

# SAFETY PLAN

**CONJEO VALLEY LITTLE LEAGUE**



Jeremey Simmons

CVLL Director of Safety & Insurance

Spring 2023 Season

# **SAFETY PLAN**

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# FRONT OFFICE

## WELCOME LETTER

Welcome to the Conejo Valley Little League! Enclosed you will find the safety guidelines for the 2023 baseball season. This material is intended to make you aware of our safety protocols and expectations for league managers, coaches, staff, and volunteers.

While managers and coaches should have their training procedures and team goals well established, our top priority for all teams is safety.

Every year, despite our best efforts, there are avoidable injuries. Please be aware that until a member of your team's managing staff is present, players are not covered by insurance. Teams may not begin practice until a managing member arrives. Only authorized CVLL activities are covered by insurance. Only practice and games identified by CVLL are covered.

The following items must be with managers at ALL practices and games:

- ✓ **Medical Release Form:** Managers must have this form for each member of the team present at ALL practices and games. If you do not have a form for one of your players, please contact the safety officer immediately or download one at [www.cvll.net](http://www.cvll.net).
- ✓ **First Aid Kit:** Each team will be issued a first aid kit which must be present at all team activities.

In the event of an injury, obtain necessary treatment and notify parents immediately. Safety Director Jeremy Simmons ([jeremey Simmonds@cvll.net](mailto:jeremey Simmons@cvll.net)) and Player Agent Steve Wolfe ([stevewolfe@cvll.net](mailto:stevewolfe@cvll.net)) must also be notified immediately. A medical release form will be required if a player sustains a serious injury that requires a physician's care.

It is up to us to make this a fun and safe environment for our players. The key to achieving this goal begins with coaches following all CVLL rules and protocols. If you should have any questions, please do not hesitate to contact us.

Thank you,

Stacy Hibbard  
President  
Conejo Valley Little League

# **FRONT OFFICE**

## **MISSION STATEMENT**

Conejo Valley Little League is dedicated to providing the safest possible environment for our players, coaches, staff, volunteers and fans to enjoy the game of baseball.

To achieve our mission, we will partner with local experts to implement best-in-class safety procedures that meet or exceed all regulatory requirements.

We will continuously review and refine our protocols to ensure the on-going safety of all those who participate with Conejo Valley Little League.

# **FRONT OFFICE**

## **SAFETY DIRECTOR ROLE**

### **Education**

The Safety Officer is responsible for creating awareness and educating the league on the opportunities to provide a safer environment for children and all participants of Little League®.

Programs should be used to educate players, coaches, umpires, volunteers, and parents on safety and safety procedures. Coaches clinics that teach first aid, proper use of equipment (i.e., pitching machines), and player safety (i.e., pitching limits) are great ways to educate volunteers in the local league. With proper education, coaches will have the tools they need to keep players healthy and active during the season.

### **Development and Implementation of Safety Plan**

The Safety Officer will prepare a safety plan each year for the league and make sure that the plan is used. A Safety Awareness Program (ASAP) will be prepared and submitted to Little League International each year. The Safety Officer needs to make sure that this tool is used within the league to help in establishing plans and procedures regarding safety.

Promoting compliance of safety procedures is a key component of the Safety Officer's duties. This is done by establishing and promoting a culture of safety within the league.

# **FRONT OFFICE**

## **SAFETY DIRECTOR, CONT.**

Reporting of accidents is a key function here, as it helps Little League International in developing new rules regarding player safety. The reporting of near misses of accidents is also encouraged, as it will help local leagues identify areas of concern to include in future ASAP plans.

Protecting children and everyone in the league is the focus. Through the work of the league Safety Officer, creation of a safe environment for all Little League participants can be established and sustained. In return, this will promote goodwill for families that participate in the local league and the community by keeping it safer for all participants.

### **Additional Duties Include:**

- Coordinate and manage all claims and insurance matters
- Implement and oversee field, equipment, and player safety programs throughout the season
- Coordinate with the Equipment Manager to assist in inventorying and inspection of all equipment prior to the season
- Coordinate with the Director of Fields to assist in the inspection of all fields prior to the season
- Serve on committees as appointed.
- Perform such duties as from time-to-time may be assigned by the Board of Directors or the President.

# FRONT OFFICE

## GENERAL SAFETY OVERVIEW

### Conejo Valley Little League will:

- Enforce a zero-tolerance policy on weapon possession, controlled substances and child abuse of any kind.
- Follow child protection policies and background checks, using Little League International approved processes and forms.
- Strictly enforce all Little League International policies and rules
  - Require managers to download the 2023 rule change app
  - Closely monitor player equipment (especially catchers)
  - Use bases that disengage from anchors
- Inspect and repair any field issues
- Replace any destroy any damaged equipment
- Distribute safety plans, policies, and procedures to board members, managers, coaches and umpires
- Publish safety manuals to the league's website
- Laminate and post safety procedures in the snack shack
- Provide the following trainings / certification programs, which meet or exceed state laws and Little League International requirements:
  - Sudden Cardiac Arrest, Concussions, Child Abuse, CPR / AED
  - Fundamentals training for coaches and players
- Develop best-in-class response to emergency event situations
- Exceed CA state laws regarding concession stand compliance
- Track and report all injury incidents
- Provide teams with first aid kits and make at least one AED machine available for each field
- Submit all league data surveys, registration surveys and field surveys

## **FRONT OFFICE**

### **FACILITY COMPLIANCE**

Unless otherwise designated, the use or possession of weapons, drugs, alcohol and tobacco are prohibited at all CVLL playing facilities. Violation of this policy may result in criminal or disciplinary action and removal from the facility.

-  **NO WEAPONS**
-  **NO DRUGS**
-  **NO ALCOHOL**
-  **NO TOBACCO**

# **FRONT OFFICE**

## **MEDICAL RELEASE FORMS**

- ✓ Medical insurance is not required to participate in CVLL.
- ✓ However, medical release forms are required. Players will not be allowed to participate in evaluations, practices or games until medical release forms have been received.
- ✓ Forms are available in both English and Spanish.
- ✓ Coaches should have medical release forms with them at all CVLL functions.

# FRONT OFFICE

## MEDICAL RELEASE FORMS



### LITTLE LEAGUE® BASEBALL AND SOFTBALL MEDICAL RELEASE



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

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Parent(s)/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent(s)/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN AUTHORIZATION:**

Email: \_\_\_\_\_

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician).

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

League Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ League/Group ID#: \_\_\_\_\_

**If Parent(s)/Legal Guardian cannot be reached in case of emergency, contact:**

\_\_\_\_\_  
Name Phone Relationship to Player

\_\_\_\_\_  
Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication (i.e. Diabetic, Asthma, Seizure Disorder).

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. \_\_\_\_\_

Authorized Parent/Legal Guardian Signature

Date: \_\_\_\_\_

**FOR LEAGUE USE ONLY:**

League Name: \_\_\_\_\_ League ID: \_\_\_\_\_

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

# CHILD PROTECTION

## PROGRAM OVERVIEW

The safety and well-being of all participants in the Little League® program is paramount. Little League promotes a player-centric program where young people grow up happy, healthy, and, above all, safe. Little League does not tolerate any type of abuse against a minor, including, but not limited to, sexual, physical, mental, and emotional (as well as any type of bullying, hazing, or harassment). The severity of these types of incidents is life-altering for the child and all who are involved.

The goal of the Little League Child Protection Program is to prevent child abuse from occurring through an application screening process for all required volunteers and/or hired workers, ongoing training for its staff and volunteers, increased awareness, and mandatory reporting of any abuse. Little League is committed to enforcing its Child Protection Program, as highlighted below under “Enforcement.”

