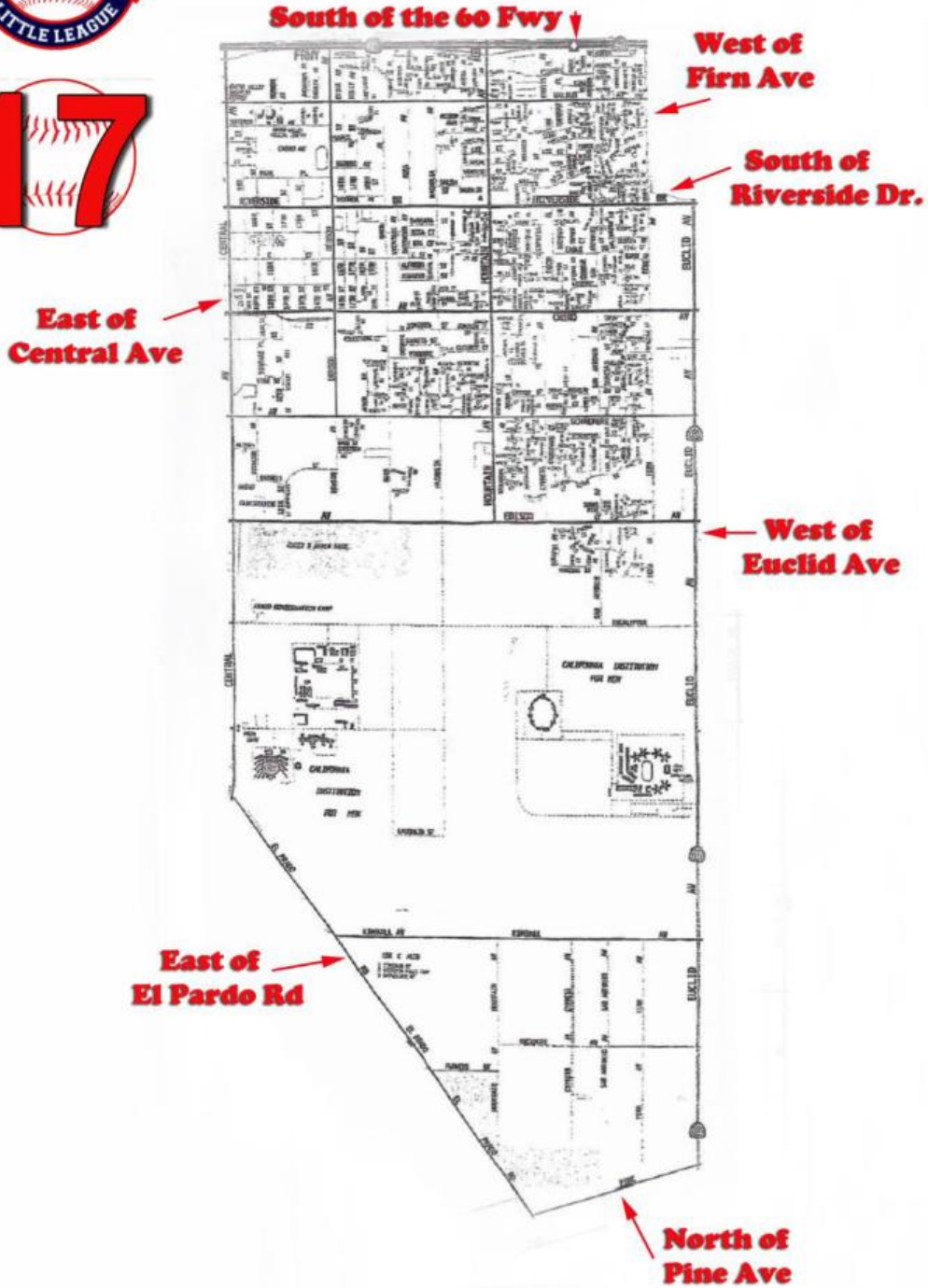


Appendix

2017 Player Eligibility Residential Boundaries:



**Chino American Little League
League Boundaries**



Little League Baseball Medical Release Form:



Little League® Baseball and Softball MEDICAL RELEASE



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

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

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

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

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

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

PARENT OR 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/Guardian Signature Date:

FOR LEAGUE USE ONLY:

League Name: **Chino American Little League** League ID: **0405-2301**

Division: **2017 Spring Season** Team: _____ Date: **2017**

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.

