

2020
SAFETY
MANUAL

EATON LITTLE
LEAGUE

EATON, OHIO

LEAGUE ID# 1350807

SINCE 1957

IMPORTANT PHONE NUMBERS

POLICE EMERGENCY	9-1-1
POLICE NON-EMERGENCY	(937) 456-5531
FIRE DEPARTMENT	9-1-1
EMERGENCY SERVICES	9-1-1
KETTERING MEDICAL CENTER	(937) 456-8300
EMERGENCY ROOM	
Located at 450-B Washington Jackson Rd Eaton, OH	
BALLPARK PHONE NUMBER	None

SAFETY OFFICER INFORMATION

NATHAN HAKE
(937) 533-7812
nathanh@dynamicmachineworksusa.com

LEAGUE PRESIDENT INFORMATION

KEVIN MELLING
(937) 336-3373
wee3c@yahoo.com

2020 Eaton Little League Board of Directors

President	Kevin Melling	(937) 336-3373
Vice-President	Brad Turner	(937) 417-2799
Secretary	Jacob House	(937) 683-6125
Treasurer	Todd Appledorn	(937) 248-5519
Player Agent	Mike Jenkins	(937) 336-3239
Safety Officer	Nathan Hake	(937) 533-7812
Concessions	Jamie Sasser	(937) 533-0303
Sponsorship	Brad Turner, Kevin Melling, Todd Appledorn, Mike Jenkins,	
Fundraising Committee		
	Joe Miller	
Coaching	Josh Moreland	(937) 336-1088
Coordinators		
Baseball	Vacant/Discontinued	
Commissioner		

Continued on following page

BOARD MEMBERS CONTINUED

Equipment	Derek Sasser	(937)533-0870
Manager		
Umpire in Chief	Joe Miller	(937) 336-1366
League	Phillip O'Connell	(937) 248-5677
Information Officer		

Division Vice Presidents

T-Ball VP	Troy Miley
Coach Pitch VP	Jacob House
Minors VP	Brad Turner
Majors VP	Joe Miller
Juniors VP	Nate James
Seniors VP	Nate James

EATON LITTLE LEAGUE CODE OF CONDUCT

The board of directors of our Little League has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and sign in the space provided below acknowledging that he or she understands and agrees to comply with the Code of Conduct. Tear the signature Page out and return to the Safety Officer.

Little League Code of Conduct

No Board Member, Manager, Coach, Player or 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 league complex while in an intoxicated state at any time. Intoxicated will be defined as any alcohol odor or behavior issue.
- Smoke while on the playing field or in any dugout at any time. No Smoking is permitted on the Eaton Little League grounds.
- As a manager or coach be guilty of mingling with 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 our Little League Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league. The Board of Directors has final say in all decisions regarding the Code of Conduct, and reserves the right to change, or modify the Code of Conduct, all decisions are final.

EATON LITTLE LEAGUE SAFETY CODE

The Board of Directors of our Little League has mandated the following *Safety Code*. All managers and coaches will read this *Safety Code* and then read it to the players on their team. Signatures are required in the spaces provided below acknowledging that the manager, coach and players understand and agree to comply with the *Safety Code*. Tear the signature sheet out and return to Safety Officer.

- Responsibility for safety procedures belongs to every adult member of the local league.
- Each player, manager, designated coach and umpire shall use proper reasoning and care to prevent injury to him/herself and to others.
- Only league approved managers and/or coaches are allowed to practice teams.
- Only league-approved managers and/or coaches will supervise batting cages.
- IT WILL BE MANDATORY FOR ALL MANAGERS AND COACHES TO ATTEND ALL CLINICS.
- First-aid kits will be available at every field site.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- 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 live ball territory.
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practices.
- Responsibility for keeping bats and loose equipment off the field of play should be that of the team's manager and designated coaches.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators, (i.e., playing catch, pepper, swinging bats, etc.)
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games.
- Except when a runner is returning to a base, head first slides are not permitted. This does not apply to ages 13 and above.
- During sliding practice, bases should not be strapped down or anchored.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "safety glasses" for their children.