Local Little League programs should establish a zero-tolerance culture that does not allow any type of activity that promotes or allows any form of misconduct or abuse (mental, physical, emotional, or sexual) between players, coaches, parents/guardians/caretakers, spectators, volunteers, and/or any other individual. League officials must remove any individual that is exhibiting any type of mental, physical, emotional, or sexual misconduct and report the individual to the authorities immediately.

Little League continues to keep up-to-date with all of its safety policies and procedures within the [Child Protection Program](#), including adherence to the youth protection standards of [SafeSport](#) and USA Baseball’s [Pure Baseball program](#). The Child Protection Program provides the resources necessary for a local league Board of Directors to successfully fulfill its requirements.

## FEDERAL LAW PROTECTING YOUTH INVOLVED IN OUR PROGRAMS

In 2018, the “Protecting Young Victims from Sexual Abuse and SafeSport Authorization Act of 2017,” also known as the [SafeSport Act](#), became Federal Law. This national law increases the standard of care and makes it a crime for an individual involved in a national governing body sports organization, including Little League, to ignore, or not report to law enforcement, any reasonable suspicion of an act of child abuse, including sexual abuse, **within 24 hours**. The law applies to all employees, volunteers, or hired workers of Little League and makes all indicated Little League individuals’ mandatory reporters in the eyes of the law.

All chartered Little League programs must adhere to the following requirements:

- Conduct annual background checks on volunteers and hired workers. Prohibit anyone with any offenses that would disqualify them as a participant in any Little League activity.
- Report Child Abuse, including sexual abuse involving a minor, to the proper authorities within 24 hours.
- Adopt a policy that prohibits retaliation against “good faith” reports of child abuse.
- Adopt a policy that limits one-on-one contact with minors without being in an observable and interruptible distance from another adult.
- Volunteers and/or hired workers who have contact with minors are strongly encouraged to complete the [Abuse Awareness Program](#) training, provided by USA Baseball, or comparable training.

# CHILD PROTECTION

## BACKGROUND CHECKS

Any coach, parent, staff member or other volunteer that will come in direct contact with CVLL players must complete a Little League volunteer application form and submit to background checks through JDP.

Volunteers must be vetted and approved by the CVLL board before coming in contact with players. Individuals who have not completed the volunteer application are prohibited from player contact.

To apply to volunteer with CVLL, follow the path below and complete the initial background check questionnaire:

- Go to [www.CVLL.net](http://www.CVLL.net) and click "login"
- After you create an account, click on "register"
- Select "myself"
- Select "Volunteer & Team Staff"
- Select "view divisions"
- Click on your desired division
- Choose your desired role (board member, head coach, assistant coach, team parent)
- After your choice has been made, you will be prompted to complete a brief questionnaire and upload a government issues ID
- Or you may manually complete an application



# MANDATORY TRAININGS

## SAFETY & FIRST AID

CVLL requires multiple training certifications for league administrators and coaches. The trainings listed below must be completed prior to any on-field baseball activities. Certifications gained through other organizations such as AYSO are acceptable with proof of current status. CVLL personnel must provide proof of completion to their respective Field VPs.

**Child Abuse Awareness Certification** Per federal law, all coaches and managers must complete a training in child abuse awareness. The “Abuse Awareness for Adults” offered by SafeSport / USA Baseball satisfies this requirement. This requires a free account to USA Baseball. Training site: <https://usabdevelops.com/>

**Concussion Certification** Per CA state law, all coaches, managers, umpires and league officials must complete a concussion awareness course. The CDC’s “Heads Up, Concussion in Youth Sports” online program satisfies this requirement. Training site: <https://www.train.org/cdctrain/course/1089818/>.

**Sudden Cardiac Arrest Certification** Per CA state law, AB379 (2019) coaches and league officials must be trained in Sudden Cardiac Awareness signs and symptoms and treatment protocols and trained in CPR and AED use. The online training course offered by the National Federation of High Schools (NFHS) satisfies this requirement. Training site: <https://nfhslearn.com/courses/sudden-cardiac-arrest>

**CPR Certification** In support of the Sudden Cardiac Arrest training, CVLL highly recommends at least one manager or coach per team be certified in administering CPR prior to the start of baseball activities. CVLL will cover the cost for in-person certification classes at Conejo Valley CPR in Westlake Village. Class dates will be communicated at the managers meeting. If you have been certified in the last two year, please notify your Field VP and provide proof of certification.

# **MANDATORY TRAININGS**

## **BASEBALL FUNDAMENTALS**

CVLL has instituted a fundamentals training program aimed at providing our coaches with the instructional resources and support necessary to provide our players with positive, safe and effective baseball education.

Players develop their own skills through the skill, patience character and knowledge of the coaches who instruct them every week.

To assist coaches, the league will offer training sessions and networking support. These sessions will be conducted throughout the season by external consultants, Field VPs, and other league personnel.

Key development resources are:

- Annual coaches clinics
- Annual players clinics
- Detailed handouts of the specific skills and concepts which players in each respective division should master by season's end

The first coaches clinic of the 2023 season will be held on January 29<sup>th</sup>. Other dates will be added to the league calendar as the season progresses. At least one manager or assistant coach per team is required to be at this training.

# EMERGENCY RESPONSE

## CONTACT & INFORMATION

In the event of an emergency, it is the coach's responsibility to ensure the safety of their entire team. Dial 911 when it is safe to do so. Written safety procedures and emergency contacts are posted inside the Snack Shack, provided to coaches digitally and posted at [www.cvll.net](http://www.cvll.net).

Role	Name	Email	Phone
Police	Ventura County Sheriff	N/A	805-654-9511
Fire	Ventura County Fire #34	vcfd@ventura.org	805-377-1111 x 34
AED	Conjeo Valley CPR	info@conejovalleycpr.com	818-665-6653
CPR	Conjeo Valley CPR	info@conejovalleycpr.com	818-665-6653
Director, Safety & Insurance	Jeremy Simmons	jeremey Simmons@cvll.net	972-523-5868
League President	Stacy Hibbard	stacyh@cvll.net	818-641-4876
Executive Vice President	Brett Worthington	bworthington@cvll.net	805-338-6659
Chief Umpire	Steve Henson	stevensonz@yahoo.com	
LL International West Region	Kit Golden	westregion@littleleague.org	909-887-6135
District 13 Administrator	Frank Brady	fcbrady14@gmail.com	805-385-3862
VP - Peanuts (Field 1)	Johnny Cicone	johnnycicone@cvll.net	818-926-6136
VP - International (Field 4)	Jeremy Hofer	jeremyhofer@cvll.net	805-340-7711
VP - National (Field 3)	Jason Zazzi	jasonzazzi@cvll.net	805-630-8819
VP - American (Field 2)	Jeff Chatelain	jchatelain@cvll.net	661-904-7596
VP - Majors (Dover)	Greg Webb	gregwebb@cvll.net	805-368-5349
VP - Juniors (Waverly)	Dan Borgstrom	danb@cvll.net	805-404-0801
VP - Challengers	Tom Jankowski	tomj@cvll.net	
VP - Fall Ball	Sankar Chidambaram	sankar@cvll.net	818-836-1609
VP - All-Star & Tournament	Kim Martin	kimmartin@cvll.net	818-271-1138

# EMERGENCY RESPONSE

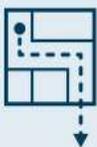
## ACTIVE EVENT PLAN

*Developed with the guidance of the Ventura County Sheriff Dept.*

Each active emergency event is unpredictable and evolves quickly. It is critical that league officials and coaches are prepared, know exit points and can act quickly to remove players from danger. An emergency event may include active shooter, wild animal, downed powerlines, etc.

