



# ASAP 2025 Safety Plan

East Mountain Little League  
La Madera Road  
Sandia Park, NM 87047



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## A Safety Awareness Program (ASAP) 15 Requirements are Met

### **Requirement 1) Safety Officer: *League must have an active safety officer on file with Little League International***

Paul Francis is the active safety officer for East Mountain Little League in 2025.

### **Requirement 2) Safety Manual Distribution: *Publish and distribute safety manual to volunteers***

This safety plan is available on the EMLL website and copies will be shared with each team manager.

### **Requirement 3) Emergency Plan: *Post and distribute emergency and key officials' phone numbers and email addresses***

[Emergency](#) and [key officials'](#) phone numbers and email addresses are included in this safety plan and distributed per Requirement 2.

### **Requirement 4) Volunteer Application: *Use official Little League volunteer application form***

All EMLL Volunteers are required to complete the volunteer application and background check through the JDP Quick App and our Sports Connect website.

### **Requirement 5) Fundamentals Training: *Provide and require fundamentals training, with at least one coach or manager from each team attending***

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 2025 Season. Managers and coaches will be required to use the resources.

### **Requirement 6) First-Aid Training: *Require first aid training for coaches and managers, with at least one coach or manager from each team attending.***

Basic first aid training will be provided during the manager and coaches meeting.

### **Requirement 7) Check Field Conditions: *Require coaches/umpires to walk fields for hazards before practices and games.***

Field inspections are required before each game and practice in accordance with the [Field and Game Safety Checklist in this safety plan.](#)

### **Requirement 8) Facility Survey: *Complete or update the Annual Facility Survey in the LL Data Center***

Facility Survey has been completed.

### **Requirement 9) Concession Stand Safety: *Written safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures***

[Concession Stand Weekly Checklist is included in this safety plan.](#) Concession Stand training is required for all volunteers who work in the concession stand.

### **Requirement 10) Equipment Check: *Require regular inspection and replacement of equipment.***

Equipment is inspected prior to distributing at the beginning of the season and when returned at the end of the season. Coaches, managers, and umpires regularly inspect equipment at practices and games. Equipment that is damaged or determined to be unsafe by coaches, managers, or umpires will be replaced.

**Requirement 11) Accident Reporting: *Implement prompt accident reporting, tracking procedure.***

[Procedure for reporting accidents is included in this safety plan.](#)

**Requirement 12) First-Aid Kits: *Require a first-aid kit at each game and practice***

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.

**Requirement 13) Enforce Little League Rules**

Players have required equipment and coaches and managers will enforce rules at practices as well as games.

**Requirement 14) Player/Coach Data**

EMLL player registration data and coach and manager data is automatically uploaded via Sports Connect.

**Requirement 15) Answer New Survey Questions for 2025**

LL Data Center survey has been completed and will be revisited as new questions are added.



## 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: [president@eastmountainlittleleague.com](mailto:president@eastmountainlittleleague.com)

Stephanie Francis, (505) 710-1872

Vice President: [vicepresident@eastmountainlittleleague.com](mailto:vicepresident@eastmountainlittleleague.com)

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Concession Stand Manager: [concession@eastmountainlittleleague.com](mailto:concession@eastmountainlittleleague.com)

Eric Rivera, (505) 620-1712

Sponsorship/Fundraising Officer: [sponsorship@eastmountainlittleleague.com](mailto:sponsorship@eastmountainlittleleague.com)

Robbi Andazola, (505)

## Safety Plan Distribution

The Safety Plan will be distributed to all managers at the beginning of the season and will be available on the league's website.

The concession stand will have a First Aid Kit, Fire Extinguisher and Safety Plan 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/she understands and agrees to comply with stated Code. All volunteers will submit and pass a background screening through JDP prior to assuming their responsibilities.

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 judgment
- 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. Intoxication 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 at a Little League facility at any time. Smoking will only be permitted in designated areas.
- 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 coaches and managers will read this Safety Code and acknowledge that he/she understands and agrees to comply with the stated Code.

