PreK T-Ball: 10am – 11am  
T-Ball: 11:30am – 12:30pm  
Coach Pitch and Girls Coach Pitch Softball: 1 – 2 pm  
Girls Softball Grades 3 – 9: 2:30 – 3:30 pm

- Welcome  
- Introductions  
  Fred Gusel – Program Manager  
  Andrea Coates: Superintendent of Recreation  
  Lynnette Hoole - Volunteer Manager  
- General Overview of Program  
- Covid-19 Participation Guidelines & Equipment Sanitizing  
- Coaches Conduct and expectations – Practices (Social Distancing and Expectations)  
- Naperville Park District General Code of Conduct (Coaches, Players, Spectators)  
- Grade specific expectations review: Rules, Practice Plans, Skill development  
- Concussion Protocol & Accident reporting  
- WDSRA – Services Explanation & what to expect if it applies to your team  
- Sharing of Space  
- Umpires – Expectations  
- Game Schedules  
- Make up Practice/Game expectations  
- Rosters and Contact with team

Questions and feedback

On behalf of the Naperville Park District and the youth registered for this and all of our sports programs...THANK YOU FOR COACHING!
Participation Guidelines

Baseball and Softball Programs

The following participation guidelines apply to Naperville Park District baseball and softball programs during the 2020 Summer Program Season. The Illinois Department of Commerce & Economic Opportunity Phase 3 Youth Sports Guidelines, in addition to information from public health organizations, was used in the development of the guidelines. The guidelines are subject to change as new information becomes available.

Guidelines for all Athletes, Coaches, Spectators, and Umpires

- Games cannot occur until Naperville reaches Phase 4 of the Restore Illinois Plan and a game schedule is published by the Naperville Park District.
- All athletes, coaches, spectators, and umpires must perform a self-assessment daily and not attend the program if they are ill or exhibiting symptoms of COVID-19. If an individual begins to exhibit symptoms during the game or practice they must be isolated from others before being picked up to leave.*
- If an athlete, coach, spectator, or umpire does have symptoms, they should wait to enter the premises until they have had no fever for at least 72 hours, other symptoms have improved, and at least 10 days have passed since their symptoms first appeared, and after afebrile and feeling well (without fever-reducing medication) for at least 72 hours OR has 2 negative COVID-19 tests in a row, with testing done at least 24 hours apart.
- Whenever possible, equipment and personal items should have proper separation and should not be shared with others. Participants are encouraged to provide their own equipment for the league. If equipment must be shared among players on a team, coaches should sanitize equipment before and after use at practices and games.
- Refrain from high fives, handshake lines, and other physical contact with teammates, opposing players, coaches, umpires, and spectators. A “tip the cap” or team cheer can be used following the game or practice in lieu of the handshake line.
- No spitting or eating seeds, gum, or other similar products.
- Participants must bring their own water bottle. No sharing of water bottles between participants is to be permitted. No team water coolers are permitted.
- Hand washing or hand sanitizing are recommended before and after league activities. Coaches will be provided with an EPA approved disinfectant.
- Athletes should travel to the program location with a member(s) of their immediate household, if possible. No carpooling.

*Per the CDC, symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, and new loss of taste or smell.
Arrival to Field

- All athletes, coaches, spectators, and umpires must adhere to 6 foot social distancing practices while at the field, unless play makes it impractical.
- Coaches and umpires will be provided instruction/education on COVID-19 prevention.
- Balls will be designated to each team for use while that team is playing defense. Balls will not be shared between teams.

Practices

- **Athletes and coaches must adhere to 6 foot social distancing practices, unless play makes it impractical.**
- Activities (e.g. practices, drills, lessons) should be set up to allow for 6 foot distancing between participants.
- Coaches must wear face coverings at all times while coaching when a minimum 6 feet distance cannot be maintained from others.
- Athletes must wear face coverings at all times while not actively participating in the field of play and when a minimum 6 feet distance cannot be maintained from others.
- Team gatherings must not exceed 10 people while Naperville remains under Phase 3 of the Restore Illinois Plan. Teams with rosters greater than 10 athletes and 1 coach must split into multiple gatherings of 10 or fewer and not interact with other groups during practice. 30 feet of distance must be maintained between groups.
- Teams/groups should be static, with no mixing of coaches or participants between groups. New participants will not be added to rosters once the season has started.