### CALL 911 ONLY WHEN IT'S SAFE TO DO SO

#### RUN



HAVE AN ESCAPE PLAN



EVACUATE



LEAVE YOUR BELONGINGS



HELP OTHERS  
IF POSSIBLE



DO NOT MOVE  
WOUNDED PEOPLE

#### HIDE



BE OUT FROM  
SHOOTER'S VIEW



LOCK DOORS  
AND BLOCK THEM WITH FURNITURE



KEEP YOUR OPTIONS  
FOR MOVEMENT



SILENCE PHONE



BE QUIET

#### FIGHT



ACT AGGRESSIVELY



INCAPACITATE  
THE ACTIVE SHOOTER



THROW OBJECTS



YELL AND CALL FOR HELP

**FIGHT ONLY  
AS A LAST RESORT**

**BE PREPARED**

# EMERGENCY RESPONSE

## ACTIVE EVENT ESCAPE

Each coach should be familiar with the exit points at Fiore

- A. North towards the parking lot / Avenida De Los Arboles at Field 1
- B. West through the creek between Fields 3 & 4
- C. Southwest towards Calle Pensamiento, via private residence
  - see next page for details

Do NOT exit east towards I-23 or south past Field 4 (both dead ends)



# EMERGENCY RESPONSE

## ACTIVE EVENT ESCAPE

The home owner at 1482 Calle Pensamiento has agreed to let CVLL use his pedestrian gate as an exit point in the case it is not safe for families to exit Avenida De Los Arboles (it is the only gate on the back wall)

- His house is located directly behind the leftfield fence on Field 4
- His gate is unlocked year-round and is monitored by Ring
- Enter his back gate and walk through his side yard to Pensamiento



# FIRST AID

## CPR FOR CHILDREN

# 1

Check the child and the child's ABCs (Airway, Breathing, Circulation).

If the child is unresponsive and not breathing normally, call EMS/9-1-1 and get an AED or have someone else do this.



# 2

Place both of your hands on the centre of the child's chest.

Do 30 chest compressions: Push deeply and steadily.



# 3

Open the airway by tilting the head back and lifting the chin.

Place your barrier device over the child's mouth and nose.

Give 2 breaths.



# 4

Repeat cycles of 30 chest compressions and 2 breaths.

Continue CPR until an AED arrives or more advanced care takes over.



# FIRST AID

## AED FOR CHILDREN

# 1

Turn on the AED.

# 2

Apply the AED pads.

Remove any clothing, jewellery, and medical patches that could interfere with pad placement.

If the chest is wet, dry the skin.

For a child or baby, use child or baby pads or ensure that the pads are 2.5 cm (1 in) apart. Place one on the front and one on the back if necessary.



# 3

Follow the AED's automated prompts.

If the AED prompts you to do so, ensure that no one is touching the person and deliver a shock.



# 4

Continue CPR, starting with chest compressions.

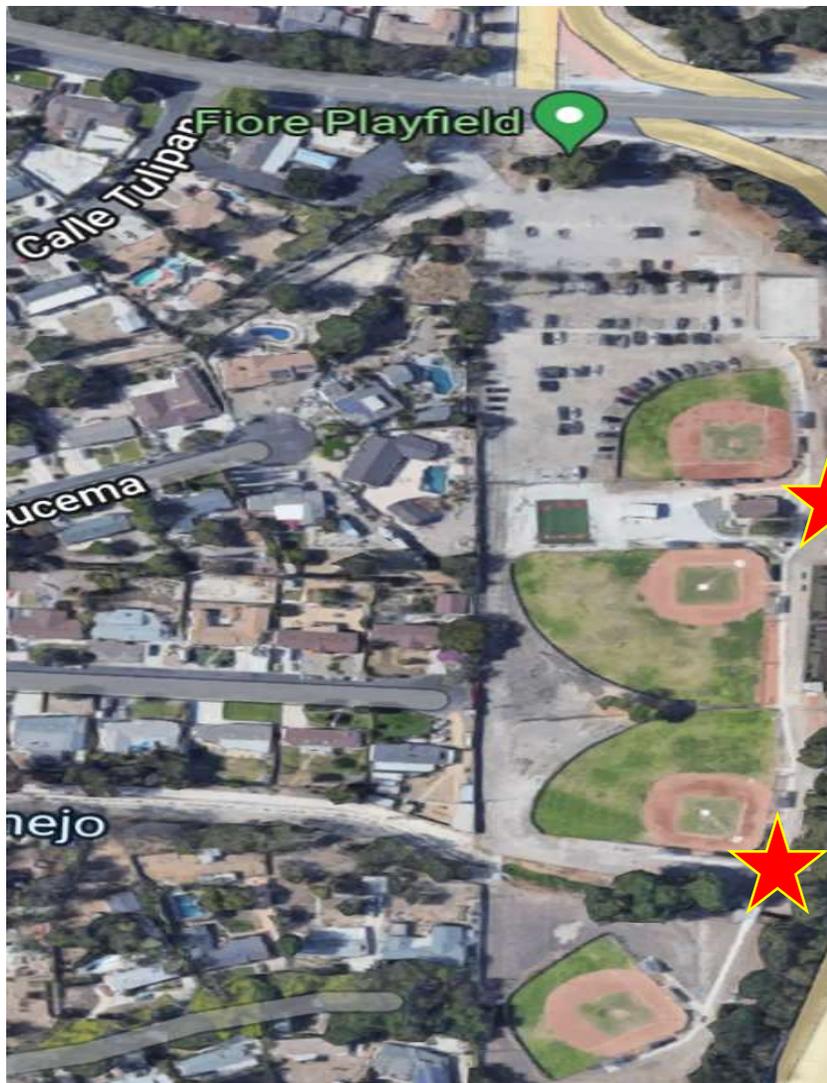


# FIRST AID

## AED MACHINE LOCATIONS

CVLL owns 4 AED machines:

- ✓ Fiore Fields 1 & 2: Located at Snack Shack
- ✓ Fiore Fields 3 & 4: Located at Field 3 score table
- ✓ Dover: Located in equipment shed
- ✓ Waverly: Located in equipment shed



# FIRST AID KITS



## First Aid Kits

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Each team and concession stand will be issued new first aid kits at the beginning of the season to help provide immediate treatment to injuries. Contact your Safety Director for replenishments as necessary.

