

**GOOD HITTERS
PLAY HERE!**
SINCE 1974

2024

COLLEGE GLEN LITTLE LEAGUE

SAFETY PLAN

Good Hitters Play Here!

Since 1974

8500 La Riviera Drive
Sacramento, CA 95826
League ID: 04050502

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College Glen Little League Safety Mission

To provide the safest possible environment for our players, fans, managers, coaches and umpires by adhering to a safety code that will not be compromised by the decisions and actions of the league's members.

Safety Code

A Safety Awareness Program was introduced by Little League Baseball to create awareness through education and information, to provide a safer environment for kids and all participants of Little League Baseball. In support of this initiative, the following items have been incorporated into our league's safety code. It is the responsibility of every adult member of College Glen Little League to understand and implement this Safety Plan. A soft copy of the approved annual Safety Plan will be posted on the College Glen Little League Website accessible by the general public and a copy of the same approved Safety Plan will also be made available to the coaches prior to the annual Coaches & Safety Clinic:

- All board members will be CPR & AED certified and certified in concussion training.
- All managers and coaches will be trained in first-aid procedures and certified in concussion training.
- Each team will have a fully stocked first-aid kit that must be taken to all games and practices.
- Make arrangements for the timely acquisition of emergency medical services in advance of all games and practices (i.e. cell phones, local emergency phones numbers, etc)
- Do not practice or play games when weather or field conditions are unfavorable, or when there is inadequate lighting. The umpire has the final say as to whether a game can continue or not.
- Coaches and umpires shall inspect play areas for holes, damage, stones, glass and other foreign objects prior to games and practices. Unsafe field conditions must be reported to the Safety Officer and condition must be corrected before play may resume.



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- Store all team equipment in dugouts or behind screens, 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 dugouts during games and practice sessions.
- Coaches are responsible for keeping bats and loose equipment off the playing field.
- Coaches should emphasize that all players should be alert and watching the batter on each pitch.
- During warm-up drills, space players so that no one is endangered by wild throws or missed catches.
- Perform all pre-game warm-ups within the confines of the playing field and not within areas that are frequented by spectators.
- Before each game or practice, inspect the condition and proper fit of equipment. Replace any unsafe equipment. Discard and destroy rejected equipment to prevent salvaging and reuse.
- Batters must wear Little League approved protective helmets during batting practice and games.
- Base runners must also wear helmets.
- Catchers must wear catcher’s helmet, mask, throat protector, long model chest protector, shin guards and protective cup with athletic supporter at all times (males) for all practices and games. **NO EXCEPTIONS.**
- Managers should encourage all male players, especially infielders to wear protector cups and supporters during practices and games.
- Catchers must wear catcher’s helmet, mask and throat protector and protective cup with athletic supporter at all times when warming up pitchers.
- Headfirst slides to any bases are not permitted except when a runner is returning to a base.
- Shoes with metal spikes are not permitted. Shoes with molded cleats are permissible.



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- “Horse Play” is not permitted during practices and games.
- Parents of players who wear glasses are encouraged to provide “safety glasses”.
- Pitchers and catchers should wear only dark-colored long sleeve undergarments during colder weather (white can hide the ball as it leaves the hand and be dangerous)
- The use of protective mouth guards by all players is encouraged, especially infielders.
- Players must not wear watches, rings, pins or metallic items except for emergency medical bracelets (which must be taped in place or secured with a soft sweat/wristband) during games and practices.
- Managers and coaches may not warm up pitchers before or during a game. This includes standing at backstop during practice as an informal catcher for batting practice.
- On-deck batters are not permitted.
- Do not use anchored bases at any time.
- No player may swing a bat during practice or games unless the player is up at bat.
- Managers will have players’ medical forms at all games and practices.
- No alcohol or drugs are allowed on the premises at any time.
- Prior to games or practices coaches and or umpires will check the fields for any safety hazards.