2017 Chino American Little League Incident / Injury Tracking Report



Chino American Little League 2017 Incident / Injury Tracking Report



Chino American Little League League ID: **04-052-301** 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: (Please circle)

- A.) Baseball - Spring Baseball - Winter
B.) T-Ball Coach Pitch Pee-Wee Minor Major
C.) Tryout Practice Game Tournament Special Event
Travel to Travel from Other (Describe): _____

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

- D.) Batter Base Runner 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 being allowed in a game or practice.)

Type of incident and location: (Please circle)

- A.) On Primary Playing Field B.) Adjacent to Playing Field D.) Off Ball Field
Base Path: Running or Sliding Seating Area Travel:
Hit by Ball: Pitched or Thrown or Batted Parking Area Car or Bike or
Collision with: Player or Structure C.) Concession Area Walking
Grounds Defect Volunteer Worker League Activity
Other: _____ Customer/Bystander 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 in the snack bar, from the Safety Coordinator - Gigi Rodriguez or from the League President Xavier Avila and send to Little League Headquarters in Williamsport, Pennsylvania (Attention: Dan Kirby, Risk Management Department). Also, make sure you 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: _____

2016 Volunteer Application



Little League Volunteer Application - 2017

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

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

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory with First Advantage) _____

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): _____

Do you have children in the program? Yes No If yes, list full name and what level? _____ Special

Certification (CPR, Medical, etc.): _____

Do you have a valid driver's license: Yes No

Driver's License#: _____ State _____

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor? Yes No

If yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? Yes No If yes, describe each in full: _____

Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: _____

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

League Official Coach Umpire Field Maintenance

Manager Scorekeeper Concession Stand 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:

<http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

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):

Sex Offender Registry Criminal History Records *First Advantage

**Please be advised that if you use First Advantage 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 directly from LexisNexis 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.

2016 Returning Volunteer Application

Little League® "Returning" Volunteer Application - 2017
Do not use forms from past years. Use extra paper to complete if additional space is required.

If you filled out a volunteer application last year and your league uses the background check tools provided by Little League International, please fill out the returning volunteer application. Otherwise, please use the standard volunteer application.

You must provide the information to all the questions in this section

Have you ever been convicted or plead guilty to any crime(s) involving or against a minor?
 Yes No

If Yes, describe each in full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?

Yes No

If Yes, describe each in full: _____

Have you ever been refused participation in any other youth program? Yes No

If Yes, explain: _____

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

- League Official Manager Coach Umpire Field Maintenance
 Score Keeper Concession Stand Other: _____

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 Name (please print or type): _____

Applicant Signature: _____ Date: _____

If Minor — Parent Signature: _____ Date: _____

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.

Please update ONLY the information in this section which has changed since last year.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail Address: _____

Driver's License #: _____ State: _____

Occupation: _____

Employer: _____

Address: _____

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

Name / Phone: _____ / _____

_____ / _____

_____ / _____

Special professional training, skills, hobbies: _____

Special Certifications (CPR, Medical, etc): _____

Special Affiliations (Clubs, Service Organizations, etc): _____

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

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: <http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

LOCAL LEAGUE USE ONLY:

Background Check completed by league officer _____ on _____

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

- Sex Offender Registry Criminal History Records *First Advantage

*Please be advised that if you use First Advantage 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 directly from First Advantage in compliance with the Fair Credit Reporting Act containing information regarding all the criminal association 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.

Little League Accident Notification Form: Page 1



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

Accident & Health (U.S.)

- 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.
- 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.
- 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.
- Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- 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.
- Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

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

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

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

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

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

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

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

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

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

Little League Accident Notification Form: Page 2

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

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

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

Were you a witness to the accident? Yes No
Provide names and addresses of any known witnesses to the reported accident.

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

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

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

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

Date	League Official Signature
------	---------------------------

Claims Form Instruction: Page 1

Little League® Baseball & Softball

CLAIM FORM INSTRUCTIONS



WARNING — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League® contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer.

Claims Form Instruction: Page 2

TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury is sustained.

CHECKLIST FOR PREPARING CLAIM FORM

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

IMPORTANT: Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.

