



Safety Manual 2022 Season East Mountain Little League

La Madera Road
Sandia Park, NM
87047



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ASAP 15 Requirements

- ✓ Safety Officer on file at Little League International
- ✓ Safety Plan is posted on our website and will be distributed to all managers and coaches prior to the beginning of practices.
- ✓ Emergency numbers are posted on our website, in our concession stand and storage containers.
- ✓ All East Mountain Little League Volunteers are required to complete the Volunteer application and background screening through the JDP Quick App through our Sports Connect website.
- ✓ [Fundamentals training for managers and coaches will be provided through the Big Al Baseball website](#). East Mountain Little League has purchased a league license for the 2022 Season. Managers and coaches will be required to use the resources.
- ✓ Basic first aid training will be provided during our annual manager & coaches meeting, scheduled for April 5, 2022.
- ✓ [Field inspections are required before each game or practice](#).
- ✓ Facility Survey has been completed.
- ✓ For the 2022 season, we do not plan to open the concession stand due to county restrictions. [Procedures will be posted in the concession](#) stand in the event we do open in the future.
- ✓ [Equipment is inspected](#) prior to distributing at the beginning of the season and when returned at the end of the season.
- ✓ [Procedure for reporting accidents](#).
- ✓ [First aid kits are provided to each team](#) in the gear bag as well as larger kits available at the office/concession and storage containers.
- ✓ Enforce Little League Rules & Regulations
- ✓ League Registration data is automatically uploaded via Sports Connect.
- ✓ LL Data Center survey has been completed

Mission Statement

East Mountain Little League (EMLL) is a non-profit organization run by volunteers whose mission is to provide an opportunity for our community's children to learn the game of baseball in a safe and friendly environment.

Board of Directors

President:

Karen Demarest karendemarest01@gmail.com (505) 450-8466

Vice President:

Ger Demarest gerdemarest1@gmail.com (505) 459-2451

Secretary:

Tavery Moorhead moorheadtavery@gmail.com (505) 573-1892

Treasurer:

Casey DiMaio caseylynnanimaio@gmail.com (505) 803-0351

Safety Officer:

Nina McCracken nrmccracken@gmail.com (505) 715-3093

Player Agent:

Tavery Moorhead moorheadtavery@gmail.com (505) 573-1892

Coaching Coordinator:

John Gruen johnnyk.jg@gmail.com (505) 249-8345

Chief Scorekeeper:

Karen Demarest karendemarest01@gmail.com (505) 450-8466

Chief Umpire:

Ger Demarest gerdemarest1@gmail.com (505) 459-2451

Equipment/Uniforms Manager:

John Gruen johnnyk.jg@gmail.com (505) 249-8345

Field Maintenance Supervisor:

Doc Crouse crouse.clayton@yahoo.com (502) 693-6402

League Information Officer:

Karen Demarest karendemarest01@gmail.com (505) 450-8466

Safety Manual

The Safety Manual will be distributed to managers at the beginning of the season. The concession stand will have a First Aid Kit, Fire Extinguisher and Safety manual in plain sight at all times.

The First Aid Kit will include the necessary items to treat an injured player/individual until professional help can arrive, if necessary.

Little League/EMLL Code of Conduct

The Board of Directors of EMLL has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and acknowledge that he or she understands and agrees to comply with stated Code.

No Board Member, Manager, Coach, Player or Parent/Spectator shall:

- At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgement
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands, or anywhere on the EMLL complex while in an intoxicated state at any time. Intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- Smoke while in the stands or on the playing field or in any dugout at any time. Smoking will only be permitted in designated areas which will be 20 feet from any spectator stands or dugouts.
- Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision or personal opinion on any players during the game.

- As a manager or coach, be guilty of mingling or fraternizing with spectators during the course of the game.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- Shall challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

The Board of Directors will review all infractions of the EMLL Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

EMLL Safety Code

- Safety is **everyone's** responsibility.
- The Board of Directors of EMLL has mandated the following Safety Code. All managers and coaches will read this Code and read it to the players on their team.
- Responsibility for safety procedures belong to every adult member of EMLL.
- Each player, manager, designated coach, umpire, team safety officer shall use proper seasoning and care to prevent injury to him/herself and to others.
- Only league-approved managers and/or coaches are allowed to practice with teams.
- Only league-approved managers and/or coaches will supervise batting practice/cage use.
- Arrangement should be made in advance of all games and practices for emergency medical services.
- Managers, designated coaches and umpires will have mandatory training in First Aid.
- First aid kits are issued to each team manager during the pre-season. Additional kits will be located at the concession stand and in the clubhouse.
- No games or practices will be held when weather or field conditions are poor, particularly when lightning is present/observed.

- Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as “in play.”
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team’s manager and designated coaches.
- Foul balls batted out of playing area will be returned to the snack bar and not thrown over the fence during a game unless a ball return is already installed.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators (i.e., playing catch, pepper, swinging bats, etc.).
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games.
- Baseball/softball bats must comply with Little League Rule 1.10 baseball. Any bat that has been altered or does not meet the rule should be removed from the field of play. This also applies to appropriate bats that have sustained enough damage/wear, that they are deemed unsafe for play.
- Except when a runner is returning to a base, head first slides are not permitted.
- During sliding practice, bases should not be strapped down or anchored.
- At no time should “horse play” be permitted on the playing field or dugouts.
- Parents of players who wear glasses should be encouraged to provide “safety glasses” for their children.
- On-deck batters are NOT permitted.
- Player base coaches must wear a helmet. Adults, this is optional.
- Managers will only use the official Little League balls supplied by EMLL.

- Once a ball has become discolored, it will be discarded.
- Pitchers may no longer use multi-colored gloves.
- All male players will wear athletic supporters/cups during games. Catchers must wear a cup. Managers should encourage cups be worn at practices too.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet; all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. Note: Skullcaps are not permitted.
- Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible.
- Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Medical alert bracelets/necklaces alerting medical personnel to a specific condition is permissible and must be taped in place).
- No food or drink, at any time, in the dugouts except for bottled water/Gatorade.
- Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size or weight consistent with protecting the hand.
- Catchers may not catch, whether warming up a pitcher, in practices or games without wearing full catcher's gear and an athletic up as described above.
- Managers will never leave an unattended child at a practice or game.
- No children under the age of 15 are permitted in the Concession Stand.
- Never hesitate to report any present or potential safety hazard to the EMLL Safety officer immediately.
- Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- Speed Limit is 5 miles per hour in roadways and parking lots.
- No alcohol or drugs allowed on the premises at any time.

- No medication will be taken at the facility unless administered directly by the child's parent. This includes over the counter medications (i.e. Tylenol, Advil, aspirin, etc.).
- No playing in the parking lots at any time.
- No playing in construction areas at any time. This includes sand bins/dirt piles.
- No playing on and around lawn equipment, field machinery at any time.
- No smoking within twenty feet of the fields of play, dugouts and concession stands.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
- No throwing rocks.
- No climbing fences.
- No swinging/hanging from dugout roofs.
- No pets are permitted on the premises at any time. This includes dogs, cats, horses, etc.
- Observe all posted signs.
- Players and spectators should always remain alert for foul balls and errant throws.
- All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- Bicycle helmets must always be worn when riding bicycles on the premises as well as to and from the premises.
- Use crosswalks when crossing roadways. Always be alert for traffic.
- No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.
- There is no running allowed on the bleachers.

Responsibilities/Roles

President

The President of EMLL is responsible for ensuring that the policies and regulations of the EMLL Safety Officer are carried out to the best of his abilities.

EMLL Safety Officer

The main responsibility of the Safety Officer is to develop and implement the

League's safety program. They are the link between the Board of Directors, its managers, coaches, umpires, team safety officers, players, spectators and any other third parties on the complex in regard to safety matters, rules and regulations. The EMLL Safety Officer's responsibilities include:

- Coordinating with the Managers and Coaches in order to provide the safest environment possible for all.
- Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents/individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Keeping the First Aid log. This log will list where accidents and injuries occur, to whom, in which divisions (Senior, Major, Minor, Rookies, Tee ball, Softball), at what times and under what supervision.
- Correlating and summarizing the data in the First Aid log to determine proper accident prevention in the future where possible.
- Ensuring that each team receives its Safety Manual at the beginning of the season.
- Installing First Aid kits in the concession stand.
- Make Little League's "no tolerance with child abuse" clear to all.
- Inspecting concession stand and checking fire extinguishers.
- Instructing concession stand workers on the use of fire extinguishers.
- Checking fields with the Field Managers and listing areas needing attention.
- Scheduling a First Aid clinic and CPR training class for all managers, designated coaches, umpires, player agents during the pre-season.
- Creating and maintaining all signs on the EMLL complex including, but not limited to, No Parking, No Smoking, No Pets, cautionary signs, etc.
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
- Making spot checks at practices and games to make sure all managers have their First Aid kits and Safety Manuals.
- Tracking all injuries and "near misses" in order to identify injury trends/risks.
- Visiting other leagues to allow a fresh perspective on safety.
- Making sure that safety is a monthly Board meeting topic and allowing experienced people to share ideas on improving safety.
- Meet with all parents on "parent's day" to review Little League philosophy

and safety issues.

- Emphasize parents to encourage players bring water bottles to practice and games
- Reinforce the need for sunscreen for themselves and their children.
- Mouth protection is not required but encouraged.
- If participant is injured/ill during, they will not be allowed to return to participation in practice or game without written clearance by their primary care provider. Written clearance should be presented to the player's Manager/Coach, and subsequently given to the EMLL Safety Officer. There are absolutely NO EXCEPTIONS to this rule.

Managers

- First-time Managers and Coaches are requested to read books or view video on Little League Baseball mechanics.
- All Managers will be required to sign-in and access training materials from **Big AI Baseball**.
- Pre-season/Pre-practice meeting with players, parents/guardians covering the basics of safe play, expectations of team/player behavior to ensure a fun and safe playing environment.
- Work closely with Coaches to make sure equipment is in first-rate working order.
- Make sure telephone access is available at all activities, including practices. Cell phone on hand is strongly encouraged.
- Do not expect more from the players that what they are capable of.
- Teach fundamentals of the game to players
- Sliding correctly. This should be taught before the season starts. A board representative will be available to teach these fundamentals if the Manager or designated coaches do not know them.
- Proper throwing motion/mechanics. Simple pitching motion for balance.
- Proper fielding of ground balls.
- Catching fly balls.
- Basic batting mechanics.
- Be open to ideas, suggestions or help.
- Enforce that prevention is the key to reducing accidents to a minimum.
- Suggest sliding pads if players have cuts or scrapes on their legs.

- ALWAYS have First Aid Kits and Safety Manual on hand.
- Use common sense.

Pre-game and practice the Manager will:

- Make sure that players are healthy, rested and alert.
- Make sure that players returning from being injured have their medical release from their primary care provider. Otherwise, no participation.
- Make sure players are wearing proper uniform and catchers are wearing a cup.
- Make sure that all equipment is in good working order and is safe.
- Agree with the opposing manager on the fitness of the playing field. In the event that two managers do not agree, the President or designated Board Member shall make the determination.
- Enforce the rule that no bats and balls are permitted on the field until all players have done their appropriate warm up/stretching.
- Light jog followed by calisthenics/stretching of major muscle groups.
- Progress light tosses from short to medium to large distances.
- Progress the intensity of the throws to medium over medium distance.
- Regular tosses from medium distance
- Field ground and pop fly balls.

During the Game the Manager will:

- Make sure that players carry all gloves and other equipment off the field to the dugout when their team is up at bat. No equipment shall be left lying on the field, whether in foul or fair territory.
- Ensure players remain alert.
- Always maintain discipline
- Be organized
- Keep players/substitutes sitting on the team's bench/dugout unless participating in the game.
- Make sure catchers are wearing all the proper equipment, cup included.
- Encourage everyone to think safety first.
- Enforce the "no on deck" rule for batters. Always keep players behind the screens. No player should handle a bat in the dugouts at any time.
- Keep players off fences.

