

SAFETY MANUAL

For the 2021 Season

In case of emergency call 911 immediately

For non-emergencies, call Redmond Police: 425-556-2500

Redmond West Little League Contacts

President

Will Simmonds
(425) 681-3276 (cell)

Safety Officer

Jeff Johnson
(206) 715-1496 (cell)

Procurement Director

Andy Palm
(425) 777-0713 (cell)

Digital or printed versions of this plan will be distributed to all staff, managers and coaches, and concessions staff. All other contact information, including e-mail addresses, for all League officials may be obtained by viewing the League’s website at the following URL: <http://www.redwestll.org/league-contacts>

“REDMOND WEST LITTLE LEAGUE is a non-profit, all-volunteer organization whose mission is to Provide a structured Little League baseball and softball program designed to teach good sportsmanship and provide a wholesome recreational activity.”

-- RWLL Mission Statement

Table of Contents

Page 3	Safety and Our Safety Officer
Page 5	Safety and Our Training Director
Page 6	Safety and Our Facilities Coordinator
Page 7	Safety and Our Equipment Coordinators
Page 8	Safety and Our Managers and Coaches
Page 11	Safety and Our Umpires
Page 13	Safety and Our Parents
Page 14	Safety and Our Park

Appendixes

Page 15	A – ASAP Qualified Safety Plan Requirements Checklist
Page 16	B – RWLL Policy on Completing Background Checks
Page 17	C – Safety Guidelines
Page 18	D – Injury Treatment Guidelines
Page 20	E – Parent-Athlete Concussion Information Sheet
Page 22	F – AED Use Guideline Instructions
Page 32	G – COVID-19 Return to Competition Guidelines (NFHS)

Safety and Our Safety Officer

The Safety Officer of Redmond West Little League is, by virtue of our League's Constitution, a member of its Board of Directors, and is the individual primarily responsible for ensuring the safety of those who participate in our League as a player, coach, umpire, or other volunteer. The Safety Officer will be registered with Little League International. Primary among the Safety Officer's duties are these:

1. Submit Budget.

The Safety Officer shall work with the Finance Committee to prepare and submit a budget for the Board's approval early in the fall. The budget should be sufficient to cover the costs of providing safety training and procuring first aid supplies. The Board shall approve a budgeted amount specifically for the Safety Program.

2. Enforcement of Rules.

It shall be the responsibility of the Safety Officer (along with all league officers) to enforce the rules contained in this Plan and all Little League International rules.

3. Compliance filings.

Update & Publish this Safety Manual; Submit The Little League Facility Survey, The Little League Qualified Safety Plan Registration Form and League Player, Coach and Manager Data

Once annually and no later than when practices begin, the League Safety Officer shall review and update this Safety Manual and each of its referenced appendixes, ensuring, in particular, that the Safety Manual complies with all the ASAP Safety Plan Requirements of Little League International, as summarized in "Appendix A." Additionally the Little League Facility Survey will be updated and submitted every year along with the Little League Qualified Safety Plan Registration Form, a copy of this plan and league player, manager & coach data.

Once completed, the Safety Officer shall ensure that each manager, league official and D9 receives a printed copy of the Safety Plan (ideally at the managers' initial orientation meeting in January of each year) and that an electronic version is posted to the League's website, with its location made known to all league officials, managers, coaches, umpires, other volunteers, and, most importantly, parents.

4. Collect and Post Emergency Contact Information.

The Safety Officer shall compile a complete list of League officials and their emergency contact information, and then post a copy in each of the score booths in Hartman Park, including the "Big Field" and Fields 1 through 6. The Safety Officer should periodically check to ensure that these lists remain posted and replace them as necessary.

5. Conduct Background Checks

The Safety Officer shall ensure that all volunteers clear a background check. The Safety Officer and/or other board member assigned by the Board) shall confirm that all volunteers have submitted and passed the background check performed by the Board approved vendor, which is currently National Center for Safety Initiatives LLC, contracted through SportsEngine. A complete list of individuals whose Volunteer Application has been received and background check completed shall be maintained on the League's website at the following URL:

<http://www.redwestll.org/approved-volunteers>

The Safety Officer shall monitor volunteers to ensure that only those whose name is posted on the League's website participates as a manager, coach, league official, or other volunteer who has regular contact with children in our League. Managers will be responsible for regularly monitoring the volunteers that are in contact with players, and shall report to the safety officer any concerns.

6. Coordinate First Aid Training.

Prior to the date practices begin, the Safety Officer shall coordinate basic first aid training for managers and/or coaches in the League. The Safety Officer will, when requested, provide contact information for CPR training opportunities upon request. All first aid training is accomplished online at the League's website. Following the completion of the training, each team's Manager or Coach that completed the training shall take an online First Aid quiz, also found on the league's website, to document completion of the required training.

7. Procure and Distribute First Aid Kits.

Prior to the beginning of practices, the Safety Officer shall ensure that the League has a supply of fully stocked first aid kits in sufficient number for each team to be provided one kit. The Safety Officer shall ensure that these first aid kits are distributed to the managers before practices begin. Managers that begin practices or games without a first aid kit are subject to disciplinary action.

8. Stock Spare First Aid Supplies.

The Safety Officer shall keep on hand additional first aid supplies that may be distributed to managers upon request. Typically, the Safety Officer will maintain a ready supply of spare "cold packs" located in the Hartman 1 score booth.

9. Coordinate Safety Inspection.

Ideally before the regular season games begin, the Safety Officer will coordinate a meeting with the City of Redmond Fire Department and the City of Redmond Parks and Recreation Department to review emergency procedures for Hartman Park and explore ideas for enhancing park safety. The Safety Officer shall, throughout the spring and summer seasons, note any unsafe conditions that need immediate attention, and work with the City of Redmond Parks and Recreation Department or the Lake Washington School District to have those conditions addressed.

10. Track Injuries.

Managers will report injuries to the Safety Officer **within 24 hours** of any incident by submission to the Safety Officer of a League Incident Injury Tracking form for each incident. Incident forms shall be retained for Little League use only to report safety hazards or unsafe practices, and to contribute to ideas about how to improve League safety in the future. Managers that fail to report injuries shall be subject to disciplinary action.

11. Report Potential Claims.

In the event of an injury that may result in an insurance claim, Little League provides insurance that is secondary to a family's own medical insurance, if any. If a player suffers an injury during a team contact that warrants medical care, Managers shall notify the Safety Officer & have the parent and the Manager fill out their respective parts of the insurance claim form called "Accident Notification" Form. After completion, the form shall be submitted to the Safety Officer who will forward it to D9 and to Little League International for processing. Accident Notification forms MUST be completed within 90 days of the injury.

All Accident forms and instructions for completion can be found on the league's website at:

<http://www.redwestll.org/safety>

12. Monitor Other League Officials

It is the duty of the Safety Officer to ensure that:

- The League's Equipment Coordinator inspects the League's equipment before distribution to coaches and managers, and that any equipment deemed unsafe is replaced;
- The League's managers, coaches, umpires, and other volunteers are aware of, and routinely follow, all appropriate safety rules and regulations.

Safety and Our Training Director

Injury prevention starts with coaches who teach proper fundamentals. It is our Training Director's role to ensure that managers know how to teach correct fundamentals and share these fundamentals with players and their parents. The following tasks are critical to meeting this objective:

- 1. Submit Budget**

Our Training Director must work with the Finance Committee to prepare and submit a budget for the Board's approval early in the fall. The budget should be sufficient to cover the costs of providing fundamentals training for all managers and coaches who desire to participate.

- 2. Fundamentals Training**

Our League requires every manager from each baseball and/or softball team in the League to attend fundamentals training at least once each year. It's the role of our training coordinator to identify or coordinate training opportunities and make these known to our managers and coaches. It is also the role of the Training Director to track participation to ensure that managers or coaches meet our participation requirement and to attend the training seminars. Managers and coaches that do not comply with this requirement are subject to replacement.