Suggestions for Improved Safety

Any comments or suggestions regarding this safety code should be made to the CGLL Safety Officer. Suggestions from coaches, parents and players concerning ways to improve safety are welcome. Email suggestions to the CGLL Safety Officer.

Emergency Procedures & Phone Numbers

In Case of Emergency:



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- Provide or assist in obtaining medical attention for those who require it.
- Notify parents or emergency contact as soon as possible.
- Know your limitations and degree of training. **DIAL 911** If there is any doubt.
- Never administer any medication.
- Never provide food or any beverage other than water.
- Get help when providing first aid or CPR and apply the on-site AED when appropriate.
- Don't transport an injured person.
- Report any incident or potential safety hazard to the Safety Officer.

Emergency Phone Numbers

Emergency Contact Type	Emergency Contact Number	Non-Emergency Contact Number
Emergency	911	N/A
Sacramento Police Department	(916) 732-0100	(916) 264-5471
Sacramento Fire Department	N/A	(916) 808-1300
Williamsport Insurance Claim Office	N/A	(570) 327-1674

Board of Directors Phone Numbers and E-mail *

Position	Name	Phone	E-mail
President	David Hemphill	(916) 802-5162	Sfgiants8902@yahoo.com
Vice President	Steve Gill	(916) 812-4904	Sjgill24@gmail.com
Treasurer	Jason Beckstrom	(760) 617-4015	jasonbeckstrom@gmail.com
Secretary	Nikki Marquardsen	(916)956-2979	Nikkidm212@gmail.com
Registrar	Stephanie Evans	(916) 752-7968	Evans.stephanielyn@gmail.com
Communications	Steve Gill	(916) 802-0072	Sjgill24@gmail.com



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Snack Bar	Gaby Burton	(916) 607-7236	gabriellamcculloch@gmail.com
Facilities & Field Maintenance	Steve Landman	(916) 342-1544	coachstevecg@gmail.com
Equipment Manager	Ray Blaszczyński	(916) 416-7520	raybski@yahoo.com
Safety Officer	Jen Wolf	(916) 271-7797	Lynnwolf2001@yahoo.com

* Visit our website at collegeglenlittleleague.com for the complete list of current Board of Directors Members

- (1) Registrar will submit league player registration data/player roster data and coach/manager data to Little League International
- (2) Safety Officer is actively registered on file with Little League International

Annual Little League Facility Survey

The Little League Facility Survey will be completed annually by the League President and Safety Officer and submitted to Little League International with the completed Safety Plan. By having this a requirement each year, it can help our league find and correct facility concerns.



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2024 Mandatory Coaches & Safety Clinic

College Glen Little League will provide coaches training in basic first aid, teach proper mechanics, proper field & shed management and updated Safety Plan yearly. The 2024 Coaches & Safety clinic will be held on **January 27th, 2024 at the College Glen Little League Complex**. At least one representative from each team must attend this **mandatory** meeting. Failure to do so may delay your team from starting practice. Equipment bags are also distributed.

Abuse Awareness Training

All CGLL coaches must complete the AAT mandatory course before first practice. The course is found at <https://www.usabdevelops.com/>. Completing the quiz with a 90% score will produce the certificate of completion. Once completed, coaches have the responsibility to report any child abuse to the proper authorities with 24 hours. Per the training, CGLL has adopted a policy that prohibits retaliation against good faith reports of child abuse, and strives to limit one-on-one contact between coaches and players as much as possible.

Automatic External Defibrillator

An AED is kept and maintained on-site inside the Junior shed. The AED is to be applied only by **TRAINED & CERTIFIED** personnel to a victim who is not responding, not breathing and has no pulse. Each member on the board of directors are CPR/AED certified and serves as the Director on Duty (DOD) every game day. The AED will be used at their direction. Any AED use must be reported to the Sacramento County EMS agency office by the Safety Officer.

