

SOUTH KITSAP SOUTHERN LITTLE LEAGUE

League ID#
447-02-10

2022 SAFETY PLAN

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**SKSLL SAFETY PLAN
2022**

Table of Contents

DOCUMENT NAME:	PAGE(S)
1. SKSLL Safety Plan	3-6
2. Emergency Contact Information	7 (Encl 1)
3. 2022 Volunteer Form	8 (Encl 2)
4. First Aid Info	9-19 (Encl 3)
a. Player Concussion Form	20-21 (Encl 4)
b. Manager/Coach Concussion Form	22-25 (Encl 5)
5. Equipment Safety & Checklist	26-27 (Encl 6)
6. Facility Survey	28 (Encl 7)
7. Concession Stand Safety	29-37 (Encl 8)
8. Accident Reporting Procedures and Forms	39-40 (Encl 9)
a. Injury Tracking Form	41 (Encl 10)
b. Accident Notification Form	41-43 (Encl 10)
9. COVID-19 Procedures	44-48 (Encl 11)

Requirement 1

Have active safety officer on file with Little League International

South Kitsap Southern Little League (SKSLL) elects a Safety Officer to its Board of Directors. The Safety Officer is a voting board member. The Safety Officer is elected every year as part of the Board Election process in September. The elected holds this post for one year from October to September.

The SKSLL Safety Officer for the 2022 season is David Raney

Requirement 2

PUBLISH and DISTRIBUTE a paper copy of the applicable safety manual to volunteers.

SKSLL distributes its safety plan and supplemental information through various methods, including handouts, posted materials, electronic mail, training clinics and announcements. Posted materials are strategically located where the information is most likely to be used (e.g., concession stand safety at the concession stand register, emergency numbers posted at the clubhouse and dugouts, etc.).

Distributed materials include, at a minimum:

- Emergency contact information,
- Background check requirements,
- Fundamentals training,
- First aid training,
- Field and equipment inspection checklists,
- Facility Survey results,
- Concession Stand safety,
- Injury reports, and
- Other rules, as appropriate.

Requirement 3

Post and distribute emergency and key officials' phone numbers.

Emergency contact information is posted at the Clubhouse, Concession Stand and each dugout at the SKSLL complex. At a minimum, the SKSLL address, 911, and contact numbers for the Safety Officer, President and Player Agent are posted.

The 2022 Season Emergency Contact posting is included in this document as Enclosure (1).

Requirement 4

Use 2022 Volunteer Application Form.

Every volunteer, persons who come into more than incidental contact with children as a participant in SKSLL activities, is required to complete the *Little League Volunteer Application – 2022* and provide a copy of valid government issued photo identification to the President.

The President must complete a background check for every volunteer application and attach the photo identification copy to the application.

Any refusal to provide an application and/or photo identification or any refusal to authorize a background check will be reason for dismissal from SKSLL activities.

An audit conducted of the 2022 SKSLL season volunteer applications demonstrated 100% compliance of Requirement 4.

Little League Volunteer Application – 2022 is included in this document as Enclosure (2).

Requirement 5

Provide and require fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, ect.)

Each season, in March, SKSLL holds a coaching clinic of throwing, hitting, catching, base running, pitching and general coaching fundamentals. This event is for all coaches and managers from all divisions.

SKSLL may also hold a 'rookie coach' clinic for first-time coaches and managers. This event is most beneficial to managers and coaches in the Minor Prep and Tee Ball divisions.

For the 2022 season, the general coaching clinic will be held in early March at the SKSLL Clubhouse. The agenda for this event included team administration (President), coaching fundamentals (Coaching Coordinator and veteran league coach), and rules changes (UIC).

For the 2022 season, the Umpire/Junior Umpire/Coach Clinic will be held on various dates at the SKSLL Clubhouse. The agenda for this event included the role of the umpire, umpire mechanics, and umpire fundamentals (UIC/Veteran LL Coach/Umpire).

An official scorekeeping clinic to be held for coaches and team scorekeepers (performed by Veteran Coach/Scorekeeping statistician).

Requirement 6

Require first-aid training for coaches and managers, with at least one coach or manager from each team attending.

Each season, in early March, SKSLL holds a coaching clinic. This event is for all coaches and managers from all divisions.

For the 2022 season, the general coaching clinic is to be held in early March at the SKSLL Clubhouse. The agenda for this event included first aid with special emphasis on concussion awareness (Safety Officer), safety (Safety Officer), and breakaway base familiarity training (Facility Manager).

Supplemental information can be found in Enclosures (3) through (6) of this document or electronically on the league website.

Requirement 7

Require coaches/umpires to walk fields for hazards before use.

Managers are responsible for assuring that practice locations and game fields are safe and suitable for use. The umpires shall conduct a safety check prior to games including field, bats and helmets. This assurance is maintained through regular inspections of fields, including structures such as dugouts, fencing, backstops and bleacher areas. Inspection duties may be delegated to team coaches; however, responsibility is not delegated.

The Inspection Checklist is included in this document as Enclosure (6) and is posted in every dugout at the SKSLL complex.

Requirement 8

Complete 2022 ANNUAL Little League Facility Survey.

The Safety Officer is responsible for ensuring that the Annual Facility Survey is completed for SKSLL Complex game fields prior to Opening Ceremonies.

The Safety Officer is responsible for submitting the completed survey to Little League International before April 1st, our league goal is to have it completed NLT March 1st of each season.

The 2022 Facility Survey was completed and updated online on January 20, 2022. Enclosure (7) states the survey was completed online at the Little League Data Center.

Requirement 9

Written safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures.

The Concession Stand Manager (CSM) is responsible for posting and complying with Concession Stand safety procedures. The CSM is required to have local health department training as well as trained prep & grill staff.