- Responsibility for safety procedures belongs to every adult member of EMLL.
- Each player, manager, designated coach, umpire, team safety officer shall use proper 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 the playing area will be returned to the concession stand and not thrown over the fence during a game unless a ball return is already installed. If the concession stand is closed, foul balls will be handed to the coach/manager of the home team through the dugout gate.
- During practice and games, all players should be alert and watch 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/softball. 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.
- Head first slides are not permitted, except when a runner is returning to a base.
- 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, except in Intermediate and above.
- Player base coaches must wear a helmet. Adults, this is optional.
- Managers will only use the official Little League balls supplied by EMLL for game play.
- 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 to 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 metal 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 or sports drinks and small snacks.
- 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. This does not apply to Tee Ball or Rookies.
- Catchers must wear full catcher’s gear and an athletic cup, as described above, when warming up a pitcher, in practices or games.
- 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.
- Managers or coaches will bring a cellular phone to games and practices in case of emergency.
- 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.
- Smoking is not permitted at the Vista Grande facility, including fields, dugout, bleachers, and concession area.
- 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.
- 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.

## Roles & Responsibilities

### 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 or her abilities.

### Safety Officer

The main responsibility of the EMLL 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, 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 "zero tolerance with child abuse" clear to all.
- Inspecting the concession stand and checking fire extinguishers.
- Instructing concession stand workers on the use of fire extinguishers.
- Checking fields with the Field Manager 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.
- 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 know how to access the Safety Plan.
- 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 .
- Mouth protection is not required but encouraged.

- If a participant is injured or becomes ill during a game or practice, 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, Coaches, Team Safety Officer

Managers and Coaches are key to ensuring the safety of the players. They support EMLL in its pursuit of a safe, healthy, and fun activity for the members of our community.

Assistant Coaches and Team Safety Officers shall assist the Manager in meeting all safety requirements throughout the season. They assist with safe player development during pre-season, in-season and postseason play. Coaches and Team Safety Officers shall act as a role model for players, a defender of safety throughout the season, the liaison between the team and the EMLL Safety Officer, and a hero when injuries are prevented by taking safety seriously.

- First-time Managers and Coaches are requested to read books or view videos on Little League Baseball mechanics.
- 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.
- Make sure equipment is in first-rate working order.
- Make sure a cell phone is available at all activities, including practices.
- 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.
- Remember that the players are children.
- Be open to ideas, suggestions or help.
- Promote prevention as the key to keeping accidents to a minimum.
- Suggest sliding pads if players have cuts or scrapes on their legs.
- ALWAYS have First Aid Kits on hand.
- Use common sense.

### Pre-Season

- Review the EMLL Safety Plan available on the EMLL website.
- Attend the Emergency Medical Clinic with your assistant coaches.
- 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. Report your findings in a written summary and submit to the EMLL Safety Officer for league record.

### During Season

- Keep a Safety Log of all injuries that occur on their team.
- Report 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.
- Provide First Aid as necessary.
- Act as a conduit between parents, players and the EMLL Safety Officer.
- 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/Practice

- Make sure the First Aid kit is present.
- Greet players and ensure everyone is feeling "all right."
- 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 uniforms (for games) 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.
- 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
- 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

- Keep players alert.
- Maintain discipline at all times
- 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. Keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.
- Keep players off fences.
- 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.
- Encourage the players to drink water often.
- Attend immediately to children that become injured/ill.
- Do not lose focus by fraternizing with parents/spectators.

## Post-game

- Cool down players with a light jog and stretching. Ice appropriately when necessary (i.e. pitchers ice their elbow/shoulder, catchers their shoulder/knees).
- Do 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 the player, you, EMLL, and Little League, Inc.
- 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 a 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.
- Discuss any safety problems that occurred before, during or after the game with the Coaches.
- 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 or Coach knowingly disregards safety, he/she will be subject to disciplinary actions by the EMLL Board of Directors.

## Umpires

EMLL Umpires support the leagues safety plan by ensuring that games are played with the proper equipment that meets safety standards and that rules are followed to protect all participants from injury.

## Pre-game

- 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 the player's cleats for appropriateness. No metal cleats in Tee Ball through Majors.
- 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 Checklist (see appendix) to document that all of the above was carried out.