Concussion Training, Treatment & Return to Play

The league will provide free **mandatory** concussion training to each manager and assistant coach to help educate, identify and treat concussion injuries. The training will be utilized through CDC's HEADS UP concussion program. All parents will receive and sign the HEADS UP Information Sheet to help identify concussion symptoms and what to do if one occurs with their



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athlete(s). **An athlete can ONLY return to practice or play after at least 24 hours AND with written permission from a health care professional if diagnosed with a concussion.**

First Aid

The league provides first-aid training through our annual Coaches & Safety Clinic. Volunteers must obtain equivalent training if they are unable to attend the league's training session. It is recommended that each team have its own Safety Officer. This can be the manager, a coach or parent. This should be someone who has attended first aid training should be present at every practice and game. Coaches will receive their team bags with first aid kits (required at all practices and games).

First Aid Kits

Every manager will be issued a complete first aid kit along with their team equipment bag. Contact the Safety Officer for replenishment as needed. A first aid kit is also kept in the snack bar. The kit (in team bags) contents are as follows:

Item	Description	Quantity
1	Emergency First-Aid Guide	1
2	Elastic Wrap 3"	1
3	Gauze Pads 3" x 3" Sterile	3
4	Non-Adhering Combine Pads 5" x 9"	1
5	Instant Ice Packs Note: Not to be used on facial area or near eyes	2
6	Waste bags (blue)	3
7	Latex Exam Gloves	5 pair
8	Bandage Strips Small	10



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9	Bandage Strips Large	3
10	Stretch Gauze Bandage	2
11	Waterproof Tape ½" x 5 yards	1
12	Triple antibiotic ointment	10
13	Antiseptic Cleaning Wipes	10
14	Triangular Bandage	1
15	Scissors	1
16	Tweezers	1
17	Soft Pouch First Aid Case	1

Concession Managers

Concession Managers will be trained in safe food preparation and in the safe use of equipment. The training will include, but not be limited to the following points.

- Safe use of equipment
- Cleanliness and hygiene
- Proper food handling procedures

See the "Concession Stand Guidelines" in this Safety Plan for proper procedures.

Players

Coaches will provide ongoing safety instruction on the mechanics of the game. Players will be taught accident avoidance and the relationship of Little League rules (such as sliding rules) to safety.



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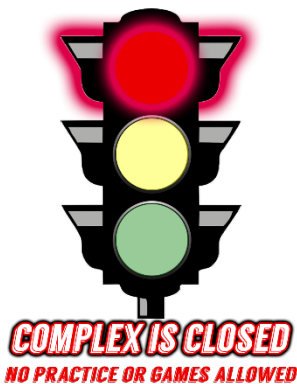
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Volunteer Application Information

The league requires completion of the official Little League Volunteer Application form for all managers, coaches, board members and other persons, volunteers or hired workers, who provide regular services to the league and/or have repetitive contact with players or teams as well as provide a government-issued photo identification card for ID verification. Using Volunteer Applications, the league will conduct sex offender background checks using an appropriate governmental database. **This information and forms are provided during “Documents Day” and on our website.**

Weather



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.



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LIGHTNING

The average lightning strike is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second. The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour. Once the leading edge of a Thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.

On average, the thunder from a lightning strike 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.

Games will resume only when all players have returned to their respective benches. If after 20 minutes no further lightning is sighted, play/ practice can resume providing field is in playable condition; no standing water or other unsafe condition is present. If further lightning is sighted, the 20-minute clock restarts with every sighting. **THERE WILL BE NO EXCEPTIONS.** Report any hazardous field conditions or breaches of the League's lightening policy to the CGLL Safety Officer.

HOT WEATHER:



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Precautions must be taken in order to make sure the players on your team do not dehydrate or hyperventilate.