Concession Stand General/Food Safety Procedures for the 2022 season and supplemental information are located or posted in the Concession Stand. It ensures food safety is followed by all its operators and that they maintain a current health permit from the local health department. Information is also posted in this document as Enclosure (8).

Requirement 10

Require regular inspection and replacement of equipment.

Managers are responsible for assuring that equipment are safe and in good working condition. This assurance is maintained through regular inspections of equipment, including player personal equipment and game field equipment (i.e., breakaway bases). Inspection duties may be delegated to team coaches; however, responsibility is not delegated.

The Inspection Checklist is included in this document as Enclosure (6) and is posted in every dugout at the SKSLL complex.

Requirement 11

Implement prompt accident reporting, tracking procedure.

Managers are responsible for contacting the Safety Officer in the event of any accident or injury that requires first aid or medical attention. Notification is required within 24 hours of the event. Initial injury report is completed by the manager and turned into the Safety Officer for processing.

ALWAYS attend to the accident or injury FIRST – handle notification later.

The Safety Officer is responsible for administering the accident reporting process, including completion of the Accident Form.

The Accident Report is distributed at the General Coaching Clinic, and is available at the Clubhouse, Concession Stand, on the league website, and at the Little League International website. The Accident Report/Tracking is also included in this document as Enclosures (9), (10) AND (11).

Requirement 12

Require a first-aid kit at each game and practice.

First aid kits are stocked and inventoried before each season and are distributed to the team managers as part of the equipment issue process. Fully-equipped first aid kits are also stationed in the equipment shed for each field, the Concession Stand, and the Clubhouse. Back-up supplies are maintained in the clubhouse first aid locker by the safety officer. Managers/Coaches are trained on the kits during the first aid clinic annually and as requested.

An audit of first aid kits, in January 2022, demonstrated 100% compliance.

Requirement 13

Enforce Little League rules including proper equipment.

Audits of the above requirements are periodically conducted by the Safety Officer to verify compliance. Other rules and guidelines deemed necessary by the League membership are also posted and communicated, as necessary.

In January 2022, audits were conducted in the following areas:

- Volunteer applications and background checks (requirement 4) - compliant
- Fundamentals training (requirement 5) - compliant
- First aid training (requirement 6) – compliant
- Inspection checklist posting (requirements 7 and 10) – compliant
- Facility survey completion (requirement 8) – compliant
- Concession stand procedures posting (requirement 9) – compliant
- Placement of first aid kits (requirement 12) – compliant

Requirement 14

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

To be completed early March.

Requirement 15

South Kitsap Southern Little League has a covid mitigation plan and is enclosed as Enclosure 11.

South Kitsap Southern Little League does not require abuse prevention training for its volunteers. However, Safe Sports is recommended.

Submit a "Qualified Safety Plan Registration Form" with your ASAP plan

Completed and enclosed

EMERGENCY CONTACT INFORMATION

For any injury or illness requiring medical attention, immediately dial

911

- Ask for “**KITSAP 911 Dispatch**”
- Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
 - Location. ***Our address is 5795 Hovgaard Rd 98359 Olalla Valley Road and Hovgaard Road.***
 - Caller’s telephone number and name.
 - Short description of emergency.
 - How many people are involved? The condition of the injured person (for example, unconsciousness, chest pains, or severe bleeding)? What 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 to the street and look for the ***ambulance*** and ***fire engine*** and flag them down if necessary. This saves valuable time. Remember, every minute counts.

IMPORTANT LEAGUE CONTACT INFORMATION

For ALL injuries or illnesses during SKSLL events or activities, contact the League Safety Officer within 24 hours.

Contact information is available in the Concession Stand.

Safety Officer	David Raney	(360) 908-4207
President	Ryan Schauer	(360) 689-4709
Player Agent	Jen McAbee	(253) 651-4011
Umpire In Chief	Nate Brock	(360) 271-0145



Little League® Volunteer Application – 2022

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



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

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

All RED fields are required.

Name _____ Date _____

Address _____ Middle Name or Initial _____ Last _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

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

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

1. Do you have children in the program? ☐ Yes ☐ No

If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? If yes, list: _____ ☐ Yes ☐ No

3. Do you have a valid driver's license? ☐ Yes ☐ No

Driver's license#: _____ State _____

4. Have you ever been charged with, convicted of, pled no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? ☐ Yes ☐ No

If yes, describe each in full: _____

(If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)

5. Have you ever been convicted of or pled no contest or guilty to any crime(s)? ☐ Yes ☐ No

If yes, describe each in full: _____

(Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? ☐ Yes ☐ No

If yes, describe each in full: _____

(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? ☐ Yes ☐ No

If yes, explain: _____

(If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

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

☐ League Official ☐ Umpire ☐ Manager ☐ Concession Stand

☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ Other _____

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

Name/Phone _____

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

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

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

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

LOCAL LEAGUE USE ONLY:

Background check completed by league officer: _____ on _____

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

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

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

OR ☐ National Criminal Database check ☐ U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List

☐ National Sex Offender Registry

*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act concerning 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.



HEALTH AND MEDICAL - Giving First-Aid

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 arrives, (9-1-1 paramedics). At no time should anyone administering First-Aid go *beyond* his or her capabilities.

Know your limits!

The average response time on **9-1-1** 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

First Aid Kits will be furnished to each team at the beginning of the season.

The SKSLL Safety Officer's *name and phone number* are taped on the inside lid of 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 SKSLL 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 SKSLL Safety Officer. (See contact information and address in phone # section of this Safety Manual or on 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.

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.

Some Important Do's and Don'ts

Do . . .

- **Access** the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- **Know** your limitations.
- **Call** 9-1-1 immediately if person is unconscious or seriously injured.
- **Look** for signs of *injury (blood, black-and-blue, deformity of joint etc.)*
- **Listen** to the injured player 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.
- **Talk** to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

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 Procedure, (i.e., CPR, etc.)
- **Transport** injured individual except in extreme emergencies

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**. Ask for “KITSAP 911 Dispatch”
- 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 98359 Hovgaard Rd Olalla Valley Road and Hovgaard Road.***
 - 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 to 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:

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 seizures, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has injuries to the head, neck or back.
- Has possible broken bones.
- If you have any doubt at all,
call 9-1-1- and requests paramedics.