- Encourage the players to drink often.
- Not play children that are ill or injured.
- Attend immediately to children that become injured/ill.
- Not lose focus of the team/game by fraternizing with parents/spectators.

Post-game Managers will:

- Cool down players with light jog and stretching. Ice appropriately when necessary (i.e. pitchers ice their elbow/shoulder, catchers their shoulder/knees).
- Not leave the field until every team member has been picked up by a known family member or designated individual.
- Notify parents if their child has been injured no matter how insignificant the injury appears. There are no exceptions to this rule. This protects you, EMLL and Little League, Inc., as well as the player.
- Discuss any safety problems with the Coaches that occurred before, during or after the game.
- If there was an injury, make sure an accident report was filled out and given to the EMLL Safety Officer.
- Return the field to its pre-game condition per EMLL policy.
- If a Manager knowingly disregards safety, he/she will come before the EMLL Board of Directors to explain/discuss his or her conduct.

Coach/Team Safety Officer

Aid Manager in player development pre-season, season and post-season play. Act as:

- Role model for players
- Defender of safety throughout season/participation.
- Liaison between the team and the EMLL Safety Officer
- Hero when injuries are prevented by taking safety seriously.

Pre-Season Coach/Team Safety Officer must:

- Acquire the Safety Manual from the team manager and read it.
- Contact EMLL Safety Officer and introduce yourself.
- Attend the Emergency Medical Clinic with your team manager.
- Inspect the equipment when the EMLL Equipment Manager issues it to your team and replace any equipment that looks unsafe.

- Get to know the players on your team
- Talk to parents/guardians confidentially to inquire if their child has specific allergies or medical conditions (i.e. asthma, heart conditions, past injuries, ADD/ADHD, hepatitis, HIV/AIDS, etc.) and whether they are taking any medication.
- Fill out a medical history form for players
- Report your findings in written summary and submit to the EMLL Safety Officer for league record.

Season Coach/Team Safety Officer will:

- Keep a Safety Log of all injuries that occur on their team.
- Report as part of a Safety Committee to the EMLL Safety Officer when anything is wrong.
- Inspect league and player's equipment regularly for wear and whether appropriate for continued use.
- Have a five-minute safety meeting with the team each week
- Communicate any safety infractions to the EMLL Safety Officer, or any available Board Member.
- Help Managers and designated coaches give First Aid if necessary.
- Act as a conduit between parents, Managers, the EMLL Safety Officer and the players.
- Fill out accident reports if/when an injury occurs.
- Report an injury to the EMLL Safety Officer within 12 hours of the occurrence.
- Track the First Aid kit inventory and ask the EMLL Safety Officer for replacements when needed.

Pre-Game Coach/Team Safety Officer will:

- Make sure the Safety Manual and First Aid kit are present.
- Greet players and ensure everyone is feeling "all right."
- Watch players during pre-game warm ups looking for signs of stress or injury.
- Check equipment
- Walk the field, remove broken glass or other hazardous objects.
- Be ready to act in case of injury.

During the Game Coach/Team Safety Officer will:

- Watch players to see that they remain alert at all times.
- In case of injury, help the team manager treat the child until professional help arrives, if necessary.
- Act as the conduit between the child and their parent/guardian, the Manager and EMLL Safety Officer.

Post-Game Coach/Team Safety Officer will:

- Record any safety infractions or injuries in their Safety Log
- Report any injuries to the EMLL Safety Officer within 12 hours of the occurrence.
- Fill out an accident investigation report (see appendix) and send a copy to the EMLL Safety Officer for injuries requiring medical attention.
- Assist parents/guardians if child must go to hospital or see a health care provider.
- Provide insurance documentation to the hospital if necessary.
- Follow up with parents to make sure the player is recovering well.

Umpires**Pre-game Umpires shall:**

- Check equipment in dugouts of both teams. Equipment that does not meet Little League/EMLL specifications must be removed from the game.
- Make sure catchers are wearing helmets when warming up pitchers
- Inspect bats for grips and wear. Wood bats for cracks/splinters and metal bats for significant dents/bends or cracks.
- Inspect helmets for foam inserts and ensure they meet Little League NOCSAE specifications, and bear the Little League's seal of approval.
- Inspect helmets for cracks
- Walk the field for hazards and obstructions
- Check players to see if they are wearing jewelry
- Check player's cleats for appropriateness. No metal cleats.
- Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground/grass.
- Secure official Little League balls for play from both teams.
- Use the Field Safety Check List (see appendix) to document that all of the

above was carried out.

During the game Umpires shall:

- Govern the game as mandated by Little League rules and regulations.
- Check baseballs for discoloration and nicks. Declare a ball unfit for use if it exhibits these traits.
- Act as sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- Act as sold judge as to whether/when play shall be suspended or terminated during a game due to low visibility due to atmospheric conditions or darkness.
- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment.
- Continue to monitor the field for safety and playability.
- Make the calls loud and clear, signaling each call properly.
- Make sure players and spectators keep their fingers out of the fencing.

Post-game Umpires shall:

- Check with the Managers of both teams regarding safety violations
- Report any unsafe situations to the EMLL Safety Officer by telephone and in writing.

EMLL Facilities Manager

The EMLL Facilities Manager is responsible to ensure the fields and structures used by EMLL meet the safety requirements as set forth in this manual.

EMLL Equipment Manager

Responsibility for purchasing and distributing equipment to the individual teams belongs to the EMLL equipment manager. The equipment is inspected and tested before distribution. The Equipment Manager is responsible for timely replacement or repair of damaged equipment as reported by Team Managers. Refer to EMLL Safety Code for equipment use requirements.

- Each team will be provided four protective helmets which meet NOCSAE specs/standards. Individual player's helmets must also meet this standard to be used.

- Warning label must be present/placed on helmet, not embossed. It must also be visible and easy to read.
- Catcher gear will include appropriate mask with neck guard, helmet, chest guard, shin guards and catcher's mitt.
- USA Baseball approved bats only, whether supplied by EMLL or the individual player.
- All baseballs used for practice and games should be Official Little League balls.
- Team Managers should make sure that equipment issued is appropriate for the age and size of the kids on the team. If not, get replacements from the EMLL Equipment Manager.
- Team Managers should inspect the equipment before/after practice and games. Replace questionable equipment immediately by notifying the EMLL Equipment Manager.
- Team Manager should ensure their players respect ALL equipment.
- All EMLL equipment and this Safety Manual must be returned to the EMLL Equipment Manager at the end of league play.

EMLL Concession Stand Manager

The EMLL Concession Stand Manager/Supervisor is responsible for ensuring the Concession Stand Volunteers are trained in the safety procedures as set forth in this manual and adhere to the requirements as established by Bernalillo County Environmental Health Department.

Post-Season Play

Everybody's responsibilities remain the same throughout the post-season.

Insurance Riders

Insurance riders are necessary if any practices, games or events involving baseball/softball, on or off the EMLL complex takes place before or after the regularly scheduled season and "All Star" post-season.

Insurance riders are also necessary if non-Little League teams practice, play games, or hold tournaments at the EMLL facility.

Health & Wellness

Conditioning/Stretching

Accident prevention during athletic activity is best prevented with proper “warm-up” to said activity. To optimize athletic performance and safety, it is imperative that it is done correctly and not skipped. Over the past decade there has been growing evidence that to prevent injury, stretching should follow dynamic exercises to warm up the muscle groups. Do not perform stretching “cold” as it can increase the risk of injury during play.

The purpose is to increase flexibility, which in turn improves dynamic performance of the muscles. This leads to better muscle development, coordination, and alertness. Players should perform a light jog to increase heart rate and begin warming up the muscle groups. Calisthenics can then be performed followed by stretching. Have one or two of the players lead the team through the exercises.

Calisthenics

- Repetitions of at least 10-20
- Involve lower and upper body
- Keep good pace to allow for increased heart rate response
- Examples: Head rotation, arm circles (large and small circles; both directions), arm pendulum swings side to side, high knee marching in place

Stretching

- Focus on neck, shoulders/chest, biceps/triceps, hip flexor/quads/hamstrings and calves.
- Hold each stretch 10-20 seconds and perform 3-4 repetitions.
- Do NOT bounce. Steady hold for each stretch.

There are illustrations of stretching examples in the Appendix. These are for reference and Managers/Coaches can adapt as they see fit.

Pitching

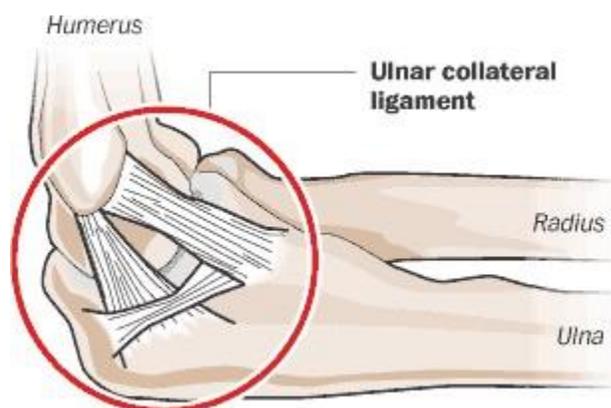
First thing to remember, Little League players are not adults. They are still developing, growing (growth plates are still active around the joints) and more susceptible to injury and over-use when we try to make them perform like adults. Pitching related injuries are on the rise at all levels of baseball participation (even

the Major League). In most instances, these injuries are preventable with attention to proper warm up, arm conditioning, throwing mechanics, following Little League pitch count and rest rules (see your Little League Rules Handbook). It is imperative to pay attention to the player that is complaining of discomfort in there elbow/shoulder (or elsewhere for that matter). Making them “play through it” is an open avenue for more serious injury. Be mindful. Players between the age of 7-14 will pitch with pain.

Players/parents/managers and coaches are too eager to progress to more advanced “movement” pitches. Technique to get more movement on the ball (i.e. curveballs, breaking balls) lend much more torque and strain on the elbow, and even shoulder. These techniques are not appropriate for players under 14 years of age. There are arguments being made not to learn these pitches until 16+ years of age. Regardless, the main focus for Little League aged players should be the fastball, and eventually a change-up as recommended by the American Orthopedic Society of Sports Medicine. Even with these pitches, medial and lateral aspects of the elbow (inside and outside, respectively) are susceptible to injury.

Mechanics of a sidearm delivery and curve ball pitches put much more stress on the medial aspect and can lead to avulsion fractures (tendon insertion pulling a section of bone away) and if involve the growth plates, can lead to growth abnormalities in the affected arm. Fastballs place more stress on the lateral aspect of the elbow with components of compression, and then “opening” of the joint as the arm is brought through upon release. Damage from compression can lead to cell death and bone fragments which can float in the joint space. Again, growth plates can be damaged lending to arrested arm development as the player ages.

Further, rupture of the ulnar collateral ligament can occur and require surgical repair (referred to Tommy John surgery). In the past decade there has been a 10- fold increase in orthopedic consults for elbow injury in high school and youth baseball players. According to the American Journal of Sports Medicine, there have been 5 times the number of Tommy John surgeries over the past 10 years.



Steps for injury prevention

- Proper warm-up and stretching
- Train with player throwing at reduced velocity and a shorter distance of mound to home plate, focusing on mechanics.
 - Kinetic chain of legs to arm.
 - Establish balance, body and arm alignment, proper weight transfer and a long deceleration during the follow through
 - Vertical or $\frac{3}{4}$ vertical delivery is recommended (not mandatory) vs sidearm delivery, injuries are 27% vs 74%, respectively.
- Limit pitch count during drills (and observe no throws in practice during rest window)
- Adhere to the Little League Rules on pitch count and rest days.
- “Practice how you play.” Do not let your players “horse around” trying to imitate other players. Keep them consistent with their technique.