- Encourage players take drinks of water when coming on and going off the field. (A drinking fountain is located outside the Major Field on the 1B side.)
- 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.
- If a player should collapse as a result of heat exhaustion, call **9-1-1** immediately. Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives. (See section on Hydration)

ULTRA-VIOLET RAY EXPOSURE:

This kind of exposure increases and 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, MILL will recommend the use of sunscreen with a SPF (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light.

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.



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

Hints on Stretching

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

Hints on Calisthenics

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



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Suggestions for Warm-up Drills



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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 you 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.



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Concession Stand Safety Procedures

12 Steps to Safe and Sanitary Food Service Events:

The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness. This information was provided by District Administrator George Glick and is excerpted from "Food Safety Hints" by the Sacramento County Department of Public Health.

1. Menu

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

2. Cooking

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

3. Reheating

Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

4. Cooling and Cold Storage

Foods that require refrigeration must be cooled to 41°F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow



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pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

5. **Hand Washing**

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

6. **Health and Hygiene**

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

7. **Food Handling**

Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.

8. **Dishwashing**

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. 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.



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9. Ice

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

10. Wiping Cloths

Rinse and store your wiping cloths in a bucket of sanitizer (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.

11. Insect Control and Waste

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

12. Food Storage and Cleanliness

Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food. (Remember: Training your concession stand volunteers is one of the 12 requirements for a qualified safety plan).

Additional Food Safety Information can be found by visiting the Food Safety Program at

<http://www.cdph.ca.gov/programs/pages/fdb%20food%20safety%20program.aspx>

Clean Hands for Clean Foods

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

- Use soap and warm water.



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- Rub your hands vigorously as you wash them.
- Wash all surfaces including the backs of hands, wrists, between fingers and under fingernails.
- Rinse your hands well.
- Dry hands with a paper towel.
- Turn off the water using a paper towel, instead of your bare hands.
- **Wash your hands** in this fashion before you begin work and frequently during the day, especially after performing any of these activities:
 - After touching bare human body parts other than clean hands and clean, exposed portions of arms.
 - After using the restroom.
 - After caring for or handling animals.
 - After coughing, sneezing, using a handkerchief or disposable tissue.
 - After handling soiled surfaces, equipment or utensils.
 - After drinking, using tobacco, or eating.
 - During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks.
 - When switching between working with raw food and working with ready-to-eat food.
 - Directly before touching ready-to-eat food or food-contact surfaces.
 - After engaging in activities that contaminate hands.

Top Six Causes

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

- Inadequate cooling and cold holding.
- Preparing food too far in advance for service.
- Poor personal hygiene and infected personnel.



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- Inadequate reheating
- Inadequate hot holding.
- Contaminated raw foods and ingredient.

Storage Shed Procedures

The following applies to all of the storage sheds used by College Glen Little League and further applies to anyone who has been issued keys and/or combination codes by CGLL to use these sheds.

- Keys and/or combination codes to the equipment sheds will only be issued by the CGLL 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 and/or combination codes to the equipment sheds are aware of their responsibility for the orderly and safe storage of heavy machinery, hazardous materials, fertilizers, poisons, tools, etc...
- Before the use of any machinery located in the shed (i.e. lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment.
- All chemicals or organic materials stored in storage sheds shall be properly marked and labeled and stored in its original container if available.
- Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of immediately to prevent accidental poisoning.
- Keep products in their original container with the labels in place.
- Use poison symbols to identify dangerous substances.



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- Dispose of outdated products as recommended.
- Use chemicals only in well-ventilated areas.
- Wear proper protective clothing, such as gloves or a mask when handling toxic substances.

Machinery

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

Pitching Machine

The league has several pitching machines which support regulation baseballs and softballs. While pitching machines are a proven safe and effective tool for hitting and fundamentals development, there are a few safety precautions to keep in mind.

- All operators should review the manual that came with the pitching machine for full safety guidelines.



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- Only Managers and Coaches that have been trained on the usage of the pitching machine will be allowed to operate it. Under no circumstances should players operate the machine.
- All operators should be cautious of loose clothing or dangling strings from their clothing while operating the pitching machine.
- Use good judgment in setting the pitch machine's speed to the player's ability.

