



RISK MANAGEMENT

&

SAFETY PLAN

STANDARDS

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INTRODUCTION:

The Kino Baseball League Risk Management and Safety Plan standards has been prepared for all participating coaches, players and parents as an educational tool to assist in assuring that player safety is the number one priority and that safety is everyone's responsibility when it comes to playing equipment, facilities and observance.

The purpose of the Risk Management and Safety Plan is to present basic strategies designed to decrease the likelihood of injury to players, team personnel, spectators, umpires and anyone else associated with the Kino Baseball League and to decrease the potential severity of injuries that do occur by responding appropriately.

CATEGORY ONE INJURIES

The first type of injuries which are called "Category One" are injuries resulting from the inherent risks of baseball when they are played in their normal manner under normal circumstances. Example: While running the bases, a player might fall as he or she rounds first base due to a momentary lapse of attention as he or she steps onto the base and stumbles, or as a base runner approaches third base, the throw from the outfield might inadvertently hit the player in the shoulder. Neither of these type of injuries resulted from unreasonable, outrageous, dangerous behavior. Neither of these injures occurred from behavior outside of the rules. It is clear and reasonable to anticipate that some injuries will occur through the normal course of participation. It is not realistic to assume that every can be eliminated during competition or practice.

CATEGORY TWO INJURIES

The second type of injuries called "Category Two" are injuries resulting from unreasonable, foreseeable circumstances. By definition, if the causes of these injuries is foreseeable, they should be foreseen and reasonable steps should have been taken to prevent them. Category Two injuries are not the result of normal, typical participation (i.e. reasonable behavior); they result from someone's unreasonable behavior.

An effective risk management and safety plan involves decreasing Category One injuries and eliminating Category Two injuries. Since these injuries are the result of behavior that is unreasonable, either through an act of omission or commission and the likely consequence are foreseeable, a potential allegation of negligence exists.

PROGRAM OUTCOME

The Kino Baseball League Risk Management/Safety Plan standard is a framework with the intention to facilitate the planning and implementation of various safety strategies designed to

enhance program safety so that participants, spectators, and everyone else associated with the program can enjoy safe, secure and successful experiences with their association with the Kino Baseball League.

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PROGRAM OUTCOME

This risk management/safety plan standard framework is designed to enhance program safety by accomplishing several important outcomes, such as:

1. Increasing the awareness of the inherent risks and other safety factors associated with youth baseball.
2. Enhancing communication of those inherent risks and other safety factor to the Kino Baseball League's participants and coaches.
3. Facilitating the education of participants and personal concerning these risks and other safety factors and to make a sincere, good faith effort toward decreasing the probability of injury due to various factors, such as unreasonable and unsafe practices that are not inherently part of participation in youth baseball.

All three of these proposed outcomes are designed to decrease the frequency of baseball injuries that can result as part of normal participation. Item three is particularly concerned with prevention or elimination situations that might lead to a claim of negligence since it involves factors not necessarily inherent within baseball participation.

No baseball player ever intends to become injure, but injuries in sport are inevitable. Even though every sport injury has a cause or reason that it occurs, it is not realistic to believe that every injury could actually have been prevented. Perhaps in theory each injury could have been presented, but realistically that is just not the case. Simply put injuries will always occur in baseball. However, not all injuries that occur to participants and spectators are unpreventable, It is important for coaches and those associated with each team that participates in the Kino Baseball League do everything they can within reason to prevent injuries.

STANDARD OF CARE FOR COACHES

The standard of care for youth baseball coaches is to act as a reasonable person would have acted under the circumstance. Coaches that participate in the Kino Baseball League are required to make safety their number one priority while leading a team both at practice and at all games. Coaches are to act reasonable and with good sound judgment and if need be err on the side of safety as it pertains to the physical and mental wellbeing of every player.

Communication with player's parents and the league when it comes to safety concerns or accidents that do occur is paramount. Coaches are required to immediately report and injury to the league and to the parents if they are not present. Coaches are to use reasonable judgment and assume that if a player gets injured it will "go away"

WARNING OF INHERENT RISKS

Manager and members of the coaching staff are recommended to meet with players and their parents or guardians to discuss and distribute important safety information. This is the meeting that is a good opportunity to collect information on players' medical conditions, allergies, emergency contact numbers, etc.

