

SUNSET LITTLE LEAGUE

LEAGUE SAFETY PLAN 2019

BELMONT FIELDS
6401 BELMONT PLACE
STOCKTON, CA 95207

FOR DISTRIBUTION TO MANAGERS, COACHES, UMPIRES, AND VOLUNTEERS

LEAGUE ID #405-08-14

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CONCUSSION INFORMATION SHEET

www.cdc.gov/HEADSUP

CONCUSSIONS IN YOUTH ATHLETES

www.littleleague.org/learn/programs/childprotection/concussions

HEALTH AND SAFETY CODE

<http://leginfo.ca.gov>

INCIDENT REPORT FORMS

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EMERGENCY CONTACT LIST

EMERGENCY CONTACTS:

FIRE DEPT DIAL 911

POLICE DEPT DIAL 911

AMBULANCE DIAL 911

NON-EMERGENCY / S.J. COUNTY SHERIFFS DEPT.

(209) 468-4400

POISON CONTROL CENTER

(800) 222-1222

LEAGUE OFFICIAL CONTACTS:

PRESIDENT	ED GEHRKE	209.609.2808
VICE PRESIDENT	GRANT ITEN	209.639.5934
SAFETY OFFICER	MARQUETTE CLARK	209.981.5739

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INTRODUCTION

The purpose of this League Safety Plan is to provide current information and best practices to ensure the safety to all League players, managers, coaches, umpires, volunteers, and spectators. It was reviewed and approved by the Sunset Little League Board of Directors and a copy of the League Safety Plan was filed with Little League International. The goal of this document is to provide the most fun, educational, and competitive experience possible for all members of the Sunset Little League community.

Copies of this League Safety Plan will be made available to all managers, coaches, umpires, and volunteers as a means of promoting awareness of safety. A copy of this Leagues Safety Plan will be kept at the Snack Bar. In recognition that ensuring player, volunteer and spectator safety is not just the responsibility of the Sunset Little League Board of Directors, the League Safety Plan also will be posted online for players and families to view at www.sunsetlittleleague.com

Little League International publishes formal requirements for league safety. These requirements are updated periodically. As of January 2014, Little League International stipulates 15 requirements in order to ensure optimal league safety.

1. Have an up-to-date Safety Officer on file with Little League International
2. Publish and distribute a paper copy of the league safety plan to all appropriate and applicable volunteers
3. Post and distribute emergency and key officials' contact information
4. Use the Little League official Volunteer Application Form and check for sexual abuse
5. Provide and require fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.)
6. Require first-aid training for coaches and managers, with at least one coach or manager from each team attending
7. Require coaches/umpires to walk fields for hazards before use
8. Complete the annual Little League Facility survey
9. Have written safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures
10. Require regular inspection and replacement of equipment
11. Implement prompt accident reporting and tracking procedures
12. Require a first-aid kit at each game and practice
13. Enforce Little League rules, including proper equipment
14. Utilize the Qualified Safety Plan Registration form
15. Register all League Player Registration Data or Player Roster Data, Coach and Manager Data by way of the online Little League Data Center

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FIRST AID BASICS

First Aid Kits

First Aid Kits will be provided to all Managers. The first aid kits should be accessible by the team while practicing or playing at any location; Managers must make sure that First Aid Kits are with them at all times while practicing or playing games. In addition, kits will also be located at the Sunset Little League's playing facility. One will be located inside of the snack bar and one inside of the equipment shed. Safety Officer will check weekly to make sure that the first aid kits are replenished as used. The Snack Bar will provide ice packs when needed.

Things to Do

- Reassure and aid children who are injured, frightened or lost
- Provide assistance in obtaining medical attention for those who require it
- Know your limitations. Call **9-1-1** for emergency police, fire, and medical attention
- Make sure there is a first aid kit available at all games and practices
- Make sure there is a functioning / charged cell phone at all games and practices
- Keep players' medical release and information forms at all games and practices

Remember to:

- LOOK for signs of injury
- LISTEN to the injured person describe what happened and what hurts, if they are conscious
- FEEL gently and carefully the injured area

Things to avoid:

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

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EMERGENCY PROCEDURES

The most important help 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 steps:

STEP 1 – DIAL 911

STEP 2 – Give dispatcher the necessary information. Answer any questions that he or she might ask.