Athletes

- **Athletes must adhere to 6 foot social distancing practices off the field of play.**
- Must wear face coverings at all times when not actively participating in the field of play and when a minimum 6 feet distance cannot be maintained from others.

Coaches

- **Coaches must adhere to 6 foot social distancing practices off the field of play.**
- Coaches must wear face coverings at all times while coaching when a minimum 6 feet distance cannot be maintained from others.
- Must ensure that players are following the COVID-19 related guidelines identified in this document and ask athletes prior to the start of league activities if their parent performed a self-assessment.
- Coaches should maintain attendance of the players and coaches who participate at each practice and game.

*Per the CDC, symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, and new loss of taste or smell.*
Spectators

- Spectators are not permitted unless required for parental supervision or non-household members are able to social distance from participants and from one another.
- Must adhere to 6 foot social distancing practices. This includes in and around bleachers for anyone not in the same household.
- Must wear a face covering if a minimum 6 feet distance cannot be maintained from others.
- Must not enter player areas (on the field of play or bench/dugout areas).
- Must keep 6 feet or more distance from the backstop.
- Must not gather in groups of more than 10 people while Naperville is in Phase 3 of the Restore Illinois Plan.

Umpires

- Must adhere to 6 foot social distancing practices when interacting with players, coaches, and spectators off the field of play.
- Must wear face coverings at all times while officiating, and when a minimum 6 feet distance cannot be maintained from others before and after games.
- Must avoid exchanging documents or equipment with players, coaches, or spectators.

Leaving Practices and Games

- Individuals should not congregate in common areas or the parking lot following a practice or game.
- Individuals must not gather in groups of more than 10 people while Naperville is in Phase 3 of the Restore Illinois Plan.
- Individuals should not exchange items, such as post-game snacks or drinks.
- Team meetings may only occur in groups of 10 or fewer people, with 6 foot social distancing practices, rather than in a team huddle.

*Per the CDC, symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, and new loss of taste or smell.*
Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

Stay at least 6 feet (about 2 arms' length) from other people.

Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands.

When in public, wear a cloth face covering over your nose and mouth.

Do not touch your eyes, nose, and mouth.

Clean and disinfect frequently touched objects and surfaces.

Stay home when you are sick, except to get medical care.

Wash your hands often with soap and water for at least 20 seconds.

[Logo: CDC]

cdc.gov/coronavirus
How to Safely Wear and Take Off a Cloth Face Covering

WEAR YOUR FACE COVERING CORRECTLY

• Wash your hands before putting on your face covering
• Put it over your nose and mouth and secure it under your chin
• Try to fit it snugly against the sides of your face
• Make sure you can breathe easily
• Do not place a mask on a child younger than 2

USE THE FACE COVERING TO HELP PROTECT OTHERS

• Wear a face covering to help protect others in case you're infected but don't have symptoms
• Keep the covering on your face the entire time you're in public
• Don't put the covering around your neck or up on your forehead
• Don't touch the face covering, and, if you do, clean your hands

FOLLOW EVERYDAY HEALTH HABITS

• Stay at least 6 feet away from others
• Avoid contact with people who are sick
• Wash your hands often, with soap and water, for at least 20 seconds each time
• Use hand sanitizer if soap and water are not available

TAKE OFF YOUR CLOTH FACE COVERING CAREFULLY WHEN YOU’RE HOME

• Untie the strings behind your head or stretch the ear loops
• Handle only by the ear loops or ties
• Fold outside corners together
• Place covering in the washing machine
• Wash your hands with soap and water

Cloth face coverings are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.

For instructions on making a cloth face covering, see: cdc.gov/coronavirus
Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:

- Cough
- Fever
- Chills
- Muscle pain
- Shortness of breath or difficulty breathing*
- Sore throat
- New loss of taste or smell

Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

*Seek medical care immediately if someone has emergency warning signs of COVID-19.

- Trouble breathing
- Inability to wake or stay awake
- Persistent pain or pressure in the chest
- Bluish lips or face
- New confusion
- New confusion

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.
Youth Baseball and Softball Equipment Sanitization Procedure

The following procedure will be used by volunteer coaches during the Summer 2020 youth baseball and softball season.

Position: Volunteer Coach

Chemical(s) Used: Oxiver TB Disinfectant Cleaner

PPE Required: Surgical Mask or Face-Covering when within 6 feet of other people

Description of task: To sanitize shared baseball and softball equipment. Volunteer Coach should spray shared equipment with Oxiver TB before and after use at practices or games.