- On-deck batters are not permitted, except in Junior division and above.
- All male players will wear athletic supporters during games. Managers should encourage that cups be worn at practices also. Catchers must wear a cup.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector. Junior and above baseball and all softball catcher's may wear either the long or short model chest protector.
- 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.
- Players will not wear bands, watches, rings, pins, jewelry or other metallic items during practices or games.
(Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)
- Managers will never leave an unattended child at a practice or game.
- Never hesitate to report any present or potential safety hazard to the Safety Officer immediately.
- Arrange to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- Speed Limit should be observed while driving around the facility.
- No alcohol or drugs are allowed on the premises at any time.
- No playing in the parking lots at any time.
- No playing in construction areas at any time (this includes the sand bins).
- No playing on and around lawn equipment, machinery at any time.
- No smoking within twenty feet of the dugouts.
- 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 on dugout roofs.
- Managers and coaches must remember they are not permitted to warm up pitchers.
- Observe all posted signs.
- Players and spectators should be alert at all times 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.
- Use crosswalks when crossing roadways. Always be alert for traffic.
- There is no running or climbing allowed on the bleachers.
- Only USA Baseball™ Bats will be used during any game, practice, or event at the ballpark.
- All managers/coaches will be made aware of Lindsay's Law, watch the video, and complete the form before a manager/coach will be allowed to participate in league activities.
- All parents will be made aware of Lindsay's Law, watch the video, and complete the form before a child will be allowed to participate in league activities.
- Follow all rules and regulations set forth by Little League International.

I have read Eaton Little League Code of Conduct and promise to adhere to its rules and regulations.

I have read Eaton Little League Safety Code and promise to adhere to its rules and regulations.

I have been informed of locations of Safety and First-Aid and Cardiac Arrest Equipment.

Team _____

Division _____

Name of Manager (Print)

Manager Signature

Date

Name of Coach (Print)

Coach Signature

Date

Name of Coach (Print)

Coach Signature

Date

I have read Eaton Little League Code of Conduct and promise to adhere to its rules and regulations.

I have read Eaton Little League Safety Code and promise to adhere to its rules and regulations.

I have been informed of locations of Safety and First-Aid and Cardiac Arrest Equipment.

Team_____

Division_____

Name of Manager (Print)

Manager Signature

Date

Name of Coach (Print)

Coach Signature

Date

Name of Coach (Print)

Coach Signature

Date

2020 Eaton Little League Safety Improvements

Blacktop Sealcoating

Replace Wood Handrail on Ramps to Major Field Bleachers

WEATHER

In Ohio weather changes quickly and can create unsafe playing conditions.

Rain

If it begins to rain:

1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
2. Determine the direction the storm is moving.
3. Evaluate the playing field as it becomes more saturated.
4. Stop practice if the playing conditions become unsafe -- use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.



Lightning

Some reasons we need to take lightning seriously in District 8:

- Lightning is the #2 weather killer in the United States over a 30-year period, killing more than hurricanes and tornadoes combined! Only floods kill more.
- All thunderstorms produce lightning and are dangerous.
- Three-quarters of all lightning injuries occur between May and September, with July having the most.
- Nearly four-fifths of lightning casualties occur between 10 a.m. and 7 p.m. (when most Little League games occur).

The following three sections deal with what actions need to take place

1. Before a Little League event
2. When lightning is in the area during a Little League event, and
3. When a suspended Little League event can resume after a lightning delay

BEFORE A LITTLE LEAGUE EVENT

Before a practice or event, check the latest forecast. If thunderstorms are forecast, consider postponing activities early to avoid being caught in a dangerous situation. Postpone or suspend activity if a thunderstorm appears imminent before or during an activity or contest (regardless of whether lightning is seen or thunder heard) until the hazard has passed. The existence of blue sky and the absence of rain are not protection from lightning. Lightning

can, and does, strike as far as 10 miles away from the rain shaft. It does not have to be raining for lightning to strike.

The Warning Signs

High winds, rainfall, and a darkening cloud cover are the warning signs for possible cloud-to-ground lightning strikes. While many lightning casualties happen at the beginning of an approaching storm, more than 50 percent of lightning deaths occur after the thunderstorm has passed. The lightning threat diminishes after the last sound of thunder or lightning flash, but may persist for more than 30 minutes. When thunderstorms are in the area, but not overhead, the lightning threat can exist when skies are clear.