- 3. Other Training**

In addition, the Training Director, shall coordinate other training opportunities for the various support functions that are required to operate the league (umpiring, scorekeeping, etc.) The dates for training opportunities shall be published on the league's website and made known by all other appropriate means.

Safety and our Facilities Coordinator

Our Safety Officer's duties, in furtherance of our League's safety program include these:

1. Complex Managers

Our Safety Officer is responsible for recruiting, training, and supervising volunteers who serve as "Complex Managers" for Hartman Park. Among other things, the Complex Managers should be trained to resolve any safety risks that arise during their watch, and the procedure that should be followed in the event emergency personnel are called to the park.

2. Field Maintenance and Preparation

The City of Redmond Parks Department is responsible for maintaining the fields (such as mowing, field dragging, and the like) for all games played at Hartman Park. Still, our Safety Officer must periodically inspect the facility and work with the City of Redmond personnel in resolving any safety issues that he might identify. In addition, the Safety Officer is responsible for coordinating the City's training of volunteers in the proper use, storage, and care of equipment needed to make fields game-ready.

The Safety Officer shall conduct weekly inspections of fields and the complex for all safety concerns including the fields, grandstands, score booths, fences, batting cages, bull-pens, stairways, walkways and lighting. Additionally, monitor Safety Suggestion Box located in Hartman 1 score booth.

The Safety Officer shall inspect the warning tracks, fences, protective nettings, bleacher back guard rail, bull-pens, dug-outs, and batting cages and shall inform the city of any traffic issues adjacent to facilities.

3. Field Closure

City of Redmond personnel are responsible for determining, in the first instance, whether fields are closed for play due to field conditions. Games may not be played on any field "closed" by parks personnel. Fields declared "playable" by Parks personnel may, nevertheless, be unsuitable for play if so determined by the managers of the teams involved in a game or, once the game begins, by the umpire in chief. The City's Rainout line is 425-556-2394.

4. Concessions Stand

Third-party concessionaires operate concessions in buildings that the City of Redmond owns, inspects, and maintains. Accordingly, safety in respect of concessions is not the primary responsibility of Redmond West Little League. Our Safety Officer will, nonetheless, work with the City of Redmond and our concessionaires in resolving any issues that either may identify from time to time.

Safety and our Equipment Coordinators

Our Equipment Coordinators' duties in furtherance of our League's safety program include these:

No less than once each year and before distributing League equipment to managers and coaches, the Equipment Coordinators shall inspect the League's equipment inventory, separating and disposing of gear that is damaged, worn, aged, or no longer compliant with Little League standards. Equipment that should be discarded includes:

- Dented or otherwise damaged metal bats.
- Cracked or excessively scuffed batting helmets and catcher masks.
- Torn catcher chest protectors.
- Frayed catcher throat guards and shin guard straps
- Loose catcher's mask throat danglers

Gear that is discarded should be replaced with new equipment meeting Little League's latest standards, and then sorted appropriately by size for distribution to managers and coaches of each division prior to the start of each team's first practice.

Equipment that shall/may be provided includes but is not limited to:

- Helmets with Face Guards.
- Reduced impact balls for younger ages
- Disengage-able bases on all fields
- Double-first bases at fields 4, 5 & 6.

The Equipment Coordinators should stock and provide equipment and supplies in sufficient quantities for each team in each division. Throughout the season, Managers shall periodically inspect the team's equipment and gear, and must take any equipment and gear that appears to be damaged out of circulation and arrange for the equipment coordinator to repair or replace the damaged League issued item. Whether League provided or privately owned, any damaged equipment or gear cannot be used.

Safety and Our Managers and Coaches

Managers and coaches of Redmond West Little League are on the “front line” of our safety program. They are expected to know and follow these safety obligations:

1. Background Checks

Prior to the team’s first practice, (a) each manager and coach must provide to the Safety Officer confirmation that the manager, all coaches, and any parent volunteer has completed and passed the League’s background check. The link to the free of charge background check is <http://www.redwestll.org/background-check>
Volunteers whose background check has been submitted and approved are posted on the League’s website as an “approved volunteer”. The link to the list of approved volunteers is on the league website at <http://www.redwestll.org/approved-volunteers>

2. Safety Training

At least once annually, the Head Coach and/or at least one coach from each team must complete Online Safety Training, review the current training plan and complete the post-training quiz. In addition, Managers and Head Coaches are encouraged to have a team parent with first aid training designated as the team safety representative.

Addendum: For the 2018 season and beyond the Redmond West LL Board is requiring online training for all Head Coaches ensuring that these roles receive the latest CDC training for concussion protocol. All Head Coaches can receive their training at <https://www.cdc.gov/headsup/youthsports/training/index.html>. When training has been completed, managers and coaches are required to create a PDF copy of the “Heads-up Concussion Certificate” and e-mail a copy to the Redmond West Safety Officer at safety@redwestll.org.

3. First Aid Kits

Each team must have a fully stocked first aid kit on hand at every practice and game. The League supplies first aid kits which are distributed with the rest of the team equipment. The league requires managers to maintain the first-aid kit and encourages managers to contact the safety officer should additional supplies be needed. Also, the League maintains additional Cold Packs in the Field 1 score booth at the Hartman Park complex.

4. Medical Releases

During the registration process, each player has provided the necessary medical release and medical information to the League. Each manager is provided a copy of that information for each player on their team prior to Family Night. Managers and Head Coaches must carry this medical release and information at every practice, game, or other team function. Failure to maintain these forms and have them immediately available at team activities may result in a manager’s suspension and or replacement. It is further the manager’s responsibility to ensure that the sensitive medical information is properly disposed of at the end of the season

5. Unsafe Conditions

The manager or a coach must inspect the team’s and players’ gear, as well as the playing field, prior to any scheduled practice or game to determine fitness for play. If any condition poses a threat to safety, the condition must be resolved before play begins. Similarly, play should be terminated immediately if changing conditions make continued play unsafe.

IN THE EVENT OF LIGHTNING OR THUNDER!

According to NOAA, the National Weather Service. "Lightning can strike up to 10 miles from a thunderstorm, which is about the distance that the sound of thunder can travel and be heard. All thunderstorms produce lightning, and each lightning strike is a potential killer."

While relatively uncommon in the Pacific Northwest, if lightning is visible or distant thunder exceeds the volume of normal conversation, play SHALL be discontinued for at least 30 consecutive minutes of no lightning or thunder. During this time, ***players shall be evacuated to vehicles or other safe areas***, avoiding metal fencing (including dugouts) and wooded areas. This requirement is MANDATORY and will be enforced by the Umpire of the game.

6. Reporting Safety Risks

Managers are expected to report any unsafe conditions that pertain to fields or facilities to our League's Fields Coordinator. Likewise, managers shall seek to replace any unsafe equipment without delay by coordinating with our League's Equipment Coordinator. Known safety risks besides those involving fields or equipment should be brought to the attention of the Safety Officer or, if pertaining to the conduct of other League volunteers, the League's President, Safety Officer and as needed the Player Agent shall become involved.

The contact information for all these League officials is listed on the cover page of this Safety Manual, or may be accessed through the following URL: <http://www.redwestll.org/league-contacts>

7. Adult Supervision

No less than two adults should attend every team event from beginning to end. A manager or coach who needs to deal with an emergency must focus on an injured player and is for that reason unable to supervise the other children. A second adult is needed to provide this support. A cell phone shall be available at all contacts for emergency purposes.

8. Safety Guidelines

We have compiled a list of "common sense" safety guidelines that are listed in [Appendix C](#). Managers are expected to know and follow these guidelines throughout the season.