In the case of inclement weather, the pitching machine should not be used.

Any team violating the safety rules may be suspended from usage of the pitching machine based on the discretion of the league president and or safety officer.

Any person who uses any equipment at the CGLL complex need to be properly trained on how to use the equipment including lawnmowers, weed eaters, edger's, blowers etc. Please contact the CGLL Safety Officer to make arrangement for training on any equipment.

Accident Reporting

The following reporting procedures should be used by all managers, coaches, parents, umpires, and volunteers concerning injuries.

What to report

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the Safety Officer. The terms "medical treatment and/or first aid" should include any incident that (a) causes a player to miss any practice or game time; or (b) any event that has the potential to require medical assistance must be reported promptly.

In addition, you are strongly encouraged to report any "near miss" incidents (nobody was hurt, but they could have been), or safety suggestions you may have. A lesson you've learned today may become a preventative action tomorrow. Please let us know of any concerns you may have – bees' nests close to the field, poison ivy, damaged equipment, or even best practices you've experienced elsewhere. Safety, like baseball, is a team effort!



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When to report

All such incidents described above must be reported to the Safety Officer *within 48 hours* of the incident. The Safety Officer, **Jen Wolf**, can be reached at the following:

Cell Phone: (916) 271-7797
Email: lynnwolf2001@yahoo.com

How to make the report

Reporting incidents can come in a variety of methods. During practices, managers, coaches, volunteers, parents may contact the Safety Officer via telephone or e-mail. At a minimum, the following information must be provided:

- The name and phone number of the individual involved (or of their parents)
- The date, time, and location of the incident.
- As detailed a description of the incident as possible
- The preliminary estimation of the extent of any injuries
- The name and phone number of the individual reporting the incident.

The “Activities/Reporting” form that may be used to report an incident, or as a guide to report an incident by telephone can be found in the Forms section of this Safety Plan.

During scheduled games at the College Glen Little League Baseball Park, the Director on Duty **MUST** care for the injured party first! Secondly, he or she shall contact the Safety Officer or and log the incident into the Accident Notification Manual located with the first aid kits in the Snack Bar Concession Stand. An accident claim packet is provided in the Manual under the tab “Accident Form” and should be distributed to the injured party, parent or guardian.

Safety Officer's Responsibilities

The Safety Officer will receive this injury report and will enter it into the league's safety database. Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and

1. Verify the information received;
2. Obtain any other information deemed necessary;



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3. Check on the status of the injured party; and
4. In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian to submit a claim to the College Glen Little League's Safety Officer, who will submit appropriate claims to the league insurance carrier. This must be done in order to be eligible for any reimbursement of out-of-pocket expenses deemed valid by the insurance carrier. CGLL does not guarantee reimbursement..

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

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

How the Insurance Works

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



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Filing a Claim

When filing a claim, all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parents or guardians or claimant's employer explaining the lack of group or employer insurance must accompany a claim form. On dental claims, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant, or parent(s)/guardian(s), if claimant is a minor. "Accident damage to whole, sound, normal teeth as a direct result of an accident" must be stated on the form and bills. Forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, league ID, and year of the injury on the form. Claims must be filed with the CGLL Safety Officer. He/she forwards them to:

Little League Baseball, Incorporated
PO Box 3485
Williamsport, PA 17701



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Some Important Do's and Don'ts

Do...

- Reassure and aid children who are injured, frightened, or lost.
- Provide, or assist in obtaining, medical attention for those who require it.
- Know your limitations.
- Carry your first-aid kit to all games and practices.
- Allow for more frequent breaks for water and rest when temperature extremes rise. Use shade and liquids to replenish your players.
- Keep your "Prevention and Emergency Management of Little League Baseball and Softball Injuries" booklet with your first-aid kit.
- Assist those who require medical attention - and when administering aid, remember to ...
 - ✓ **LOOK** for signs of injury (Blood, Black-and-blue deformity of joint etc.).
 - ✓ **LISTEN** to the injured describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
 - ✓ **FEEL** gently and carefully the injured area for signs of swelling, or grating of broken bone.
- Have your players' Medical Clearance Forms with you at all games and practices.
- Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

Don't...