Equipment:

- Sports Balls (baseballs/softballs)
- Bats
- Helmets
- Catchers equipment (if applicable)

Note to Volunteer Coach:

If additional sanitizer is needed during the course of the season please contact the youth baseball and softball Program Manager.
MATERIAL SAFETY DATA SHEET

Diversey

Oxivir Tb

<table>
<thead>
<tr>
<th>HMIS</th>
<th>NFPA</th>
<th>Personal protective equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>None / Aucune / Ninguno</td>
</tr>
</tbody>
</table>

Version Number: 2
Preparation date: 2011-11-04

1. PRODUCT AND COMPANY IDENTIFICATION

Product name: Oxivir Tb

MSDS #: MS0200014
Product Code: 4277265, 4277293
Recommended use: Disinfectant / Deodorizer / Sanitizer. This product is intended to be used neat.

Manufacturer, importer, supplier:
US Headquarters
Diversey, Inc.
8310 16th St.
Sturtevant, Wisconsin 53177-1964
Phone: 1-888-352-2249
MSDS Internet Address: www.diversey.com

Canadian Headquarters
Diversey, Inc. - Canada
2401 Bristol Circle
Oakville, Ontario L6H 6P1
Phone: 1-800-668-3131

Emergency telephone number: 1-800-851-7145 (U.S.); 1-851-917-8133 (Int'l)

2. HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW
The product contains no substances which at their given concentration, are considered to be hazardous to health.

Principal routes of exposure: Eye contact. Skin contact. Inhalation. Ingestion.

Eye contact: None known.
Skin contact: None known.
Inhalation: None known.
Ingestion: None known.

3. COMPOSITION/INFORMATION ON INGREDIENTS

<table>
<thead>
<tr>
<th>Ingredient(s)</th>
<th>CAS #</th>
<th>Weight %</th>
<th>LD50 Oral - Rat (mg/kg)</th>
<th>LD50 Dermal - Rabbit</th>
<th>LC50 Inhalation - Rat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrogen peroxide</td>
<td>7722-84-1</td>
<td>0.1 - 1.5%</td>
<td>801</td>
<td>2000 mg/kg</td>
<td>2 mg/L (4 h)</td>
</tr>
</tbody>
</table>

4. FIRST AID MEASURES

Eye contact: Rinse with plenty of water.
Skin contact: Rinse with plenty of water.
Inhalation: No specific first aid measures are required.
Ingestion: No specific first aid measures are required.
Aggravated Medical Conditions: None known

5. FIRE-FIGHTING MEASURES

Suitable extinguishing media: The product is not flammable. Extinguish fire using agent suitable for surrounding fire.
Specific hazards: Not applicable
Unusual hazards: None known
Specific methods: No special methods required

Oxivir Tb 1 of 4
Special protective equipment for firefighters: As in any fire, wear self-contained breathing apparatus pressure-demand, MSHA/NIOSH (approved or equivalent) and full protective gear.
Extinguishing media which must not be used for safety reasons: No information available

6. ACCIDENTAL RELEASE MEASURES

Personal precautions:
Not applicable.

Environmental precautions and clean-up methods:
Clean-up methods - large spillage. Use appropriate containment to avoid environmental contamination. Soak up with inert absorbent material. Sweep up and shovel into suitable containers for disposal. Keep in suitable and closed containers for disposal. Use a water rinse for final clean-up.

7. HANDLING AND STORAGE

Handling:
Handle in accordance with good industrial hygiene and safety practice. FOR COMMERCIAL AND INDUSTRIAL USE ONLY.

Storage:
Protect from freezing. Keep tightly closed in a dry, cool and well-ventilated place. KEEP OUT OF REACH OF CHILDREN.

8. EXPOSURE CONTROLS / PERSONAL PROTECTION

Engineering measures to reduce exposure:
No special ventilation requirements

Personal Protective Equipment

Eye protection:
No special requirements under normal use conditions.

Hand protection:
No special requirements under normal use conditions

Skin and body protection:
No special requirements under normal use conditions.

Respiratory protection:
No special requirements under normal use conditions.

Hygiene measures:
Handle in accordance with good industrial hygiene and safety practice.