- ✓ Adhesive Bandages
- ✓ Gauze
- ✓ Athletic tape
- ✓ Antiseptic cleanser
- ✓ Gloves
- ✓ Bag to dispose of soiled items
- ✓ Scissors
- ✓ Tweezers
- ✓ CPR face mask
- ✓ First aid manual
- ✓ Instant chemical cold packs

# FIRST AID

## HYDRATION GUIDELINES

### SETUP

- **Avoid** sharing fluid bottles by making individual bottles available—clearly mark bottles with player info
- **Consider** setting up portable hand wash stations—purchased or DIY
- **Identify** multiple cool-down/break stations around the practice area as needed for team size
- **Place** extra trash cans and red bags around practice area for cups disposal

### DURING PRACTICE

- **Encourage** coaches to allow free athlete access to their squeeze bottles for hydration breaks
- **Stagger** hydration/rest breaks to limit group size
- **Discourage** athletes from spitting #YouSpitYouSit
- **Eliminate** any cut fruit or bulk food on the sidelines—use individually packaged items and space out on cleaned and sanitized tabletop surfaces

### POST-PRACTICE

Clean and sanitize coolers and squeeze bottles after every practice following CDC guidelines:

- **Wash the container:** For proper plastic disinfection, wash the plastic with antibacterial dish soap and hot water. The soap will immediately kill surface bacteria, but may not guarantee complete sterilization; combining washing with another method below is more effective. For the best results, always use a non-diluted alcohol rinse when washing. Additionally, both rubbing alcohol and grain alcohol kill bacteria on plastic surfaces.
- **Soak the plastic:** For complete plastic sterilization, soak the plastic container in a bleach-water solution of about 5% to 10% bleach. Bleach will not take long to disinfect, so the soaking time is minimal.
- **Heat the plastic:** This can be done in a hot dishwasher rinse, but a microwave is more effective. Wet the plastic container first, as the interaction between the microwave's heat and water is what causes sterilization. Place the plastic container in a microwave on high power for approximately two minutes. Be cautious, as both the dishwasher and microwave can melt plastic. Polypropylene plastics are stronger than standard plastics and can withstand high heat.
- **Don't forget:** Any plastic or laminate tabletops used for items during practice must also be cleaned.

## TOUCHLESS HYDRATION

Follow these best practices in situations that call for a contact-free approach to athlete hydration, to help prevent the spread of germs among your athletes.

### HYDRATION BEST PRACTICES

- **Develop** a protocol to have your athletes drink at scheduled intervals to optimize hydration breaks at practices and games
- **Educate** your athletes on mask hygiene and proper use
- **Assemble** a hydration table for squeeze bottles and electrolytes

### SQUEEZE BOTTLES/CUP DISTRIBUTION

*NOTE: If using cups, plan ahead to ensure you have enough to meet individual needs.*

- **Label** squeeze bottles with the names of your athletes
- **Provide** wide mouth squeeze bottles whenever possible
- **Consider** providing or asking athletes to bring (two) reusable bottles per athlete practice/competition and one extra for personal use
- **Determine** a squeeze bottle size that will work best for your athletes
- **Dispose** of used cups in biohazard bag

### SANITIZATION CONSIDERATIONS

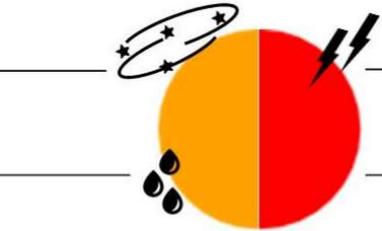
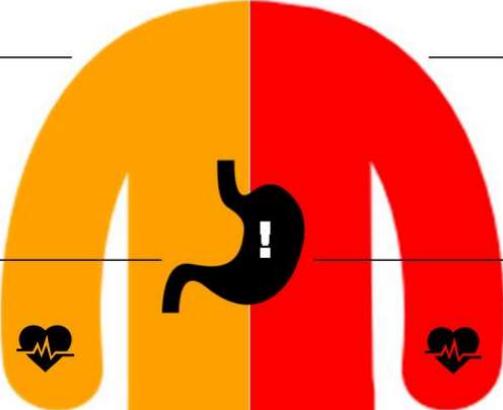
- Ensure reusable bottles are sanitized every day
- Remember to rinse coolers an additional time before use
- To confirm that cleaning disinfectants being used are rated for COVID-19 and appropriate for food contact, reference List N. ([Click Here](#))

*NOTE: Utilizing hydrogen peroxide sanitizer can help prevent the spread of COVID-19.*



# FIRST AID

## HEAT-RELATED ILLNESS

HEAT EXHAUSTION	OR	HEAT STROKE
Faint or dizzy Excessive sweating	 Throbbing headache No sweating	
 Cool, pale, clammy skin	Body temperature above 103° Red, hot, dry skin 	
Nausea or vomiting Rapid, weak pulse	 Nausea or vomiting Rapid, strong pulse	
Muscle cramps	May lose consciousness 	
<ul style="list-style-type: none"> <li>• Get to a cooler, air conditioned place</li> <li>• Drink water if fully conscious</li> <li>• Take a cool shower or use cold compresses</li> </ul>	<h1>CALL 9-1-1</h1> <ul style="list-style-type: none"> <li>• Take immediate action to cool the person until help arrives</li> </ul>	

# FIRST AID

## ASTHMA EMERGENCY



# Asthma

## FIRST AID

1



Sit the child upright.

Be calm and reassuring.  
Do not leave them alone.

2



Help the student use an  
Emergency Rescue Inhaler.

Encourage the child to breath  
slowly and deeply.  
Additional puffs may be needed based on  
the child's asthma action plan.

\*An emergency or rescue inhaler is a type of inhaler that dispenses medication to relieve or stop the symptoms of an asthma attack. Albuterol is the most commonly used short-acting medication in rescue inhalers.

3



Wait five minutes.

4



If there is no improvement,  
call 911 and have the child  
take 2 more puffs.





[dphhs.mt.gov/asthma](http://dphhs.mt.gov/asthma)

# FIRST AID

## CONCUSSION PROTOCOL

### SIGNS & SYMPTOMS

Athletes who experience one or more of the signs or symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

#### SIGNS OBSERVED BY COACHING STAFF

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

#### SYMPTOMS REPORTED BY ATHLETE

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

January 2021

### ACTION PLAN

**As a coach, if you think an athlete may have a concussion, you should:**

1. **Remove the athlete** from play.
2. **Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a healthcare provider.** Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess an athlete for a possible concussion.
3. **Record and share information about the injury**, such as how it happened and the athlete's symptoms, to help a healthcare provider assess the athlete.
4. **Inform the athlete's parent(s) or guardian(s)** about the possible concussion and refer them to CDC's website for concussion information.
5. **Ask for written instructions from the athlete's healthcare provider** about the steps you should take to help the athlete safely return to play. Before returning to play an athlete should:
  - Be back to doing their regular activities (such as school).
  - Not have any symptoms from the injury when doing regular activities.
  - Have the green-light from their healthcare provider to begin the return to play process.

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

***Managers must share concussion information sheets with each player's guardians and obtain signature confirmation of concussion awareness education***



# FIRST AID

## CONCUSSION FORMS

**Concussion Awareness Verification**, for compliance with California Assembly Bill 2007

<b>Athlete Confirmation</b>	<b>Parent or Guardian Confirmation</b>
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.	I have read the CDC's <b>Heads Up Concussion</b> fact sheet for parents with my child and talked about what to do if they have a concussion or other serious brain injury.
Please print name, sign and date below:	Please print name, sign and date below:
Player 1:	Parent of Player 1:
Player 2:	Parent of Player 2:
Player 3:	Parent of Player 3:
Player 4:	Parent of Player 4:
Player 5:	Parent of Player 5:
Player 6:	Parent of Player 6:
Player 7:	Parent of Player 7:
Player 8:	Parent of Player 8:
Player 9:	Parent of Player 9:
Player 10:	Parent of Player 10:
Player 11:	Parent of Player 11:
Player 12:	Parent of Player 12:
Player 13:	Parent of Player 13:

# FIRST AID

## RETURN FROM CONCUSSION

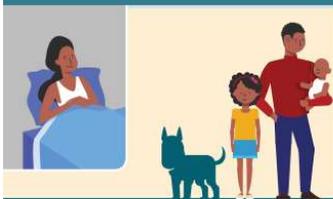
The California Law is titled “Youth Sports Concussion Protocols,” and is found in the California Health Safety Code under the section referencing “Adolescent Health” (Cal Health and Safety Code §124235). §124235 includes sudden cardiac arrest protocols as well.