EMLL is proud to educate, train and enforce the pitching regulations brought forth by Little League. Protecting our players from injury is important to their health/development, the strength of our league, as well as Little League in general. Managers may reach out to the Board of Directors if they require assistance in this approach.

Hydration

Good nutrition is important for children and an often-overlooked aspect of nutrition is hydration...specifically water. This is especially important when they are physical active. Children generate significant heat production due to muscle use causing an increase in body temperature and resulting perspiration/fluid loss. This serves as a cooling mechanism but has a finite ability to continue without fluid replacement. Without adequate fluid replacement, not only are children susceptible to dehydration, but become overheated. This mechanism happens more so when it is cool vs hot where cooling is hampered by extra clothing, impairing the body's ability to cool itself.

As a general rule, water is sufficient for most activities where hydration is concerned. But sports drinks have shown to improve a child's consumption of fluids by 90% compared to water. With that said, sport drinks should contain no more than 8% carbohydrate. Too much “sweet” increases GI distress (abdominal cramping, diarrhea, nausea/vomiting). Fruit juice alone can also cause this and should be cut with water in a 50-50 ratio. Carbonated and caffeinated fluids should be avoided as hydration tool during activity.

Although there is no single study telling us exactly how much fluid to drink to stay adequately hydrated, as a simple rule the following can be a guide:

Ages 6 to 12:	Ages 13 to 18:
<p>Before Sports</p> <p>Drinking fluids prior to exercise appears to reduce or delay the detrimental effects of dehydration.</p> <ul style="list-style-type: none"> • 1 to 2 hours before sports: 4 to 8 ounces of cold water • 10 to 15 minutes before sports: 4 to 8 ounces of cold water 	<p>Before Sports</p> <p>Drinking fluids prior to exercise appears to reduce or delay the detrimental effects of dehydration.</p> <ul style="list-style-type: none"> • 1 to 2 hours before sports: 8 to 16 ounces of cold water • 10 to 15 minutes before sports: 8 to 12 ounces of cold water
<p>During Sports</p> <ul style="list-style-type: none"> • Every 20 minutes: 5 to 9 ounces of water or a sports drink, depending on weight (5 for a child weighing 88 pounds, 9 ounces for a child weighing 132 pounds) 	<p>During Sports</p> <ul style="list-style-type: none"> • Every 20 minutes: Between 5 and 10 ounces of water or sports drink, depending on weight
<p>After Sports</p> <ul style="list-style-type: none"> • Post-exercise hydration should aim to correct any fluid lost during the practice. • Within two hours: at least 24 ounces of water or a sports drink for every pound of weight lost 	<p>After Sports</p> <ul style="list-style-type: none"> • Post-exercise hydration should aim to correct any fluid lost during the practice. • Within two hours: at least 24 ounces of water or a sports drink for every pound of weight lost

Further determination of adequate hydration can be realized by following the child's body weight (pre and post exercise) and concentration of their urine. The darker the color, the more fluid that needs to be replaced.

Common Sense

Webster's Dictionary definition of common sense is: Native good judgement; sound ordinary sense. In other words, to use common sense is to realize the obvious. Therefore, if you witness something that is not safe, do something about it. Encourage all volunteers and parents to do the same.

When in doubt, there is typically an EMLL Board of Directors member at the facility at any given time....and when not, the provided contact information should be used to discuss any concerns witnessed at the EMLL complex.

Weather

New Mexico is blessed with consistently good weather. But the high desert can change very quickly putting people at risk of exposure to the elements.

Rain

If it begins to rain:

- Evaluate the strength of the rain (drizzle or pouring).
- Determine the direction the storm is moving.
- Evaluate the playing field as it becomes more and more saturated
- Stop practice if the playing conditions become unsafe...use common sense. If during a game, consult with the opposing manager and the umpire to formulate a decision.

Lightning

The average lightning strike is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second. Average width of the storm can be 6-10 miles wide and moves at a rate of 25 miles an hour. Once the leading edge of a thunderstorm approaches within 10 miles, you are at immediate risk of strike. This explains why most lightning deaths/injuries occur with clear skies overhead.

Typically, a lightning strike can be heard from a distance of 3-4 miles depending on terrain, humidity and background noise. By the time you can hear the thunder, the storm has already approached within 3-4 miles...well within the striking distance of a lightning bolt. Waiting to feel the cool air of the storm front is inside 3 miles...again, too late to avoid striking risk.

If you can hear, see or feel a thunderstorm:

- Suspend all games/practices immediately.
- Stay away from metal including fencing and bleachers.
- Do not hold metal bats.
- Get players to walk (not run) to their parent's/guardian's car and wait for your decision on whether or not to continue the game/practice.

East Mountain Little League utilizes a lightning detector and will sound an air horn when lightning is detected within 8 miles. When you hear three short blasts immediately clear the fields and move players, coaches, and spectators to safety. When the threat has passed one long air horn blast will signal all clear.

Hot weather/Ultra-Violet Ray Exposure

Common weather for New Mexico. Precautions must be taken in order to make sure the players on your team do not dehydrate and become susceptible to heat injury:

- **Heat exhaustion** is an illness caused by dehydration and salt loss, and can

lead to heat stroke.
- **Heat stroke** is a serious illness that occurs when the body is unable to control its own temperature.
- **Sunburn** occurs when skin is overexposed to ultraviolet radiation.

Heat exhaustion/stroke

- Avoidance is key by having players take drinks of water/sports drinks between drill in practice, coming on/off field of play during games. Please refer to section on Hydration.
- If a player looks distressed (“spacey,” unsteady on feet/dis-coordinated, hyperventilating) while standing in the hot sun remove him/her from participation immediately and place in the shade. Start cooling the player with sips of water, cool/ice packs, wet towels to avoid progression to heat stroke.
- If a player should collapse as a result of heat, call 911 right away. As above, hydrate, ice packs, wet clothing down with player in the shade until Emergency Medical Service team arrives.

Sun Burn

- The American Academy of Dermatology (AAD) estimates that people receive 80% of their lifetime sun exposure by the time they are 18 years old.
- Early and chronic exposure to UV rays increase the player's risk of developing skin cancers in adulthood such as squamous cell carcinoma, basal cell carcinoma and melanoma.
- EMLL recommends the use of broad-spectrum, water-resistant sunscreen with a sun protection factor (SPF) of at least 30 in concordance with AAD guidelines. Broad spectrum sunscreen provides protection from UVA and UVB rays. Water resistance is useful to prolong coverage from sweating skin.
- Apply at least 15 minutes before being outside
- Cover ALL exposed skin
- Reapply within every 2 hours...sooner if sweating or getting wet.

Child Protection/Abuse Prevention

Volunteers

They are the greatest resource Little League has in aiding children's development into the responsible adults of tomorrow. Unfortunately, there is potential for some to be attracted to the role of "volunteer" and Little League to be near children for abusive reasons.

Big Brothers/Big Sisters of America define child sexual abuse as "the exploitation of a child by an older child, teen or adult for the personal gratification of the abusive individual." Abusing a child can take many forms from touching and non-touching offenses. It is imperative that children understand that it is never their fault.

Abuse victims (sexual, physical, emotional) seldom disclose victimization due to manipulation by the abuser by means of fear, guilt and/or making the victim feel they brought it upon themselves. Big Brothers/Big Sisters of America contend that only one in ten child abuse cases are reported. Anyone can be an abuser and it can happen anytime, anywhere. Both adults, and children, need to know what can be done to keep it from happening.

Like all safety issues, prevention is the key. EMLL has a three-step plan for selecting caring, competent, and safe volunteers:

- Application and Background Screening. EMLL utilizes the JDP services provided by Little League, Inc.
- Interview: make all applicants aware of the policy that no known child-sex offender will be given access to children in the Little League Program.
- Reference Checks: Make sure the information given by the applicant is corroborated by references.

All volunteers must complete and pass the background screening prior to assuming their role within EMLL. On on-field volunteers will be issued a picture id to identify them as approved volunteers.

Child Abuse: A Five Step Review

1. Know what IT is, and where to look.

Defining child abuse, and separating the truth from the myths, better enables us all to spot potentially dangerous situations.

2. Educate parents, volunteers and children.

They need to be supplied with the information necessary to protect everyone. Let the children know that it's never their fault

3. Follow safety procedures.

Employing basic rules, such as the "buddy system," can keep child abuse from happening in the first place.

4. Screen applicants carefully.

An effective three-step plan can keep potential child abusers out of our Little League programs and keep our kids safe.

Reporting

In the unfortunate case that child abuse (sexual, contact or non-contact) is suspected, you should immediately contact the EMLL President, or any EMLL Board Member if the President is not available. The abuse **MUST** be reported. EMLL along with district administrators will contact the proper law enforcement agencies.

Investigation

EMLL will appoint an individual with significant professional background to receive and act on abuse allegations. These individuals will act in a confidential manner and serve as the League's liaison with the local law enforcement community. Little League volunteers should not attempt to investigate suspected abuse on their own.

Suspending/Termination

When an allegation of abuse is made against a Little League volunteer, it is our duty to protect the children from any possible further abuse by keeping the alleged abuser away from children in the program. If the allegations are substantiated, the next step is clear...assuring that the individual will NOT have any further contact with the children in the League.

Immunity from Liability

According to Boys & Girls Clubs of America, "Concern is often expressed over the potential for criminal or civil liability if a report of abuse is subsequently found to be unsubstantiated." However, we want adults and Little Leaguers to understand that they shouldn't be afraid to come forward in these cases, even if it isn't required and even if there is a possibility of being wrong. ALL states provide ***immunity from liability*** to those who report suspected child abuse in "good faith." Conversely, there are also rules in place to protect adults who prove to have been inappropriately accused.

EMLL Position

As a member of Little League Baseball, EMLL is driven to make it clear to both adults and children that child abuse in ANY form will not be tolerated by anyone (whether it be volunteers, family members or bystanders). Our children's safety is our number one goal.

Prevention

- Buddy system: It is an old maxim, but it is true: There is safety in numbers. Encourage kids to move about in a group of two or more children of similar age, whether an adult is present or not. This includes travel, leaving the field, or using eh restroom areas. It is far more difficult to victimize a child if they are not alone.
- Access: Controlling access to areas where children are present, such as the dugout or restrooms, protects them from harm by outsiders. It's not easy to control the access of large outdoor facilities, but visitors could be directed to a central point within the facility. Individuals should not be allowed to wander through the area without the knowledge of the

Managers, Coaches, Board of Directors, or any other Volunteer.

- ❑ Lighting: Child sexual abuse is more likely to happen in the dark. Fortunately, EMLL facilities are limited in their play by a light ordinance from surrounding neighborhoods. With that said, practice and play infringe upon sundown. Being mindful it is getting dark can aid in utilizing the buddy system, and/or, establish policy with player's parents they must pick up their child from the field up on completion of practice or game.
- ❑ Toilet facilities: Little Leaguers are generally capable of using toilet facilities on their own, so there is no need for adults to accompany the child into rest room areas. Younger divisions (T-Ball) may still require some assistance, but adequate privacy should be established. Again, the buddy system can be utilized.

Transportation

Before any manager/coach can transport any EMLL participant, other than his/her own, they must:

- ❑ Have a valid driver's license.
- ❑ Submit a photostat copy of the driver's license to the EMLL Player Agent so driving record can be checked.
- ❑ Submit a photostat copy of proof of insurance to the EMLL Player Agent (MUST have Uninsured Motorist coverage)
- ❑ Wear corrective lenses if license stipulates, they must wear corrective lenses.
- ❑ Notify the EMLL Player Agent of who is driving and when at least 24 hours prior to departure.
- ❑ Have signed permission slips from parents before children are transported.
- ❑ Have correct class of license for the vehicle he/she is driving.
- ❑ Not carry more children in their vehicle than available seat belts.
- ❑ Make sure that the vehicle is in good running order and that it would pass a NM vehicle safety inspection if spontaneously given.
- ❑ Not drive in a careless/reckless manner.
- ❑ Not drive under the influence of alcohol, drugs or medication.
- ❑ Always obey all traffic laws and speed limits.
- ❑ Never transport a child without returning him/her to the point of origin.