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



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- Hesitate to report any present or potential safety hazard to the Director of Safety immediately.



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Forms

(Double Click on Form to Open, Complete, Save, and Print)



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Activities/Reporting

A Safety Awareness Program's Incident/Injury Tracking Report

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: Male Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

- A.) Baseball Softball Challenger TAD
- B.) Challenger T-Ball (5-8) Minor (7-12) Major (9-12) Junior (13-14)
- Senior (14-18) Big League (18-18)
- C.) Tryout Practice Game Tournament Special Event
- Travel to Travel from Other (Describe): _____

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

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

Type of injury: _____

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

Was professional medical treatment required? Yes No If yes, what: _____

(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

Type of incident and location:

- A.) On Primary Playing Field 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 from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

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

Signature: _____ Date: _____



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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:

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"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

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

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

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

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



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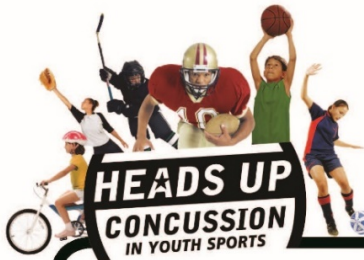


Appendix A – Concussion Information



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A Fact Sheet for **COACHES**

To download the coaches fact sheet in Spanish, please visit www.cdc.gov/ConcussionInYouthSports
Para descargar la hoja informativa para los entrenadores en español, por favor visite
www.cdc.gov/ConcussionInYouthSports

THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussions can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

WHAT IS A CONCUSSION?

Concussion, a type of traumatic brain injury, is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move quickly back and forth—causing the brain to bounce around or twist within the skull.

This sudden movement of the brain can cause stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

HOW CAN I RECOGNIZE A POSSIBLE CONCUSSION?

To help spot a concussion, you should watch for and ask others to report the following two things:

1. A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.
2. Any concussion signs or symptoms, such as a change in the athlete's behavior, thinking, or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later he or she can't recall coming to the practice or game.

You should repeatedly check for signs of concussion and also tell parents what to watch out for at home. Any worsening of concussion signs or symptoms indicates a medical emergency.

It's better to miss one game than the whole season.

April 2013



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SIGNS AND SYMPTOMS¹

SIGNS OBSERVED BY COACHING STAFF

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

SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just "not feeling right" or "feeling down"

Adapted from Lovell et al. 2004

WHAT ARE CONCUSSION DANGER SIGNS?

In rare cases, a dangerous blood clot may form on the brain in an athlete with a concussion and crowd the brain against the skull. Call 9-1-1 or take the athlete to the emergency department right away if after a bump, blow, or jolt to the head or body the athlete exhibits one or more of the following danger signs:

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

WHY SHOULD I BE CONCERNED ABOUT CONCUSSIONS?

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

If an athlete has a concussion, his or her brain needs time to heal. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussions can result in brain swelling or permanent brain damage. It can even be fatal.^{2,3}

HOW CAN I HELP ATHLETES TO RETURN TO PLAY GRADUALLY?

An athlete should return to sports practices under the supervision of an appropriate health care professional. When available, be sure to work closely with your team's certified athletic trainer.



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

BASELINE: Athletes should not have any concussion symptoms. Athletes should only progress to the next step if they do not have any symptoms at the current step.

STEP 1: Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weight lifting at this point.

STEP 2: Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

STEP 3: Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

STEP 4: Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

STEP 5: Athlete may return to competition.

If an athlete's symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him or herself too hard.