9. Report Injuries

Managers will report injuries to the Safety Officer within 24 hours of any incident by submission to the Safety Officer of a League Incident Injury Tracking form for each incident. Incident forms shall be retained for Little League use only in order to report safety hazards or unsafe practices, and to contribute to ideas about how to improve League safety in the future. Managers that fail to report injuries shall be subject to disciplinary action.

10. Report Potential Claims

In the event of an injury that may result in an insurance claim, Little League provides insurance that is secondary to a family's own medical insurance, if any. If a player suffers an injury during a team contact that warrants medical care, Managers shall notify the Safety Officer and have the parent and the Manager fill out their respective parts of the insurance related claim form called "Accident Notification" Form. After completion, the form shall be submitted to the Safety Officer who shall then forward it to District 9 and to Little League International for processing. Accident Notification forms MUST be completed within 90 days of the injury.

All Accident forms and instructions for completion can be found on the league's website at: <http://www.redwestll.org/safety>

Physician release- Players whose activities have been limited by a physician must present a doctor's release to the Safety Officer prior to returning to full playing status. Liability for all non-compliance with this requirement

will lie with the player's parents. Additionally, non-compliance may result in the suspension of the Head Coach, and the player.

Head Injuries and Concussions

All managers and head coaches must read the "Parent- Athlete Concussion Information" document found on the league's website at <http://www.redwestll.org/safety>. Managers are encouraged to discuss this concussion information at the initial team meeting and advise the parents of this policy. Any player that appears to have sustained a head injury, or shows signs as indicated in the "Parent-Athlete Concussion Information" document must immediately be pulled for participation in games and practices and must not be allowed to return to practice and games until the player's parent or guardian provides clearance from a medical provider. Not only shall the manager or coach follow the normal injury reporting procedures to the Safety Officer, but the parent and guardian of the player must be alerted to the injury or potential injury, and the need to have medical clearance to resume practice and games. All managers must complete the concussion training located here <https://www.redwestll.org/safety>

Sudden Cardiac Arrest

Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year. **SCA is also the leading cause of sudden death in young athletes during sports.**

Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

To save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible.

Every parent should be encouraged to read the "Sudden Cardiac Arrest Information Sheet" found on the league's website at <http://www.redwestll.org/safety>. Every parent should be encouraged to read the "[Parent- Athlete Concussion Information](http://www.redwestll.org/safety)" document found on the league's website at <http://www.redwestll.org/safety>

Safety and Our Umpires

Umpires are a critical component of the league's safety system and should be current on their league safety training.

1. Background Checks

Prior to the umpiring, each Umpire must provide to the Safety Officer confirmation that they have completed and passed the League's background check. The link to the free of charge background check is <http://www.redwestll.org/background-check>

Volunteers whose background check has been submitted and approved are posted on the League's website as an "approved volunteer". The link to the list of approved volunteers is on the league website at <http://www.redwestll.org/approved-volunteers>

Nobody is permitted to serve in the capacity of Umpire unless and until his or her name appears on the League's list of approved volunteers

2. Unsafe Conditions

The umpire must inspect each team's and players' gear, as well as the playing field, prior to the beginning of a game to determine fitness for play. If any condition poses a threat to safety, the condition must be resolved before play begins or resumes. Similarly, play should be terminated immediately if changing conditions make continued play unsafe.

IN THE EVENT OF LIGHTNING OR THUNDER

According to NOAA, the National Weather Service. "Lightning can strike up to 10 miles from a thunderstorm, which is about the distance that the sound of thunder can travel and be heard. All thunderstorms produce lightning, and each lightning strike is a potential killer."

While relatively uncommon in the Pacific Northwest, if lightning is visible or distant thunder exceeds the volume of normal conversation, play **SHALL** be discontinued for at least 20 consecutive minutes of no lightning or thunder. During this time, players shall be evacuated to vehicles or other safe areas, avoiding metal fencing (including dugouts) and wooded areas. This requirement is **MANDATORY** and will be enforced by the Umpire of the game.

3. Enforce Safety Rules

Umpires must know and zealously enforce all Little League rules whose purpose is to promote the safety of participants. Key examples among these rules are:

- Catchers must wear a catcher's helmet with mask while assisting a coach with batting practice.
- Every catcher's mask must have a dangling throat protector, including "hockey style" helmets. The throat dangler shall be securely attached at two points or more.
- Batting rings (i.e., doughnuts) are never permitted at any level.
- Only one player may touch a bat at one time! There is NEVER an on-deck batter permitted, nor should a player be "holding" a bat in the dugout. (Exception: when a helmeted player goes out to retrieve a dropped bat between batters.) Additionally, on deck batters are allowed at the baseball Juniors level and above and at the Juniors Softball level and above.
- Coaches may not warm up a pitcher for game related play. Only a properly helmeted rostered catcher may warm up a pitcher.
- Players MAY NOT leave the dugout during a game without permission from an umpire.
- Parents, brothers, sisters, relatives, friends...are NEVER permitted in the dugout at any time.

- Metal cleats, necklaces, piercings, religious medals, watches and other jewelry MUST not be worn during practice or games. (Exception: a properly secured medical alert tag.)

Safety and Our Parents

Parents are required to comply with the league code of conduct and the Little League Code of Conduct. Orientation for the code of conduct will be provided at your preseason team meeting by your team manager.

1. Medical Releases

Medical Releases and medical information is now collected by the League during the registration process. If there is any significant change to the medical information of your player, please contact your players manager to provide the information.

2. Prompt Drop Off and Pick Up

Children who are dropped off early or picked up late pose an obvious safety risk. It is your responsibility as a parent to ensure that you drop off and pick up your child at the exact time your team's manager requires.

3. Background checks

Our League requires every Manager, Coach, Umpire, League official, and all other volunteers who have contact with children to undergo a background check. Volunteers whose background check has been reviewed and approved are posted on the League's website as an "approved volunteers" at the following URL:
<http://www.redwestll.org/approved-volunteers>

No one is permitted to serve in the capacity of Manager, Coach, League official, or other volunteer who has contact with children in our League unless and until his or her name appears on the League's list of approved "volunteers." You can help our League ensure compliance with this requirement by making sure that the adults who work with your children are included in our list of approved volunteers.

4. Hydration

Adequate hydration is essential to avoiding heat stroke. You shall ensure that your child is supplied with adequate fluids for every practice and game, and you are also encouraged to be watchful for signs of dehydration: lethargic motion, poor concentration, poor attention span, flushed cheeks, profuse sweating, or overheated and no longer sweating, etc.

5. Insurance Coverage

It is the parent's responsibility to report potential claims

In the event of an injury that may result in an insurance claim, Little League provides insurance that is secondary to your family's own medical insurance, if any. If a player suffers an injury during a team contact that warrants medical care, Managers shall notify the Safety Officer and have the parent and the Manager fill out their respective parts of the insurance related claim form called "Accident Form" which may be found here: <http://www.redwestll.org/safety>

The Manager will then return the completed form to the Safety Officer for processing. Please see Page 9 of this document for additional information regarding Accident/Injury claims.

6. Manager Evaluations

YOUR FEEDBACK IS EXTREMELY IMPORTANT! In choosing volunteers who manage and coach our teams each year, our League places significant weight on positive and negative feedback that we receive from parents on the Manager Evaluation forms we distribute toward the end of each season. We urge all parents to provide feedback so that we may make the most informed managerial appointments possible.

Safety and Our Park

1. Park Layout

The vast majority of our game-related activities occur in Redmond's Hartman Park. We use 7 fields, consisting of Fields 1 through 4 in the "upper Little League complex"; Fields 5 and 6 in the "lower Little League complex"; and "Big Hartman." Redmond's emergency personnel are aware of Hartman Park's location and layout, so when calling for emergency help, you should indicate the location of the emergency within the park based on these field descriptors.