Concession Stand Safety

- ❑ No person under the age of fifteen will be allowed behind the counter in the concession stands. This includes younger children of volunteers. It is a Bernalillo County guideline.
- ❑ Volunteers will be trained in safe food preparation, safe use of equipment and will be provided by the Concession Stand Manager. This will be provided in the beginning of the season.
- ❑ Regular inspection of cooking equipment and repaired/replaced where necessary. (See Concession Stand Weekly Check List in appendix).
- ❑ Food not purchased by EMLL to sell in its concession stand will not be cooked, prepared or sold in the concession stand.
- ❑ Cleaning chemicals must be stored in a locked container.
- ❑ All concession stand workers will attend a training session in the Heimlich maneuver.
- ❑ Fully stocked first aid kit will be placed in the concession stand.
- ❑ The concession stand main entrance door will not be locked or blocked while people are inside.
- ❑ A certified fire extinguisher must be always in plain sight.
- ❑ All concession stand volunteers/workers must be instructed on proper use of fire extinguishers.

Fire Extinguishers: Think PASS!

1. **Pull Ring**
2. **Aim at base of fire**
3. **Squeeze lever**
4. **Sweep side to side**

Storage/Machinery

The following applies to all of the storage sheds used by EMLL and further applies to anyone who has combinations by EMLL to use these sheds:

- Combinations will only be issued by EMLL's President or appropriate Board Member.
- Record of individuals who possess combination or keys.
- Keys will be returned to the League President immediately once someone ceases to have responsibilities for equipment sheds.
- All sheds are to always remain locked.
- All individuals with combinations are aware of their responsibility for the orderly and safe storage of tools, hazardous materials, lining material and equipment.
- All chemicals/organic materials stored shall be properly marked, labeled, and stored in its original container.
- Any witnessed "loose" chemical/organic material within the sheds should be cleaned up and disposed of properly to avoid accidental poisoning.
- Dispose of outdated products as recommended.
- Use chemicals in well ventilated areas.
- Wear proper protective clothing such as gloves/masks when handling toxic substances.
- Machinery is to be operated by appropriate EMLL Board Members only and used in accordance with Bernalillo County regulations regarding field/complex maintenance and care.

Accident Reporting Procedure

What to report

Any incident that causes any player, manager, coach, umpire, volunteer to receive medical treatment and/or first aid **MUST** be reported to the EMLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to report

All such incidents previously described must be reported to the EMLL Safety Officer within 24 hours of the incident. Please refer to the Board Member contact information at the front of the manual.

The EMLL Safety Officer's contact information will always be posted on the Concession Stand.

How to make a report

Reporting incidents are appropriate in a variety of forms, but typically a phone call or email is most likely.

Minimum information required during the report:

- Name and phone number of the individual involved.
- Date, time and location of the incident.
- As detailed a description of events as possible.
- Preliminary estimation of the extent of any injuries.
- Name and phone number of the person reporting the incident.

Manager/Coach's Responsibility

The Coach will fill out the EMLL Accident Investigation Form (see Appendix) and submit it to the EMLL Safety Officer within 24 hours of the incident. If the Coach is not available, then the Manager will serve as the team's safety officer for the incident.

Accidents occurring outside the team (i.e. spectators, concession stand injuries) shall be handled directly by the EMLL Safety Officer.

EMLL Safety Officer's Responsibilities

Within 24 hours of receiving the EMLL Accident Investigation Form, the EMLL Safety Officer will contact the injured party or parents/guardians and:

- Verify the information received
- Obtain any other information deemed necessary
- Check on the status of the injured party
- In the event that the injured party required other medical treatment (i.e., ER visit, PCP visit) will advise the parent or guardian of the EMLL insurance coverage and the provision for submitting any claims and offer assistance as is necessary until the incident is considered closed.

Insurance Policies

Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Inc.

EMLL Insurance Policy is designed to supplement a parent's/guardian's existing family policy, NOT replace it.

EMLL (Majors, Minors, Softball, Tee ball) shall not participate as a Little League in games with other teams of other programs or tournaments except those authorized by Little League Baseball, Inc.

EMLL participants may participate in other programs during the Little League regular season and tournament provided such participation does not disrupt the Little League season or tournament team.

Unless expressly authorized by the Board of Directors of EMLL, games played for any purpose other than to establish a League champion or as part of the International Tournament are prohibited. (See IX-Special Games in the Rule Book for clarification).

Explanation of Coverage

The Little League's insurance policy is designed to afford protection to all participants at the most economical cost to EMLL. It is designed as a supplement to family policy provided by the parent/guardian. If no coverage exists, then Little

League insurance will be purchased by EMLL (not the parent/guardian), takes over and provides benefits after a determined deductible per claim for all covered injury treatment costs up to the maximum stated benefits.

How it works:

- ❑ Parents/guardians file a claim for the child under their own insurance policy
- ❑ Should their plan not fully cover the injury/treatment, the Little League Policy will help pay the difference after a deductible is met up to the maximum stated benefits.
- ❑ If no coverage the Little League policy becomes the primary as mentioned above after a deductible per claim up to the maximum benefits of the policy.
- ❑ Treatment of dental injuries can extend beyond the normal 52-week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at the time treatment is given, even though it may be some years later. It will be necessary to fill out a Major Medical form, as well as a Dental Form. "Accident damage to whole, sound, normal teeth as a direct result of an accident" MUST be stated on the form and bills. Forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, League ID and year of the injury on the form.

Claims must be filed with the EMLL Safety Officer. He/she forwards them to Little League Baseball, Inc., PO Box 3485, Williamsport, PA, 17701. Please refer the parents/guardians to www.littleleague.org to find a downloadable version of the Accident Claim form.

Health/Medical Issues

This section is to serve as a guide and is not intended to replace training programs for First Aid, First Responders, CPR/Rescue breathing. It is not mandatory for Managers/Coaches to have formal certification, but EMLL encourages all participants, volunteers and board members undergo certification for CPR.

Behavioral

As Managers/Coaches you may have players with attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), Asperger's Syndrome (or any number of other diagnoses) which are developmental disorders that can

make socialization, communication difficult for the child and their teammates. EMLL stresses inclusion and recognizes this can make organizing and regulating practices/games a challenge. It is stressed to communicate well with the player's parents/guardians for guidance and strategies for a smooth transition.

Prescription Medication

If your player(s) have a condition requiring the use of prescription medication, it **MUST** be administered by their parent/guardian. It is not your responsibility as a Manager/Coach to administer medication and leaves you and EMLL liable, especially in the event of an adverse reaction to the player's medication.

Asthma and Allergies

Many suffer from asthma and/or allergies and require controller and rescue medication. It is important for Managers/Coaches/Parents/Guardians have an open communication for managing "attacks" while at practice/games. Prescription and OTC medications need to be dispensed by the Parent/Guardian. If the player is old enough, make sure the parent/guardian agrees that the player may dispense inhaler therapy appropriately as necessary. As Managers/Coaches, you may need to determine whether a player will need EMS for progressing symptoms. If it appears one of your known players is beginning to struggle with breathing, remove them from participation and observe closely.

First Aid

First Aid is self-explanatory—it is first care given to a victim and typically performed by the first person to arrive or identify the issue (witnessed or not). Generally, that person will continue to provide care for the victim until professional help arrives (911/paramedics/fire fighters/etc). Anyone administering aid should avoid going beyond his/her capabilities or training.

First Aid Kits will be provided to the manager of each team and should ALWAYS be available during all team activities: practices, games, etc. If used, EMLL will re-supply the used portions of the kit. There will be basic training of first aid approaches and proper use of the contents of the kit at the Managers/Coaches Meeting. If any other questions arise, contact the EMLL Safety Officer (or any board member) for help.

Good Samaritan Laws exist to protect those individuals providing care in an emergency when responders act as a reasonable and prudent person would under similar conditions. This is in place to encourage people to step in and help quelling fear of being sued by the victim/family.

Permission: if the victim is conscious, you must have his/her permission before giving first aid. To get permission you must start by introducing yourself to the victim and your intent to help, how much training you have and how you plan to

help. If the victim (or supervising adult) refuses, you should not give care but remain available if their condition worsens until professional services can arise. If the victim is unresponsive then consent is implied and you should take steps to provide aid.

Reasonable Do's/Don'ts

Do:

- Assess the injury/situation. If victim is conscious, they are typically your best source for information. Listen to them and may need to calm/soothe them before information can be gathered. Watch for deterioration of their condition.
- Know your limitations.
- Call 911 immediately if victim unconscious, seriously injured or continues to deteriorate to a worsening condition.
- Look for signs of injury.
- Feel gently and carefully the injured area for signs of swelling, deformity.
- Talk to team members afterwards if they were involved to offer reassurance and to understand how/why the injury occurred.

Don't:

- Administer any medications.
- Provide any food or beverage (other than water if appropriate).
- Hesitate to give aid when needed.
- Be afraid to ask/accept help if you're maxing out your experience and someone is available with a higher level of training.
- Move/transport the victim unless location puts their/your lives in danger.

911 Services

This is the most important step to provide help for a victim who appears to have a serious injury/illness. Average response times are typically Make the call quickly, either yourself or a bystander. Fortunately, in the current age of cell phones, this is a relatively convenient and easy thing to perform. It would be an unlikely situation where you are the only person available to make the call and be without a cell phone or another adult/parent around to run to make a call. The caller should:

- Dial 911
- Give the dispatcher the necessary information (they will typically cue the

questions): person calling, exact location of emergency, phone number of the caller, description of what happened, how many people involved, condition of the person, what aid has been started.

- Do not hang up until the dispatcher does. They may be able to communicate how to best provide care until Emergency Medical Services (EMS) arrives.
- Continue care for the victim until EMS arrives.
- Assign somebody to watch/greet EMS and guide them to the scene. This can save valuable minutes.

When should you call (again, use your best judgement and don't hesitate)? You would rather EMS arrive and assess the situation as a non-emergency, than assume and have the victim deteriorate further putting them at risk.

- Found or transitions to unconsciousness
- Trouble breathing even if conscious
- Chest pain/pressure
- Significant bleeding
- Pressure/pain in abdomen that is unrelenting
- Vomiting or passing blood
- Seizure, severe headaches, slurred speech
- Injury to head/neck or back
- Broken bones (suspected or obvious) Other reasons if occur in your area:
- Fire or explosion
- Downed electrical wires
- Flooding (unlikely here)
- Gas odors
- Vehicle accident/bike accident
- Victims that cannot be moved easily or risk for further injury is too great

Victim Assessment

Conscious

The victim will be your best source of information, but also don't forget to ask bystanders what they saw as well. Your goal is to gather as much information as possible, ensure the victim is in a safe position/place and watch for deterioration of their condition and look for reversible causes. During your assessment you should:

- Talk calmly to the victim and ask them not to move (and don't move them without a basic assessment).
- Check victim from head to toe focusing on major body regions: Head/neck, chest, abdomen, pelvis, back, extremities.
- Look for cuts, bruises, bumps or depressions
- Watch for changes in consciousness, confusion, irritation, alertness, speech.
- Look for changes in victim's breathing.
- Note the skin's look, feel. Are there color changes, temperature change, clamminess, etc.
- Ask victim to move the body parts that don't hurt. Look for signs of pain with movement and deep breaths.
- Look for deformity.
- Note any medical alert tags.
- Once assessment complete, if the victim has no major limitations can safely sit up and if feels stable can be assisted to stand up/be moved.