WHEN LIGHTNING IS IN THE AREA DURING A LITTLE LEAGUE EVENT

Establish a chain of command that identifies who is to make the call to remove individuals from the field. A Board of Director member or the League Duty Officer is normally assigned this task. **If you hear thunder, you are in danger.** Anytime thunder is heard, the thunderstorm is close enough to pose an immediate lightning threat to your location.

Leagues with no electronic lightning detection monitoring system will follow these procedures and suspend all Little League activities when lightning is detected in the vicinity:

The “30-30 Rule” or flash-to-bang method offers easy to follow lightning safety guidance. When you see lightning, count the time until you hear thunder. If that time is 30 seconds or less, the thunderstorm is close enough to be dangerous. Seek shelter. If you cannot see the lightning, just hearing the thunder is a good back-up rule. Thunder always accompanies lightning, even though its audible range can be diminished due to background noise in the immediate environment and its distance from the observer.

Each League will designate a safe shelter for each venue, such as inside a residential, office or school building, but **not** dugouts or under trees or bleachers where lightning can still strike. All Leagues will post this information in a central location, such as the Concession Stand using the LASP Form.

An alternate emergency safe shelter is a car (solid roof, not a convertible) with windows rolled up completely. A vehicle is certainly better than remaining outdoors. It is not the rubber tires that make a vehicle a safe shelter, but the hard metal roof that dissipates the lightning strike around the vehicle. **DO NOT TOUCH THE SIDES OF THE VEHICLE**

Get to a safe place. If you hear thunder, suspend your activity immediately and instruct everyone to get to a safe place. Substantial buildings provide the best protection. Once inside, stay off corded phones and away from any

wiring or plumbing. Avoid sheds, small or open shelters, dugouts, bleachers or grandstands. If a sturdy building is not nearby, a hard-topped metal vehicle with the windows closed will offer good protection. Examples of buildings which are unsafe include car ports, covered but open garages, covered patio, picnic shelters, pavilions, large outdoor tents, baseball dugouts and other small buildings such as sheds and greenhouses that do not have electricity or plumbing. Being outside during a thunderstorm puts you at risk of being struck by lightning. The measures listed below will reduce that risk somewhat, but are no substitute for getting to a safe place.

- **Avoid open areas and stay away from isolated tall trees, towers or utility poles.** Lightning tends to strike the taller objects.
- **Stay away from metal bleachers, backstops and fences.** Lightning can travel long distances through metal.
- **Spread out.** This reduces the risk of multiple lightning casualties.

If you feel your hair stand on end, lightning is about to strike. There may be little or nothing you can do to keep from being struck by lightning. As a last desperate resort:



Crouch down on the balls of your feet, keep your feet together, put your hands over your ears, and bend your head down. Make yourself as small a target as possible and minimize your contact with the ground.

Do not lie flat on the ground.

In the unfortunate event a person is struck by lightning, know what to do.

Safety Precautions. Ninety percent of lightning victims survive their encounter with lightning, especially with timely medical treatment. Individuals struck by lightning do not carry a charge and it is safe to touch them and provide medical treatment. Cardiopulmonary resuscitation (CPR) is safe for the responder. If possible, an injured person should be moved to a safer location before starting CPR.

Recommended First Aid for Lightning Strike Victims

- **Survey the scene for safety.**
- **Activate your emergency notification system, call 9-1-1.**
- **Carefully move the victim to a safe area, if needed.**
- **Start CPR if needed.** An Automatic External Defibrillator (AED) may also be useful if one is available.
- **Evaluate and treat for hypothermia and shock.**
- **Evaluate and treat for fractures.**
- **Evaluate and treat for burns.**

An active thunderstorm is still dangerous. Do not let the rescuers become victims. Lightning CAN strike the same place twice.

Stay inside. Do not resume activities until 30 minutes have passed since the last thunder was heard or the last lightning flash. No place OUTSIDE is safe during a thunderstorm!