CHINO AMERICAN LITTLE LEAGUE - ESTABLISHED 1954
CHINO, CALIFORNIA

General Liability Claim Form: Page 1

General Liability Claim Form

Send Completed form to:
Little League Baseball and Softball
539 US Route 15 Hwy
P.O. Box 3485
Williamsport, Pennsylvania 17701-0485
(570) 326-1921 Fax (570) 326-2951

Telephone immediate notice to Little League® International

(LEXINGTON USE ONLY)

CN

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Insured	Name of League		League I.D. Number (Used as location code)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>										
	Name of League Official (please print)		Position in League											
Address of League Official (Street, City, State, Zip)		Phone No. (Res.)												
			Phone No. (Bus.)											
Time and Place of Accident	Date of Accident	Hour	<input type="checkbox"/> AM <input type="checkbox"/> PM	Accident occurred at (Street, City, State, Zip)										
	Arising out of Operations conducted at													
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)													

Who owns Premises	Person in charge of Premises				
Coverage Data	Limits	Med. Pay: None	Elevator: Yes	Products: Yes	Cont: Yes
	Policy Number		Policy Dates: Begin: End:		
	Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Property Damage	Name of Owner		Description of Property		
	Address (Street, City, State, Zip)		Name of Insurance Co.		
	Nature and Extent of Damages and Estimate of Repair				

Insured Person and Injuries	Name		Phone No. (Res)		
	Address (Street, City, State, Zip)		Occupation	Age	<input type="checkbox"/> Married <input type="checkbox"/> Single
	Employers Name and Address				
	Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attending Doctor's Name and Address			
	Where was the injured taken after accident?		Probable length of Disability		

Witnesses:	Name, Address, Phone Number				
	Name, Address, Phone Number				
	Name, Address, Phone Number				

Date of Report:	Signature of League Official:	Position in League
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USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT



General Liability Claim Form: Page 2

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.*

* In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

2017 CPR Training class



Chino American Little League



American Heart Association®

CPR & First Aid

Heartsaver

CLASS



American Heart Association®
life is why™

**GUIDELINES
2015 CPR & ECC**

Date. February 18th, 2017

Day & Time. Saturday at 9:00 AM

**Location. (TBA) Will either be at
Chino Valley Fire Station 62
(Chino Hills) or Carolyn Owens
Community Center (Chino)**

HEARTSAVER® Adult CPR AED

Tap and shout.
Check for help. Send someone to phone 911 and get an AED.
Look for no breathing or only gasping.
Push hard and fast at a rate of 100 to 120 compressions per minute. Give 30 compressions.
Open the airway and give 2 breaths.
Repeat sets of 30 compressions and 2 breaths.
When the AED arrives, turn it on and follow the prompts.

HEARTSAVER® Child CPR AED

Tap and shout.
Check for help. Send someone to phone 911 and get an AED.
Look for no breathing or only gasping.
Push hard and fast at a rate of 100 to 120 compressions per minute. Give 30 compressions.
Open the airway and give 2 breaths.
Repeat sets of 30 compressions and 2 breaths.
If you are alone and do not have a phone, after 2 sets of 30 compressions and 2 breaths, leave to obtain 911 and then return with the AED.
When the AED arrives, turn it on and follow the prompts.

HEARTSAVER® Infant CPR

Tap and shout.
Check for help. Send someone to phone 911.
Look for no breathing or only gasping.
Push hard and fast at a rate of 100 to 120 compressions per minute. Give 30 compressions.
Open the airway and give 2 breaths.
Repeat sets of 30 compressions and 2 breaths.
If you are alone and do not have a phone, after 2 sets of 30 compressions and 2 breaths, get phone 911 and then return with the AED.

HEARTSAVER® Child Choking

Recognize a choking child.
Check for breathing, cough, or voice sounds.
Ask, "Are you choking?" If the child can't talk, can't breathe, or can't cough, they are choking.
Give 5 back blows across the child's back and 5 chest thrusts.
If CPR can breathe and make sounds, stop CPR.
If CPR can't breathe, continue CPR.
If you are alone, do not leave the child.
If you are alone and do not have a phone, after 2 sets of 30 compressions and 2 breaths, get phone 911 and then return with the AED.
If you are alone and do not have a phone, after 2 sets of 30 compressions and 2 breaths, get phone 911 and then return with the AED.
If you are alone and do not have a phone, after 2 sets of 30 compressions and 2 breaths, get phone 911 and then return with the AED.

HEARTSAVER® Infant Choking

Recognize a choking infant.
Check for breathing, cough, or voice sounds.
Ask, "Are you choking?" If the child can't talk, can't breathe, or can't cough, they are choking.
Give 5 back blows across the child's back and 5 chest thrusts.
If CPR can breathe and make sounds, stop CPR.
If CPR can't breathe, continue CPR.
If you are alone, do not leave the child.
If you are alone and do not have a phone, after 2 sets of 30 compressions and 2 breaths, get phone 911 and then return with the AED.
If you are alone and do not have a phone, after 2 sets of 30 compressions and 2 breaths, get phone 911 and then return with the AED.

2017