The athlete should stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.

PREVENTION AND PREPARATION

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

- Ensure that athletes follow the rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Wearing a helmet is a must to reduce the risk of severe brain injury and skull fracture.
 - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

Check with your league, school, or district about concussion policies. Concussion policy statements can be developed to include:

- The school or league's commitment to safety
- A brief description of concussion
- Information on when athletes can safely return to school and play.

Parents and athletes should sign the concussion policy statement at the beginning of the season.



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ACTION PLAN

WHAT SHOULD I DO WHEN A CONCUSSION IS SUSPECTED?

No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play. To help you know how to respond, follow the Heads Up four-step action plan:

1. REMOVE THE ATHLETE FROM

PLAY. Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, sit them out!

2. ENSURE THAT THE ATHLETE IS EVALUATED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL.

Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/ knocked out) and if so, for how long
- Any memory loss immediately following the injury

- Any seizures immediately following the injury
- Number of previous concussions (if any)

3. INFORM THE ATHLETE'S PARENTS OR GUARDIANS.

Let them know about the possible concussion and give them the Heads Up fact sheet for parents. This fact sheet can help parents monitor the athlete for signs or symptoms that appear or get worse once the athlete is at home or returns to school.

4. KEEP THE ATHLETE OUT OF PLAY.

An athlete should be removed from play the day of the injury and until an appropriate health care professional says they are symptom-free and it's OK to return to play. After you remove an athlete with a suspected concussion from practice or play, the decision about return to practice or play is a medical decision.

REFERENCES

1. Lovell MR, Collins MW, Iverson GL, Johnston KM, Bradley JP. Grade 1 or "ding" concussions in high school athletes. *The American Journal of Sports Medicine* 2004; 32(1):47-54.
2. Institute of Medicine (US). Is soccer bad for children's heads? Summary of the IOM Workshop on Neuropsychological Consequences of Head Impact in Youth Soccer. Washington (DC): National Academies Press; 2002.
3. Centers for Disease Control and Prevention (CDC). Sports-related recurrent brain injuries-United States. *Morbidity and Mortality Weekly Report* 1997; 46(10):224-227. Available at: www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm.

*If you think your athlete has a concussion...
take him/her out of play and seek the advice of a health care professional
experienced in evaluating for concussion.*

For more information, visit www.cdc.gov/Concussion.

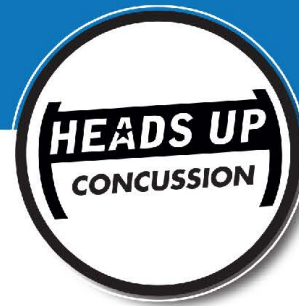


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PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

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

[INSERT YOUR LOGO]



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



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CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

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

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION www.facebook.com/CDCHeadsUp



TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



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Appendix B – Sudden Cardiac Arrest & Youth Protection

[Sudden cardiac arrest training](#) is required for **ALL managers and coaches annually**. This is done online; receiving a digital certificate upon completion. **An email of a screenshot or attachment of completion certificates will be on file with the Safety Officer.**

A [Parent Sudden Cardiac Arrest form](#) for each family will be filled out and on file with the Safety Officer.

[Youth Protection/Abuse Training](#) is required for **ALL managers and coaches annually**. This is done online; receiving a digital certificate upon completion. **An email of a screen shot or attachment of completion certificates will be on file with the Safety Officer.**

Appendix C – California AB506

Pursuant to the passing of [California AB506](#), and pending the League's receipt of an ORI code, all volunteers serving more than 32 hours must be fingerprinted at a LiveScan location.

Appendix D – Field Treatment

In the event the fields are fertilized and/or treated with a pre-emergent, product instructions will be followed.



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Appendix E - Complex Map



Address: 8500 LaRiviera Dr., Sacramento, CA 95826

Entrances (E): Stream View Way (east entrance) and Glenbrook Park (west entrance).