WHEN A SUSPENDED LITTLE LEAGUE EVENT CAN RESUME AFTER A LIGHTNING DELAY

Leagues with no electronic lightning detection monitoring system will follow these procedures to determine when they can resume their Little League activities:

Wait at least 30 minutes after the lightning flash or sound of thunder before leaving your shelter. This is the second part of the “30-30 Rule” or flash-to-bang method.

Consider this example:

You are a manager of a Little League team and have a game this evening at the local recreational park. The weather forecast for the day calls for partly cloudy skies with a chance of thunderstorms by early evening. You arrive in your vehicle while the kids arrive with their parents. Upon arriving at the park, you notice the only buildings are the restrooms, an enclosed building. Shortly after sunset, the skies start to cloud up and you see bright flashes in the sky to the west. The local radio station mentions storms are on the way.

In this case, the safest locations are the vehicles the kids came in or the rest rooms. You should have a choice of allowing the kids to go back to their vehicles or bring everyone into the restrooms. It is important NOT to stay in the dugouts, as they are not a safe place during lightning activity. Once at a safe place, wait 30 minutes after the last rumble of thunder/lightning flash before going back outside. Managers, coaches, and parents should only allow players into a vehicle with adults who have been approved by the BOD (Approved Volunteer Application with background check completed).

Lightning Awareness Safety Form

EATON LITTLE LEAGUE

PRESIDENT, LEAGUE VP, SAFETY OFFICER, UMPIRE, OR TEAM MANAGER
WILL SUSPEND A GAME FOR LIGHTNING AND OR DANGEROUS
WEATHER , OR any other league official or member

Radar, and Tornado Warning Systems, as well as Audible and Visual detection will
be used to detect possible lightning strikes.

Players, Managers, Coaches, Spectators can seek shelter if necessary in league
buildings, personal vehicles, or adjoining businesses.

SAFETY NOTES:

C. This park does use an electronic lightning detection system (located in the concession stand) and also relies on visual and audio clues to monitor lightning. When the time between the lightning flash and the sound thunder is less than 30 seconds all activities will be suspended. All individuals will proceed to the designated safe shelter as detailed above. Activities will resume no sooner than 30 minutes after the last lightning flash or sound of thunder is detected.

Figure 1 Graphic from <http://www.spectrumthunderbolt.com/safety.html>

INJURY REPORTING AND MONITORING

Managers and coaches will be provided with Accident Notification Forms and AIG Insurance Claim Forms.
Carry these forms to all games.

Managers and coaches will turn in any reports to the safety officer within 24 - 48 hours of the incident.

The safety officer will have a mailbox where the managers and coaches may put their completed forms.

The Accident Notification Form is included in this Safety Plan. Additional Accident Notification Forms will be available at the park as needed.

The safety officer will keep an injury tracking report for the season that will be turned in to the Board of Directors at the end of the season so the board may be aware of the recurrence of injury types.

If the injured player's parents need assistance with completing the AIG Claim Form, the League Safety Officer should provide any assistance required. In addition, the League Safety Officer will ensure that the Accident Notification Form is filled out properly by the player's manager and forwarded to Little League Williamsport.

Remember to submit a copy of every *Incident/Injury Tracking Report* to the District Safety Officer regularly.

FIRST AID KITS



First aid kits will be available at all concession stands and playing fields.

The safety officer will replenish all kits at the start of each season and be sure they are fully stocked throughout the playing season.

CLINICS

There will be a mandatory Fundamentals Clinic for managers and coaches each season at the local league complex. The Fundamentals Clinic is an annual requirement for one manager or coach from each team, who will then be qualified for three years. Each season there must be one representative from each team even if they have previously attended during the last three years.

There will be a mandatory Safety Clinic for managers and coaches each season at the local league complex. This clinic will be an overview of the rules and guidelines in the safety plan. Again, this meeting will require one manager or coach to attend yearly and will qualify him/her for three years. Each season there must be one representative from each team even if they previously attended during the last three years.

Use the *Safety Tracking Form for Little League ASAP* to ensure all managers and coaches are compliant with mandatory training

A concession safety clinic will be held for all concession volunteers at the local league at the start of the playing season. This will be an overview of food safety as outlined in the Safety Plan.

EQUIPMENT

At the start of each season, all teams of our Little League will be provided with equipment that has been examined by the equipment manager **and** safety officer to be sure that it complies with the Little League Rules and Regulations.