Most dispatchers will ask:

- Exact location or address of the emergency. Include the name of the city, or town, nearby intersections, landmarks, etc. as well as the field name and location of the facility
 - Address:
 - Belmont Fields
 - 6401 Belmont Place
 - Stockton, CA 95207
 - Our major Cross-Streets are:
 - Ben Holt and Swain Rd
- Phone number from where the call is being made
- Caller's name
- What happened i.e., a baseball related accident, bicycle accident, fire, fall, etc
- How many people involved
- The condition of the injured person i.e., unconscious, chest pains, or severe bleeding?
- What help is being given (first aid, CPR, etc.)?

STEP 3 – Do not hang up until the dispatcher hangs up. They may be able to tell you how to best care for the victim

STEP 4 – Continue to care for the victim until professional help arrives

STEP 5 – Appoint someone to go to the street and look for the ambulance or fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

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VOLUNTEERS

Background Checks

- All volunteers (managers, coaches, umpires, etc.) who may come into contact with players shall be required to submit a completed Volunteer Application Form to the Board of Directors, prior to the start of the season.
- All prospective managers shall be interviewed and approved by a Board appointed selection committee prior to League try-outs
- All new volunteers will be fingerprinted
- A complete background check by the California Department of Justice will be available prior to the assumption of league duties. All league volunteers also will be checked against the “Megan’s Law” database at the Stockton Police Department
- League President will retain volunteer forms and background check info for entirety of season

Training

- All managers and coaches shall attend a fundamentals training course prior to the start of the regular season play, but no later than the first week of March. Umpires are also encouraged to attend the training course
- All managers and coaches will receive first aid training prior to the season

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PLAYER SAFETY

Rules of Competition

- Fair play and good sportsmanship are not only consistent with the mission of Little League International, but they also ensure the safety of the Sunset Little League Community. All players, managers, and coaches will observe the Local Rules that govern competition. Failure to adhere to the Local Rules may result in expulsion from the premises.
- Head-first slides are not permitted
- Managers and Coaches—REMEMBER YOU ARE NOT ALLOWED TO WARM UP PITCHERS AT PRACTICE OR GAMES (**RULE 3.09**)

Field

- Before games and/or practice, managers or coaches are required to survey the infield, outfield and surrounding areas of play for potential hazards to players, noting and reporting holes, uneven playing surface, rocks, glass etc. If repair is needed, then the Safety Officer needs to be promptly informed on the specifics and then he/she can relay to the Field Maintenance for repair.

Equipment

- Team equipment is not allowed in the area of the fields defined as “in play.” An assigned player, the team’s manager, or the team’s coaches are responsible for keeping the bats and other loose equipment off the field of play
- Bats are not permitted in dugouts at any time
- Foul balls should be retrieved from the playing area in a safe manner
- Equipment should be inspected regularly for proper condition and fit
- Batters must wear Little League approved helmets during batting practice and games. All player base coaches and base runners must also wear batting helmets
- Batters in the Farm division of minors must wear helmets with face masks
- All male players are encouraged to wear protective cups and supporter for practices and games
- Catchers must wear a catcher’s helmet, mask, throat guard, long model chest protector, and shin guards. Male catchers also must wear a protective cup with athletic supporter for all practices and games without exceptions. Full equipment must be worn even while warming up pitchers
- Players who wear glasses are encouraged wear safety glasses or goggles
- Players must not wear watches, rings, bracelets, chains, necklaces or other metallic items during games or practices
- Managers, coaches and umpires need to regularly inspect players equipment, helmets, catchers gear, bats, etc. to ensure all safety features are intact and that equipment is in good working order. If equipment is damaged, it should be disposed of and safety officer contacted, who will then inform equipment manager of needed equipment to be replaced.