Some items to consider for discussion and as part of hand out documents to the players and parents

1. Always stretch and warm up appropriately before every practice and game.
2. Always stretch and cool down appropriately after every practice and game.
3. Never participate in rowdy or horse play behavior.
4. NEVER SWING OR HOLD A BAT WITHOUT HAVING A BATTING HELMET ON.
5. Never throw a ball to another player until you have made eye contact with that player.
6. Players are to report all injuries to coaches as soon as they occur.
7. Watch where you are moving to avoid collisions with teammates, opponents, or other obstacles.
8. Demonstrate proper sliding skills to avoid injuries from the sliding into a base.
9. "Call the ball" to decrease the likelihood of colliding with a teammate.
10. Be alert when teammates and opponents are batting.

EQUIPMENT

It is the responsibility of the coaches, players and parents to assure that equipment used in practices or Kino Baseball League games is safe for use. Equipment that is deemed not safe is to be immediately removed from practice or a game.

BATTING HELMETS must be double ear flap, have full set of pads on the inside of the helmet, have no cracks and must have the NOCSAE certification affixed to the helmet. If the NOCSAE certification is not on a helmet it must be removed use whether it be at a practice or a game.

Batting Helmets are not to have tape of any kind attached to a helmet, this includes over the ear hole.

If interior pads are missing from a helmet, the helmet cannot be used.

Cracks of any kind observed on a batting helmet will require the helmet to be immediately removed from use.

It is mandatory that batting helmets will be worn by every player while waiting to bat, at bat, as a base runner, while retrieving balls in foul territory that remain in the field of play, and while as acting a protector for when a pitcher and catcher warm up on the side within the playing field during a game.

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EQUIPMENT

Players are required to wear their batting helmet all the way to the dugout before it is removed. The umpires will give a team a warning for the first time this standard is not met during a game. A second violation, the umpire has the authority to restrict the player violating this standard to the bench for the remainder of the game.

CATCHER EQUIPMENT must include chest protector, shin guards, mask/helmet combination.

SKULL CAPS ARE NOT PERMITTED.

Coaches and catchers are to check the screws on the mask that attaches to the helmet to assure for tightness.

The catcher's helmet and mask combination shall meet the NOCSAE standard. Any helmet or helmet and mask combination shall have full ear protection (dual ear flaps), a throat protector, which is either a part of or attached to the catcher's mask is mandatory. The throat protector shall adequately cover the throat area.

The commercially manufactured catcher's head, face and throat protection may be a one piece or multi piece design.

Catcher mask/helmet must be worn by players when they are warming up a pitcher whether it be at home plate or on the side. Umpires have the authority to stop the game and give a team a warning for violation of this standard. A second violation in the same game will result in the violating individual to be restricted to the bench for the remainder of the game. A third offense in the same game, the individual violating the standard and the team manager are ejected from the game.

Shin guard straps and screws are to be checked, along with any cracks in the knee cap area. If cracks appear remove the shin guard from immediate use.

BATS: Coaches, players and parents are to assure that correct bat is being used per the league rule. The bat must be free of cracks and dents. If a bat has cracks and/or dents is must be removed from use both at practice and during a game.

- BBCOR drop 3 certified bats are used in age divisions 14U thru the high school and college divisions. The bat must have silk screen certification in order to be legal for use.
- 2 5/8" diameter barrel metal alloy bats are permissible for use (any drop 5,7,9, 10, etc) in the 13U Divisions and Babe Ruth 13-15 divisions.
- 2 ¼" diameter barrel metal alloy bats are permissible for use in the 10U, 11U, 13U divisions. The bat must have silk screen 1.15BPF certification labeled on the bat.
- 2 ¾" diameter barrel bats are NOT PERMITTED FOR USE.

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EQUIPMENT--Bats

- Solid one piece wood bats (ash or maple) are permitted up to 42" in length.
- Penalties for any illegal bat use are identified in the Kino Baseball League playing rules established for each division.

The tampering or the alteration of any bat is illegal and can be a federal offense.

JEWELRY

It is the responsibility of the coaches, players and parents to assure that players come to the park wearing no jewelry.

Jewelry is defined as: any ornaments for personal adornment, including but not limited to necklaces, earrings, bracelet's including those made of base metals, glass, plastic, rubber, cloth, leather or the like.