Also Call 9-1-1 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

Conscious Victims:

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 two steps:



- 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) Examine the scalp, face, ears, nose, and mouth.
- 5) Look for cuts, bruises, bumps, or depressions.
- 6) Watch for changes in consciousness.
- 7) Notice if the victim is drowsy, not alert, or confused.
- 8) 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.
- 9) Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- 10) Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- 11) Ask the victim again about the areas that hurt.
- 12) Ask the victim to move each part of the body that doesn't hurt.
- 13) Check the shoulders by asking the victim to shrug them.
- 14) Check the chest and abdomen by asking the victim to take a deep breath.
- 15) Ask the victim if he or she can move the fingers, hands, and arms.
- 16) Check the hips and legs in the same way.
- 17) Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
- 18) Look for odd bumps or depressions.

- 19) 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.
- 20) 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.
- 21) 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.
- 22) When the victim feels ready, help him or her stand up.

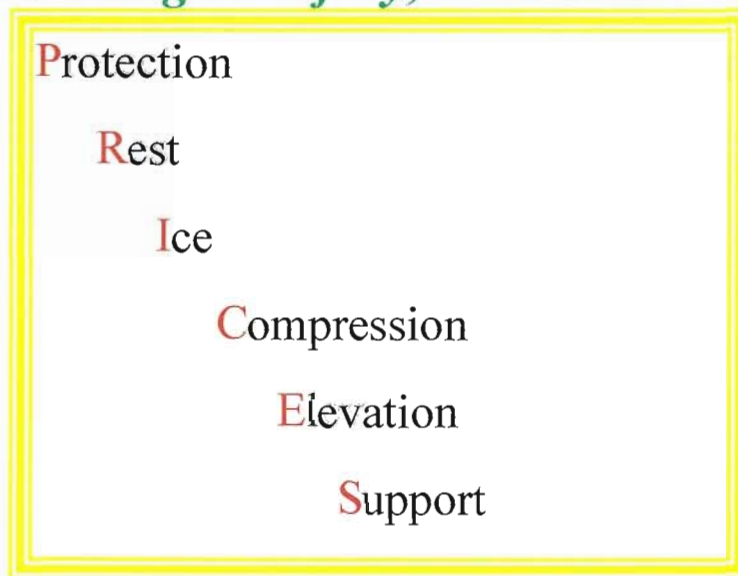
Unconscious Victims

If the victim does not respond to you in any way, assume the victim is unconscious. **Call 9-1-1** and report the emergency immediately.

Checking an Unconscious Victim:

- 1) Tap and shout to see if the person responds. If no response -
- 2) Look, listen and feel for breathing for about 5 seconds.
- 3) If there is no response, position victim on back, while supporting head and neck.
- 4) Tilt head back, lift chin and pinch nose shut. (See breathing section to follow)
- 5) Look, listen, and feel for breathing for about 5 seconds.
- 6) If the victim is not breathing, give 2 slow breaths into the victim's mouth.
- 7) Check pulse for 5 to 10 seconds.
- 8) Check for severe bleeding. *Finger sweep maneuver administered to an unconscious victim of foreign body airway obstruction*

When treating an injury, remember:



Muscle, Bone, or Joint Injuries

Symptoms of Serious Muscle, Bone, or Joint Injuries:

Always suspect a serious injury when the following signals are present:

- Significant deformity
- Bruising and swelling
- Inability to use the affected part normally
- Bone fragments sticking out of a wound
- Victim feels bones grating
- Victim felt or heard a snap or pop at the time of injury
- The injured area is cold and numb
- Cause of the injury suggests that the injury may be severe.
- If any of these conditions exists, call **9-1-1** immediately and administer care to the victim until the paramedics arrive. **Treatment for muscle or joint injuries:**

If ankle or knee is affected, do not allow victim to walk. Loosen or remove shoe; elevate leg.

Protect skin with thin towel or cloth. Then apply cold, wet compresses or cold packs to affected area. Never pack a joint in ice or immerse in icy water.

If a twisted ankle, do not remove the shoe -- this will limit swelling.

Consult professional medical assistance for further treatment if necessary.

Treatment for fractures:

Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, twigs, bats, etc...

Treatment for broken bones:

Once you have established that the victim has a broken bone, and you have called **9-1-1**, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary (see "Caring for Shock" section)

Sudden Illness

When a victim becomes suddenly ill, he or she often looks and feels sick.

Symptoms of sudden illness include:

Feeling light-headed, dizzy,

- confused, or weak
- Changes in skin color (pale or flushed skin), sweating
- Nausea or vomiting
- Diarrhea
- Changes in consciousness
- Seizures
- Paralysis or inability to move
- Slurred speech
- Impaired vision
- Severe headache
- Breathing difficulty
- Persistent pressure or pain.

Care For Sudden Illness

- 1) Call 9-1-1
- 2) Help the victim rest comfortably.
- 3) Keep the victim from getting chilled or overheated.
- 4) Reassure the victim.
- 5) Watch for changes in consciousness and breathing.
- 6) Do not give anything to eat or drink unless the victim is fully conscious.

If the victim:

Vomits -- Place the victim on his or her side.

Faints -- Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.

Has a diabetic emergency -- Give the victim some form of sugar.

Has a seizure -- Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

Shock:

Shock is likely to develop in any serious injury or illness. Signals of shock include:

- Restlessness or irritability
- Altered consciousness
- Pale, cool, moist skin
- Rapid breathing
- Rapid pulse

Caring for shock involves the following simple steps:

- 1) Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
- 2) Control any external bleeding.
- 3) Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
- 4) Try to reassure the victim.
- 5) Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.
- 6) Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
- 7) Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

Once a victim requires emergency breathing you become the life support for that person -- without you the victim would be clinically dead. You must continue to administer emergency breathing and/or CPR until the paramedics get there. It is your obligation and you are protected under the "Good Samaritan" laws.