Unconscious

Most times, you will witness someone lose consciousness, but it is possible as you arrive to the fields that you come upon someone who is "down." Tap/shout to see if the victim responds, look, listen and feel for breathing for 3-5 seconds. Immediately call 911 (yourself or assign someone), send someone for an automated external defibrillator (AED) if available, and turn your attention to the adult victim. If the victim is unwitnessed child/infant, then perform CPR for 2 minutes before interrupting to activate EMS by calling 911. If it is witnessed, then appropriate to call 911 as you would with an adult/adolescent. It is imperative to assume that the victim has a head/neck injury (if unwitnessed) and extreme care must be taken to move the victim. Ensure stabilization of the head and neck while attempting to position victim on their back. See appendix.

- Assess airway, if obvious obstruction/object is visible carefully sweep away with finger. DO NOT blindly finger sweep the mouth as you could further lodge an obstruction further into the airway.
- Chin lift maneuver to maintain an open airway if they are breathing. If not, then give 2 slow breaths into victim's mouth. Be sure to allow full exhalation before administering the second breath.
- If breaths don't go in, re position head and check airway. Attempt again. If this fails assume an obstruction is deeper in the airway and abdominal

thrusts should be performed.

- Check pulse. If present, continue rescue breathing until EMS arrives, or relieved by another rescuer who may have the same or better training.
- If no pulse, then begin chest compressions (CPR).
- Position at the side of victim and place heel of hand in the center of the chest with other hand clasped on top.
- Begin compressions fast and hard 100 times a minute with minimum 2-2 1/2-inch depth for adults/adolescents and 1/3 of the chest depth in children. Allow for full chest recoil between compressions.
- You do not need to perform rescue breathing in an adult (this is a relatively new change in paradigm) but can if you feel competent in skill or you have another rescuer who is comfortable/competent. 30:2 compression to ventilation ratio can be employed. It is more important to perform rescue breathing in children because their arrest often involves respiratory system.
- Hopefully an AED is available, and an assigned adult was sent. Place and follow the cues that are present on the device.
- Look for significant deformity/bleeding and reversible causes.

Concussion/Neck and Spine Injuries

Any blow to the head can lead to a concussion even if wearing appropriate protective gear (batting helmets/catching gear). EMLL has now instituted mandatory online concussion training for Managers/Coaches prior to starting practices with their respective teams. Failure to recognize concussions can lead to serious repercussions not just acutely, but later in the player's development. In some cases, can even lead to fatality.

- Any player with a head injury should be removed from play and evaluated by the Manager/Coach looking for obvious signs of neurologic limitations (like nausea, dizziness, weakness, "spacey," speech/memory issues). These can be latent and the player should be held out of play to determine whether or not he/she demonstrates an progression of limitation.
- Parents/Guardians need to be encouraged to monitor their child's symptoms and present to the ER immediately if there is any negative change in their condition. Otherwise, they should pursue care at their primary care provider for clearance to return to activity/participation.
- If the blow results in loss of consciousness immediately call 911. DO NOT move the victim. Stabilize the head and neck, ensure an adequate airway. Even if the victim regains consciousness, keep them still stabilizing the head and neck until EMS arrives.

Head/Spine injuries

Aside from concussions always suspect head and spine injuries when:

- A fall from a height greater than the victim's height
 - Any bicycle, skateboarding/scooter/rollerblade mishap.
 - Found unconscious for unknown reasons.
 - Any injury involving severe blunt force trauma to the head or trunk.
 - Any injury that penetrates the head or trunk.
 - A motor vehicle accident involving someone not wearing their seatbelt, being thrown from a vehicle, struck by a vehicle.
 - Any injury that results in the damage/breaking of safety equipment such as a batting helmet or catcher's helmet/mask.
 - Any incident involving a lightning strike. Signs/Symptoms of head/spine injuries
 - Changes in consciousness
 - Severe pain or pressure in the head, neck or back region
 - Tingling or loss of sensation to the hands, fingers, feet, toes or extremities
 - Partial or complete loss of motion to any body part
 - Unusual bumps or depressions on the head or over the spine
 - Blood or other fluids in the ears/nose
 - Heavy external bleeding of the head, neck or back
 - Seizures
 - Impaired breathing or vision as a result of the injury
 - Nausea and vomiting
 - Persistent/worsening headache
 - Loss of balance
 - Bruising of the head, especially around the eyes and behind the ears
- Management of head/spine injuries
- Call 911 immediately
 - Minimize movement of the head/neck/spine
 - Maintain an open airway
 - Monitor consciousness and breathing
 - Control any external bleeding if applicable

Bleeding Inside/Outside Mouth

To control bleeding inside the cheek, put on latex gloves, fold over a piece of gauze and place/press against the wound. Apply gauze to outside source of bleeding. Examine for injured/damaged teeth.

Dental Injuries

All dental injuries require immediate attention with a dentist. Many times, the tooth can be repaired/replaced and heal appropriately.

Avulsions

Complete dislodgement of the tooth and root from its socket.

- Place sterile dressing directly in the space left by the tooth and have the victim bite down to keep in place.
- Do not traumatize the tooth further. Avoid brushing it off, do not handle by the root, do not sterilize. Gently rinse with water if there is debris on the tooth.
- Some may have experience in re-implanting, but if not then the tooth should be transported in a Balanced Saline Solution like "Save a Tooth." Next best is cold whole (and then 2%) milk. Next best is saline soaked gauze. 4th best is placing the tooth under the conscious player's tongue and lastly, placed in a cup of water.

Luxation

Tooth is in the socket but displaced/out of alignment. It can be extruded (hangs down from top or raised up on bottom), laterally displaced (pushed or pulled back and forward, respectively), or intruded (pushed into the gum and appears shorter). Attempts to reposition can be attempted for all EXCEPT the intruded tooth. Leave it alone and transport player to the dentist immediately for further management. All three examples require immediate dental follow up.

Fracture

Tooth is broken in half. Follow the storage/transport described under the Avulsion section and get to the dentist immediately. Use gauze/bite down to control any bleeding from tooth.

Skin Injuries/Bleeding Issues

When dealing with the possibility of exposure to body fluids (blood/secretions) it is important to practice Universal Precautions to reduce risk of HIV/Hepatitis transmission. Latex gloves provided in the first aid kit should be used before beginning to treat an injury where blood exposure is possible, no matter how

minor it looks. HIV/Hepatitis and other blood borne infection transmission is very low but appropriate measures to protect yourself and other players should always be in the forefront. If a player has a bleeding injury:

- Should be removed from competition as soon as it is noticed.
- Hands should be washed, and latex gloves used prior to treatment. Hands should be washed after treatment and gloves properly disposed.
- Bleeding must be stopped, open wound covered, and uniform changed if there is blood on it before the player may re-enter.
- Contaminated surfaces (not skin) should be treated with a solution of chlorine bleach-water (CDC recommends a 1:10 ratio) and is available in the concession stand.
- Managers/Coaches and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.

Abrasions/lacerations

For simple abrasions rinse with clean water (not from a player's water bottle) to rinse foreign debris and apply an appropriate dressing from the first aid kit to the wound.

For simple lacerations apply direct pressure with gloved hands and gauze from first aid kit. Avoid checking the site frequently as it can prolong the bleeding. Once stopped, dress with an appropriate sterile dressing.

Deep lacerations will have more severe bleeding and will require more formal medical attention. Applying direct pressure, as detailed above. Parents/guardians will need to pursue medical attention. Based on the situation, 911 may need to be called to activate EMS.

Bloody Noses

This can occur as a non-traumatic or blunt force trauma to the face. If non-traumatic, put on latex gloves and use gauze gently pinching the nostrils together for 10-15 minutes without checking. Have the player in a sitting position and leaning forward. Do not lean head back to avoid choking and potential aspiration of blood.

If trauma to the face assess for deformity/displaced nose. DO NOT manipulate nose and apply same treatment as above. Concussion protocols (see Concussion section) should be taken, potentially needing EMS to arrive.

Splinters

Slender pieces of wood, glass, metal, plants etc. that lodge in or under the skin. If the eye is involved DO NOT remove it and activate EMS by calling 911.

Otherwise:

- Wash your hands and place latex gloves

- Use a sterile/disinfected needle or tweezers to remove splinter. If it is sizeable, deep and/or breaks off under the skin, the player's parents/guardians should pursue care at an urgent care or their primary care provider.
- Cover with an appropriate clean bandage/dressing if necessary.

Burns

Care for thermal burns involve the following 3 steps.

- Stop the burning. Remove the victim from the offending source of the burn.
- Cool the burn. Use large amounts of cool water to rinse the area or apply clean, water-soaked towels/gauze bandages. Avoid ice.
- Cover the burn using dry, sterile dressings or a clean cloth. Loosely bandage and then seek appropriate medical care.

Chemical burns: Remove contaminated clothing, flush area with water for at least 5 minutes and treat as you would any burn. IF it is their eye(s) immediately flood face with running water for at least 15 minutes. Lift eyelids to flush the surface of the eye and inner eyelids. Cover both eyes with sterile pads/eye pads and activate EMS by calling 911/or parents/guardians can transport to ER for further management.

Insect bites

It may not be known if someone has an allergy to insect bites. For the unknown, observe for progressive symptoms of an allergic response: swelling, shortness of breath/difficulty breathing/wheezing, nausea, cyanosis (blueish coloration of the skin, lips, fingertips). Obvious emergency if this progression is observed. For those with KNOWN allergies, DO NOT wait for the allergic response to present itself before activating 911/EMS.

If mild/moderate symptoms wash your hands with soap and water. Remove the stinger using a disinfected credit card/business card or fingernail. Do not use tweezers as you could squeeze more venom into the victim. Continue to observe for progressive symptoms of allergic response and shock.

Musculoskeletal Injuries

Strains/tendonitis

Pulled muscles and overuse injuries are the most prevalent. Avoidance by proper mechanics and training are best, but if occurs, rest and graduated return to activity is warranted. Return to play too soon could result in more severe injury. Ice, rest are common practices, and the parent/guardian can decide (with guidance from their health care provider) if anti-inflammatories are appropriate or

not.

Sprain

Injury to the ligaments that stabilize where two or more bones come together to form a joint. It is important to evaluate the joint closely. Look for:

- Significant deformity, bruising, swelling
- Inability to move affected body part.
- Remove player from activity. Elevate area and apply cold packs/ice bag for no more than 15-20 minutes at a time.
- Player may need medical attention if significant and when safe to return to play.
- If significant deformity/displaced joint, or extremities are cold below the injured joint, or bone exposed through skin call 911 and administer care until EMS arrives.

Fracture

Fractures obvious/suspected need to be splinted in the position found and no pressure should be applied directly over the fracture site. Splints can be made up of anything that can stabilize the fracture: magazines, sticks, bats, etc. Comfort the victim and call 911 and watch for shock.

Chest contusion

Usually, the result of a line drive or pitch that impacts the sternum (breast bone) directly. If forceful enough, it can cause a contusion of the heart muscle resulting in a pericardial effusion (fluid between the sac of the heart and the heart muscle itself). As the space fills with fluid it can cause compression on the heart itself causing a condition called cardiac tamponade. This prevents the heart's chambers to adequately fill with blood and limits circulation to the point of fatality. Do not downplay the seriousness of this injury even if the victim "feels ok."

- If a player is hit in the chest and appears to be all right, urge the parents/guardians to take their child to the hospital for further examination.
- If a player is complaining of pain in his chest after being struck, immediately call 911, remove them from play and care for them until EMS arrives.

Dismemberment

If a part of the body has been torn/cut off, try to find the part and wrap it in sterile gauze or clean cloth after 911 is called. Apply direct pressure to the injured area to stabilize any bleeding. Place body part in a plastic bag and keep on ice if possible but do not freeze. Make sure the body part is transported with the victim to the hospital for potential re-attachment.

Penetrating Objects

If an object, such as a piece of metal, glass is impaled in victim, contact 911 immediately.

- DO NOT remove the object. Place several bulk dressings and bandage in place to help stabilize the object. If it is causing severe pain, redress accordingly.
- Treat for shock as necessary and manage the victim until EMS arrives.