2. Unsupervised Children

Hartman Park is generally full of adults and children during Little League activities, and thus seems generally safe for unsupervised children. We nevertheless caution parents that the Park adjoins a "green space" area that may harbor hidden dangers ranging from wildlife such as cougars and bear and unwelcome people and swampy areas. We also caution parents to be aware that the restroom facilities are located in areas that are not easily seen from any field, so younger children in particular are not go to the restroom unless accompanied by an adult.

3. Complex Managers

Our league strives to work with the City of Redmond in keeping the facilities at Hartman Park and the other fields that the League uses safe. If anyone becomes aware of an emergency situation, please call 911 for immediate help. If anyone observes ore becomes aware of non-emergent safety concern, risk or issue, please notify one of the League officials whose contact information is posted in the score booths on each field.

4. Emergency Phone Service

The concession stand has a "land line" that may be accessed in the event of an emergency (for those rare instances when no nearby person has immediate access to cell phone service).

5. Ice Service

Each manager is provided with several "cold packs" for any injured player to use. Ice may be obtained from the concession stand whenever needed for an injured player.

APPENDIX “A”

ASAP QUALIFIED SAFETY PLAN REQUIREMENTS

Requirement

Compliance

#1- Have active safety officer on file with Little League International	Page 1,3
#2- Publish and Distribute a paper copy of the applicable safety manual to volunteers	Page 3
#3- Post and distribute emergency and key officials’ phone numbers	Page 1
#4-All volunteers pass League’s approved Vendor background check, and be listed as a approved volunteer. #- Provide and require fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.)	Pages 4,8
#5- Require first-aid training for coaches and managers, with at least one coach or manager from each team attending	Pages 8
#6- Require coaches/umpires to walk fields for hazards before use	Pages 8,11
#7- Complete the 2016 ANNUAL Little League Facility Survey	Page 3-4
#8- Written safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures	Page 6
#9- Require regular inspection and replacement of equipment	Page 7
#10- Implement prompt accident reporting, tracking procedure	Pages 4,9-10
#11 Require a first-aid kit at each game and practice	Page 4
#12- Enforce Little League rules including proper equipment	Page 3
#1- Submit a qualified safety plan registration form with your ASAP plan.	Page 3
#13- Submit league player registration data or player Roster data and coach and manager data	Page 3

APPENDIX “B”

REDMOND WEST LITTLE LEAGUE

POLICY STATEMENT ON BACKGROUND CHECKS

Every League official (Board member, officer, etc.) and every volunteer, Manager, coach, and umpire must complete a background check before assuming his or her duties each fiscal year (i.e., October through the following September). Background check results must be favorable for involvement.

In October 2017 the Board of Directors unanimously approved the use of National Center for Safety Initiatives LLC, contracted through SportsEngine, for all volunteer background checks as an alternative to the Little League recommended background check vendor. This change is in response to:

- a. The volume of background checks Redmond West processes on an annual basis.
- b. The considerable amount of volunteer hours required to collect and process the forms.
- c. Requirement to keep forms with personal data for the entire season.
- d. The decided lack of investment the Little League recommended vendor invests in the usability of their system.
- e. The inadequacy of the sex offender data base used by the Little League recommended vendor that requires an additional manual database search for states not supported.

Redmond West contracted with SportsEngine to provide the following background check services:

- a. Social Security Number validation
- b. Address History Report
- c. National Identifier Criminal Search
- d. National Sex Offender Search

1. All volunteers that have received favorable results of the background check are recorded in the list of approved volunteers listed on the Redmond West website.
2. Before practices begin, the President shall alert the parents of all participants in the League that only those individuals identified as a current approved volunteer have completed the requisite background check. The President shall also encourage parents to review A Parent’s Guide of the Little League Child Protection Program, which is posted on the Little League’s website.
3. All League officials must alert the Safety Officer to any individual they may see who has regular contact with participants in the League and yet are not listed on the approved volunteer list on the RWLL website. The Safety Officer shall promptly notify such individuals that they must discontinue their activity until after they complete the background check and receive a favorable result, and have their name posed on the Approved Volunteer list on the RWLL website..
4. The League’s Safety Officer shall periodically audit the activities of teams to ensure that the adult volunteers who have regular contact with participants are listed on the League’s list of approved volunteers. Team managers, because of their constant contact with their team volunteers shall have the responsibility to ensure that their volunteers have submitted and passed a volunteer application background check.

APPENDIX “C”

SAFETY GUIDELINES

Note: The League has located AEDs at Hartman Park for the use of RWLL.

The following guidelines and policies of Redmond West Little League and Little League International are in effect in the interest of ensuring the safety of all our League’s participants. Non-compliance with these guidelines will not be tolerated.

- Responsibility for safety procedures shall be that of an adult member of the local league.
- Arrangements shall be made in advance of all games and practices for emergency medical services.
- No games or practices shall be held when weather or field conditions do not support the activity, particularly when lighting is inadequate.
- Play areas shall be inspected frequently for holes, damage, glass and other foreign objects.
- Dugouts and bat racks shall be positioned behind screens.
- Only players, managers, coaches and umpires are permitted on the playing field during play and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play shall be that of manager.
- Procedure shall be established for retrieving foul balls batted out of the playing area.
- During practice sessions and games, all players should be alert and watching the batter on each pitch.
- During warm up drills, players should be spaced so that no one is endangered by errant balls
- Equipment shall be inspected regularly and fit properly
- Pitching machines, if used, must be in good working order (including extension cords, outlets, etc.) and must be operated only by an adult manager or coach.
- Batters must wear NOSCAE helmets during practice, as well as during games.
- Catchers must wear a catcher’s helmet (with face mask and throat guard), chest protector and shin guards. All catchers must wear long-model chest protector (divisions below Junior/Senior League), protective supporter and cup at all times.
- **Protective cups shall be worn by all male players.**
- All game and practice bases are required to be break-away bases or throw down base, except for Home Plate.
- Batting/catcher’s helmets should not be painted nor have stickers applied unless approved by the manufacturer.
- Regulations prohibit on-deck batters for all ages (except on Big Hartman for Juniors, Seniors and Bigs and Juniors softball and above). This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat.
- Players who are ejected, ill or injured should remain under supervision until released to their responsible parent or guardian.

Hartman Batting cages shall only be used by qualified league members. Helmets are required for all players inside the cages and players waiting outside the cages.. Screens shall be used properly at all times. Players at Majors or below are not allowed to pitch batting practice in the batting cages. The doors shall be closed during use. A maximum of 2 people will be allowed in a cage during a hitting session. Players waiting to use the batting cages shall stand a minimum of 3 feet away from the cages. No one shall stand beside the Big Hartman batting cages. No bats shall be swung outside of the batting cages. Managers and coaches who violate the batting cage safety rules will have their team’s use privileges suspended until they have submitted a written acknowledgement of the safe use of the batting cages to the Safety Officer. The Safety Officer may then reinstate their teams use privileges at his discretion.

- Mouth Guards are encouraged for all players.
- Face Guards are encouraged for all players at every level
- Little League E-News- Adult volunteers are encouraged to sign up for this publication.

APPENDIX “D”

INJURY TREATMENT GUIDELINES

1. AVOIDABLE INJURIES

- Do not permit bat swinging in the dugout or outside the batting cage (this includes the use of “batting sticks”). If there is a bat in the hand of a RWLL player, helmets will be on surrounding players. Teach players to be aware of their surroundings that no teammate or any other player is within striking distance when swinging the bat.
- Teach players to only throw a baseball from one player to another when eye contact and or voice contact has been made.
- Teach players to “turn away” (i.e., toward the catcher & backstop) from a pitch that is going to hit them to avoid getting hit in the face, chest or groin area.
- Discourage/prevent “Head First” sliding.