Heat and Hydration

Dehydration- When the body is low in fluids because a person is not drinking enough to replace what is lost through sweat. Common warning signs of dehydration include: headache, dizziness, weakness, irritability, fatigue and nausea.

Children who are in the “tween” years can lose up to a quart of sweat during two hours of activity on a hot day

Children are more susceptible to heat illness than adults when active in hot weather. Why? – Children produce more metabolic heat per pound of body weight during exercise. They also have a reduced sweating capacity which lessens their ability to lose heat through sweat evaporation.

Like adults, children frequently do not have the physiological drive to drink enough water to replenish fluid loss during prolonged exercise.

Think of fluids as essential safety equipment for sports, like a bike helmet or shin guards- always pack a squeeze bottle for your child’s practice or game. Leading health professional organizations recommend kids drink at regular intervals, not just when thirsty. By the time thirst kicks in, they’re likely already dehydrated. Following a drinking schedule ensures that your children drink enough to stay hydrated without overdrinking.

Kids should be well hydrated.

- For kids less than 90 lbs., it will help to drink 3-6 oz. of fluid one hour before activity.
- For kids more than 90 lbs., it will help to drink 6-12 oz one hour before activity.
- For kids less than 90 lbs., drink 3-5 oz every 20 minutes.
- For kids more than 90 lbs drink 6-9 oz every 20 minutes.
- Drink to make up for any remaining fluid loss if a body weight deficit exists. In general, kids weighing less than 90 lbs. may need to drink up to 8 oz. per ½ lb. of weight loss and kids more than 90 lbs., may need 12 oz per ½ lb. of weight loss in the first hour after activity.
- Learn to drink for individual needs. One kid-size gulp equals about ½ oz of fluid. A study that offered active kids (ages 9-12) plain water, flavored water and a sports drink showed that they drank 90% more of the sports drink and stayed better hydrated than when drinking plain water.

While water is readily available to most kids, research shows active kids don’t always drink enough water to stay fully hydrated.

Juices have too many carbohydrates, so it takes longer for the fluid to be absorbed into the body. A scientifically formulated sports drink helps kids stay better hydrated because it: replaces electrolytes active children lose through sweat, helping to maintain the right balance of fluids in the body.- contains flavor and sodium to encourage drinking when active.

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider."

You should also inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

South Kitsap Southern Little League

Managers & Coaches Concussion Awareness Training

On May 14, 2009 the Governor of Washington Christine Gregoire signed the Zackery Lystedt Law. Effective July 26, 2009, the Lystedt Law directly affects youth sports and head injury policies particularly how you, as a coach, need to respond to player injuries. The new law requires that:

1. An informed consent must be signed by parents and youth athletes acknowledging the risk of head injury prior to practice or competition
2. A youth athlete who is suspected of sustaining a concussion or head injury must be removed from play – “when in doubt, sit them out”
3. A youth athlete who has been removed from play must receive written clearance from a licensed health care provider prior to returning to play

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?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost, even if they do not directly hit their head.

The potential for concussions is greatest in athletic environments where collisions are common. Concussions can occur, however, in any organized or unorganized sport or recreational activity. As many as 3.8 million sports and recreation-related concussions occur in the United States each year.

RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head.
-and-
2. Any change in the athlete’s behavior, thinking, or physical functioning. (See the signs and symptoms of concussion.)

South Kitsap Southern Little League
Managers & Coaches Concussion Awareness Training

SIGNS AND SYMPTOMS

Signs observed by coaching staff

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows 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
- Does not "feel right"

Athletes who experience any of these signs or symptoms after a bump or blow to the head should be kept from play until **given permission** to return to play by a health care professional (see Licensed Health Care Provided list below) **with** experience in evaluating for concussions. Signs and symptoms of concussion can last from several minutes to days, weeks, months, or even longer in some cases.

Remember, you can't see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. If you have any suspicion that your athlete has a concussion, you should keep the athlete out of the game or practice.

PREVENTION AND PREPARATION

As a coach, you can play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your athletes and the team:

- **Educate athletes and parents about concussion.** Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches. Pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs.

South Kitsap Southern Little League

Managers & Coaches Concussion Awareness Training

- **Insist that safety comes first.**
 - Teach athletes safe playing techniques and encourage them to follow the rules of play.
 - Encourage athletes to practice good sportsmanship at all times.
 - Make sure athletes wear the right protective equipment for their activity (such as shin guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
 - Review the athlete fact sheet with your team to help them recognize the signs and symptoms of a concussion.
 - Teach athletes and parents that it's not smart to play with a concussion. Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let athletes persuade you that they're "just fine" after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.
- **Prevent long-term problems.** A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. This more serious condition is called second impact syndrome.^{4,5} Keep athletes with known or suspected concussion from play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating for concussion. Remind your athletes: "It's better to miss one game than the whole season."

ACTION PLAN

WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

1. **Remove the athlete from play.** Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion should not be allowed to return to play. When in doubt, keep the athlete out of play.
2. **Ensure that the athlete is evaluated right away 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
 - 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 about the possible concussion and give them the fact sheet on concussion.** Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.

South Kitsap Southern Little League

Managers & Coaches Concussion Awareness Training

4. **Allow the athlete to return to play only with permission from a health care professional with experience in evaluating for concussion.** A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare second impact syndrome by delaying the athlete's return to the activity until the player receives appropriate medical evaluation and approval for return to play.

Licensed Health Care Providers

What licensed health care providers are trained in the evaluation and treatment of concussions/brain injuries and authorized to allow the athlete to return to play?