## During the Game

- 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 sole 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.
- 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

- 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 Concession Stand Manager

EMLL Concession Stand Manager is responsible for ensuring the Concession Stand Volunteers are trained and abide by the safety procedures as set forth in this manual.

## EMLL Equipment Manager

Responsibility for purchasing and distributing equipment to the individual teams lies with the league Equipment Manager. The equipment is inspected and tested before distribution. The Equipment Manager is also 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 labels must be present/placed on helmet, not embossed. It must also be visible and easy to read.
- Catcher gear shall 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 Managers should ensure their players respect ALL equipment.
- All EMLL equipment must be returned to the EMLL Equipment Manager at the end of league play.

## EMLL Facilities Manager

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

## Post-Season Responsibilities

All responsibilities remain the same throughout the postseason.

# Injury Prevention

## 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

Some examples of calisthenics are head rotations, arm circles (large and small circles; both directions), arm pendulum swings side to side, high knee marching in place.

- Repetitions of at least 10-20
- Involve lower and upper body
- Keep good pace to allow for increased heart rate response

### Stretching

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

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

## Pitching

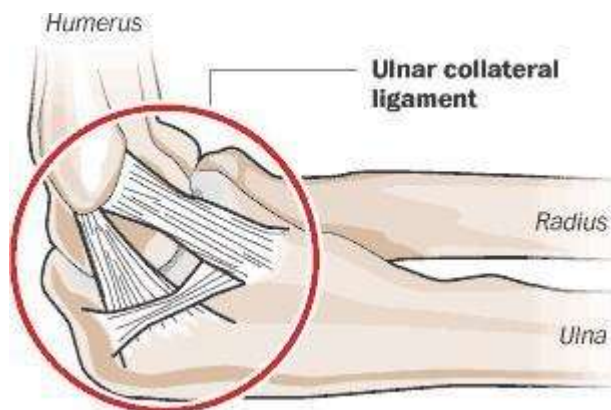
First thing to remember, Little League players are not adults. They are still developing, growing (growth plates are still active around the joints) and more susceptible to injury and over-use when we try to make them perform like adults.

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 their 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 ages of 7-14 will pitch with pain.

Players/parents/managers and coaches are too eager to progress to more advanced “movement” pitches. Techniques 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 Orthopaedic 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 leading 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
- Focusing on mechanics with player throwing at reduced velocity and at a shorter distance than mound to home plate.
- 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 physically 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 a 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><b>Before Sports</b></p> <p>Drinking fluids prior to exercise appears to reduce or delay the detrimental effects of dehydration.</p> <ul style="list-style-type: none"> <li>• 1 to 2 hours before sports: 4 to 8 ounces of cold water</li> <li>• 10 to 15 minutes before sports: 4 to 8 ounces of cold water</li> </ul>	<p><b>Before Sports</b></p> <p>Drinking fluids prior to exercise appears to reduce or delay the detrimental effects of dehydration.</p> <ul style="list-style-type: none"> <li>• 1 to 2 hours before sports: 8 to 16 ounces of cold water</li> <li>• 10 to 15 minutes before sports: 8 to 12 ounces of cold water</li> </ul>

<p>During Sports</p> <ul style="list-style-type: none"> <li>• 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)</li> </ul>	<p>During Sports</p> <ul style="list-style-type: none"> <li>• Every 20 minutes: Between 5 and 10 ounces of water or sports drink, depending on weight</li> </ul>
<p>After Sports</p> <ul style="list-style-type: none"> <li>• Post-exercise hydration should aim to correct any fluid lost during the practice.</li> <li>• Within two hours: at least 24 ounces of water or a sports drink for every pound of weight lost</li> </ul>	<p>After Sports</p> <ul style="list-style-type: none"> <li>• Post-exercise hydration should aim to correct any fluid lost during the practice.</li> <li>• Within two hours: at least 24 ounces of water or a sports drink for every pound of weight lost</li> </ul>

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 judgment; 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 Safety

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.

Lightning strikes within 10 miles can be monitored by weather apps or by seeing a flash and counting less than 30 seconds before hearing thunder. If there is a lightning strike within 10 miles:

- Suspend all games/practices immediately.
- Stay away from metal including fencing and bleachers.
- Do not hold metal bats.
- Have players wait in concrete dugouts away from metal, or 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.
- Games/practices may resume after waiting 30 minutes from the last lightning strike.