2. INJURY ASSESSMENT

1. Approach and form a general impression of player’s condition (hurt/not hurt)
2. Note the mechanism of injury (what hurt the player)
3. Check mental status (If unconscious call 911 and give short report of what happened)
4. Check for ABC’s (Airway unobstructed, Breathing in and out, Circulation (pulse) is felt.
5. Observe Skin color (pink) and feel temperature (warm/dry; cool/clammy, etc.)

3. BODILY FLUID PROTECTION

- Always wear your rubber gloves when dealing with blood or any other bodily fluids on another person.
- Each score shack will contain a blood borne pathogen disinfectant spray bottle (Hypochlorite) that is used to kill all blood borne pathogens and disinfect the area and a bottle of water to generously flush the area.

4. INITIAL TREATMENT OF COMMON INJURIES

- **NOSE BLEEDS:** Pinch both nostrils together, leaning forward in a tripod position for 5 MINUTES. Place ice at the bridge of the nose.
- **DISLOCATED FINGERS/JAMMED FINGERS:** Wrap ice on joint loosely to prevent further injury. Elevate injured area and have parents seek medical treatment. Dislocations are corrected in a hospital setting only, never in the field.
- **SPRAINS:** Point tenderness and swelling. Wrap ice above and below injury site and elevate above the heart. Continue with ice for next 24 hours.
- **STINGS/INSECT BITES:** Clean the area with mild antiseptic and apply ice with wrap. If it is a bee sting with the stinger still in skin, scrape the area with the edge of a stiff object like a credit card to remove the stinger.

WARNING! We live in an area with Black Widow and Brown Recluse Spiders that can deliver a life-threatening bite. If there is significant swelling, a change in behavior or a decreased Level of Consciousness- **Call 911.**

- **ANAPHYLATIC SHOCK- Call 911.** A reaction to something that the player is acutely allergic to that will cause a severe allergic reaction. Signs can be a flushed face and chest, trouble breathing and dizziness and can occur within seconds. The player or their parent(s) should carry an epi-pen (epinephrine) with them at all times and will know how/when to use it. Keep a watch on this/these players at all times.

- **BLEEDING:** Control or stop external bleeding, apply direct pressure dressings on site and elevate. Do not remove dressings once applied- apply additional dressings if needed. **Call 911.**
- **FACE, EYES, TEETH AND THROAT:** These areas have a rich blood supply and will bleed a lot. If the trauma is to an eye or nearby area, do not put pressure on or manipulate the eye in any way. Cover both eyes with moist dressing (pour water on a 4x4 gauze) to minimize movement on the injured side. **Call 911.**

If teeth are broken, apply direct pressure with dressings to the injury, collect and place any found teeth in a container/plastic bag with the persons own saliva. Always ensure that the player can breathe and have parents seek medical care or **Call 911** for emergency transport.

- **SEIZURES:** Know your players physical medical conditions, allergies and any medications. Seizures usually only last a few minutes at most. Because most seizures involve a vigorous twitching of the muscles they use up a lot of the body's oxygen and can affect circulation causing the person to turn blue. Keep all objects away from the person and do not touch them. Once the seizure has stopped, the players muscles will relax and breathing will become fast and deep which will balance the reduced oxygen and circulation.

Know if you have a diabetic player and make sure to have a discussion with their parent(s) regarding their medication schedule and ensure that they are good to go for each practice and game.

- **FRACTURES- VISIBLE AND SUSPECTED** Any suspected fracture (swelling, high level of pain, deformity and false motion) or visible fracture needs to be transported in a timely manner to a medical center with a pediatric orthopedic surgeon. Kids under the age of 16, growth plate fractures are most common and these injuries are especially common around the: wrist, elbow, knee and ankle, which require the attention of an orthopedic physician.
- **SHOCK** is a condition, especially children, in which may vital functions are slowed down or seriously depressed (poor body perfusion) after any injury especially **FRACTURES** or **SEVERE BLEEDING**. **SYMPTOMS:** weakness, pale, cold, clammy skin, rapid and or weak pulse, beads of perspiration on forehead/palms, nausea and irregular breathing. **TREATING SHOCK** by keeping victim warm and lying down, elevate feet if no neck/spine injury is evident. Keep victim's airway open. If vomiting occurs, turn victims head to the side for discharge. If conscious, not nauseated and able to swallow, give small sips of water.
- **HEAT ILLNESSES**
 - **HEAT CRAMPS** (Stage 1 of Heat Illness) occur in the legs and stomach after exercise in high temperatures. Cramps are usually very painful, and kids may feel even sick and not know why their muscles are hurting. **TREATMENT: Bring to cool area and hydrate.**
 - **HEAT EXHAUSTION** (Stage 2 of Heat Illness) - More serious than cramps. Cool, moist, clammy skin with dizziness and headaches. The skin may or may not be hot. **TREATMENT:** Lie the player(s) down in a cool, shaded place. Give small amounts of water every 30 minutes. Loosen/remove tight clothing and apply cool packs (ice packs wrapped in cloth) under arms and wrists. If player vomits, refuses water or has a decreased Level of Consciousness **Call 911**
 - **HEAT STROKE** (Stage 3 of Heat Illness) and the most serious- **Call 911.** It is life-threatening and **ALWAYS** requires emergency medical attention. Signs are: high body temperature/skin very hot. Vomiting, decreased Level of Consciousness or unconscious, weak pulse, and shallow breathing. **TREATMENT (after calling 911):** Move person to a cool place, wrap wet cold towels around the body and fan the person. Apply ice packs around ankles, wrists, armpits and neck to try and cool the larger blood vessels. Monitor their breathing at all times.

5. **AEDs-** AEDs are located in score booths 2, 5 & 6 at Hartman Park, and in the score booth at Big Hartman. Instructions for their use follows in Appendix F.

APPENDIX “E”

Redmond West Little League Parent –Athlete Concussion Information Sheet

Adapted from the CDC and the 3rd International Conference on Concussion in Sport

Document created 6/15/2009

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:

- 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
- 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

What can happen if my child keeps on playing with a concussion or returns too 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 athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your player or 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:

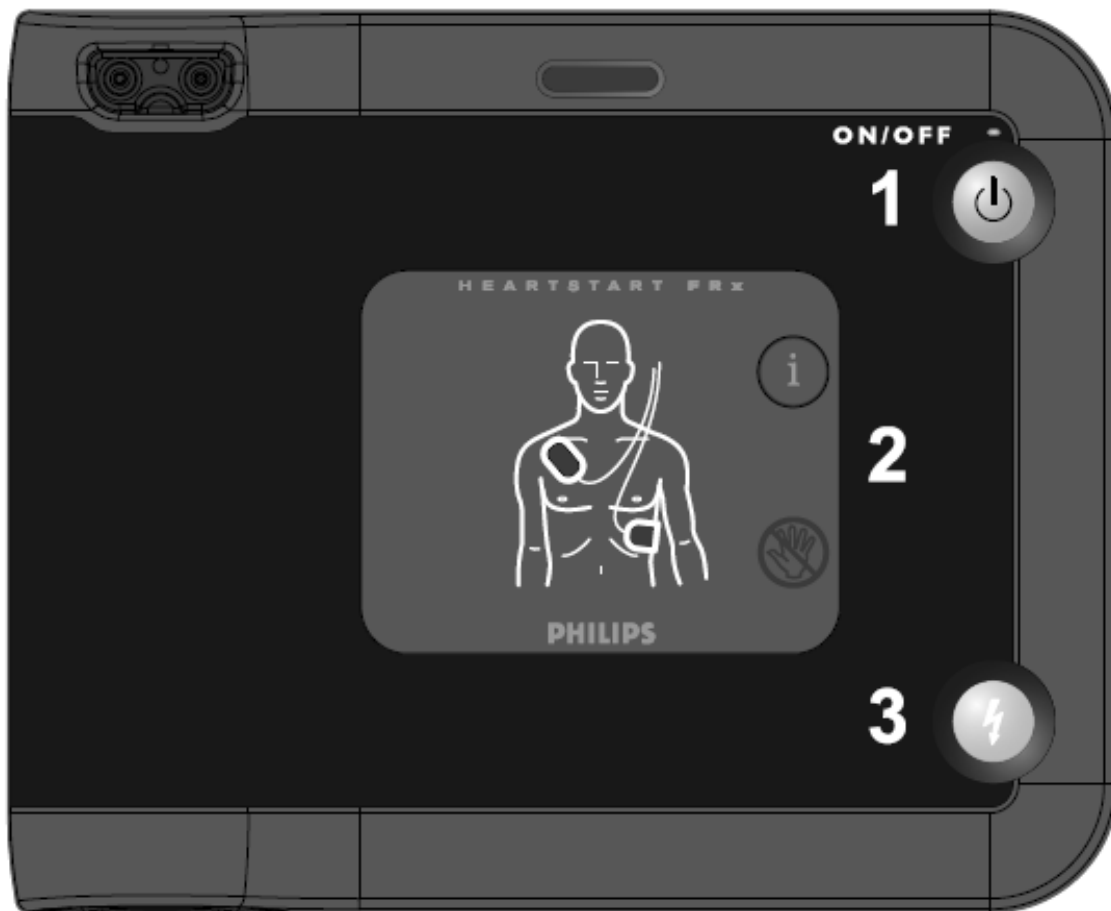
<https://www.cdc.gov/headsup/youthsports/index.html>