- Medical Doctors (MD)
- Doctor of Osteopathy (DO)
- Advanced Registered Nurse Practitioner (ARNP)
- Physicians Assistant (PA)
- Licensed Certified Athletic Trainers (ATC)

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider."

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

As a condition of managing or coaching I have read the manager and coaches training information and will follow with practices on Concussions and Head Injuries, including educating my parents and players. I will also comply with all my league's policies regarding Concussions and Head Injuries. I will sit a player out when in doubt and not allow that player to return to practice or a game until cleared by professional medical personnel.

Manager/Coach Name Printed

Manager/Coach Signature

Date



Equipment Safety

The Equipment Manager is an elected SKSLL 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 it is the Manager's responsibility to maintain it. Managers should inspect equipment and field before each game and each practice.

The SKSLL Equipment Manager will promptly replace damaged and ill-fitting equipment.

Furthermore, 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 SKSLL Equipment Manager. First-Aid kits and Safety Manuals must be turned in with the equipment.

- Each team, at all times in the dugout, shall have seven (6) protective helmets which must meet NOCSAE specifications and standards. These helmets will be provided by SKSLL 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. Helmet face guards are mandatory major division down.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. **NOTE:** Skullcaps are not permitted.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Replace questionable equipment immediately by notifying the SKSLL Equipment Manager.
- Make sure that players respect the equipment that is issued.
- Use of a helmet by a player/base coach is mandatory.
- Use of a helmet by an adult base coach is optional.
- All male players must wear athletic supporters, and should be encouraged to wear a cup.
- 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 chest 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.
- Bats with dents, or 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.

<i>Field Condition</i>	Yes	No	<i>Catchers Equipment</i>	Yes	No
Backstop repair			Shin guard OK		
Home plate repair			Helmets OK		
Bases Secure			Face masks OK		
Bases repair			Throat protector OK		
Pitchers mound			Catchers cup (boys)		
Batters box level			Chest protector		
Batters box marked			Catchers mitt (boys)		
Grass surface (even)					
Gopher holes					
Infield fence repair					
Outfield fence repair			<i>Safety Equipment</i>		
Foul ball net repair			First-aid Kit each team		
Foul lines marked			Medical Release forms		
Sprinkler condition			Ice for injuries		
Warning track			Blanket for shock		
Coaches boxes level			South Kitsap Southern		
Coaches box marked			Little League Safety Manual		
Dirt Needed			Injury report forms		
<i>Dugouts</i>	Yes	No	<i>Players Equipment</i>	Yes	No
Fencing needs repair			Batting helmets OK		
Bench needs repair			Jewelry removed		
Roof needs repair			Bats inspected		
Bat racks			Shoes checked		
Helmet racks			Uniforms checked		
Trash cans			Athletic cups/supporters (boys)		
Clean up needed			Little League patch		
<i>Spectator Areas</i>	Yes	No			
Bleachers need repair					
Hand rails need repair					
No smoking					
Parking area safe					
Protective screens OK					
Bleachers clean					

Facility Survey
was updated online at the Little League
Data Center.

Encl (7)

CONCESSION STAND SAFETY

- People working in the concession stands will be trained in safe food preparation. Training will cover safe use of the equipment. This training will be provided by the Concession Stand Manager(CSM) (a SKSLL Board Member certified in restaurant safety) and audited for content by the Safety Officer.
- Cooking equipment will be inspected periodically and repaired or replaced if needed.
- Propane tanks will be turned off at the grill and at the tank after use.
- Food not purchased by SKSLL to sell in its concession stands will not be cooked, prepared, or sold in the concession stands. Absolutely no home cooking allowed.
- Cooking grease will be stored safely in containers away from open flames.
- Cleaning chemicals must be stored in a locked container with MSDS available.
- A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times and charge checked regularly by CSM.
- All concession stand workers are to be instructed on the use of the fire extinguishers.
- All concession stand workers will attend a training session in the ***Heimlich maneuver and familiarize themselves with kitchen safety procedures for cuts & burns.***
- A fully stocked First Aid Kit will be placed in each Concession Stand, if used Safety officer will be notified to re-stock.
- The Concession Stand main entrance door will not be locked or blocked while people are inside.

Concession Stand Tips

FOOD SAFETY FIRST

Requirement Number 9

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

1. Menu.

Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using leftovers. Use of commercially pre-cooked foods decreases the opportunity of cross-contamination due to limiting or removing raw products from the cooking process. Use only foods from approved sources, absolutely NO foods shall have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

2. Cooking.

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

3. Reheating.

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

4. Cooling and Cold Storage.

Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness. Never store raw foods over ready-to-eat (RTE) foods. Raw foods should be stored based on required cooking temps. Refrigeration temperatures should be checked every time the refrigerator is used and document at start and finish in a temperature log. Include in the log any required service to the unit.

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! Wash hands after any unclean procedure and between glove changes. Personal Hygiene is a must in the stand. If a worker is in soiled clothing they must change into clean clothes or go home. The hand washing sink must have hot water (100-120F), liquid soap, and disposable towels. The Shift manager is required to monitor hygiene practices and set the example at all times.

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 on Little League property. The use of hair restraints is required to prevent hair ending up in food products. If there is a question regarding illnesses contact the Safety Officer.

7. Food Handling.

Avoid bare hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable sanitized or single use dispensing utensil to serve food. Food Service Grade Gloves should be worn if utensils are not available or practical. Touching food with bare hands can transfer germs to food and is not allowed.

8. Dishwashing.

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. When washing pans, trays, spatulas, tongues and other food service items, wash in a five-step process:

1. Scrape excess foods
2. Wash utensils and lightly soiled items first in hot soapy water; Save heavily soiled for last.
3. Rinsing in clean water;
4. Chemical (70F water with 100-200ppm Chlorine type, 200-400ppm for Quat types) or heat (171F) sanitizing; a
5. Air drying.