### Heat and Ultraviolet Ray Exposure

It is common for New Mexico to experience a wide variety of weather. Precautions must be taken in order to make sure the players and coaches 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 occurring 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 drills in practice, coming on/off the field of play during games. Please refer to the section on Hydration.

If a player looks distressed (“spacey,” unsteady on feet, dis-coordinated, or 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. Continue to hydrate, apply ice packs, wet clothing, and keep the player in the shade until the Emergency Medical Service team arrives.

### Sunburn

- 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 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 implemented the following measures to aid in selecting caring, competent and safe volunteers: and protecting the children of our community. **EMLL has zero tolerance for abuse.**

### Application

All volunteers are required to complete the Volunteer Application. The application must include residence information, employment history and three personal references from non-relatives. All potential volunteers must fill out the application that clearly asks for information about prior criminal convictions. The form also points out that all positions are conditional based on the information received back from a background check.

All applicants are made aware of the policy that no known child-sex offender will be given access to children in the Little League Program.

### Background Screening

All volunteers must submit to the background screening conducted through JDP. Volunteers who do not meet the Little League and East Mountain Little League screening criteria will not be permitted to volunteer.

### Reference Check

League officials will make sure the information given by the applicant is corroborated by references.

### Abuse Awareness Training

Beginning with the 2024 season, it is a new requirement for all volunteers to complete Abuse Awareness training on an annual basis, which can be completed for free through Little League's website: <https://www.littleleague.org/university/articles/abuse-awareness-training-course/>

## Interview

EMLL conducts interviews before appointing and approving managers and coaches. Applicants are made aware of the criteria and expectations for serving as an EMLL volunteer.

## Photo ID Badge

All approved on-field volunteers will be issued a photo id badge that indicates the year of service. Photo id badges must be in the possession of the volunteer during all Little League events.

## Reporting

In the unfortunate case that child abuse (sexual, contact or non-contact) is suspected, you should immediately (within 24 hours) contact the EMLL President, or any EMLL Board Member if the President is not available, and local authorities. 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.

## 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. Practice and play is impacted by local sunset times. Being mindful it is getting dark can aid in utilizing the buddy system, and/or, establish a policy requiring the player's parents to pick up their child from the field upon 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 restroom areas. Younger divisions (T-Ball) may still require some assistance, but adequate privacy should be established. Again, the buddy system can be utilized.

## **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.

# **Child Abuse: A Five Step Review**

## **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.

## **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.

## **Follow safety procedures.**

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

## **Screen applicants carefully.**

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

## **Don't be afraid to speak out.**

Little League children and adults need to feel safe to come forward. If an individual honestly feels something is wrong, the laws are in place to protect them.

## Transportation

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

- Have a valid driver's license.
- Submit a photocopy of the driver's license to the EMLL Player Agent so the driving record can be checked.
- Submit a photocopy 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 the 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.
- Obey all traffic laws and speed limits at all times.
- 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 by the Concession Stand Manager in conjunction with the Bernalillo County Health Department.
- Regular inspection of cooking equipment, repair/replace where necessary. (See Concession Stand Weekly Checklist 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.
- A fully-stocked first aid kit will be placed in the concession stand.
- The concession stand main entrance door will not be blocked while people are inside.
- A certified fire extinguisher must be in plain sight at all times.
- All concession stand volunteers/workers must be instructed on proper use of fire extinguishers.

### **Fire Extinguishers: Think PASS!**

**P**ull Ring

**A**im at base of fire

**S**queeze lever

**S**weep 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 remain locked at all times.
- 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 12 hours of the incident. Please refer to the Board Member contact information at the front of the safety plan.

The EMLL Safety Officer's contact information will always be posted in 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) Safety Officer 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 subscribes annually to the plans offered through the Little League International charter process.

- 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 family coverage exists, then EMLL's Little League insurance will take over and provide 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](http://www.littleleague.org) to find a downloadable version of the

Accident Claim form. This form is also available on the East Mountain Little League website.