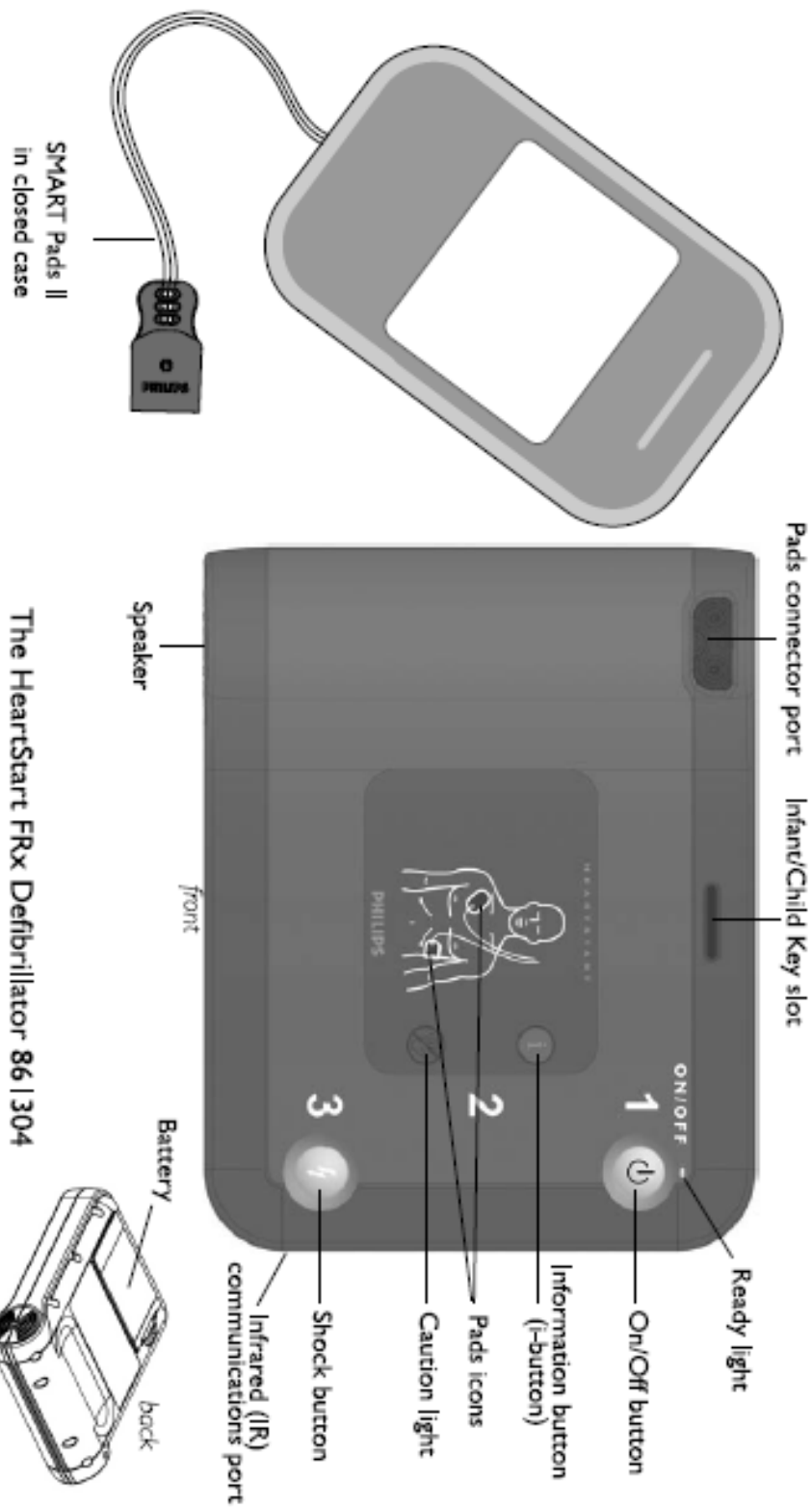
APPENDIX “F”

AED USE GUIDELINE INSTRUCTIONS

(AEDs are located in score booths 2, 5 & 6 at Hartman Park, and in the score booth at Big Hartman)

NOTE: Anytime that one of RWLL’s AEDs are actually used, immediate notification must be sent to the RWLL Safety Officer by phone AND by email



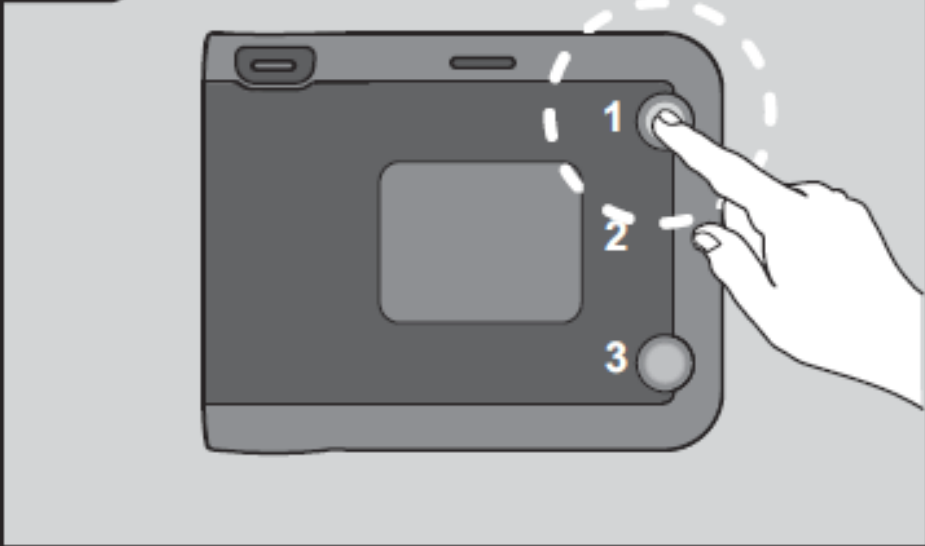


HeartStart FRx Defibrillator QUICK REFERENCE

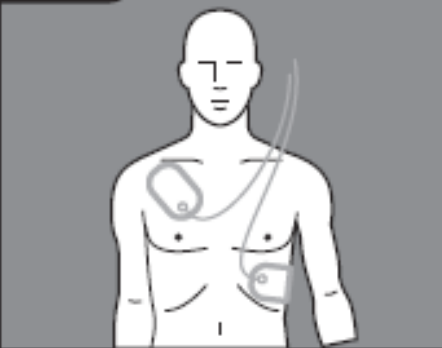
Check for signs of Sudden Cardiac Arrest:

- Unresponsive
- Not Breathing Normally

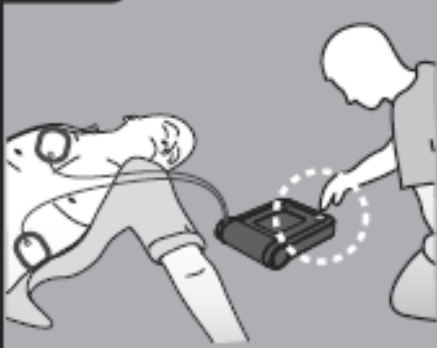
1 TURN ON



2 PLACE PADS



3 PRESS SHOCK



Using the HeartStart FRx

IMPORTANT NOTE: Be sure to read the Reminders section at the end of this chapter as well as the warnings and precautions in Appendix D.

Overview

If you think someone is in SCA, act quickly and calmly. *If someone else is available*, ask him or her to call for emergency medical assistance while you get the FRx. *If you are alone*, follow these steps:

- Call your emergency services provider.
- Quickly get the FRx and bring it to the victim's side. If there is any delay in getting the defibrillator, check the patient and perform cardiopulmonary resuscitation (CPR) if needed until the FRx is available.
- If the victim is an infant or child, see directions for treating infants and children starting on page 10.
- Check the immediate environment for flammable gases. Do not use the FRx in the presence of flammable gases, such as an oxygen tent. However, it is safe to use the FRx on someone wearing an oxygen mask.

There are three basic steps to using the defibrillator to treat someone who may be in sudden cardiac arrest:

1. Press the green On/Off button.
2. Follow the FRx's voice instructions.
3. Press the flashing orange Shock button if instructed.



STEP 1: Press the green on/off button

Press the On/Off button  to turn on the FRx.

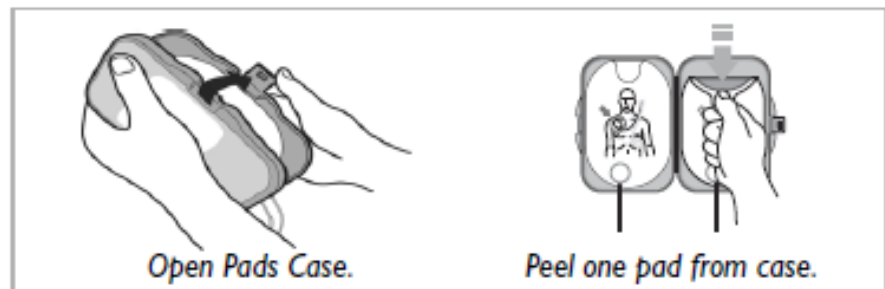
The FRx tells you to remove all clothes from the person's chest. If necessary, rip or cut off the clothing to bare the person's chest.



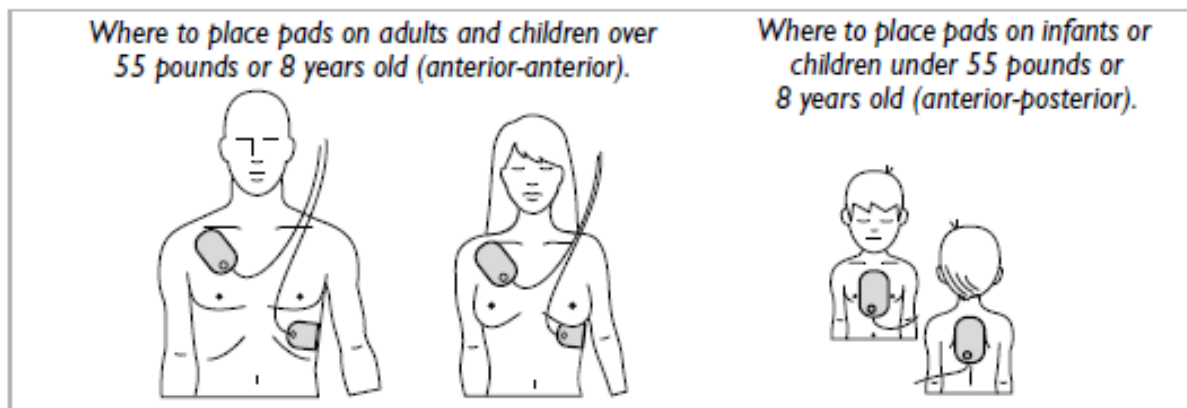
STEP 2: Follow the FRx's voice instructions

Remove the SMART Pads II case from the carry case. Clean and dry the patient's skin, and, if necessary, clip or shave excessive chest hair to ensure good pads contact with the bare skin.

Open the pads case as shown below. Peel off one pad.



Pads placement is very important. The icons on the pads placement diagram on the FRx front panel will be flashing, to help guide you. Place the pad on the patient's bare skin *exactly as shown* in the following drawing. Press the adhesive portion of the pad down firmly. Then repeat this with the other pad.



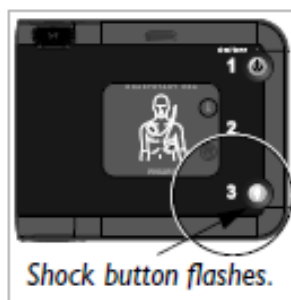
STEP 3: Press the flashing orange Shock button if instructed

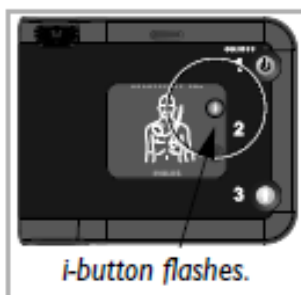
As soon as the HeartStart FRx detects that the pads are attached to the patient, the pads icons turn off. The FRx begins analyzing the patient's heart rhythm. It tells you that no one should be touching the patient, and the Caution light begins flashing as a reminder.



If a shock is needed:

The Caution light stops flashing and stays on, and the orange Shock button starts flashing. The FRx tells you to press the flashing orange button. You must press the Shock button for a shock to be delivered. Before you press the button, make sure no one is touching the patient. When you press the Shock button, the FRx tells you that the shock has been delivered. Then the defibrillator tells you it is safe to touch the patient, instructs you to begin CPR, and invites you to press the flashing blue i-button for CPR Coaching if desired.





If a shock is not needed:

The blue i-button comes on solid, to show that it is safe to touch the patient. The FRx also tells you to perform CPR if needed. (If CPR is not needed – for example, if the patient is moving or regaining consciousness – follow your local protocol until emergency medical personnel arrive.) Then the FRx invites you to press the flashing blue i-button for CPR Coaching if desired.

For CPR Coaching:

Press the flashing blue i-button during the first 30 seconds of the patient care pause to activate CPR Coaching.* (If the Infant/Child Key is inserted, the CPR Coaching provided will be for infant/child CPR.) When the pause is over, the defibrillator tells you to stop CPR, so it can analyze the patient's heart rhythm. The motion caused by CPR can interfere with analysis, so be sure to stop all motion when instructed.