9. Ice.

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

10. Wiping Cloths.

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1½ teaspoon of chlorine bleach). Change the solution every two hours or when it appears dirty. Well sanitized work surfaces prevent cross-contamination and discourage flies. It also gives the impression of safe practices to the costumers.

11. Insect Control and Waste.

Keep foods covered to protect them from insects. Store pesticides away from foods and food prep areas. 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. Condiments must be monitored for safety purposes and to eliminate intentional contamination.

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. Never leave the stand without a full cleaning, food stored properly, and garbage removed. Turn off all heat producing equipment and clean in place items.

13. Set a Minimum Worker Age.

Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment. No grill operator should be under the age of 16 to include food prep.

CONCESSION STAND - WEEKLY CHECK LIST

A) Deliveries

Date: _____ Date: _____ Date: _____

Yes	No	
		1 All products meet visual quality standards and have no off odors (no spoilage)
		2 All packaging is in good condition – not wet, no stains, leaks, holes, tears or crushing.
		3 Items put away in proper order (frozen, refrigerated, dry storage); in 30 minutes or less
		4 Code dates within code

B) Food Temperature and Specifications

Thermometer

Date: _____ Date: _____ Date: _____

NOTE: Ensure that thermometer kit meter and probes are calibrated prior to taking temperatures.
(Use ice and cold water procedure for probes, temperature reads 32 degrees \pm 2 degrees F)

All refrigerators and freezers must have a properly functioning thermometer in place (built in or clamped on, easily visible, and not glass).

Drink Machine

Date: _____ Date: _____ Date: _____

Yes	No	
		5 Soft drink, Ice machine and Ice bin are free of soil.
		6 Temperature of coffee/tea water is \geq 180 degrees F
		7 Cup and lid dispensers are clean and in good repair. Cup and lid holders are clean
		8 Ice machine is clean, and sanitized. There is no standing water
		9 Water filter follower needle is not in the red zone
		10 Ensure that syrup tanks are flushed clean and sanitized
		11 CO2 canisters are chained and locked in the upright position

Freezer/Food Storage

Date: _____ Date: _____ Date: _____

Yes	No	
		12 Freezer interior is clean and sanitized
		13 Temperature of freezer is $\leq 0^{\circ}\text{F}$

Refrigerator/Food Storage

Date: _____ Date: _____ Date: _____

Yes	No	
		14 Refrigerator interior is clean and sanitized
		15 Temperature of refrigerator is 33-41° F.
		16 Interior light is working and is properly shielded.
		17 Shelving is clean, free of rust and in good repair
		18 All items stored correctly on shelves (covered and a minimum of 6" off the floor)

32 Encl (8)

Food Temperature and Specifications Continued

Fryer Area

Date: _____ Date: _____ Date: _____

Yes	No	
		19 All stainless and walls above fryer are clean.
		20 No excessive grease buildup under the fryers.
		21 Fryer hood filters are in place and clean.
		22 Light(s) working and properly shielded
		23 Cooking grease is stored safely in containers away from open flames

Grill Area

Date: _____ Date: _____ Date: _____

Yes	No	
		24 All tile and countertops around grill are clean and sanitized.
		25 Propane tanks are properly connected
		26 Fuel lines from the propane tanks to the grill have been inspected for leaks
		27 All air vents, Venturi vents and valves are clear of obstructions (i.e. cobwebs).
		28 All grease is cleaned from under and around the grill.
		29 Propane tank valves are turned off when not in use.

33 Encl (8)

C) Sanitation

Date: _____ Date: _____ Date: _____

Yes	No		
		30	Proper dishwashing method used.
		31	Hand sanitizer dispensers are mounted and in use
		32	Personal items stored correctly (medication, drinks, food, clothing, etc.)
		33	Floors clean
			a. floor drains unobstructed; proper drainage flow
			b. no leaks or openings around pipes/plumbing
		34	No sign of pest infestation (insects, rodents, etc.)
		35	All trash is emptied from the inside containers
		36	Dumpster enclosure and surrounding area are clean and free of debris
		37	Dumpster is closed.

D) Chemicals

Date: _____ Date: _____ Date: _____

Yes	No		
		38	Chemicals stored in locked containers and not on the same shelf or the shelf above food ingredients, product packaging materials, food storage pans or tables where food is prepared
		39	Maintain manufacturer's labels on or label containers accordingly.

E) Other

Date: _____ Date: _____ Date: _____

Yes	No		
		40	Concession stand workers (Food Preparers) have gone through SKSLL's initiation safety and food preparation training before working in the concession stand
		41	A fire extinguisher with a current certification is in plain sight.
		42	A fully stocked First-Aid kit is in plain sight.

Corrective Action Report

If any item on this check list is checked "No" then complete the steps below:

Stop the person, food, process, or use of equipment, as appropriate.

Determine if the product(s) or ingredient(s) are not safe to serve (for example, cross contamination has occurred, or ingredient is undercooked). **If not safe, discard the item!**

Identify source of problem.

Take corrective action, as appropriate.

Troubleshoot equipment problem using the Equipment Management Reference Manual.

Re-train Concession Stand workers.

Wash and sanitize hands.

Wash and sanitize counter/equipment.

Notify the Concession Stand Manager, and/or another SKSLL Board Member if the problem cannot be resolved.

Note corrective action below (include number identification of infraction):

HANDWASHING

At least one convenient handwashing facility must be available for handwashing on site **at all times**. This facility must consist of, at least, a container with warm potable running water (via spigot if sinks won't be utilized), a catch bucket for wastewater, soap, individual single-use paper towels, and a trash container for disposal of paper towels. Employees must wash their hands at all necessary times during food preparation and service as specified in 410 IAC 7-20, such as:

- Prior to starting food handling activities
- After using the restroom
- After sneezing, coughing, blowing your nose, eating, drinking, smoking, or touching a part of the body
- After touching an open sore, boil, or cut
- After handling money or other soiled items
- After taking out the trash or following any activity during which hands may have become contaminated.