<table>
<thead>
<tr>
<th>Ingredient(s)</th>
<th>CAS #</th>
<th>ACGIH</th>
<th>OSHA</th>
<th>Mexico</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrogen peroxide</td>
<td>7722-84-1</td>
<td>1 ppm (TWA)</td>
<td>1 ppm (TWA) 1.4 mg/m³ (TWA)</td>
<td>2 ppm (STEL) 3 mg/m³ (STEL)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 ppm (TWA) 1.5 mg/m³ (TWA)</td>
</tr>
</tbody>
</table>

9. PHYSICAL AND CHEMICAL PROPERTIES

<table>
<thead>
<tr>
<th>Property</th>
<th>Value/Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical State: Liquid</td>
<td></td>
</tr>
<tr>
<td>Appearance: Liquid Aqueous solution</td>
<td></td>
</tr>
<tr>
<td>Specific gravity: 1.01</td>
<td></td>
</tr>
<tr>
<td>Vapor density: No information available</td>
<td></td>
</tr>
<tr>
<td>Boiling point/range: Not determined</td>
<td></td>
</tr>
<tr>
<td>Decomposition temperature: Not determined</td>
<td></td>
</tr>
<tr>
<td>Solubility: Completely Soluble</td>
<td></td>
</tr>
<tr>
<td>Solubility in other solvents: No information available</td>
<td></td>
</tr>
<tr>
<td>Partition coefficient (n-octanol/water): No information available</td>
<td></td>
</tr>
<tr>
<td>Elemental Phosphorus: 0.12 % by wt.</td>
<td></td>
</tr>
<tr>
<td>pH: 3</td>
<td></td>
</tr>
<tr>
<td>Explosion limits: - upper: Not determined - lower: Not determined</td>
<td></td>
</tr>
</tbody>
</table>

* - Title 17, California Code of Regulations, Division 3, Chapter 1, Subchapter 8.5, Article 2, Consumer Products, Sections 94508

10. STABILITY AND REACTIVITY

Stability: The product is stable
Polymerization: Hazardous polymerization does not occur
Hazardous decomposition products: None reasonably foreseeable.

11. TOXICOLOGICAL INFORMATION

Acute toxicity: Oral, Dermal LD50 estimated to be greater than 5000 mg/kg.
Component Information: See Section 3

Oxivir Tb
12. ECOLOGICAL INFORMATION

Environmental Information: No data available

13. DISPOSAL CONSIDERATIONS

Do not contaminate water, food, or feed by storage or disposal

Waste from residues / unused products:
PESTICIDAL WASTE - Observe all applicable Federal/Provincial/State regulations and Local/Municipal ordinances regarding disposal of pesticide wastes.

Pesticide Storage:
Store in original container in areas inaccessible to children. Open dumping is prohibited. Do not reuse empty container.

Pesticide Disposal:
Pesticide wastes are acutely hazardous. Improper disposal of excess pesticide, spray mixture, or rinsate is a violation of Federal Law.

Container Disposal:
Pesticide product disposal requirements vary by package size and type. Pesticides include disinfectants and sanitizers. See product label for complete disposal instructions. Always dispose of according to all federal, state and local applicable regulations.

14. TRANSPORT INFORMATION


DOT Bill of Lading Description: DISINFECTANTS

IMDG Bill of Lading Description: DISINFECTANTS

15. REGULATORY INFORMATION

International Inventories at CAS# Level

All components of this product are listed on the following inventories: U.S.A. (TSCA), Canada (DSL/NDSL).

U.S. Regulations

EPA Reg. No.: 70627-56
DIN# 02283522

California Proposition 65: This product is not subject to the reporting requirements under California's Proposition 65

CERCLA/SARA

<table>
<thead>
<tr>
<th>Ingredient(s)</th>
<th>CAS #</th>
<th>Weight %</th>
<th>CERCLA/SARA RQ (lbs)</th>
<th>Section 302 TPQ (lbs)</th>
<th>Section 313</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrogen peroxide</td>
<td>7722-84-1</td>
<td>0.1 - 1.5%</td>
<td>1000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SARA 311/312 Hazard Categories

Immediate: -

Delayed: -

Fire: -

Reactivity: -
### 16. OTHER INFORMATION

<table>
<thead>
<tr>
<th>Reason for revision:</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared by:</td>
<td>NAPRAC</td>
</tr>
<tr>
<td>Additional advice:</td>
<td>• Does not contain an added fragrance</td>
</tr>
</tbody>
</table>