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COMMUNICABLE DISEASES

BLOOD-BORNE PATHOGENS

- Bleeding must be stopped, the wound covered, and the uniform changed, if there is blood on it before the player may continue to participate
- Gloves must be used to prevent skin exposure when in contact with blood or other bodily fluids are anticipated
- Immediately wash hands and other skin surfaces if contaminated with blood
- Clean all Blood contaminated surfaces and equipment. Properly dispose of any contaminated materials immediately
- Managers, coaches and volunteers with open wounds should refrain from all direct contact until the condition is resolved

SKIN AND RESPIRATORY INFECTIONS

- Gear should be inspected and sanitized regularly throughout the season to prevent the spread of colds, influenza, and methicillin resistant staphylococcus aureus (MRSA).
- A solution of $\frac{3}{4}$ cup bleach to 1 gallon of water is sufficient to disinfect bats, balls, and hard plastic equipment. Bleach free alternatives are also available to preserve fabric and plastic color over time
- Players should be encouraged to launder their uniforms and gear regularly to prevent the development and spread of infection

RESOURCE DOCUMENTS

- www.cdc.gov

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INCLEMENT WEATHER

MONITORING

- A responsible person should be designated to monitor weather conditions at all practices and competitions. Local weather forecasts should be monitored 24 hours prior to events. Weather conditions may be monitored through internet / cell phones via app or applicable weather forecast outlet

HEAT PRECAUTIONS

- Never leave anyone in a closed, parked vehicle during hot weather, even for a short time
- Drink plenty of fluids but avoid drinks with caffeine or a lot of sugar. Start drinking fluids before going out into the heat
- Plan strenuous activity for early morning or evening when the temperature is lower, whenever possible
- Take frequent breaks when practicing and playing outside
- Wear sunblock, hats, and light-colored, loose-fitting clothing
- Stay indoors in air conditioning as much as possible
- Eat more frequently, but be sure meals are well balanced and light
- Check frequently on the elderly and those who are ill or may need help
- Check with a doctor about the effects of sun and heat when taking prescribed medicines
- At first signs of heat illness, dizziness, nausea, headaches, or muscle cramps, move to a cooler place and rest a few minutes then slowly drink a cool beverage. Seek medical attention immediately if conditions do not improve
- The best defense against heat-related illness is prevention. Staying cool, drinking plenty of fluids, wearing cool clothing and monitoring outdoor activities are keys to staying healthy in hot weather

LIGHTNING PRECAUTIONS

- Safe evacuation sites include metal vehicles with windows up, enclosed buildings like the snack bar, or if necessary, low ground
- Unsafe shelter areas include all outdoor metallic objects like flagpoles, fences, light poles and bleachers. Avoid trees, water, open fields, and using the telephone
- Lightnings distance from you can be reference by noting the time from its flash to the bank of associated thunder. For each 5-second count, lightning is one mile away; for example, a 10-second different is equivalent to a storm that is 2 miles away

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- Since the distance from one strike to the next can be up to 1.5 miles, the National Lightning Safety Institute suggests you activate your lightning evacuation plan no later than a count of 15
- If you feel your hair standing on end or hear cracking noises, you are in lightning's electric field. Immediately remove metal objects and objects with metal pieces like baseball caps, place your feet together, duck your head, and crouch like a catcher with hands on knees
- Apply cardiopulmonary resuscitation (CPR) immediately if appropriate and you are qualified and get emergency help. People who are struck by lightning do not carry an electrical charge and are safe to handle

RESOURCE DOCUMENTS

- www.littleleague.org
- www.lightningsafety.com

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INCIDENT REPORTING

WHAT TO REPORT:

- Any incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and /or first aid must be reported to the Safety Officer. This includes even passive treatments or evaluation and diagnosis of the extent of the injury or periods of rest
- Near-misses count! Make sure to report even close calls so they can be analyzed and prevented. Often, near-misses are related to circumstances or practices that can be changed to avoid an injury

WHEN TO REPORT:

- All incidents described above must be reported to the Sunset Little League Safety Officer within 48 hours of the incident
- Safety Officer contact information for 2019;
 - *Marquette Clark*
 - *Mobile: (209) 981-5739*
 - *Email: Asejo-clark@sbcglobal.net*

HOW TO MAKE THE REPORT:

- The report can be made by phone or e-mail.
- Complete the accident form (copies are found in the appendix of this document) and provide to Safety Officer by email
- At minimum, the following information must be provided;
 - The name and phone number of the individual(s) involved
 - The date/time/location of the incident
 - as much a detailed description of the incident as possible
 - a preliminary estimation of the extent of the injury
 - the name and phone number of the person reporting the incident

SAFETY OFFICER'S RESPONSIBILITIES

- The Safety Officer will complete an accident report form for all reported injuries
- Within 48 hours of receiving the incident report, the Safety Officer will;
 - Contact the injured party of the injured party's parent/guardian
 - Verify the information provided
 - Obtain any other information deemed necessary
 - Check on the status of the injured party

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- Advise parent or guardian of the Sunset Little League insurance coverage and the provisions for submitting a claim, in the event that the injured party required medical diagnosis or treatment; if the extent of the injuries are more than minor in nature, the Safety Officer will periodically contact the injured party to:
 - Determine the status of any injuries
 - Assess whether any additional assistance is necessary in the 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”

RESOURCE DOCUMENTS

- Material by Little League International, www.littleleague.org

EQUIPMENT SHED

- This policy applies to all storage shed used by Sunset Little League. It applies to anyone who has been issued a key to use the sheds
- All individuals with keys to the storage shed should be aware of their responsibilities for the orderly and safe storage of rakes, shovels, bases, and other equipment
- Before you use any equipment stored in the sheds, be sure you are aware of their proper operating procedures
- Check to be sure that the equipment is in safe operating condition before use
- All chemicals and organic materials stored in the storage sheds shall be properly maked and labeled as to its contents
- All chemicals and organic materials stored within the sheds will be separated from the areas used to store machinery and gardening equipment to minimize the risk of puncturing storage containers
- Any observed loose or spilled chemicals or organic materials within the storage sheds should be cleaned up and properly disposed of as soon as possible to prevent poisoning

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SNACK BAR SAFETY

FOOD SAFETY

MENU:

- The menu should be simple. It should keep potentially hazardous foods to a minimum, including meats, eggs, dairy products, protein salads, cut fruits and vegetables

FOOD TRANSPORTATION:

- When transporting food, keep it cool to minimize bacterial growth. Pack meat, poultry, salads, and other perishables in an insulated cooler with ice

COLD FOODS:

- Cold foods at high risk for contamination should be maintained at a temperature of 41* F or below
- Foods that require refrigeration must be cooled 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 of refrigerated food should not be stored one atop the other and lids should be off or ajar until the food is completely cooled
- Check the temperature of refrigerated food periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long is the most common cause of food-borne illness

COOKED FOODS:

- Special precautions should be taken to ensure all cooked items served at the Snack Bar are cooked thoroughly. Rare or medium meat or poultry can harbor harmful bacteria. Fish should always be fully cooked. For greatest safety, ground meat should reach 160°F for doneness. A meat thermometer will be available for use at the Snack Bar. Since grilled food often browns very fast on the outside, make a “sample cut” to visually check for doneness. The juices should run clear and meat should not be pink. However, meat color should not be the only way doneness is determined, because this method is not accurate.
- Avoid using the same platter and utensils for raw and cooked meats and poultry. Be sure there are plenty of clean utensils and platters to allow separate handling of raw foods and cooked foods.

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- Use caution with marinades. marinade is a savory acidic sauce in which a food is soaked to tenderize and add flavor. always marinate meats in the refrigerator, not on the counter. reserve a portion of the marinade that hasn't touched raw meat for a dip or basting sauce. reuse of marinade used in raw meat or poultry should be avoided unless it has been boiled first to destroy any bacteria.
- Meats and poultry may be precooked on the stove, microwave or oven to reduce grilling times. If foods are partially precooked, place immediately on the grill to finish cooking. Never partially cook meats and poultry and wait to finish cooking later. If meats and poultry are completely cooked ahead of time and chilled, they may be reheated on the grill to provide a barbecued flavor.
- Most temporary food-borne illness can be traced back to lapses in temperature control. However, based on current research findings, eating moderate amounts of grilled meats, fish and poultry cooked thoroughly without charring, does not pose a health problem

REHEATING FOODS:

- Precooked foods or leftovers should be avoided. Only foods from approved sources should be used. Preparing foods at home should also be avoided. Complete control over food, from source to service, is the key to safe, sanitary food service. Rapidly reheat potentially hazardous foods to 165°F. Do not attempt to heat foods in crockpots, steam tables, over sterno units or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures. If take-out foods such as fried chicken or barbecued beef will be reheated on the grill, and they won't be reheated/eaten within two hours of purchase, buy them ahead of time and chill thoroughly.