DISHWASHING

Facilities must be provided to wash, rinse, and sanitize multi-use utensils, dishware and equipment used for food preparation at the site. Proper chemical sanitizer and the appropriate chemical test kit must be provided and used at each site. All dishes and utensils must be air dried.

Chlorine	Quaternary Ammonia	Iodine
100-200 ppm*	200-400 ppm*	12.5-25

ppm*

* or as otherwise indicated by the Code of Federal Regulations (CFR) or by the manufacturer of the product.



Think PASS!

- 1. Pull Ring**
- 2. Aim at Base of Fire**
- 3. Squeeze Lever**
- 4. Sweep Side to Side**



Thermy™ says:
"It's Safe to Bite
When The Temperature is Right!"

Food Safety and Inspection Service, USDA



ACCIDENT REPORTING PROCEDURE

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 SKSLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to report -

All such incidents described above must be reported to the SKSLL Safety Officer within 24 hours of the incident. The SKSLL Safety Officer, David Raney, can be reached at the following:

Day/ Evenings/Wkends/Cell: (360) 908-4207

Email: draney@wavecable.com

The SKSLL Safety Officer's contact information will be posted at all times on the main message board inside the clubhouse and concession stand.

How to make a report -

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided:

- The name and phone number of the individual involved
- 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 person reporting the incident

Team Safety Officer's Responsibility -

The Team Manager will fill out the Accident Notification form for all incidents requiring medical treatment. Also the activities reporting form should be filled out for all incidents even minor in nature. Both forms are to be submitted to the SKSLL Safety Officer ***within 24 hours of the incident.***

Accidents occurring outside the team (i.e., spectator injuries, concession stand injuries, and third party injuries) shall be handled directly by the SKSLL Safety Officer.

SKSLL Safety Officer's Responsibilities -

Within 24 hours of receiving the *SKSLL Accident Investigation Form*, the SKSLL Safety Officer will contact the injured party or the party's parents and;

- verify the information received
- obtain any other information deemed necessary
- check on the status of the injured party
- and in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, et.) will advise the parent or guardian of the South Kitsap Southern Little League's insurance coverage and the provision for submitting any claims

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

- Check on the status of any injuries, and
- 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).

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 ☐ TADB.) ☐ Challenger ☐ T-Ball (5-8) ☐ Minor (7-12) ☐ Major (9-12) ☐ Junior (13-14)☐ Senior (14-16) ☐ Big League (16-18)C.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event☐ Travel to ☐ Travel from ☐ Other (Describe): _____**Position/Role of person(s) involved in incident:**D.) ☐ Batter ☐ Baserunner ☐ Pitcher ☐ Catcher ☐ First Base ☐ Second☐ Third ☐ Short Stop ☐ Left Field ☐ Center Field ☐ Right Field ☐ Dugout☐ Umpire ☐ Coach/Manager ☐ Spectator ☐ Volunteer ☐ Other: _____

Type of injury: _____

Was first aid required? ☐ Yes ☐ No If yes, what: _____Was professional medical treatment required? ☐ Yes ☐ No If yes, what: _____

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

Type of incident and location:

A.) On Primary Playing Field

☐ Base Path: ☐ Running or ☐ Sliding☐ Hit by Ball: ☐ Pitched or ☐ Thrown or ☐ Batted☐ Collision with: ☐ Player or ☐ Structure☐ Grounds Defect☐ Other: _____

B.) Adjacent to Playing Field

☐ Seating Area☐ Parking Area

C.) Concession Area

☐ Volunteer Worker☐ Customer/Bystander

D.) Off Ball Field

☐ Travel:☐ Car or ☐ Bike or☐ Walking☐ League Activity☐ Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for Little League purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.

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

Signature: _____ Date: _____

41 ENCL (10)

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 Fax: 570-326-9280

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

League Name		League I.D.	
Name of Injured Person/Claimant		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 (5-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (5-8)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (7-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	(Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> JUNIOR (13-14)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> SENIOR (14-16)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> BIG LEAGUE (16-18)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

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

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

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

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

For Residents of California:

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

For Residents of New York:

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

For Residents of Pennsylvania:

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

For Residents of All Other States:

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

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)		
Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()
Were you a witness to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> 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 breakaway bases on: ☐ ALL ☐ SOME ☐ NONE of your fields?

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 _____

South Kitsap Southern Little League 2021 Safety Plan

COVID-19 Procedures accordance with Centers for Disease Control dated December 2021 and WA State COVID -19 Requirements dated June 30, 2021

A copy of this procedure will be available to all parents and will be posted on SKSLL web site.

A COVID-19 Supervisor shall be assigned to the South Kitsap Little League (SKSLL) complex during games. Managers will act as COVID-19 Supervisors during all practices.

All Managers, Coaches, Team Parents, players and any individual coming in contact with the players shall be educated in the language they understand best about coronavirus and how to prevent transmission.

Restrooms shall be cleaned before and after each practice or games (when they are opened for use). They shall be cleaned at the minimum every three (3) hours. The cleaning shall be with an EPA approved disinfectant. Allow sufficient time to dry.

No handshake, high five (5), fist/elbow/chest bump, or any personal contact shall occur at any time. Team should line up outside dugouts and tip caps to opposing players.

SKSLL will issue helmets and bats to all players that do not have personal equipment.

Two (2) sets of catcher's gear (helmet, chest protector and shin guards) will be issued to each manager. The equipment shall be cleaned and disinfected with an EPA approved disinfectant. Allow sufficient time to dry.

No personal player bat bags equipment bags should be allowed in the dugout. The bags should be spaced accordingly outside the dugout to prevent direct contact.

Baseballs should be rotated through on a regular basis, at least every two innings.