Medical alert medallions are permissible but must be taped to the body.

Religious medals are permitted, but must be taped to the body and worn under the uniform.

NOTE: The rosary is not classified as a religious medallion

Under the Kino Baseball League playing rules there are penalties identified for single to multiple violations of this safety standard during game.

DUGOUTS

Roster players and coaches are the only ones permitted inside a dugout during a game. All other non-team personnel will be removed from the dugout prior to the start of a game.

All players and coaches shall remain within the dugout at all times during a game.

Umpires at the pre-game plate meeting will identify the dugout parameters depending on each game site dugout set up.

NO PLAYER OR COACH is permitted to be outside the dugout during the game (exception on-deck batter).

Coaches are not permitted to be sitting on buckets, chairs or standing in front the dugout fence during a game. Under Kino Baseball League playing rules, violation of this standard is identified and enforced by the game umpires.

Players are not permitted at any time to swinging bats inside the dugout, Coaches are to immediately react to this situation.

FIRST AID KITS

Coaches are responsible for having on hand for all practices and games a first aid kit that contains at minimum band aids, tape, alcohol preps, gloves, sterile gauze dressings, ice packs.

Also, coaches should carry a supply of paper towels and regular cloth towels that may be needed to compress bleeding.

EMERGENCY PREPAREDNESS

Not all parents or guardians attend every practice or game, thus coaches should have readily available the list of all player parental and/or guardian contact numbers in the event they need to be called if a player gets injured and requires medical treatment during a practice or game.

Coaches should also be aware of any player special medical conditions, i.e. asthmatic conditions, allergic reaction to bee stings, diabetic, etc.

When practicing, coaches should make a note to where the nearest hospital/urgent care facility is located in relation to the practice site in the event a player requires to be transported to such a facility by the EMT's

HYDRATION

Players and coaches need to bring plenty of water to every practice and game. Players if they have their own water bottle it should have their name on the bottle, thus to avoid someone else taking the bottle to drink out of.

Coaches are recommended to appoint another coach or parent to be in charge to bring a water cooler filled with ice and water to every practice and game that can be available for those that did not bring a bottle of water.

Coaches need to be observant that every player stays hydrated during a practice or game.

WARNING SIGNS OF DEHYDRATION:

1. Thirst
2. Flushed skin
3. Premature fatigue
4. Increased body temperature
5. Faster breathing and pulse rate
6. Increased perception of effort
7. Decreased exercise capacity
8. Dizziness
9. Increased weakness
10. Labored breathing with exercise

Fluid Replacement

Replace fluids during exercise to promote adequate hydration. Drink water rather than pouring it over your head. Drinking is the only way to rehydrate and cool your body from the inside out. Sports drinks are more appropriate than water for athletes engaged in moderate to high intensity exercise that lasts an hour or longer. Rehydrate after exercise by drinking enough fluid to replace fluid losses during exercise.

CONCUSSIONS

The Centers of Disease Control and Prevention (CDC) defines a concussion as a traumatic brain injury (TBI) caused by a bump, blow or jolt to the head that can change the way a brain functions.

Concussions can also occur from a fall or blow to the body that causes the head and brain to move quickly back and forth.

Symptoms of concussion usually fall into four categories:

 Thinking/ Remembering	 Physical	 Emotional/ Mood	 Sleep
Difficulty thinking clearly	Headache Fuzzy or blurry vision	Irritability	Sleeping more than usual
Feeling slowed down	Nausea or vomiting (early on) Dizziness	Sadness	Sleep less than usual
Difficulty concentrating	Sensitivity to noise or light Balance problems	More emotional	Trouble falling asleep
Difficulty remembering new information	Feeling tired, having no energy	Nervousness or anxiety	

CONCUSSIONS

Some of these symptoms may appear right away, while others may not be noticed for days or months after the injury, or until the person starts resuming their everyday life and more demands are placed upon them. Sometimes, people do not recognize or admit that they are having problems. Others may not understand why they are having problems and what their problems really are, which can make them nervous and upset.

The signs and symptoms of a concussion can be difficult to sort out. Early on, problems may be missed by the person with the concussion, family members, or doctors. People may look fine even though they are acting or feeling differently.