## Insurance Riders

Insurance riders are necessary if any practices, games or events involving baseball/softball, on or off the EMLL complex take place before or after the regularly scheduled season and “All Star” postseason. Little League Insurance does not cover non-Little League teams practice, play games, or tournaments at the Vista Grande facility.

## 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 to 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 a player requires 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 to 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/firefighters/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

These 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 quell 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

- Assess the injury/situation. If the 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 the victim is 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'ts

- 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.

### How to Call

- Dial 911
- Give the dispatcher the necessary information (they will typically cue the questions): person calling, exact location of emergency, phone number of the call, 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 to Call

Use your best judgment and don't hesitate, it is better to call when and have EMS arrive and assess the situation as a non-emergency, than hesitate and have the victim deteriorate further putting them at risk. Use these guidelines for when to call 911, if the victim is:

- 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 can not be moved easily or risk for further injury is too great

## Victim Assessment

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.

### Conscious

If the victim is conscious, they may be the best source of information. Gather as much information as possible to assess the situation. 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).
- Look for cuts, bruises, bumps or depressions
- Watch for changes in consciousness, confusion, irritation, alertness, speech.
- Look for changes in the victim's breathing.
- Note the skin's look, feel. Are there color changes, temperature change, clamminess, etc.
- Ask the victim to move the body parts that don't hurt. Look for signs of pain with movement and deep breaths.
- Check victim from head to toe focusing on major body regions: Head/neck, chest, abdomen, pelvis, back, extremities.
- 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 for you to 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 victim. If the victim is a child/infant whose loss of consciousness was unwitnessed, then perform CPR for 2 minutes before interrupting to activate EMS by calling 911. If it is witnessed, then call or have someone 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 the 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 the victim's mouth. Be sure to allow full exhalation before administering the second breath.

- If breaths don't go in, reposition their head and check the 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 there is no pulse, then begin chest compressions (CPR).
- Position yourself at the side of the victim and place the heel of your hand in the center of the chest with your 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 the 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 a 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 the 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 it 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. 4<sup>th</sup> 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 the 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 the 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 of.
- 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 a 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 the nose and apply the 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 sizable, 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 involves 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 the area with water for at least 5 minutes and treat as you would any burn.
- If eye(s) are affected, 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 (bluish 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

A sprain is an 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 the player from activity. Elevate the area and apply cold packs/ice bag for no more than 15-20 minutes at a time.
- The 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 from adequately filling 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 alright, 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 the 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 bandages 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 obstructing 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 the 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 the 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 the lap or held in arms in a slanted “head down” position, firmly strike the 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 the 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.



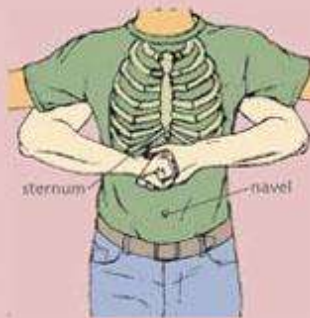
## Appendices

## 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.

## General Technique Rescue Breaths

- Position victim on back
- Open airway with head tilt – chin lift
- Use a barrier device
- Give breath over about 1 second
- Watch victim's chest rise





## CPR

# CPR Chart

## Resuscitation Skills

*If you are not trained in CPR,  
then provide hands only CPR*



Cardiopulmonary resuscitation (CPR) can keep oxygenated blood flowing to the brain and vital organs.

### Scene Safety

- Check for hazards
- Gloves on

When the heart stops, the lack of oxygen can cause brain damage in only a few minutes.



**Look, Listen, Feel**  
Max 10 seconds

### Check Response

- Tap & Shout. Are you ok?
- Look for no breathing



### Activate EMS

- Call 999 / 112
- Send for a defibrillator

Adult = 8+ years old  
Child = 1-8 years



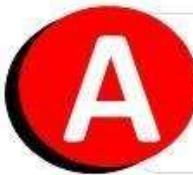
### Compressions

- Push hard & fast x 30
- At least 2 inches or 5 cm deep
- Rate of 100 to 120 per minute



**Safety**  
Squad.ie

Ratio 30:2  
on a firm surface  
Use CPR mask



### Airway

- Open the person's airway using the head-tilt, chin-lift technique



**Chain of Survival**  
Call 999 - CPR - AED - ACLS



### Breathing

- Give 2 breaths, 1 second each
- Adequate for chest rise
- Resume chest compressions