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, other head injury, who has fainted or passed out from the 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 has a cardiac condition or other heart related issue that a health care provider believes that puts the athlete at risk, then the athlete shall remain under care until cleared to play. If an athlete seventeen (17) years of age or younger has been removed from athletic activity due to a suspected concussion or due to fainting or another suspected cardiac condition, 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.

# FIRST AID

## COVID-19 RECOMENDATION

### ISOLATION



#### Stay home and away from others

Wear a high-quality mask if you must be around others

#### Start counting days

Day 0 is the day your symptoms started

If you never had symptoms, day 0 is the day you took a COVID-19 test



**911** Watch for emergency warning signs, like trouble breathing

Seek help if they develop

### AFTER ISOLATION

Until at least day 11, avoid being around people who are more likely to get very sick

Wear a high-quality mask when around others indoors



#### Removing your mask

After ending isolation, wear your mask through day 10

**OR**

Take 2 antigen tests, 48 hours apart

If both tests are negative, you may remove your mask sooner than day 10



### ENDING ISOLATION

#### Isolate to day 6 or later, if you

- never had symptoms or symptoms are improving, and



- are fever-free for 24 hours without the use of fever-reducing medication

**Continue to isolate** if your fever persists or other symptoms have not improved

**Isolate through day 10**, if you experienced moderate illness, like shortness of breath or difficulty breathing

**Isolate through day 10 and talk with a healthcare provider before you end isolation**, if you

- were hospitalized, or
- have a weakened immune system



# **BASEBALL SAFETY**

## **GAME & PRACTICE TIPS**

- ✓ Begin each practice or game with warm-up exercises.
- ✓ Do not allow random direction throwing.
- ✓ Practices should be well organized.
- ✓ Separate experienced players from the inexperienced.
- ✓ Fit the player's abilities to the various positions for which they will be training. Never put a player at a position he or she cannot yet handle.
- ✓ For insurance purposes, only practice at designated fields. A manager or coach must be present for a practice or game to start.
- ✓ Regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat.
- ✓ Equipment is not to be stored in the on-deck enclosure. Also, Little League prohibits the use of weights/donuts.
- ✓ Ensure every player has water.

# BASEBALL SAFETY

## ARM INJURY PREVENTION

Little League International has established a strict pitch count system to protect against arm injury and overuse. The eligibility of a player to pitch in a Little League game is governed by a tiered pitch count, tied to the number of pitches thrown in a game. The pitch count determines how many days of rest are required before said player may pitch again in a game. Further, coaches should instruct pitchers to ice their arms following all games and practices.

### BASEBALL PITCH COUNT BY LEAGUE AGE



**AGES 13-16**

**95 PITCHES PER DAY**



**AGES 11-12**

**85 PITCHES PER DAY**



**AGES 9-10**

**75 PITCHES PER DAY**



**AGES 6-8**

**50 PITCHES PER DAY**

Baseball pitchers **league age 14 and under** must adhere to the following rest requirements:

*And here's the pitch*

<b>66+</b>	<b>4</b>
<b>PITCHES</b>	<b>DAYS REST</b>

*And here's the pitch*

<b>51-65</b>	<b>3</b>
<b>PITCHES</b>	<b>DAYS REST</b>

*And here's the pitch*

<b>36-50</b>	<b>2</b>
<b>PITCHES</b>	<b>DAYS REST</b>

*And here's the pitch*

<b>21-35</b>	<b>1</b>
<b>PITCHES</b>	<b>DAYS REST</b>

*And here's the pitch*

<b>1-20</b>	<b>0</b>
<b>PITCHES</b>	<b>DAYS REST</b>

Baseball pitchers **league age 15-16** must adhere to the following rest requirements:

*And here's the pitch*

<b>76+</b>	<b>4</b>
<b>PITCHES</b>	<b>DAYS REST</b>

*And here's the pitch*

<b>61-75</b>	<b>3</b>
<b>PITCHES</b>	<b>DAYS REST</b>

*And here's the pitch*

<b>46-60</b>	<b>2</b>
<b>PITCHES</b>	<b>DAYS REST</b>

*And here's the pitch*

<b>31-45</b>	<b>1</b>
<b>PITCHES</b>	<b>DAYS REST</b>

*And here's the pitch*

<b>1-30</b>	<b>0</b>
<b>PITCHES</b>	<b>DAYS REST</b>

# **BASEBALL SAFETY**

## **EQUIPMENT INSPECTION**

- ✓ All equipment must follow Little League rules and regulations.
- ✓ Prior to being issued to teams, equipment must be inspected by the Equipment Manager & Safety Director in the pre-season.
- ✓ Managers and Coaches must inspect equipment before each practice and game.
- ✓ Umpires must inspect bats, helmets and catcher's masks prior to each game.
- ✓ Any faulty equipment must be repaired or destroyed and replaced.

# BASEBALL SAFETY

## BATTER'S HELMET SAFETY

GET A HEADS UP ON  
Batter's Helmet Safety



While there is no concussion-proof helmet, a batter's helmet can help protect your athlete from a serious brain or head injury.

The information in this handout will help you learn what to look for and what to avoid when picking out a helmet for your baseball or softball player.

### Start with the Right Size:

#### BRING THE ATHLETE

Bring your athlete with you when buying a new helmet to make sure that you can check for a good fit.

#### HEAD SIZE

To find out your athlete's head size, wrap a soft tape measure around the athlete's head, just above their eyebrows and ears. Make sure the tape measure stays level from front to back. (If you don't have a soft tape measure, you can use a string and then measure it against a ruler.)

#### SIZES WILL VARY

Helmet sizes often will vary from brand-to-brand, so it's important to check out the helmet brand's fit and sizing charts to find out what helmet size fits your athlete's head size.

### Get a Good Fit:

#### GENERAL FIT

A batter's helmet should fit snugly all around, with no spaces between the pads and the athlete's head. Your athlete should NOT wear anything under his or her batter's helmet. *This includes a baseball hat!*

#### ASK

Ask your athlete how the helmet feels on their head. While it needs to have a snug fit, a helmet that is too tight can cause headaches.

#### HAIRSTYLE

An athlete should try on the helmet with the hairstyle he or she will wear for practices and games. Helmet fit can change if the athlete's hairstyle changes considerably. For example, a long-haired player who gets a very short haircut will need to adjust the fit of the helmet.

#### COVERAGE

A batter's helmet should not sit too high or low on their head. To check, make sure the ear holes line up with the athlete's ears. When the athlete is looking straight forward, the bill of the batter's helmet should be parallel to the ground. Also, the bottom of the pad inside the front of the helmet should be 1 inch above the athlete's eyebrows.

#### VISION

Make sure you can see the athlete's eyes and that he or she can see straight forward and side-to-side.

# BASEBALL SAFETY

## CATCHER'S HELMET SAFETY

GET A HEADS UP ON  
Catcher's Helmet Safety



While there is no concussion-proof helmet, a catcher's helmet can help protect your athlete from a serious brain or head injury. The information in this handout will help you learn what to look for, and what to avoid when picking out a helmet for your baseball or softball catcher.

### Just for Catchers:

Catchers use a special helmet and need other equipment not used by other players, such as: throat, chest and stomach protectors. For the two-piece style, the helmet and the facemask should each have their own certification label indicating compliance with NOCSAE® Standards.