VOLUNTEER HYGIENE:

- Frequent and thorough hand washing remains the first line of defense in preventing food-borne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute hand washing!
- 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. If a snack bar volunteer presents with illness or injury, their shift will be rescheduled.
- Snack bar volunteers must be 16 years of age or older.
- Snack bar volunteers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.
- Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food. Gloves will be provided for purposes of food preparation at the Snack Bar.

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CLEAN UP:

- Use clean, soapy sponges, clothes and wet towelettes for cleaning surfaces and hands. Consider using a food grade antibacterial soap that does not require water and would be ideal to carry on a picnic for cleaning platters and utensils. If a water-based method is favored, wiping cloths should be stored in a bucket of sanitizer, such as ½ teaspoon of chlorine bleach for each gallon of water. Sanitizer should be changed at least every 2 hours. Wiping cloths should be washed and stored carefully to avoid contamination.
- Disposable utensils should be used for food service
- Foods should be covered to protect them from insects
- Pesticides must be stored away from foods
- Garbage and paper wastes should be placed in refuse containers with tightfitting lids to control insects
- Wastewater must be disposed in an approved method. All water used should be potable water from an approved source

GRILL SAFETY:

- Before use, the gas grill must be checked and cleaned thoroughly. Check for leaks, cracking or brittleness of hoses and connections. Clean out the tubes that lead into the burner as needed, paying particular attention to blockages from spiders or food waste.
- The grill must be located at least 10 feet from any buildings or trees. The grills must never be left unattended.

RESOURCE DOCUMENTS:

- Little League International www.littleleague.org
 - Barbeque Safety
 - Concession Stand Tips: Safety First
- USDA www.fsis.usda.gov
 - USDA Consumer Information Publication, 1996 “Barbecue Food Safety”
 - USDA Food Safety Publications
- USDA Meat & Poultry hotline 1-800-535-4555
- Material written by Mary Abrall and Scottie Misner, 1998. Part of Food Safety Tips, College of Agriculture, University of Arizona. Document located at ag.arizona.edu/pubs/health/foodsafety/az1069.html

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SNACK BAR POSTINGS

Included in physical hand out are two postings for snack bar.

1. “Volunteers Must Wash Hands” poster
 - a. www.littleleague.org/learn/forms
2. “Fight bac! Keep food safe from bacteria posting”
 - a. www.littleleague.org/learn/forms

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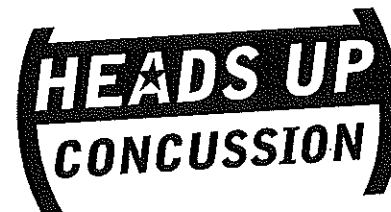
SUMMARY

- League safety is everyone's job
- Prevention is the key to keeping accidents to a minimum
- Report ALL incidents, near-misses, and potentially hazardous conditions to the Safety Officer immediately
- Check your team's equipment often
- Don't play on a field or with equipment that is unsafe

HAVE FUN!!!

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CONCUSSION Information Sheet



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

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

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

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

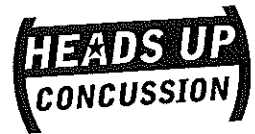
Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

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



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

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



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

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

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

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

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

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

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

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

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

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

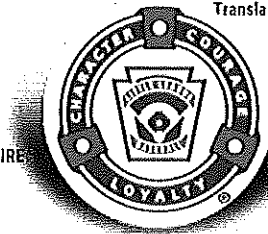
Parent or Legal Guardian Signature: _____



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

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

Welcome to Little League® - Baseball, Softball and Challenger

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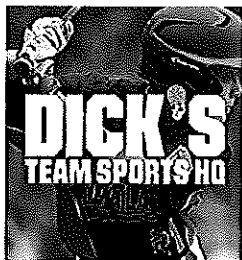
CONCUSSIONS IN YOUTH ATHLETES - CALIFORNIA

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California

The California Law is titled "Youth Sports Concussion Protocols," became effective January 1, 2017, and is found in the California Health Safety Code under the section referencing "Adolescent Health" (Cal Health and Safety Code §124235).