When to Seek Immediate Medical Attention:

Danger Signs

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and

crowd the brain against the skull. Contact your health care professional or emergency department right away if you have any of the following danger signs after a bump, blow, or jolt to the head or body:

- Headache that gets worse and does not go away.
- Weakness, numbness or decreased coordination.
- Repeated vomiting or nausea.
- Slurred speech.

The people checking on you should take you to an emergency department right away if you:

- Look very drowsy or cannot be awakened.
- Have one pupil (the black part in the middle of the eye) larger than the other.
- Have convulsions or seizures.
- Cannot recognize people or places.
- Are getting more and more confused, restless, or agitated.
- Have unusual behavior.
- Lose consciousness (*a brief loss of consciousness should be taken seriously and the person should be carefully monitored*).

CONCUSSIONS

Coaches must take extreme caution when a player wearing a helmet gets hit in the head with a thrown ball. If any of the four items as identified in the concussion chart show up on a player's response, the player is to be immediately removed from the game and is to not for the remainder of that game.

Other signs of a concussion are: if one pupil appears to be larger than the other; If the player is disoriented or confused' experiencing double visions; if the eyes fail to move together; If there is mobility problems or is unsteady walking. If these items appear seek immediate medical attention (**call 9-1-1**) whenever in doubt regarding a head or neck injury.

Coaches need to contact the players parents/guardian immediately if they are not in attendance at the practice of game to advise of the situation and conditions.

CERTIFICATION: The National Federation High Schools (NFHS) provides an on-line concussion course that coaches are recommended to review and take for concussion certification. Web site: www.nfhs.org

FIRST AID GUIDELINES

The following are some sample emergency response guidelines that could be helpful to the coaches in responding appropriately when injuries occur to the players. NOTE: This is a brief summary of some key first aid components adapted from the National Safety Council's First Aid and CPR. For more detailed information please refer to a comprehensive first aid manual.

IMPORTANT; Whenever you are in doubt, seek medical attention by calling 9-1-1

CLOSED WOUNDS

Contusion (bruise)—results when a blunt object strikes the body. The skin not broken and no blood appears on the skin's surface. This is the only type of closed wound. Signs and symptoms include discoloration, swelling, pain, redness and loss of use.

FIRST AID FOR CLOSED WOUNDS

Control bleeding by applying ice and an elastic bandage immediately to the injury. Cold constrict blood vessels and slows down bleeding. Compression over the area also helps decrease bleeding. Be aware of and check for a fracture. Elevate injury above the victim's heart level to decrease swelling and pain. Utilize the RICE method---Rest, Ice, Compression and Elevation.

OPEN WOUNDS

- Abrasion—scraped skin resulting in a partial loss of the skin surface. It has little bleeding but can be very painful and serious if it covers a large area or if foreign matter becomes embedded in it.
- Incision—wound is smooth-edged and bleeds freely. The amount of bleeding depends upon the depth, location and size of the wound. There may be severe damage to muscles, nerves and tendons if the wound is deep.
- Laceration—skin cut with jagged, irregular edges. It can bleed freely.
- Puncture—a stab wound from a pointed object. The entrance wound is usually small. Special treatment of the puncture wound may be required when the object causing the injury remains impaled in the wound

FIRST AID FOR OPEN WOUNDS

Call 9-1-1 immediately

While waiting for the EMT unit to arrive you can remove clothing that might be covering up the wound.

PERSONAL PROTECTIVE EQUIPMENT –to protect against exposure to hepatitis or AIDS by wearing latex or vinyl gloves or using other methods of protection, such as extra layers of dressings, plastic materials, towels, etc.

Wash the wound.

Control bleeding by applying pressure while using a dry sterile dressing or clean cloth over the entire wound. Cover the wound with a sterile gauze dressing and bandage.

Do not remove any impaled objects.

Seek assistance in cleaning or control of bleeding is difficult to accomplish.