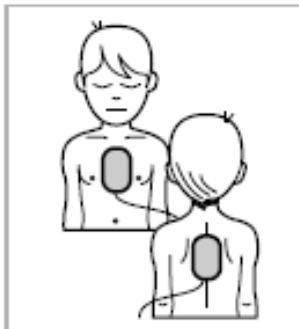
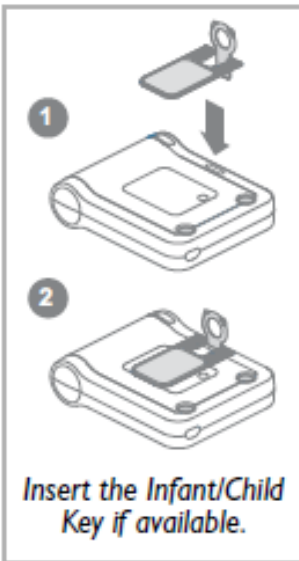
Treating infants and children

WARNING: Most cardiac arrests in children are not caused by heart problems. When responding to cardiac arrest in an infant or child:

- Provide infant/child CPR while a bystander calls EMS and brings the FRx.
- If no bystander is available, provide 1-2 minutes of CPR before calling EMS and retrieving the FRx.
- If you witnessed the child's collapse, call EMS *immediately* and then get the FRx.

Alternatively, follow your local protocol.

* The default configuration for the FRx provides CPR Coaching when you press the i-button in this situation; however, the default setting can be revised by your Medical Director using Philips software available separately. See Appendix F for more information.



If the victim is under 55 pounds or 8 years old, and you have an Infant/Child Key:

- Insert the Infant/Child Key into the slot at the top center of the front panel of the FRx (see illustration at left). The pink portion of the Key pivots (1) and fits into the slot (2), with the front of the Key lying flat on the surface of the FRx so the infant/child pads placement diagram is visible. (The back of the Infant/Child Key also has a diagram showing how to insert it.)
- Turn on the FRx and follow instructions to remove all clothing from the torso, to bare both the chest and the back.
- Place the pads on the child's front and back, as illustrated. It does not matter which pad is placed on the chest or the back.

NOTE: It does not matter whether you insert the Infant/Child Key before or immediately after turning on the FRx. However, the Key should be inserted before placing the pads on the patient.

With the Infant/Child Key inserted, the FRx will announce "Infant/Child Mode," automatically reduce the defibrillation energy from the adult dose of 150 Joules to 50 Joules,* and provide optional infant/child CPR Coaching.

If the Infant/Child Key is removed during use, the FRx will announce "Adult Mode." Any shocks delivered will be at adult energy, and optional CPR Coaching will be for adult CPR.

If the victim is under 55 pounds or 8 years old, but you do NOT have an Infant/Child Key:

- DO NOT DELAY TREATMENT.
- Turn on the FRx and follow instructions to remove all clothing from the torso, to bare both the chest and the back.
- Place the one pad in the center of the chest between the nipples, and the other in the center of the back (anterior-posterior).

If the victim is over 55 pounds or 8 years old, or if you are not sure of the exact weight or age:

- DO NOT DELAY TREATMENT.
- Turn on the FRx without inserting the Key and follow instructions to remove all clothing from the chest.
- Place the pads as illustrated on each pad (anterior-anterior). Make sure the pads do not overlap or touch each other.

When emergency medical services arrive

When Emergency Medical Services (EMS) personnel arrive to care for the patient, they may decide to apply another defibrillator to allow monitoring of the patient. Depending on their equipment, the EMS team may apply different pads. In that case, the SMART Pads II should be removed. EMS personnel may want a summary of the last-use data^{*} stored in the FRx. To hear the summary data, hold down the i-button until the FRx beeps.

NOTE: After the EMS team removes the SMART Pads II from the patient, remove the Infant/Child Key, if used, and install a new pads set before returning the FRx to service, to be sure it is ready for use.

Reminders

- Remove any medicine patches and residual adhesive from the patient's chest before applying the pads.
- Do not place the pads directly over an implanted pacemaker or defibrillator. A noticeable lump with a surgical scar should indicate the position of an implanted device.
- Do not allow the pads to contact other electrodes or metal parts that are in contact with the patient.
- If the pads do not stick well, check that the pads adhesive has not dried out. Each pad has a layer of adhesive gel. If the gel is not sticky to the touch, replace the pads with a new set. (For ease of handling, the pad is designed with a non-gel area around the connector cable.)
- Keep the patient still and keep any movement around the patient to a minimum during rhythm analysis. Do not touch the patient or the pads while the Caution light is on solid or flashing. If the FRx is unable to analyze due to electrical "noise" (artifact), it will tell you to stop all movement and remind you not to touch the patient. If the artifact continues for more than 30 seconds, the FRx will pause briefly to allow you to deal with the source of the noise, then resume analysis.
- The FRx will only deliver a shock if the flashing orange Shock button is pressed when the instruction is given. If the Shock button is not pressed within 30 seconds after the instruction, the FRx will disarm itself, and (for the first CPR interval) give a reminder to make sure emergency medical services have been called, then begin a CPR interval. This is designed to minimize interruption of CPR and help ensure ongoing patient support.
- While waiting for you to press the Shock button, the FRx will continue to analyze the heart rhythm. If the patient's rhythm changes before you press the Shock button, and a shock is no longer needed, the defibrillator will disarm and tell you a shock is not advised.
- If for any reason you want to turn off the defibrillator during a use, you can press the On/Off button – holding it down for at least one second – to return the device to standby mode.

APPENDIX “G”

Redmond West Little League will follow the Washington state Governor’s Healthy Washington plan. Redwest LL is in the Puget Sound Region of the plan. The phase of the Puget Sound region can be found at this site: [Roadmap to Recovery Metrics: | Washington State Coronavirus Response \(COVID-19\)](#)

Activities at phases:

- **Phase 1**-Baseball practice can take place.
 - Drills will be designed to minimize contact and keep social distancing whenever possible.
 - Hand sanitizer will be used before and after practice.
 - Face masks will be worn by anyone on the practice field.
 - No high fiving, back slapping, touch, etc.
 - No sunflower seeds.
 - Bags for each player will be stored at minimum 6’ apart.
 - Any group talks, like pre- or post-practice, will be done in a socially distant manor.
 - No sharing of equipment. If a player needs equipment, then RW will work with them to provide it.
- **Phase 2**-Baseball games can begin.
 - Drills will be designed to minimize contact and keep social distancing whenever possible.
 - Hand sanitizer will be used before and after practice.
 - Face masks will be worn by anyone on the game field.
 - All others in attendance will follow the Governor’s requirements.
 - No high fiving, back slapping, touching, etc.
 - No sunflower seeds.
 - Bags for each player will be stored at minimum 6’ apart.
 - Any group talks, like pre- or post-game, will be done in a socially distant manor.
 - No sharing of equipment. If a player needs equipment, then RW will work with them to provide it.
 - Umpires will up from next to or behind the mounds
 - Bleachers or other benches will be used as “dugouts” that allow for socially distant seating. Priority will always go to the players, coaches, and managers before fans.
 - No post game cheers or handshakes.
 - No post game snacks or drinks.
 - Foul balls will be recovered by players only.
 - Maximum 200 fans at the a given game.
 - For Coaches
 - Recommend 3-part line-up cards, so that each coach and the umpire have their own copy (umpire will receive the middle page.)
 - Physical distancing must be maintained during any discussion/clarification with umpires.
 - The foul line will be the boundary for any discussion/clarification with umpires.
 - For Umpires
 - Come dressed and ready to umpire. Locker rooms will not be provided.
 - A separate bathroom and a designated meeting space for pre- and post-game meetings should be provided for umpires when possible.
 - Bring personal hand sanitizer. Wash hands/sanitize frequently.
 - Don’t share equipment.
 - The foul line will be the boundary for any discussion/clarification with umpires.
 - For scorekeepers and score board operators
 - Face masks must be worn.
 - Score keeping should be done from outside the scoring shed and in a socially distant manner.

- Where possible scoreboard operators should be done outside the shed or scoring facility in a socially distant manner.
- Scoreboard remotes should be wiped down with a sanitizing wipe which will be provided by the league.