Partners & Offers



Section 124235 applies to "youth sports organizations" which includes any organization, business, non-profit entity or local government agency that sponsors or conducts amateur sports competitions, training camps, or clubs in which persons seventeen (17) years of age or younger participate: youth sports organizations are required to immediately remove an athlete who is suspected of sustaining a concussion or other head injury in an athletic activity for the remainder of the day. The athlete shall not be permitted to return to the athletic activity until being evaluated by, and receiving written clearance to return to athletic activity from, a licensed health care provider. An athlete who has sustained a concussion shall complete a graduated return to play protocol of not less than seven (7) days in duration under the supervision of a licensed health care provider. If an athlete seventeen (17) years of age or younger has been removed from athletic activity due to a suspected concussion, the youth sports organization shall notify a parent or a guardian of that athlete of the time and date of the injury, the symptoms observed and any treatment provided to that athlete for the injury. On an annual basis, a youth sports organization shall provide a concussion and head injury information sheet to each athlete. The information sheet shall be signed and returned by the athlete and, if the athlete is seventeen (17) years of age or younger, shall also be signed by the athlete's parent or guardian before the athlete initiates practice or competition. The information sheet may be sent and returned through an electronic medium including, but not limited to, facsimile or electronic mail. On a yearly basis, the youth sports organization shall offer concussion and head injury education, or related educational materials or both, to each coach and administrator of the youth sports organization. Each coach and administrator shall be required to successfully complete the concussion and head injury education offered at least once, either online or in person, before supervising an athlete in an activity of the youth sports organization.

Additional California concussion law is found under the California Education Code (Cal. Educ. Code Section 35179.1 (c)(6), known as the 1998 California High School Coaching Education and Training Program) and requires coaches be certified in CPR and first aid and have a basic understanding of the signs and symptoms of concussions and the appropriate response to concussions. The California law is found at sections 38131 (6) and 49475 of the Education Code. (Cal. Educ. Code §35179.1(c)(6), § 38131(6)), and §49475.

Section 49475 of the California Educational Code provides that if a school district, charter school or private school offers an athletic program, any athlete who is suspected of sustaining a concussion must be removed immediately from the activity for the rest of the day. The athlete is not permitted to return to activity until evaluated and cleared in writing by a licensed health care professional who is trained in the management of concussions and acting within the scope of their practice. Parents/guardians of any student wishing to participate in an athletic activity and the athlete are required to annually sign a concussion information sheet before the student can participate. If a licensed health care provider determines that an athlete has sustained a concussion, the athlete shall complete a graduated return to play protocol of not less than seven (7) days under the care of a licensed health care provider. Section 35178.1(c)(6) requires a high school coach to obtain training and certification in first aid and CPR, which includes a basic understanding of the signs and symptoms of concussions and the appropriate response to concussions. Section 38131 provides that youth sports league activities taking place on school facilities or on school grounds are at the discretion of the governing board for the school district and subject to terms and conditions as the board may deem proper.

The official versions of sections 124235, 38131(6), 35179.1, and 49475 are currently available online at:

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=124235.&lawCode=HSC

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=EDC§ionNum=38131

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=EDC§ionNum=35179.1

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=EDC§ionNum=49475

The following website offer additional information regarding California concussion law:

<http://www.cifstate.org/sports-medicine/concussions/index>

Quick Links



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HEALTH AND SAFETY CODE - HSC

DIVISION 106. PERSONAL HEALTH CARE (INCLUDING MATERNAL, CHILD, AND ADOLESCENT) [123100 - 125850] (*Division 106 added by Stats. 1995, Ch. 415, Sec. 8.)*

PART 2. MATERNAL, CHILD, AND ADOLESCENT HEALTH [123225 - 124250] (*Part 2 added by Stats. 1995, Ch. 415, Sec. 8.)*