### Start with the Right Size:

#### BRING THE ATHLETE

Bring your athlete with you when buying a new helmet to make sure that you can check for a good fit.

#### HEAD SIZE

To find out the size of your athlete's head, wrap a soft tape measure around the athlete's head, just above their eyebrows and ears. Make sure the tape measure stays level from front to back. (If you don't have a soft tape measure, you can use a string and then measure it against a ruler.)

#### SIZES WILL VARY

Helmet sizes often will vary from brand-to-brand, so it's important to check out the helmet brand's fit and sizing charts to find out what helmet size fits your athlete's head size.

### Get a Good Fit:

#### GENERAL FIT

A catcher's helmet should fit like a backwards baseball cap. The helmet should fit snugly all around, with no spaces between the pads and the athlete's head. Your athlete should NOT wear anything under his or her catcher's helmet. *This includes a baseball hat!*

#### ASK

Ask your athlete how the helmet feels on their head. While it needs to have a snug fit, a helmet that is too tight can cause headaches.

#### HAIRSTYLE

An athlete should try on the helmet with the hairstyle he or she will wear for practices and games. Helmet fit can change if the athlete's hairstyle changes. For example, a long-haired player who gets a very short haircut will need to adjust the fit of the helmet.

#### COVERAGE

A catcher's helmet should not sit too high or low on their head. To check, make sure the catcher's mask rests flat on the front of the catcher's helmet. For two-piece helmets, you can tighten or loosen the straps on the sides and top of the face mask to adjust how tightly they grip the helmet.

#### VISION

Make sure you can see the athlete's eyes and that he or she can see straight-forward and side-to-side.

# BASEBALL SAFETY

## HEY COACH, HAVE YOU:



- 
- ✓ Walked field for debris/foreign objects
  - ✓ Inspected helmets, bats, catchers' gear
  - ✓ Made sure a First Aid kit is available
  - ✓ Check conditions of fences, backstops, bases and warning track
  - ✓ Made sure a cell phone is available in case of an emergency
  - ✓ Held a warm-up drill

***Home Team Manager & Umpires are Required to Inspect Equipment & Walk the Field Before Each Game to Remove Hazards. Notify Safety Director of Any Issues for Tracking Purposes.***

# **BASEBALL SAFETY**

## **INCREMENTAL PRECAUTIONS**

### **Reduced Impact Baseballs**

Use of reduced impact baseballs for younger divisions have been implemented

- Peanuts Division uses tee-balls
- Minor International Divisions (machine pitch) uses low compression 5 balls

### **Warning Track**

Use of warning tracks to protect outfielders have been implemented for our Major Division & above (Dover, Waverly)

### **Fence Padding**

Fences 8 feet tall or less at all CVLL fields have yellow plastic protective fence tops to protect outfielders

# CONCESSION STAND

## SAFETY GUIDELINES

**First and foremost, Little League recommends that each league and district adhere to the guidelines set forth by your respective state and local government and health officials before operating your concession stand and knowing that those guidelines may fluctuate throughout the year.**

- Upon arriving at the concession stand, or designated concession area space, inspect the outside of the building/space for potential safety hazards to patrons.
- Once inside the building or designated space, conduct a safety check of the working, and frequent traffic, areas to be used by the concession staff.
- Emergency contact information is to be prominently displayed and referenced during a brief safety review/orientation that is to take place prior to each time the concession stand/area opens for business.
- Identify the location of the fire extinguisher and confirm that the First Aid Kit is fully stocked. Both items are to be within the concession stand/area.
- Minors under the age of 16 should not be permitted to work or be present in the concession stand at any time.
- To operate any electric equipment in the concession stand, such as fryers, grills, hot dog roller, pizza oven, popcorn machine, coffeemakers, etc., the operators are to be 18 years of age, or older.

# **CONCESSION STAND**

## **SAFETY GUIDELINES**

- ✓ Laminated safety procedures are posted in the concession stand
- ✓ Volunteers are trained in proper food handling during Snack Shack orientation
- ✓ No one under the age of 12 is allowed in the concession stand
- ✓ The concession stands are inspected by the Ventura County Department of Health
- ✓ Menus will be posted and approved by league safety officer and league president
- ✓ Additionally, a paid concessions manager is being hired for further oversight of the Snack Shack.

# CONCESSION STAND

## HANDWASHING GUIDELINES

### HOW



### WHEN

**Wash your hands before you prepare food or as often as needed.**

**Wash after you:**

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

**Do not touch ready-to-eat foods with your bare hands.**

Use gloves, tongs, deli tissue or other serving utensils.  
Remove all jewelry, nail polish or false nails unless you wear gloves.

**Wear gloves.**

when you have a cut or sore on your hand  
when you can't remove your jewelry

**If you wear gloves:**

- ▶ wash your hands before you put on new gloves

**Change them:**

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

# INCIDENT REPORTING

## PROCESS OVERVIEW

- ✓ "Near-misses" and/or any incident that causes a player, manager, coach, umpire, volunteer or spectator to receive medical treatment and/or first aid must be reported to the league Safety Director.
- ✓ Any person, who in the opinion of the umpire, coach or manager, suffers loss of consciousness or memory due to an accident should be immediately removed from the game and guardians advised to seek medical evaluation.
- ✓ All such incidents must be reported to league Safety Director ([jeremeysimmons@cull.net](mailto:jeremeysimmons@cull.net)) and Player Agent ([stevewolfe@cull.net](mailto:stevewolfe@cull.net)) within 24 – 48 hours.
- ✓ Incident forms must be completed by the manager of the player injured, or the manager of the home team should the injury occur to an umpire, volunteer or spectator.
- ✓ League Safety Director will track all incidents and share information with league and district officials as necessary.

# INCIDNET REPORTING

## ACCIDENT CLAIM FORM

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

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

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

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

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

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

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

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

# INCIDNET REPORTING

## ACCIDENT NOTIFICATION



### LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

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

Accident & Health (U.S.)

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

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

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

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

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

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

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

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

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

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

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

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

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

# INCIDNET REPORTING

## ACCIDENT NOTIFICATION

### For Residents of California:

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

### For Residents of New York:

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

### For Residents of Pennsylvania:

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

### For Residents of All Other States:

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

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)		
Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: ( ) Business: ( ) Fax: ( )
Were you a witness to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide names and addresses of any known witnesses to the reported accident.		

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

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

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

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

Date \_\_\_\_\_ League Official Signature \_\_\_\_\_

# INCIDNET REPORTING

## ACCIDENT TRACKING

### For Local League Use Only

#### Activities/Reporting

#### A Safety Awareness Program's Incident/Injury Tracking Report

League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Incident Date: \_\_\_\_\_  
 Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_  
 Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female  
 City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Parent's Name (If Player): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
 \_\_\_\_\_  
 Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

#### Incident occurred while participating in:

A.)  Baseball  Softball  Challenger  TAD  
 B.)  Challenger  T-Ball  Minor  Major  Intermediate (50/70)  
 Junior  Senior  Big League  
 C.)  Tryout  Practice  Game  Tournament  Special Event  
 Travel to  Travel from  Other (Describe): \_\_\_\_\_

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

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

Type of injury: \_\_\_\_\_  
 \_\_\_\_\_

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

Was professional medical treatment required?  Yes  No If yes, what: \_\_\_\_\_  
 (If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

#### Type of incident and location:

A.) On Primary Playing Field  
 Base Path:  Running or  Sliding  
 Hit by Ball:  Pitched or  Thrown or  Batted  
 Collision with:  Player or  Structure  
 Grounds Defect  
 Other: \_\_\_\_\_  
 B.) Adjacent to Playing Field  
 Seating Area  
 Parking Area  
 C.) Concession Area  
 Volunteer Worker  
 Customer/Bystander  
 D.) Off Ball Field  
 Travel:  
 Car or  Bike or  
 Walking  
 League Activity  
 Other: \_\_\_\_\_

Please give a short description of incident: \_\_\_\_\_  
 \_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at [http://www.littleleague.org/Assets/forms\\_pubs/asap/AccidentClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf) and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: [http://www.littleleague.org/Assets/forms\\_pubs/asap/GLClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf).