Other type of open wounds to be aware of include:

- **Bone, joint and muscle fractures**—break or crack in a bone, open type when the skin is broken and bleeds externally or closed when the skin is not broken. While waiting for medical assistance, at minimum if bleeding cover the wound. Do not try to splint. Keep talking to the injured person and provide positive comments during this type of severe injury. **CALL 9-1-1**
- **Dislocation**- look for deformity of the joint, severe pain in the joint, swelling around the joint, discoloration, and the inability to move the injured area. Do not splint. If parents or guardian is not present **CALL 9-1-1**
- **Ankle Injuries**—most common in baseball. It is difficult to tell the difference between a severely sprained or fractured ankle. Treat the injury as a fracture until medical attention arrives. Apply ice wrapped in a towel. Apply snug, but not too tight. **CALL 9-1-1**
- **Muscle injuries** – strain, also known as a muscle pull occurs when the muscle is stretched beyond its normal range. Apply ice wrapped in a towel, snug compression with an elastic bandage. If parents/guardians are present have them take the player to the hospital or urgent care for evaluation and treatment. If the parents/guardians not present, contact them immediately to advise them and to have them come to the practice or game site to take the player to the hospital or urgent care for treatment.
- **Head and Neck Injuries** –Any head injury may be accompanied by a spinal injury. If suspected a spinal injury—keep the head, neck and spine in the same alignment **CALL 9-1-1**
- **Unconscious victims**—Assume that all unconscious victims or head injury have a spinal neck injury. **CALL 9-1-1** Check for severe bleeding. Cover any bleeding with sterile dressing . If blood or fluid is coming from the ear do not stop it.
- **Conscious victims**—**CALL 9-1-1** Check for spinal injury by noting arm or leg weakness or paralysis. Stabilize the head and neck as they were found to prevent movement. Ask the victim what day it is, where they are, home address, etc. Another helpful tip is to ask the victim to count from 1 thru 10 and ask them to repeat it. If the victim cannot answer these simple questions, there may be a significant problem. Failing on short term memory test indicates concussion.

FIRST AID FOR OPEN WOUNDS

The immediate response for treatment to a injured player or coach is important and by calling **9-1-1** family members, parents or guardians present are not to permitted to remove the individual from the site. Once the medical professionals arrive on the scene, then the parents/guardians or other family members present can then be involved with process of working with the EMT's.

INJURY RESPONSE

Since some injuries are inevitable in baseball, coaches must be properly prepared to deal with the inevitable.

1. Health status—know the health and physical condition of your players, and act appropriately with this information. EXAMPLE: Player is diabetic. Coaches need to have this information documented in advance and how to respond to complications that might arise from this and other medical conditions that might exist among each player.
2. Medical Emergency Plan – **When in doubt call 9-1-1**. If parents/guardians are not present at a practice or game, have their contact numbers available and communicate with them immediately to advise of such medical conditions. Until emergency medical treatment arrives implement appropriate first aid measures. Instruct your players where and how to access 9-1-1. Players can very helpful in an emergency situation, particularly if the injured person is a coach.
3. First Aid – be able to offer appropriate emergency first aid to injured players or that it is offered in a timely and correct manner. Stay within the boundaries of knowledge and skills. Know when to seek additional help by being able to recognize the potential seriousness of an injury. Again, **if in doubt call 9-1-1**.
4. First Aid/Supplies – Have necessary emergency first aid materials and supplies available in a first aid kit that is readily accessible. Make sure such a first aid kit is brought to the field and in the dugout—not sitting at home or in a vehicle.
5. Consent to Treat – Obtain written permission from a parent to obtain necessary medical treatment for every player in the event that the parent/guardian is unavailable to grant such permissions when it is needed. Keep and maintain these documents and bring to the field to have readily available, whether it be for a practice or a game.

6. Reporting – Players or coaches that get injured during any Kino Baseball League, the manager shall submit an e-mail document to the league advising of such an injury to include the following:
 - a. What type of injury
 - b. What location to the body did the injury occur
 - c. Date and time of the event
 - d. Was first aid treatment provided and if so, by whom
 - e. Was 9-1-1 required to be called and if so where the player parents or guardian contacted.