Choking

Partial obstruction with good air exchange: If the victim is breathing, even wheezing, give them encouragement to cough out forcefully. Do not perform back blows or Heimlich as it could lead to fully obstruct the airway. It is imperative to remain with the victim to ensure the obstruction is dislodged. There is the possibility that it could fully obstruct and require immediate rescue intervention.

Complete airway obstruction in a conscious victim: International choking sign is the person placing both hands over the front of their throat. They will be in distress and reflexively keep their hands in this position. To treat, perform the Heimlich maneuver:

- Stand behind the victim.
- Reach around the victim with both arms under the victim's arms (like getting ready to give them a hug).
- Place thumb side of fist between the navel and tip of the sternum (breast bone). Grab fist with other hand.
- Pull inward and upward in quick, sharp thrusts.
- Repeat until object is coughed up.

Complete airway obstruction in an unconscious victim: Will need victim on their back on a firm surface. Straddle victim and place heel of hand and clasp with other hand between navel and sternum. Proceed with abdominal thrusts inward and upward in rapid, quick thrusts. Check mouth for dislodged object and clear if appropriate.

Small children and infants: Placed across lap or held in arms in a slanted "head down" position, firmly strike heel of hand between the shoulder blades in a direction toward the head. Inspect mouth for dislodged object.

Caring for Shock

A critical condition that is brought on by a sudden drop in blood flow through the body. The circulatory system fails to maintain adequate blood flow, sharply

curtailing the delivery of oxygen and nutrients to vital organs. It also compromises the kidneys and so restricts the removal of wastes from the body. Shock can be due to several different mechanisms, including not enough blood volume and not enough output of blood by the heart. The signs and symptoms of shock including low blood pressure (hypotension); over breathing (hyperventilation); a weak, rapid pulse; cold, clammy, grayish bluish (cyanotic) skin; decreased urine flow (oliguria); and a sense of great anxiety and foreboding, confusion, and sometimes combativeness.

Shock, which is a major medical emergency, is common after serious injury. EMS should be activated by calling 911 immediately. Emergency care for shock involves keeping the patient warm, giving fluids by mouth or, if necessary, intravenously, and frequently the administration of drugs that act to improve cardiac and circulatory function.

Poisoning

Call 911 immediately and THEN provide care.

If the victim is unconscious: Ensure an adequate airway, performing rescue breathing/CPR if necessary. If convulsing, protect victim from further injury but do not restrain.

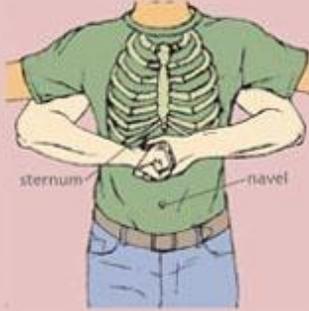
If conscious: DO NOT induce vomiting while waiting for EMS. Poison control can be called and aid in determining if vomiting should be induced IF EMS is delayed in arriving. It is imperative to ensure that the substance is not corrosive (bleach, acid, drain cleaner, etc.) or a petroleum product (gasoline, kerosene, paint thinners) before vomiting is induced or activated charcoal is used. Container of substance should be transported to the ER with the victim.



Appendix

Heimlich Maneuver

The **HEIMLICH MANEUVER** for CHOKING VICTIMS



- 1** Perform the Heimlich Maneuver if a choking victim cannot speak or breathe properly. He or she may also grab desperately at his or her throat. Other signs of choking may be a weak cough or high pitched wheeze due to partial blockage, or a blue cast to the face from oxygen deprivation.
- 2** To perform the Heimlich Maneuver, stand behind the victim and wrap your arms around his or her waist. Make a fist and place the thumb side against the victim's upper abdomen, between the sternum and navel. Grasp your fist with your other hand.
- 3** Deliver several thrusts up and into the abdomen. Make each thrust strong enough to dislodge a foreign body. Repeat the Heimlich Maneuver if the object is not expelled from the trachea. Obstructions may be expelled after repeated attempts.

Rescue Breathing



CPR

RESUSCITATION (CPR)

D
R
S

DANGER
Check for hazards & ensure safety

RESPONSE
Check to see if Unresponsive/Unconscious

SEND FOR HELP
Call the ambulance on 000

Adults & Children





A casualty who is unresponsive and not breathing normally needs urgent resuscitation

A

AIRWAY

Open airway, Head tilt/Chin Lift

B

BREATHING

Check breathing, if not breathing / abnormal breathing commence CPR

C

CPR

30 compressions : 2 breaths (if unwilling or unable to do breaths, consider doing chest compressions only)

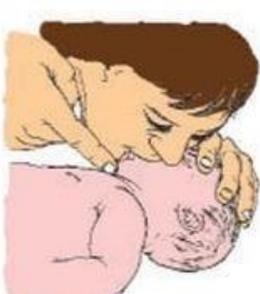
D

DEFIBRILLATOR (AED)

Attach AED as soon as available and follow its prompts

Infants Under 12 months





Continue sequence until responsiveness or normal breathing returns, or help arrives

	HEAD TILT	PRESSURE	DEPTH	BREATHS	RATIO	COMPRESSION RATE
ADULTS & CHILDREN	Yes	2 Hands	$\frac{1}{2}$ chest depth (Approx 5 cm)	Full breaths	30 Compressions:2 Breaths	Compressions should be performed at the rate of almost 2 per second (i.e continuous rate of 100 per minute)
INFANT (birth - 1)	No	2 Fingers	$\frac{1}{2}$ chest depth (Approx 4 cm)	Puffs	30 Compressions:2 Breaths	

Stretches: Upper Extremity

Upper Extremity Stretches

Perform each stretch 3-5 times and hold 8-15 seconds

SHOULDERS & MID - UPPER BACK

TRICEPS & SHOULDERS

SHOULDERS & TRICEPS

TRICEPS

BICEPS & SHOULDERS

ARMS & SHOULDERS

CHEST & SHOULDERS

BACK

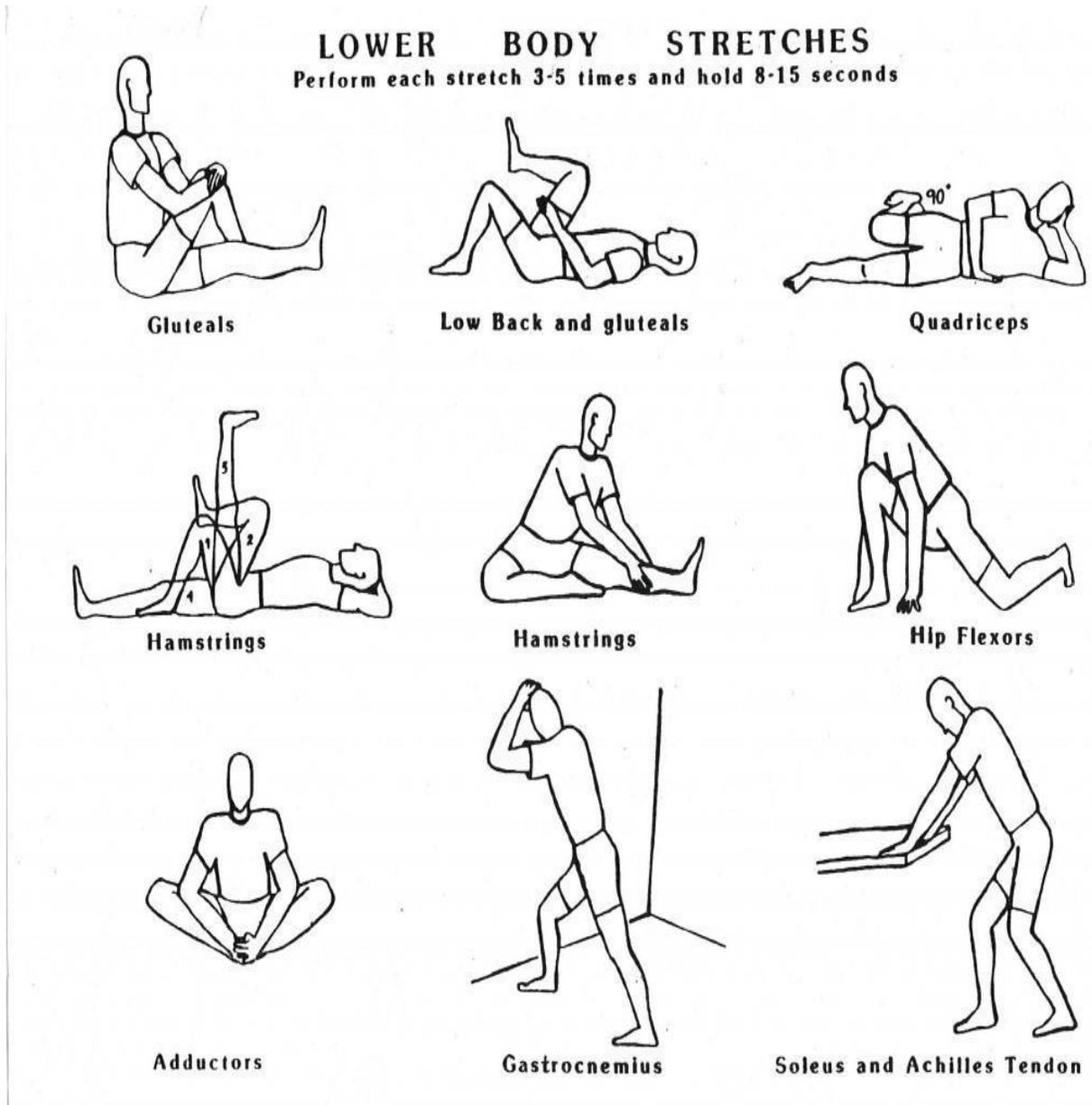
NECK & SHOULDER

FOREARMS

SHOULDERS & TRICEPS & SIDES

TRICEPS & SIDES

Stretches: Lower Body Stretches



Field and Game Safety Checklist

All Umpires, Managers, and Coaches are responsible for checking field safety condition before each game Answer 'Yes' or 'No' if repairs are needed.

Field Condition	Yes	No	Catchers Equipment	Yes	No
Backstop repair			Shin guards OK		
Home plate repair			Helmets OK		
Bases Secure			Face masks OK		
Bases Repair			Throat protector OK		
Pitcher's mound			Catchers cup (boys)		
Batter's box level/marked			Chest protector		
Grass surface even			Catcher's mitt		
Gopher holes					
Infield fence			Safety Equipment		
Outfield fence			First Aid Kit		
Foul ball net			Medical Release forms		
Foul lines marked			Ice for injuries		
Sprinkler heads condition			Blanket for shock		
Warning track			Safety Manual		
Coach's box marked/level			Injury report forms		
Dirt needed					
			Players Equipment		
Dugouts			Batting helmets OK		
Fencing need repair			Jewelry removed		
Bench need repair			Bats inspected		
Roof needs repair			Shoes checked		
Bat racks			Uniforms checked		
Helmet racks			Athletic cups (boys)		
Trash cans			Little League		
Clean up					
Spectator Area					
Bleachers need repair					
Hand rails need repair					
No smoking					
Parking area safe					
Protective screens OK					
Bleachers Clean					

Concession Stand Weekly Check List

Deliveries

Date: _____ Date: _____ Date: _____

Yes No

- ___ ___ 1. All products meet visual quality standards and have no off odors.
- ___ ___ 2. All packaging is in good condition: no stains, leaks, holes, etc.
- ___ ___ 3. Items put away in proper place <30 minutes (frozen, dry, fridge).
- ___ ___ 4. Code dates within code.

Food Temperature and Specifications

Thermometer Date: _____ Date: _____ Date: _____

Note: Ensure that thermometer kit meter probs are calibrated prior to taking temperatures. (Use ice and cold-water procedure from probes, temperature reads $32^{\circ}\text{F} \pm 2^{\circ}\text{F}$. All refrigerators and freezers must have a properly functioning thermometer in place (built in or clamped on, easily visible, and not glass).