CHAPTER 4. Adolescent Health [124175 - 124260] (*Chapter 4 added by Stats. 1995, Ch. 415, Sec. 8.)*

ARTICLE 2.5. Youth Sports Concussion Protocols [124235- 124235.] (*Article 2.5 added by Stats. 2016, Ch. 516, Sec. 1.)*

(a) A youth sports organization that elects to offer an athletic program shall comply with all of the following:

124235. (1) An athlete who is suspected of sustaining a concussion or other head injury in an athletic activity shall be immediately removed from the athletic activity for the remainder of the day, and shall not be permitted to return to any athletic activity until he or she is evaluated by a licensed health care provider. The athlete shall not be permitted to return to athletic activity until he or she receives written clearance to return to athletic activity from a licensed health care provider. If the licensed health care provider determines that the athlete sustained a concussion or other head injury, the athlete shall also complete a graduated return-to-play protocol of no less than seven days in duration under the supervision of a licensed health care provider.

(2) If an athlete who is 17 years of age or younger has been removed from athletic activity due to a suspected concussion, the youth sports organization shall notify a parent or guardian of that athlete of the time and date of the injury, the symptoms observed, and any treatment provided to that athlete for the injury.

(3) On a yearly basis, the youth sports organization shall give a concussion and head injury information sheet to each athlete. The information sheet shall be signed and returned by the athlete and, if the athlete is 17 years of age or younger, shall also be signed by the athlete's parent or guardian, before the athlete initiates practice or competition. The information sheet may be sent and returned through an electronic medium including, but not necessarily limited to, fax or electronic mail.

(4) On a yearly basis, the youth sports organization shall offer concussion and head injury education, or related educational materials, or both, to each coach and administrator of the youth sports organization.

(5) Each coach and administrator shall be required to successfully complete the concussion and head injury education offered pursuant to paragraph (4) at least once, either online or in person, before supervising an athlete in an activity of the youth sports organization.

(6) The youth sports organization shall identify both of the following:

(A) Procedures to ensure compliance with the requirements for providing concussion and head injury education and a concussion and head injury information sheet, as contained in paragraphs (3) to (5), inclusive.

(B) Procedures to ensure compliance with the athlete removal provisions and the return-to-play protocol required pursuant to paragraph (1).

(b) As used in this article, all of the following shall apply:

(1) "Concussion and head injury education and educational materials" and a "concussion and head injury information sheet" shall, at a minimum, include information relating to all of the following:

(A) Head injuries and their potential consequences.

(B) The signs and symptoms of a concussion.

(C) Best practices for removal of an athlete from an athletic activity after a suspected concussion.

(D) Steps for returning an athlete to school and athletic activity after a concussion or head injury.

(2) "Licensed health care provider" means a licensed health care provider who is trained in the evaluation and management of concussions and is acting within the scope of his or her practice.

(3) "Youth sports organization" means an organization, business, nonprofit entity, or a local governmental agency that sponsors or conducts amateur sports competitions, training, camps, or clubs in which persons 17 years of age or younger participate in any of the following sports:

(A) Baseball.

(B) Basketball.

(C) Bicycle motocross (BMX).

(D) Boxing.

(E) Competitive cheerleading.

(F) Diving.

(G) Equestrian activities.

(H) Field hockey.

(I) Football.

(J) Full contact martial arts.

(K) Gymnastics.

(L) Ice hockey.

(M) Lacrosse.

(N) Parkour.

(O) Rodeo.

(P) Roller derby.

(Q) Rugby.

(R) Skateboarding.

(S) Skiing.

(T) Soccer.

(U) Softball.

(V) Surfing.

(W) Swimming.

(X) Synchronized swimming.

(Y) Volleyball.

(Z) Water polo.

(AA) Wrestling.

(c) This section shall apply to all persons participating in the activities of a youth sports organization, irrespective of their ages. This section shall not be construed to prohibit a youth sports organization, or any other appropriate entity, from adopting and enforcing rules intended to provide a higher standard of safety for athletes than the standard established under this section.

(Added by Stats. 2016, Ch. 516, Sec. 1. (AB 2007) Effective January 1, 2017.)