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TRANSPORTATION OF ATHLETES

Travel to Kino Baseball League games is a given and many instances multiple players car pool with those parents or coaches who are available to transport them to practice or games. To keep travel safe for all participants, consider the following:

1. Insurance – know that vehicles used are adequately insured by their owners in the event of a serious accident.
2. Drivers – recruit drivers who have safe driving records and who are mature and serious about their driving responsibilities. Use drivers with several years of driving experience whenever possible. Determine that drivers are legally licensed and have no restrictions placed upon their driving record that they might violate during their transportation, such as license suspension for drunken driving, vision correction restriction but they have no eye glasses or contact lenses at the current time, etc.
3. Condition of Vehicles – utilize vehicles that are mechanically and functionally sound to minimize the likelihood of vehicle malfunction that could lead to injury. Whenever possible, use vehicles that have emergency equipment, such as a tire jack, spare tire, flashlights, etc. to minimize the effects of roadside emergencies.
4. Supervisions – encourage drivers to maintain control over their passengers while traveling so that the driver's attention is not hindered—no horse play in a vehicle.
5. Open Bed Trucks – players are not be sitting in an open bed of a pick up truck—there are no seat belts present and that any sudden turn or jolt could eject individuals out of the open bed and cause serious injury.
6. Seat Belts – everyone in a vehicle must be wearing seat belts.

7. Multiple Vehicles – when traveling with more than one vehicle, consider traveling together or at least with two vehicles together in the event of a traveling emergency.
8. Communication – If an accident occurs, the driver of the vehicle, if not the manager or coach of the team, must report such an incident to the manager who in turn will communicate with the player's parents/guardian if applicable.

AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act (ADA) makes it illegal for both public and private entities to discriminate on the basis of disability in the areas of employment, public services, public accommodations, transportation, and telecommunications. The ADA applies to all people with physical or mental impairments that substantially limit one or more major life activities. Such activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself. The law applies to individuals who have a history of such impairment as well as those who are perceived as having such an impairment. In some cases, people who have relationships or associate with individuals with disabilities are also protected.

The ADA mandates that no individual shall be discriminated against on the basis of disability "in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation." Examples of these categories include potential participants and spectators of the Kino Baseball League. "Public accommodations" are not simply publicly owned or governmental facilities; they are places and facilities frequented by members of the public. These provisions became effective January 26, 1992.

Team managers are to communicate with the Kino Baseball League immediately to notify the league any special accommodations that may be required for a player.

FACILITIES/CUSTOMER SAFETY

The Kino Baseball League shall schedule work crew staff to city and county fields for the purpose of preparing the field for every game to include but no limited to filling in a holes at home plate, pitcher mound, around the bases. Water (if available) all dirt areas to minimize dust uprising that affects air quality for the participants and spectators.

Rake/broom dirt areas. Drag infield area and mark the foul lines and batters and catcher' box.

Inspection of Field – certain parts of a practice and game facility should be inspected each time prior to use by a member the coaching staff. Q quick check of the field will determine whether holes have appeared in the field, glass bottles have been broken, etc., since it was last used. Players should be taught to look for potential problems with the field and to report these concerns to the coaching staff immediately.

Inspection of Other areas – such as spectator seating areas, restrooms, lighting systems, walkways, etc are to be inspected prior to the start of the season by league officials.

Seating/bleachers, walkways, dugouts, fencing, etc. that require repair, the league will contact the appropriate municipality to advise them of such safety conditions that require corrective action.

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WEATHER CONDITIONS

LIGHTNING:

- Practices – coaches have full responsibility for the awareness and sighting of lightning and other dangerous weather conditions and they must take immediate action to assure that all players, coaches, parents to leave the practice field and go to their vehicles and remain there until the coach determines that the weather has passed.

- Games – For all Kino Baseball League games:
 - Umpires will immediately suspend play at the first sight of cloud to ground lightning within 5 miles.
 - All participants must immediately leave the playing field and dugout area and go directly to the parking lot and get into their vehicle
 - The game will be suspended for minimum 30 minutes

- Each cloud to ground strike within the 5 mile limit will start a new 30 minute clock.
 - Players safety—players that refuse to leave the playing field as mandated by the umpires and/or league officials if present risk not only their safety, but the safety of those around them, and in this instance the umpires communicate this action to the league and the league reserves the authority to suspend player(s) for their next scheduled game for not following the mandated field removal instructions from the umpire.
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- Do not sit on metal bleachers or dugout seats
 - Do not stand next to chain link fencing or any metal objects
 - No one should have a bat in their hand
 - Do not stand under a natural lightning rod such as a large isolated tree
 - Vehicles should be hard top—convertible type vehicles are unsafe.