Drink Machine Date: _____ Date: _____ Date: _____

Yes No

- ___ ___ 5. Soft drink, ice machines, and ice bin are free of soil.
- ___ ___ 6. Temperature of coffee/tea water is $\geq 180^{\circ}\text{F}$.
- ___ ___ 7. Cup and lid dispensers/holders are clean and in good repair.
- ___ ___ 8. Ice machine is clean, sanitized and no standing water.
- ___ ___ 9. Water filter follower needle is not in the red zone.
- ___ ___ 10. Ensure that syrup tanks are flushed clean and sanitized.
- ___ ___ 11. CO2 canisters are chained and locked in the upright position.

Freezer Storage Date: _____ Date: _____ Date: _____

Yes No

- ___ ___ 12. Freezer interior is clean and sanitized.
- ___ ___ 13. Temperature of freezer is $\leq 20^{\circ}\text{F}$.

Concession Weekly Check List Page 2

Fridge Storage Date: _____ Date: _____ Date: _____

Yes No

- ___ ___ 14. Fridge interior is clean and sanitized.
- ___ ___ 15. Temperature of fridge is 33-43°F.
- ___ ___ 16. Interior light is working and is properly shielded.
- ___ ___ 17. Shelving is clean, free of rust and in good repair.
- ___ ___ 18. All items stored correctly on shelves (covered and a minimum of 6" off floor).

Fryer Area Date: _____ Date: _____ Date: _____

Yes No

- ___ ___ 19. All stainless and walls above fryer are clean.
- ___ ___ 20. No excessive grease buildup under the fryers.
- ___ ___ 21. Fryer hood filters are in place and clean.
- ___ ___ 22. Light(s) working and properly shielded.
- ___ ___ 23. Cooking grease is stored safely in containers away from open flames.

Grill Area Date: _____ Date: _____ Date: _____

Yes No

- ___ ___ 24. All tile and countertops around grill are clean and sanitized.
- ___ ___ 25. Propane tanks are properly connected.
- ___ ___ 26. Fuel lines from the propane tanks to the grill have been inspected for leaks.
- ___ ___ 27. All air vents, Venturi vents and valves are clear of obstructions (i.e. cobwebs).
- ___ ___ 28. All grease is cleaned from under and around the grill.
- ___ ___ 29. Propane tank valves are turned off when not in use.

Sanitation

Date: _____ Date: _____ Date: _____

Yes No

- ___ ___ 30. Proper dishwashing method used.

Concession Weekly Check List Page 3**Sanitation cont'd**

Yes No

- ___ ___ 31. Hand sanitizer dispensers are mounted and in use.
- ___ ___ 32. Personal items stored correctly (medication, drinks, food, etc.).
- ___ ___ 33. Floors clean:
- a. Floor drains unobstructed; proper drainage flow.
 - b. No leaks or openings around pipes/plumbing.
- ___ ___ 34. No sign of pest infestation (insects, rodents, etc.).
- ___ ___ 35. All trash is emptied from the inside containers.
- ___ ___ 36. Dumpster enclosure and surrounding area are clean and free of debris.
- ___ ___ 37. Dumpster is closed.

Chemicals

Date: _____ Date: _____ Date: _____

Yes No

- ___ ___ 38. Chemicals stored in locked containers and not on the same shelf or the shelf above food ingredients, product packaging materials, food storage pan or tables where food is prepared.
- ___ ___ 39. Maintain manufacturer's labels on or label containers accordingly.

Other

Date: _____ Date: _____ Date: _____

Yes No

- ___ ___ 40. Concession stand workers (Team Mom/Parents) have gone through EMLL;s initiation safety and food preparation training before working in the concession stand.
- ___ ___ 41. Children under 15 are not allowed in the ocession stand or in other areas where food is prepared.
- ___ ___ 42. A fire extinguisher with a current certification is in plain sight.
- ___ ___ 43. A fully stocked First Aid Kit is in plain sight.

Concession Weekly Check List Page 4**Corrective Action Report**

If any item on this check list is checked “NO” then complete the steps below:

Stop the person, food, process, or use of equipment as appropriate

Determine if the product, ingredient are not safe to serve. If not, discard the item.

Identify source of problem.

Take corrective action, as appropriate

 Troubleshoot equipment problem using the Equipment Reference Manual.

 Re-train Concession Stand workers.

 Wash and sanitize hands.

 Wash and sanitize counter/equipment.

Notify the Concession Stand Manager, and/or another EMLL Board Member if the problem cannot be resolved.

Note corrective action below (include number identification of infraction).

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:

<p>A.) On Primary Playing Field</p> <p><input type="checkbox"/> Base Path: <input type="checkbox"/> Running <i>or</i> <input type="checkbox"/> Sliding</p> <p><input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched <i>or</i> <input type="checkbox"/> Thrown <i>or</i> <input type="checkbox"/> Batted</p> <p><input type="checkbox"/> Collision with: <input type="checkbox"/> Player <i>or</i> <input type="checkbox"/> Structure</p> <p><input type="checkbox"/> Grounds Defect</p> <p><input type="checkbox"/> Other: _____</p>	<p>B.) Adjacent to Playing Field</p> <p><input type="checkbox"/> Seating Area</p> <p><input type="checkbox"/> Parking Area</p> <p>C.) Concession Area</p> <p><input type="checkbox"/> Volunteer Worker</p> <p><input type="checkbox"/> Customer/Bystander</p>	<p>D.) Off Ball Field</p> <p><input type="checkbox"/> Travel:</p> <p><input type="checkbox"/> Car <i>or</i> <input type="checkbox"/> Bike <i>or</i></p> <p><input type="checkbox"/> Walking</p> <p><input type="checkbox"/> League Activity</p> <p><input type="checkbox"/> Other: _____</p>
--	---	---

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 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.

Prepared By/Position: _____ Phone Number: (____) _____
 Signature: _____ Date: _____

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	PART 1	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

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? Yes 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
------	---------------------------

Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



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.

TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury is sustained.

CHECKLIST FOR PREPARING CLAIM FORM

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

IMPORTANT: Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.

Best Practices During Coronavirus Pandemic

Guidance from Little League

Organizing, Playing, and Watching Games



As local Little League programs are considering a return to the field, it is recommended that each league and district adheres to the guidelines set forth by their respective state and local government and health officials in terms of public gatherings, organized youth sports, and sporting events when determining when it is safe to return to Little League activities. Local league volunteers should thoroughly review the Season Resumption Guide ([LittleLeague.org/SeasonResumption](https://www.littleleague.org/SeasonResumption)) and the Little League Coronavirus Frequently Asked Questions for General Information, Insurance, and Tournament before returning to play. Once your league is able to resume activities, below are some best practices for helping to provide a safe place to play, while stressing the importance of mitigating the spread of COVID-19.

These best practices have been compiled from resources and direct guidance from the U.S. Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), The Aspen Institute, among others.

Leagues are encouraged to, first and foremost, follow all directives and guidance from their state and local government, and should ask their state governmental and health officials for any information available regarding resuming youth sports within the state. All Little League managers, coaches, umpires, league officials, and families are strongly encouraged to review these guidelines.

This guidance was last updated on May 18. Little League will continue to update these comprehensive resources to provide additional best practices guidance as information is further developed around COVID-19 mitigation.

In addition to state and local guidance, we encourage leagues to consider the following when returning to play.

General Guidance

Wash Your Hands Often:

- Wash your hands often with soap and water for at least 20 seconds, or about the time it takes to recite the Little League Pledge twice, especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry. Leagues are encouraged to provide handwashing stations and/or hand sanitizer, if possible.
- Avoid touching your eyes, nose, and mouth.
- Players are encouraged to bring their own hand sanitizer for personal use. Hand sanitizer should be placed in all common areas off-field for easy use.



Key Audiences

Players
Parents/Guardians/Caregivers and
Other Children
Managers/Coaches
Umpires
League and District Officials
Fans/Spectators

CDC Resources

[How to Protect Yourself & Others \(PDF Download\)](#)

[Use of Cloth Face Coverings to Help Slow the Spread of COVID-19 \(PDF Download\)](#)

Cover Your Mouth and Nose with a Cloth Face Covering When Around Others:

- You could spread COVID-19 to others even if you do not feel sick.
- Everyone should wear a cloth face covering when they have to go out in public, for example, in public areas around your Little League fields and parks.



- Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- The cloth face covering is meant to protect other people in case you are infected.
- Do NOT use a facemask meant for a healthcare worker, as it is important for these facemasks are available for those professionals needing that personal protective equipment.
- Continue to keep six feet between yourself and others. The cloth face covering is not a substitute for social distancing.

Cover Coughs and Sneezes:

- If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze, or use the inside of your elbow.
- Throw used tissues in the trash immediately.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

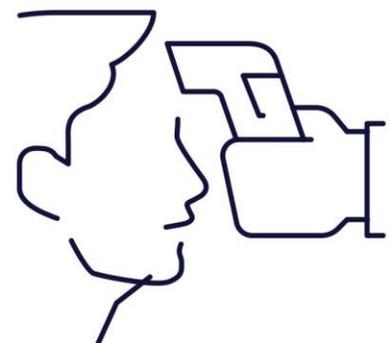
Social Distancing:

- All players, coaches, volunteers, independent contractors, and spectators should practice social distancing of six feet wherever possible from individuals not residing within their household, especially in common areas. For situations when players are engaging in the sports activity, see On-Field Guidance below for more information.
- Avoid close contact with people who are sick.
- Stay home as much as possible.



Self-monitoring and Quarantine:

- All individuals should measure their body temperature to ensure that no fever is present prior to participating or attending each Little League activity. Anyone with symptoms of fever, cough, or worsening respiratory symptoms, or any known exposure to a person with COVID-19 should not attend any Little League activity until cleared by a medical professional ([CDC Resource: If You Are Sick or Caring For Someone | PDF Download](#)).
- Any individual, including players, at risk for severe illness or with serious underlying medical or respiratory condition should only attend Little League activities with permission from a medical professional.



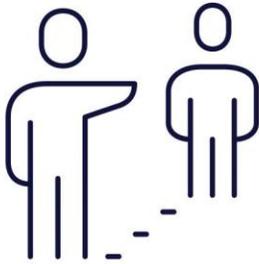
Game Operations and Umpire Guidance

Key Audiences

Managers/Coaches
Umpires
League/District Officials and
Volunteers

Pre-Game Plate Meetings:

- If possible, plate meetings should be eliminated.
- Social distancing of six feet between individuals should be implemented during all pre-game plate meetings between teams and umpires.



- Plate meetings should only consist of one manager or coach from each team, and game umpires.
- All participants should wear a cloth face covering.
- No players should ever be a part of plate meetings.

Equipment Inspection:

- Players should place their individual equipment in a well-spaced out manner for inspection. Umpires should avoid direct contact with equipment where possible but, when required, use hand sanitizer that contains at least 60% alcohol after the inspection of each individual piece of equipment.



Limit League/Game Volunteers:

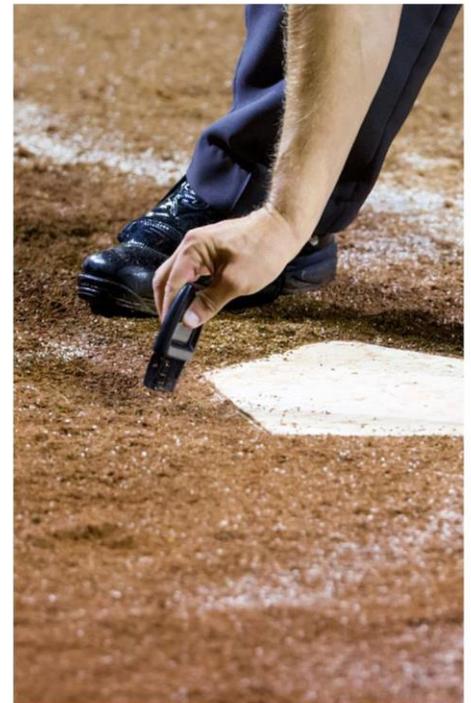
- For each game, there should only be the required team managers/coaches, umpires, and one (1) league administrator (i.e. Safety Officer, player agent, etc.) in attendance.
- Practices should be limited to the managers/coaches and players.
- Scorekeeping should be done by team coaches or team parent/guardian via GameChanger. Proper social distancing should be practiced.
- Press boxes should not be utilized unless there is ample room for social distancing to occur within them.