### Automatic External Defibrillator

- Use AED if available. Switch on & follow voice prompts
- Attach pads. Everybody stand clear when analysing
- Clear again if shock is required. Continue CPR, if needed



## Upper Extremity Stretches



## Lower Body Stretches

### LOWER BODY STRETCHES

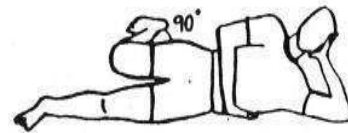
Perform each stretch 3-5 times and hold 8-15 seconds



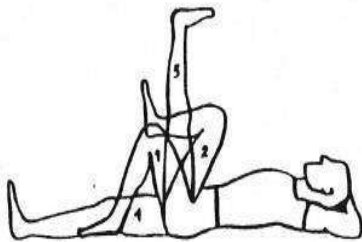
Gluteals



Low Back and gluteals



Quadriceps



Hamstrings



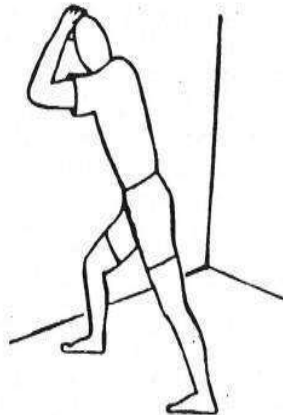
Hamstrings



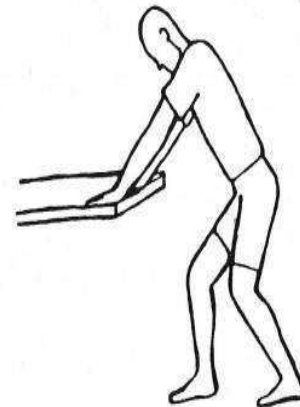
Hip Flexors



Adductors



Gastrocnemius



Soleus and Achilles Tendon

## Field and Game Safety Checklist

All Managers, Coaches, and Umpires are responsible for checking field safety conditions before each game.

Checkmark if no repairs are needed. Write "repair" or other notes if repairs are needed.

<i><b>Field Condition</b></i>	<i><b>Condition</b></i>	<i><b>Player's Equipment</b></i>	<b>Home</b>	<b>Away</b>
Backstop		<i>Catchers</i>		
Home plate		Shin guards		
Bases condition		Helmet		
Bases secure		Face mask		
Pitcher's mound		Throat protector		
Batter's box marked		Catcher's cup (boys)		
Batter's box level		Chest protector		
Grass surface even		Catcher's mitt		
Infield fence		<i>Other Players</i>		
Outfield fence		Batting helmets		
Foul ball net/fence		Jewelry removed		
Foul lines marked		Bats inspected		
Sprinkler heads		Shoes checked		
Warning track		Uniforms checked		
Coach's box marked		Athletic cups (boys)		
Infield dirt				
		<b>AFTER GAME CHECKS</b>	<b>HOME</b>	<b>AWAY</b>
<b><i>Safety Equipment</i></b>	<b><i>Location</i></b>	<b><i>Dugout Conditions</i></b>		
First Aid Kit	Dugouts	Fencing		
Med. Release forms	Dugouts	Bench		
Ice for injuries	Conc. Stand	Roof		
Blanket for shock	Conc. Stand	Bat racks		
Safety Manual	Conc. Stand	Helmet racks		
Injury report forms	Dugouts	Trash cans		
		Cleaned up		
		<b><i>Spectator Area</i></b>		
		Bleachers		
		Hand rails		
		No smoking		
		Protective screens		
		Trash cans		
		Cleaned up		