Notice to Reader: This document has been prepared using data from sources considered technically reliable. It does not constitute a warranty, express or implied, as to the accuracy of the information contained within. Actual conditions of use and handling are beyond seller's control. User is responsible to evaluate all available information when using product for any particular use and to comply with all Federal, State, Provincial and Local laws and regulations.
<table>
<thead>
<tr>
<th><strong>Agency name</strong></th>
<th><strong>Today's date</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Date of incident (mm/dd/yyyy)</strong></th>
<th><strong>Time of incident (hh/mm a.m./p.m.)</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Name of person completing report</strong></th>
<th><strong>Title of person completing report</strong></th>
</tr>
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<table>
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<tr>
<th><strong>Business phone number</strong></th>
<th><strong>Business email</strong></th>
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<tr>
<th><strong>How did the incident occur? (Provide a brief, factual description; do not speculate on fault, etc.)</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Name of the location (park, pool, community center; Ex. Smith Pool, Johnson Community Center) or nearest intersection where the incident occurred.</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Is there an address for this location?</strong></th>
<th>[ ] Yes</th>
<th>[ ] No</th>
<th>[ ] Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>If yes, please provide the following:</strong></th>
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<table>
<thead>
<tr>
<th><strong>Street address</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>City</strong></th>
<th><strong>State</strong></th>
<th><strong>Zip code</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Location (Specify the exact type of location/facility where injury occurred. Ex. maintenance garage, sports field, aquatic outdoor, golf course, etc.)</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Primary location (Specify exact location. Ex. lap pool, cart storage, classroom, pavilion)</strong></th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th><strong>BODILY INJURY</strong></th>
</tr>
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<table>
<thead>
<tr>
<th><strong>If an employee was injured, please submit the form for an Employee Injury (Form 04) type of incident.</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Was a person injured? (Ex. patron, citizen, participant, volunteer)</strong></th>
<th>[ ] Yes</th>
<th>[ ] No</th>
<th>[ ] Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>If yes, please provide the following information:</strong></th>
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<table>
<thead>
<tr>
<th><strong>Last name</strong></th>
<th><strong>First name</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>City</strong></th>
<th><strong>State</strong></th>
<th><strong>Zip code</strong></th>
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</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Home phone #</strong></th>
<th><strong>Work phone #</strong></th>
<th><strong>Cell phone #</strong></th>
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</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Age</strong></th>
<th><strong>Sex</strong></th>
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</table>

<table>
<thead>
<tr>
<th><strong>Is injured person an agency volunteer?</strong></th>
<th>[ ] Yes</th>
<th>[ ] No</th>
<th>[ ] Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Describe the injury (affected body part and type of injury; Ex. confusion, bruise, laceration, sprain, break, etc.)</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Did injured person make any statements?</strong></th>
<th>[ ] Yes</th>
<th>[ ] No</th>
<th>[ ] Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>If yes, what did injured person say?</strong></th>
</tr>
</thead>
</table>


15 Was first aid administered? [ ] Yes [ ] No [ ] Unknown
Name and position of person who administered first aid

What first aid was given?

Did first aid involve AED and/or CPR? [ ] Yes [ ] No [ ] Unknown
If yes, please submit a PDRMA post-AED form.

Were paramedic services offered?
Called and refused (at scene by patron) [ ] Yes [ ] No Offered and called [ ] Yes [ ] No
Offered and refused [ ] Yes [ ] No Offered, refused, called by agency anyway [ ] Yes [ ] No
Unable to respond and called [ ] Yes [ ] No

Were police called? [ ] Yes [ ] No If yes, please provide the following information.
Name of police department
Name of officer

Do you expect this person to submit a claim? [ ] Yes [ ] No [ ] Unknown

**PROPERTY DAMAGE**

16 Was property damaged as a result of this accident/incident? [ ] Yes [ ] No [ ] Unknown

17 If yes, how was the person involved in the accident/incident?
Owner of property adjacent to park district [ ] Patron [ ] Other
Vehicle owner [ ]

18 Last name (or business name) First name (not necessary if business name)
Address
City State Zip code Phone number

**WITNESS INFORMATION**

19 If there was a witness(es) to the accident/incident, please provide the following information:
Last name First name
Address
City State Zip code Phone number

20 Did witness make any statements? [ ] Yes [ ] No [ ] Unknown
If yes, what did witness say?

21 Where was witness when the accident/incident occurred?