No food, including sunflower seeds, chewing gum, etc is allowed in the dugouts and the fields.

Managers, coaches, players, and umpires shall bring their own drinks. The containers shall be marked with the individual's name. They shall take the own containers home or dispose in proper containers for disposal.

All managers, coaches, umpires and athletes shall be screened for signs/symptoms of COVID-19 prior to practice or games. Screenings shall include symptoms listed below.

1. Fever or chills
2. Cough
3. Shortness of breath or difficulty breathing
4. Fatigue
5. Headache
6. New loss of taste or smell
7. Sore throat
8. Congestion or runny nose
9. Nausea or vomiting
10. Diarrhea

Anyone with the following conditions shall not attend practices or games until evaluated by a medical provider and given clearance.

1. Active COVID-19 infection
2. Known direct contact with an individual testing positive for COVID-19
3. Fever
4. Cough

5. Those at risk for severe disease should consider consultation with their medical provider before attending practices and games. They should ensure strict adherence to guidelines regarding face coverings, distancing and handwashing.

Masks are required for all athletes, coaches, managers, volunteer staff and spectators, except as noted below.

Players are allowed to remove facial coverings during the games. This means when they are in the field on defense and at bat or on the bases. All players in the dugout must wear face coverings.

All coaches and umpires must wear facial coverings at all times. Umpires may remove face coverings if they are required to run in the field of play.

Physical distance of six (6) feet must be maintained between staff, volunteers and any spectators at all times. Six (6) feet of distance must be maintained among athletes when not engaged in sporting activities and huddles. Team meetings must be physically distanced.

Athletes, coaches, umpires, spectators and volunteer staff are required to stay home if they feel unwell, show any signs of COVID-19 or are a close contact of a confirmed case.

Managers, coaches, players and volunteer staff shall practice good hygiene including washing their hands frequently and covering their sneezes and coughs. If soap and water is not available use hand sanitizer that contains at least 60% alcohol before and after practice.

Managers, coaches and players should not share water bottles, uniforms, towels or snacks and should not spit (saliva, sunflower seeds, etc). No food (including sunflower seeds) is allowed in the dugouts or playing field.

Foul balls landing outside the field of play should be retrieved by participating players, coaches and umpires. No spectators should retrieve the ball.

Players should place their individual equipment in a well-spaced out area for inspection. Umpires should avoid direct contact with the equipment where possible. Use hand sanitizer after the inspection.

This procedure is in accordance with Washington State March 22 and June 30, 2021 Phase 3 Requirements and Little League International Best Practices for Organizing, Playing and Watching Games.

SKSLL Positive COVID-19 Contact Procedure

Unvaccinated individuals who have come in close contact (people who have been within 6 feet for a combined 15 minutes or more during a 24 hour period) of persons with COVID-19 are recommended to do the following:

Stay home and quarantine for at least 5 full days (the date of your exposure is considered day 0. Day 1 is the first full day after your last contact with a person who has had COVID 19). Wear a well fitted mask if you must be around others in your home. Get tested if you do not develop symptoms, get tested at least 5 days after you last had close contact with someone with COVID-19.

After quarantine, watch for symptoms until 10 days after you last had close contact with someone with COVID-19. If you develop symptoms isolate immediately and get tested. Continue to stay home until you know the results. Wear well fitted mask around others.

Take precautions until day 10. Wear a well fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.

Avoid travel and avoid being around people who are at high risk.

Fully vaccinated individuals who come in close contact (people who have been within 6 feet for a combined 15 minutes or more during a 24 hour period) of persons with COVID-19 are recommended to do the following:

You do not need to stay home unless you develop symptoms.

Even if you do not develop symptoms, get tested at least 5 days after you last had close contact with someone with COVID-19.

Watch for symptoms until 10 days after you last had close contact with someone with COVID-19.

If you develop symptoms isolate immediately and get tested. Continue to stay home until you know the results. Wear a well fitted mask around others.

Take precautions until day 10.

Wear a well fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.

If you are exposed to COVID-19 and confirmed COVID-19 within the past 90 days (you tested positive using a viral test).

You do not need to stay home unless you develop symptoms.

Watch for symptoms until after you last had contact with someone with COVID-19.

If you develop symptoms isolate immediately and get tested. Continue to stay home until you know the results. Wear a well fitted mask around others.

Take precautions until day 10. Wear a well fitted mask for 10 full days any time you are around others inside your home or in public. Do not go places where you are unable to wear a mask.

Avoid travel.

Avoid being around people who are at high risk.

If you tested positive for COVID-19 or have symptoms regardless of vaccination status stay at home for 5 days and isolate from others in your home.

Wear a well fitted mask if you must be around others in your home.

End isolation after 5 full days if you are fever-free for 24 hours (without the use of fever reducing medication) and your symptoms are improving.

End isolation after at least 5 full days after your positive test.

If you were severely ill with COVID-19, you should isolate for at least 10 days. Consult your doctor before ending isolation.

Take precautions until day 10. Wear a well fitted mask for 10 full days any time you are around others inside your home or in public. Do not go places where you are unable to wear a mask.

Avoid travel and avoid being around people who are at high risk.

All individuals who have been exposed to COVID-19 shall notify SKSLL Safety Officer and SKSLL President immediately.

They are to provide a list of all league contacts who may have been exposed.

If a team has potentially been exposed, all practice and games should be cancelled until negative tests.

Most people do not require testing to decide when they can be around others: however, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results.

If a team or teams have been exposed to someone testing positive, they must cancel all practices and games for 5 days after exposure.

However, anyone who has had close contact with someone with COVID-19 and meets the following criteria does not need to stay home.

- Someone who has been fully vaccinated and shows no symptoms; or
- Someone who has COVID-19 within the previous 3 months and
- Has recovered and
- Remains without COVID-19 symptoms (for example, cough, shortness of breath).

This procedure is based on CDC and Kitsap County Health Department guidelines.