Field Preparation and Maintenance:

- Fields should be mowed, raked, and lined prior to teams and spectators arriving at the complex and after they depart. It is encouraged that volunteers already participating in the game (managers/coaches, umpires, and league administrator) perform these tasks to limit individuals at the site.
- It is recommended that any shared field preparation equipment be sprayed or wiped with cleaner and disinfectant before and after each use.

Umpire Placement:

- Umpires are permitted to be placed behind the pitcher's mound/circle to call balls and strikes. Umpires are encouraged to keep a safe distance from players as much as possible.
- If physically able, umpires are encouraged to wear cloth face coverings while umpiring.



On-Field Guidance

Key Audiences

Players

Parents/Guardians/Caregivers

Managers/Coaches

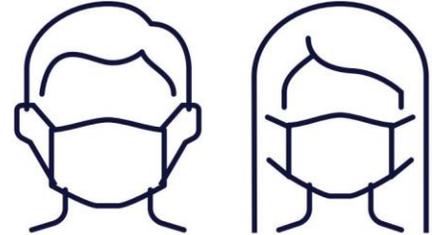
Umpires

Healthy Practices:

- All players and coaches should practice good general health habits, including maintenance of adequate hydration, consumption of a varied, vitamin-rich diet with sufficient vegetables and fruits, and getting adequate sleep.

No Handshakes/Personal Contact Celebrations:

- Players and coaches should take measures to prevent all but the essential contact necessary to play the game. This should include refraining from handshakes, high fives, fist/elbow bumps, chest bumps, group celebrations, etc. Little League International suggests lining up outside the dugout and tipping caps to the opposing team as a sign of good sportsmanship after a game.
- Players and families should vacate the field/facility as soon as is reasonably possible after the conclusion of their game to minimize unnecessary contact with players, coaches, and spectators from the next game, ideally within 20 minutes.



Drinks and Snacks:

- Athletes, managers/coaches, and umpires should bring their own personal drinks to all team activities. Drinks should be labeled with the person's name.
- Individuals should take their own drink containers home each night for cleaning and sanitation or use single-use bottles.
- There should be no use of shared or team beverages.
- Teams should not share any snacks or food. Players should bring individual, pre-packaged food, if needed.

Personal Protective Equipment (PPE):

- All managers/coaches, volunteers, umpires, etc., should wear PPE whenever applicable and possible, such as cloth face coveringst.
- Players should wear cloth face coverings when in close contact areas and in places where recommended social distancing is challenging or not feasible, such as in dugouts.
- Players should not wear protective medical gloves on the field during game play.
- Players, especially at younger divisions, are not required to wear a cloth face covering while on the field during game play.
- Players will be permitted to wear a cloth face covering on the field during game play, if physically able to do so, based on any directive of a medical provider or individual determination of the player/parent/guardian/caretaker.

- Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

Dugouts:

- Managers/coaches and players should be assigned spots in the dugout or on the bleachers so that they are at least six feet apart and must be placed behind a fence.
- Players are to stay at their assigned spots when on the bench or while waiting their turn to bat.
- Players and managers/coaches should wear a cloth face covering while in the dugout.

Player Equipment:

- No personal player bat bags/equipment bags should be allowed in the dugout. Player equipment should be spaced accordingly outside the dugout to prevent direct contact.
- Players should have their own individual batter's helmet, glove, bat, and catcher's equipment.
- Measures should be enacted to avoid, or minimize, equipment sharing when feasible.
- Some critical equipment may not be able to be obtained by every individual. When it is necessary to share critical or limited equipment, all surfaces of each piece of shared equipment must be cleaned first and then disinfected with an EPA-approved disinfectant against COVID-19 and allowed sufficient time to dry before used by a new player. Increased attention should be paid to detailed cleaning of all

equipment directly contacting the head and face (catcher's mask, helmets).

- Player's equipment (e.g. bags, helmets, bats, gloves, etc.) should be cleaned and disinfected after each use by a parent/guardian/caretaker, where applicable.
- Individuals disinfecting equipment are encouraged to use gloves while using disinfectants and follow the manufacturer's directions for use. All disinfectants should be stored properly, in a safe area, out of the reach of children.
- Players should not share towels, clothing, or other items that they may use to wipe their face or hands

Baseballs and Softballs:

- Baseballs and softballs should be rotated through on a regular basis, at least every two innings, to limit individual contact.
- Umpires should limit their contact with the ball, and catchers should retrieve foul balls and passed balls where possible.
- Balls used in infield/outfield warm-up should be isolated from a shared ball container.
- Foul balls landing outside the field of play should be retrieved by participating players, coaches, and umpires. No spectators should retrieve the ball.

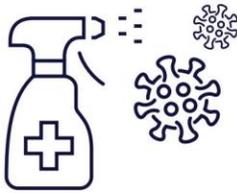
Spitting, Sunflower Seeds, Gum, etc.:

- Sunflower seeds, gum, etc., should not be allowed in dugouts or on the playing field.
- All players and coaches are to refrain from spitting at all times, including in dugout areas and on the playing field.

Facility, Fan, and Administrative Guidance **Part 1**

Clean and Disinfect Shared Equipment and Surfaces:

- Clean AND disinfect frequently touched surfaces daily and in between all facility uses, including practices and games. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, facility equipment, dugouts, toilets, faucets, and sinks.
- If surfaces are visibly soiled or dirty, they should be cleaned with a detergent or soap and water prior to disinfection.



Spread Out Scheduling of Practices and Games:

- League administrators should schedule sufficient time between practices and games to facilitate the complete evacuation of individuals from a previous practice or game from the premises before the next group enters.
- Players/families/spectators are instructed not to show up to fields more than 40 minutes before game time.
- Where possible, individuals should enter your complex through one point of entry and exit through another.
- Arrivals to the complex can be scheduled to help ensure a large number of individuals are not arriving at the same time.
- If there is a game or practice prior to your event, families and spectators are encouraged to stay in their vehicles or at recommended social distances until the start of their game play to prevent overcrowding of spectator spaces and walkways.
- On-field warm-up should be limited as much as is reasonably possible and no more than 30 minutes.
- Ensure sure that practices and games follow all local and state directives regarding

the number of people allowed to gather in one place.

- Wait in cars before practice or game; limit the use of van pool or carpools.
- Allow time between practices and games for cleaning and disinfecting.

Limiting Spectator Attendance:

- All spectators should follow best social distancing practices — stay six feet away from individuals outside their household; wear a cloth face covering at all times; avoid direct hand or other contact with players/managers/coaches during play.
- Local Leagues may choose to minimize the exposure risk to spectators by limiting attendance to only essential volunteers and limited family members.
- Spectators should bring their own seating or portable chairs when possible.
- Leagues are encouraged to utilize streaming opportunities to provide virtual spectating.
- **A spectator with any of the following conditions should not attend a practice or game until evaluated by a medical provider and given clearance to do so:**
 - Active COVID-19 infection
 - Known direct contact with an individual testing positive for COVID-19
 - Fever
 - Cough
- **Those at higher risk for severe disease should consider consultation with their medical provider before attending a game and should ensure the strictest adherence to guidelines regarding face coverings, distancing, and handwashing. Such groups include:**
 - Those with a serious underlying medical condition, including heart disease, morbid obesity, diabetes, lung disease, immunocompromise, chronic kidney disease, and chronic lung disease.
 - Those currently residing in a nursing home or long-term care facility
 - Those over 65

Key Audiences

League Administrators
Parents/Guardians/Caretakers
Fans/Spectators

CDC Resources

[Reopening Guidance for Cleaning and Disinfecting Public Spaces](#)

[Guidance for Cleaning and Disinfecting \(PDF Download\)](#)

[Guidance for Administrators in Parks and Recreation Facilities](#)

[Visiting Parks and Recreation Facilities](#)



Facility, Fan, and Administrative Guidance **Part 2**

Key Audiences

League Administrators
Parents/Guardians/Caretakers
Fans/Spectators

CDC Resources

[Reopening Guidance for Cleaning and Disinfecting Public Spaces](#)

[Guidance for Cleaning and Disinfecting \(PDF Download\)](#)

[Guidance for Administrators in Parks and Recreation Facilities](#)

[Visiting Parks and Recreation Facilities](#)

Member Communication:

- Local leagues should disseminate information to all families, volunteers, and spectators about the Coronavirus risk and the efforts your league will be undertaking to mitigate those risks, as outlined above. Information should be disseminated by way of email, league website, social media, coach talks, and public announcements.
- Designate a league board representative to be responsible for COVID19 concerns (e.g. Safety Officer).

Indoor Facilities and Batting Practices:

- Prior to reserving indoor facilities for team and/or league activities, review the mitigation procedures in place for those facilities, as well as your state and local guidance on indoor activities.
- Leagues, coaches, and volunteers arranging to utilize these facilities should communicate the mitigation needs (wearing face masks, limiting participation to a specific number, etc.) to the families of those players participating and fellow volunteers.



Public Restrooms:

- Communicate information on available facilities and policies to all parents prior to resuming or beginning season.
- Access to public restrooms should be limited if possible.
- A "one-in-one-out" policy, where only one individual is permitted within the restroom at one time, should be implemented to ensure adequate distancing in the confined restroom space.
- Prior to and after any league activity, restrooms should be thoroughly cleaned and disinfected. Restrooms should be disinfected on a regular basis.
- Public water fountains or refillable water stations should not be used, and should be turned off to discourage use, if possible.



Concession Stands:

- Leagues should follow local and/or state guidance when considering operating food or concession sales.
- Leagues opting to operate food and/or concession sales should also review and understand the CDC's guidelines.
- For leagues not operating a concession stand, families are encouraged to bring their own food/beverages.

Post Information to Promote Everyday Preventive Actions:

- Leagues should display posters and signs throughout the park to frequently remind visitors to take steps to prevent the spread of COVID-19. These messages may include information about:
 - **Staying home if you are sick or do not feel well, and what to do if you're sick or feel ill.**
 - **Using social distancing and maintaining at least six feet between individuals in all areas of the park.**
 - **[The CDC has downloadable resources available to post at public places; and leagues are encouraged to utilize additional resources from their state or local authorities.](#)**



Additional, Division-Specific Guidance

Key Audiences

- Players
- Parents/Guardians/Caregivers
- Managers/Coaches
- Umpires
- League and District Officials



Tee Ball and Coach Pitch:

- Team numbers should be reduced, to help limit the number of individuals at practices and games.
- Volunteers are encouraged to be from the same household as players, as much as possible. Coaches should wear cloth face coverings whenever possible.
- The focus on these divisions should be on fun and player development.



Little League Challenger Division® and Senior Challenger Division:

- Buddies should be from the same household as the player whenever possible.
- Buddies should wear cloth face coverings whenever possible, and frequently use hand sanitizer that contains at least 60 percent alcohol.
- Parents/Guardians of players with high risk health concerns should consult a medical professional prior to having their player participate.



Little League® Sandlot Fun Days

LittleLeague.org/SandlotFunDays

- While activities should be player-led; the adult volunteers overseeing Little League Sandlot Fun Day events should provide a thorough overview of appropriate mitigation efforts and are responsible for ensuring these guidelines are followed.

Pre-/Post-Practice and Game Free Play

- Unofficial pre- and post-practice or game activities should be discouraged. If they do occur, the activities should have constant adult supervision to assure appropriate social distancing and PPE guidelines are being followed.