Prepared By/Position: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPENDIX

## CONJEO VALLEY LITTLE LEAGUE



# CA SEXUAL ABUSE PREVENTION ACT

## New California Sexual Abuse Prevention Legislation *AB2669 modifies AB506 requirements*

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*What did AB506 require?*

*Which AB506 requirements are modified by AB2669, and how?*

*What potential error is created by the ‘Legislative Digest’?*

In the wake of the largest sexual abuse settlement in US history, Assembly Bill No. 506 (AB506) became law in California on September 16, 2021 with an effective date of January 1, 2022. The legislative history of AB506 makes it clear that lawmakers in California do not want a repeat of the sexual abuse crises encountered by Boy Scouts of America.

Many have criticized AB506, and two criticisms are addressed by AB2669, which was signed into law on September 6, 2022.

### **STANDARD OF CARE**

All organizations serving children must meet a *standard of care* related to all known or foreseeable risks. In child-serving contexts, a standard of care related to child sexual abuse risk requires that organizations take *reasonable steps to address the known risk of sexual abuse* by the implementation of an effective Safety System.

Effective screening is *one* element of an effective Safety System; every child-serving organization must make a reasonable effort to obtain information about any staff member or volunteer’s past criminal history. Background checks are a critical element of effective screening. Well before the passage of AB506 or AB2669, background checks were required or mandated by existing licensure or standard of care requirements.

### **AB506 – NEW REQUIREMENTS**

AB506 was aimed at ‘Youth Service Organizations’ and outlined requirements related to training, background checks and policies. AB2669 modifies AB506 requirements related to background checks and policies.

## AB506 – BACKGROUND CHECK REQUIREMENT

Long before AB506 was promulgated, California Youth Service Organizations had access to California Department of Justice information through Penal Code Section 11105.3:

(a) Notwithstanding any other law, a human resource agency or an employer **may** request from the DOJ [*California*] records of all convictions or any arrest pending adjudication ... of a person who applies for a license, employment, or volunteer position, in which they would have supervisory or disciplinary power over a minor ... . [**emphasis added**]

Prior to AB506, this access was not *required*: an employer ‘**may**’ request DOJ records from the state of California. If an organization chooses to request DOJ records, the particular process for doing so is known as *Live Scan*. As many child-serving entities have learned, the Live Scan process is expensive, administratively challenging and requires fingerprinting. Notwithstanding these obstacles, California DOJ records were available to any child-serving organization willing to overcome the administrative and financial challenges – *and many organizations did*.

AB506 changed ‘may’ to ‘shall’: all Youth Services Organizations *shall* perform a Section 11105.3 search on all administrators, employees and regular volunteers (effective January 1, 2022).

This requirement created immediate difficulty for many California entities, more fully described in this [prior article](#).

### AB2669 Delays ‘Effective Date’

AB2669 pushes back the requirement that Youth Service Organizations perform Section 11105.3 searches until *January 1, 2024*, by adding subparagraph (2):

#### Section 18975(b)

**(1)** An administrator, employee, or regular volunteer of a Youth Service Organization shall undergo a background check *pursuant to Section 11105.3 of the Penal Code* to identify and exclude any persons with a history of abuse.

**(2)** Until January 1, 2024, paragraph (1) shall not apply to a Youth Service Organization that, prior to January 1, 2022, did not require administrators, employees, or regular volunteers to undergo background checks pursuant to Section 11105.3 of the Penal Code.

In short, the California legislature learned that California Youth Service Organizations needed a longer runway to accommodate the newly required search.

### Avoid Legislative Digest

A ‘Legislative Counsel’s Digest’ provides a summary expression of any statute, putting legislative intent into easy-to-understand language, removing the necessity for a layperson to fight through code section additions, removals and legislative structure. In this case, the Legislative Digest has created unnecessary confusion in its description of AB2669, suggesting that any Youth Service Organization *not* undertaking background checks *prior* to AB506 need not begin undertaking background checks until January 1, 2024. See below:

**AB2669 (effective immediately)**

This bill would, until January 1, 2024, exclude from this background check requirement youth service organizations that, prior to January 1, 2022, did not require administrators, employees and regular volunteers to undergo background checks.

This is neither the intent nor the content of AB2669.

Instead, the new legislation states that Youth Service Organizations not already accessing California DOJ records through Live Scan prior to AB506 (January 1, 2022) may delay compliance until January 1, 2024.

In either case, all Youth Service Organizations should meet current standards of care, which requires a reasonable search for information related to past criminal history – a criminal background check. AB2669 allows Youth Service Organizations to plan for the administrative and financial challenges related to AB506 compliance; it does not give a pass to organizations not otherwise performing background checks, thereby failing to meet *pre-existing* standards of care.

**AB506 – TWO ADULT REQUIREMENT**

Pre-existing standards of care related to child protection require effective Policies and Procedures as an element of an effective Safety System. Policies and Procedures provide a written framework describing what *is* and *is not* permissible within a child-serving program. Depending on the type of programs or services offered, population served and facilities utilized, Policies and Procedures should address the abuser’s *grooming process*, *common grooming behaviors*, forms of acceptable touch and talk, use of electronic communication and social media, peer-to-peer sexual abuse, internal reporting processes and other topics.

AB506 focuses on two policy expressions, one of which essentially codifies the *two adult rule* – requiring the presence of two adults in any program providing services to children. AB2669 attempts to solve a problem created by AB506 for a very narrow program model: one-to-one mentoring. AB2669 modifies AB506, adding subparagraph (B) as follows:

**Section 18975(c)**

A Youth Service Organization shall develop and implement child abuse prevention policies and procedures, including, but limited to, both of the following:

- (1) Policies to ensure the reporting of suspected incidents of child abuse to persons outside the organization ... and
- (2)
  - (A) Policies requiring, to the greatest extent possible, the presence of at least two mandated reporters whenever administrators, employees, or volunteers are in contact with, or supervising, children.
  - (B) **This paragraph shall not apply to an organization that provides one-to-one mentoring to youth that has adopted and implemented the policies described in paragraph (1) and has adopted and implemented policies to ensure comprehensive screening of volunteers, training of volunteers and parents or guardians, and regular contact with volunteers and parents or guardians.**

In essence, AB2669 removes the requirement for the ‘presence of at least two mandated reporters’ in programs providing one-to-one mentoring to youth. Not surprisingly, this modification was requested by Big Brothers Big Sisters, an organizational model significantly impacted by the *two-adult* requirement. Other entities challenged by the two-adult requirement include youth counseling programs and religious organizations having one-to-one interaction in preparation for religious rituals and rites (i.e., Confirmations, Bar and Bat Mitzvahs) and youth counseling programs.

The removal of the two-adult requirement, however, is conditioned upon the organization having specific controls in place, including adoption of policies described in paragraph (1):

*the requirement that suspected incidents of child abuse are reported to persons outside the organization.* In addition, an organization must have adopted and implemented:

- Policies to ensure *comprehensive screening of volunteers*,
- Training of volunteers and parents or guardians, and
- Regular contact with volunteers and parents or guardians.