WEATHER CONCERNS

- Appropriate clothing – coaches are to encourage players to dress appropriately for the weather and for the possibility of changing weather. This can include being prepared for cold, wind, rain, heat, etc., and various combinations of weather conditions, such as cool and wind which could produce dangerous wind chills.
- Footwear – coaches are to encourage players to wear appropriate footwear for extreme weather, such as wet fields that might necessitate an extra change of socks.

- Severe Weather – be aware of severe weather watches and warnings, such as high winds, heavy storms, and be prepared with a plan of action for this type of unique severe weather.
- Heat – Hydration, Hydration, Hydration. Sunscreen, sunglasses, baseball hats.
- Weather Information – when in doubt about changing weather conditions, communicate with an up to the minute weather source.
- Communication – Coaches are to communicate severe weather information to players, parents, spectators, etc. in a timely manner so that appropriate action can be taken when necessary.

BACK GROUND CHECKS

The Kino Baseball League is a team in tact oriented program that includes club travel and high school organized teams. The league does not register individual players or coaches as traditional type programs, i.e. Little League. Teams enter the league with players and coaching staffs in place.

Manager and coaching staffs are responsible for selecting, playing, disciplining players for team rules violations, academics, etc. The league does not get involved with the management of a team.

Parents must be fully aware of the adult supervision of a team before they get involved.

For 10U, 11U, 12U and 13U divisions, the league does require that manager and coaches that operate a team shall be required to complete and submit a coach's application (which can be downloaded from the league web site) to the league that will be used the league in conducting background screening check prior to the start of a season.

For 14U and older teams that are not high school sponsored, manager and coaches are required to complete and submit a coach's application to the league for background screening prior to the start of a season.

BACK GROUND CHECKS

For high school teams, the home high school is required by state law to have conducted background screening and finger print taking prior to an individual being authorized to be a coach with the team. The league will not do background screening check for these individuals. The league does have the right at any time during a season to request of a coach to present approved back ground documentation.

Although criminal background information is public information, it is important to treat this information and the individuals to whom it pertains to with appropriate discretion and confidentiality. The purpose of the background check is to assure and determine whether adults who are supervising a team have anything in their past that might disqualify them from working with young athletes.

Negative background screening reports will be handled between the league and the individual. The league has the authority to disqualify an individual from coaching a team for a negative report.

Negative reports that at a minimum involves, conviction as a sex abuser, identified as a sexual predator, drug dealing or as a drug user, manslaughter that involves DUI or DWI will automatically disqualify an individual from being directly associated with a team in any capacity.

Reports that identify someone who has received DUI (driving under the influence) or DWI (driving while intoxicated) convictions since the transporting of youth is a common occurrence, the league will meet with the individual in private to review the report and present a written document to the individual that prohibits them from transporting other players (other than their own child) to and from Kino Baseball League scheduled games.

The league shall use First Advantage Screening Solutions as the firm that will provide background reports.

LENGTH OF BACKGROUND RECORD

The league will maintain the initial background check for up to three (3) years. If a coach is still involved with the league after three years in the 10U, 11U, 12U, 13U or older non-high school sponsored teams, they will be required to completed and re-submit another coaching application for an updated background check.

Those that are disqualified from being a coach in the league, the league will maintain the report that identified such negativity permanently. Such individual will not be permitted to coach in the league in any capacity at any future time with any team.

SUMMARY and CONCLUSION

This Risk Management/Safety Plan has been designed for the many individuals who dedicate countless hours to the leadership of their various teams. The Kino Baseball League knows that adult that that is directly involved with a team has a sincere interest for the young athletes. The league also believes that adult has a genuine interest in protecting each of the participants, spectators, and other volunteers from unreasonable harm. More specifically, the league believes that each adult has the ability to demonstrate reasonable behavior as they perform their duties with the Kino Baseball League

The purpose of the Risk Management/Safety Plan has been to facilitate the reasonably safe operation of the Kino Baseball League. The goals of decreasing the likelihood of injuries related to the inherent risk of baseball, decreasing or eliminating the likelihood of unreasonable injuries, and minimizing the extent of injuries that do occur are all attainable goals through the mechanism of sound planning. It is with this desire to assist the planning process that this Risk Management/Safety Plan has been developed.

A copy of this plan will be posted on the league web site www.kinobaseball.com and is available for public viewing.