## East Mountain Little League Concession Stand Weekly Checklist

Deliveries	Yes	No	Initials
All products meet visual quality standards and have no off odors.			
All packaging is in good condition: no stains, leaks, holes, etc.			
Items put away in the proper place <30 minutes (cold, dry).			
Valid expiration dates..			
Food Temperature and Specifications	Yes	No	Initials
Thermometer			
Note: Ensure that thermometer kit meter probes are calibrated prior to taking temperatures. (Use ice and cold-water procedure from probes, temperature reads 32°F±2°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	Yes	No	Initials
Soft drink, ice machines, and ice bins are free of soil.			
Temperature of coffee/tea water is ≥180°F.			
Cup and lid dispensers/holders are clean and in good repair.			
Ice machine is clean, sanitized and has no standing water.			
Ensure that syrup tanks are flushed clean and sanitized.			
CO2 canisters are chained and locked in the upright position.			
Freezer Storage	Yes	No	Initials
Freezer interior is clean and sanitized.			
Temperature of freezer is ≤20°F.			
Fridge Storage	Yes	No	Initials
Fridge interior is clean and sanitized.			
Temperature of fridge is 33-43°F.			
Interior light is working and is properly shielded.			
Shelving is clean, free of rust and in good repair.			
All items stored correctly on shelves (covered and a minimum of 6" off floor).			

Sanitation	Yes	No	Initials
Proper dishwashing method used.			
Hand sanitizer dispensers are mounted and in use.			
Personal items stored correctly (medication, drinks, food, etc.).			
Floors clean.			
Floor drains unobstructed; proper drainage flow.			
No leaks or openings around pipes/plumbing.			
No sign of pest infestation (insects, rodents, etc.).			
All trash is emptied from the inside containers.			
Dumpster and surrounding area are clean and free of debris.			
Dumpster is closed.			
Chemicals	Yes	No	Initials
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.			
Maintain manufacturer's labels on or label containers accordingly.			
Other	Yes	No	Initials
Concession stand volunteers are trained prior to working in the concession stand.			
Children under 15 are not allowed in the concession stand or in other areas where food is prepared.			
A fire extinguisher with a current certification is in plain sight.			
A fully stocked First Aid Kit is in plain sight.			
Completed by:		Date	

Return completed Weekly Checklist to EMLL Concession Manager.

### Corrective Action Report

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

- Take corrective action, as appropriate
- Stop the person, food, process, or use of equipment as appropriate
- Determine if the product/ ingredient is safe to serve. If not, discard the item.
- Identify the source of the problem.
- Troubleshoot equipment problems 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 any corrective action(s) taken:**



# 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.

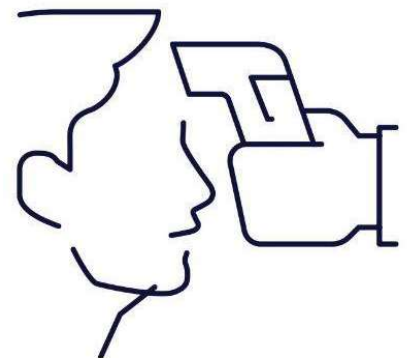
## Social Distancing:

- 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.





# On-Field Guidance

## 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:

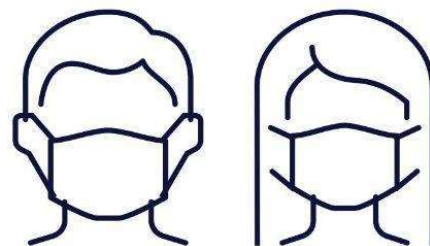
- Managers/coaches and players should be assigned spots in the dugout or on the bleachers so that they are at least six feet apart and must be placed behind a fence.
- Players are to stay at their assigned spots when on the bench or while waiting their turn to bat.
- Players and managers/coaches should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

## Key Audiences

Players  
Parents/Guardians/Caregivers  
Managers/Coaches  
Umpires



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.



# Game Operations and Umpire Guidance

## Key Audiences

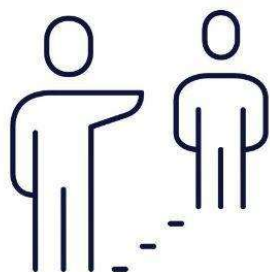
Managers/Coaches

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.

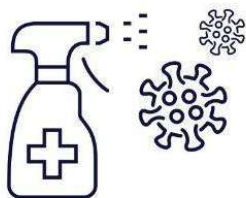




# Facility, Fan, and Administrative Guidance **Part 1**

## 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

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**



## 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.](#)



## 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.



# 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](https://www.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.