Big Brothers’ point is this:

The value of our one-to-one program model is mission critical for a high-risk segment of the population; one-to-one mentoring facilitates life change. Our programming model precludes compliance with the two-adult rule, but we work to offset the risk inherent in one-to-one interaction with *other* child protection protocols. These ‘other protocols’ were incorporated into AB2669’s modification of AB506.

In short, AB2669 says this: if an organization has a program (or program element) involving *one-to-one mentoring*, the two-adult requirement may be set aside *IF* the organization maintains regular contact with all parties involved (volunteers, parents or guardians), and has implemented reporting policies, comprehensive screening and effective training. Unfortunately, no specificity is provided by AB2669.

### **Reporting Requirements**

AB2669 requires that mentoring organizations have policies in place that clearly state that suspected child abuse or neglect *must* be reported to appropriate authorities. This policy expression constitutes compliance with fundamental standard of care (and mandatory reporting requirements), and pre-existed both AB506 *and* AB2669.

### **Policies to Ensure ‘Comprehensive Screening of Volunteers’**

AB2669 presents two immediate challenges inherent in this requirement: (1) the law contains no clear expression or definition of ‘comprehensive’; and (2) no requirement that ‘comprehensive screening’ include *employees*, who arguably have *greater* direct contact with children.

### What Constitutes ‘Comprehensive Screening’?

Though not defined, the law presumably requires something more intensive than *basic screening*, as the *comprehensive* nature of the required screening is meant to offset the heightened risk of sexual abuse inherent in unsupervised one-to-one interaction with a child (e.g. mentoring programs).

In its most basic form, what does *screening* entail? Where child sexual abuse risk is concerned, *the best predictor of future behavior is past behavior*. Effective screening gathers information about a candidate's *past behavior* to discern indicators of *future* behavior. Two important purposes for screening include:

- (1) fitness for purpose: CAN the candidate do the work; and
- (2) child safety: SHOULD the candidate work in child-serving contexts.

Many employers understand screening related to fitness for purpose, but not child safety. Given the fact that the requirement for 'comprehensive screening' stems directly from child sexual abuse risk, the *comprehensive* nature of the required screening should be keyed to protecting children from sexual abuse.

MinistrySafe and Abuse Prevention Systems recommends Skillful Screening Training to all child-serving organizations. Effective *child protection* screening, an important element of any child-serving organization's Safety System, is required under *pre-existing* standards of care. Effective screening in child-serving contexts includes use of state-of-the-art screening forms (applications, reference checks, interview forms) as well as *training* in the use of those forms. *Forms are just paper* unless screening personnel are trained to recognize *risk indicators*, known from literally decades of offender studies. 98% of convicted offenders participate in offender studies, because if they choose to not, they do not have access to probation, in most states. Forty years of offender studies have yielded incredibly helpful information concerning male and female offender characteristics, and screening personnel should be trained to understand these characteristics; again, child sexual abuse is not an intuitive risk.

An appropriate screening process includes a written application (for both employees and volunteers), an appropriate criminal background check, reference checks and an interview. Every element of the process must include *questions meant to elicit high-risk indicators* or responses from the applicant. Skillful Screening Training describes an effective screening process in child-serving contexts, addressing male and female offender characteristics.

Learn more about [Skillful Screening](#).

#### Employees Not Included

It is clear from AB2669's legislative history that this modifying legislation was introduced by Big Brothers Big Sisters – a mentoring program where mentors are volunteers. The modifying legislation is limited to contexts similar to BBBS: requiring comprehensive screening of the volunteer mentor, as well as significant ongoing communication with the minor child and the child's parents or guardians.

Other programs providing one-to-one mentoring do not necessarily rely on volunteers; services are provided instead by paid staff members (i.e., counselors, clergy). Though it seems intuitive that an individual serving as a mentor undergo comprehensive screening, AB2669 does not require it. The new legislation was passed to clean up oversights in the original piece of legislation, creating other issues to be addressed along the way.

### Regular Contact with Volunteers and Parents or Guardians

This provision is meant to ensure ongoing communication with the child’s caregivers, ensuring lines of communication for feedback related to high-risk behaviors, activities or communication from the mentor.

### **AB2669 EFFECTIVE IMMEDIATELY**

Clearly, AB506 modified existing standards of care for Youth Service Organizations. One-to-one mentoring programs, for example, were immediately impacted in such a way that compliance was not possible. Each day since the effective date of AB506, one-to-one mentoring programs were failing to meet standard of care under the new law – a significant issue for liability and insurability purposes.

Given the immediate and irreparable circumstance, proponents of AB2669 applied for and received ‘urgency status’, ensuring the law would take effect immediately. The bill was signed into law on September 6, 2022 *and is now in effect*.

### **AN EFFECTIVE SAFETY SYSTEM**

The principle underlying purpose of both AB506 and AB2669 is to prevent child sexual abuse in Youth Serving Organizations. The new legislation requires training, background checks and policies. An effective Safety System, however, requires more than the presence of two adults who have received training concerning abuse indicators and reporting.

#### **Five-Part Safety System**

The MinistrySafe Five-Part Safety System includes:

- Sexual Abuse Awareness Training
- Skillful Screening Processes and Training
- Appropriate Criminal Background Check
- Tailored Policies & Procedures
- Systems for Monitoring and Oversight

MinistrySafe provides each Safety System element, with an online management system allowing child-serving organizations to deploy a sustainable system that tracks and archives Safety System data. *Learn more about [MinistrySafe](#) or the [MinistrySafe 5-Part Safety System](#).*

#### **Child Abuse Prevention Training**

MinistrySafe provides professionally produced Child Abuse Prevention Training, including our California supplement designed to comply with AB506, covering the following topics:

- Forms of Child Maltreatment (sexual and physical abuse, neglect, bullying, emotional abuse)
- Identifying Risk Indicators
- Abuser Characteristics
- The Offender’s Grooming Process
- Common Grooming Behaviors
- Peer to Peer Sexual Abuse
- Impact of Abuse on a Child
- California Reporting Requirements
- California Reporting Process

MinistrySafe offers an online system to send, track and renew Child Abuse Prevention Training. To preview the training or view the online management system, contact a MinistrySafe staff member at [Support@MinistrySafe.com](mailto:Support@MinistrySafe.com).

### **SUMMARY**

Through AB506, the California legislature intended to introduce legislation requiring Youth Service Organizations to take necessary steps to protect children from sexual abuse. Unfortunately, AB506 requirements created challenges unforeseen by lawmakers. AB2669 modified two significant issues presented by AB506 related to the Live Scan background check requirement mandated by the new law and one-to-one mentoring programs.

Notwithstanding AB506 and AB2669, all Youth Service Organizations must meet *existing* standard of care requirements: implementation of an effective Safety System.

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**Kimberlee Norris** and **Gregory Love** are partners in the Fort Worth, Texas law firm of [Love & Norris](#) and founders of [MinistrySafe](#) and [Abuse Prevention Systems](#), providing child sexual abuse expertise and preventative protocols to organizations worldwide. After representing victims of child sexual abuse for more than three decades, Love and Norris saw recurring, predictable patterns in predatory behavior. Abuse Prevention Systems (APS) and MinistrySafe grew out of their desire to place proactive tools into the hands of child-serving professionals. Together, as Visiting Faculty at Dallas Theological Seminary, Love and Norris teach the only graduate-level course currently in existence dedicated exclusively to sexual abuse prevention.