Any equipment that falls below the standards outlined in the Little League rulebook during the playing season will be immediately turned in to the equipment manager for replacement. The below standard equipment will then be destroyed so that no child may use it in the future.

No chemicals or potentially dangerous materials will be stored in or by the equipment room.

Managers and/or coaches will inspect equipment before practices and games. The umpires will also inspect all equipment before the game begins. Inspections will include all bats, batting helmets and catcher's gear, whether league supplied or a player's personal property. All equipment not meeting safety requirements will be removed from the playing field and dugouts.

The manager or coach will inspect all batting cage equipment and machines before use by his/her team. An adult will supervise the players using the batting cages at all times.

FIELD HAZARDS

The safety officer will check each field before the start of each season to insure that it is a safe playing environment; if not, he will notify the proper authority to have the problems resolved before the season starts.

The safety officer will walk each field on a weekly basis, checking for any unsafe conditions such as holes, rocks, glass, etc. and submit a report to the Board of Directors.

Managers, coaches and umpires will walk the field before the start of their game checking for any safety violations on the field, such as glass, rocks, sharp objects and standing water. Anything that is considered a hazard or risk will be resolved before the start of the game or before the game continues if any hazard is noticed during play.

BEST SAFETY PRACTICES

Checklist for Managers, Coaches and Umpires

The following checklists can serve as reminders to managers, coaches, umpires and volunteers before practices or games to help prevent an accident.

A. Safe Playing Areas

Regular safety inspection of the field, practice fields, structures and dugouts is the best way to eliminate conditions that cause accidents.

Managers, coaches and umpires should routinely check playing areas for:

- Holes, damage, rough or uneven spots, slippery areas and long grass;
- Glass, rocks and other debris and foreign objects;
- Damage to screens or fences, including holes, sharp edges or loose edges;
- Unsafe conditions around the backstop, pitchers mound or warning track;
- Catchers must wear catcher's helmet, face mask and throat guard in warming up pitchers. This applies between innings and in bullpen practice.

Keep dugouts clean and free of debris.

B. Safe Equipment

All equipment should be inspected before each use. Regular safety inspection of equipment is essential.

Managers, coaches and umpires should:

- Be sure that all equipment is Little League approved;
- Inspect bats and other equipment on a regular basis. Cracked or broken bats should never be used;
- Check to see that all personal protective equipment fits players properly. This includes helmets, masks, catcher's pads and shoes. A plastic cup supporter is required for all catchers and is recommended for all male players in addition to a regular athletic supporter;
- Keep loose equipment such as bats, gloves, masks, balls, helmets, etc. properly stored;
- Have players remove personal jewelry, watches, pins, rings or other metallic items;
- Parents of players who wear glasses should be encouraged to provide "safety glasses;"
- Repair or replace all defective equipment.

C. Safe Procedures

Managers and coaches ~~must~~:

- Have the players' medical release forms at all practices and games (copy included in the Safety Plan);
- Have a first aid kit at all practices. First aid kits are provided by the league. The concession stand has a fully stocked first aid kit at all games;
- Have access to a telephone at all games and practices in case of an emergency (cell phone, neighbor, etc.) No fewer than two coaches should be present at a game or practice in case of an emergency;
- Know where an appropriate shelter is in case of severe weather;
- Stress the importance of being alert and attentive during all activities;
- Ensure that appropriate warm-up for players has been completed before each game and practice;
- Stress "no horseplay" with players;
- Check to see that all jewelry, watches, rings, etc. have been removed prior to a game or practice;
- Instruct players on the proper fundamentals of the game to ensure safe participation.

Unsafe acts are far more difficult to control than hazardous conditions. They are challenging to managers and coaches because they are involved almost entirely with the human element. It has been estimated that unsafe acts account for 80% of all accidents. Definite steps must be taken to counteract them.

The following section of this manual offers coaching and training techniques that will foster safe and positive action on the baseball field.

Attitude

1. An attitude of alertness, hustle and enthusiasm that has been recommended as a guideline for good coaching should be carried down to all players to spark them in the development of better skills.
2. Good sportsmanship and courtesy, which are necessary for a harmonious and safe environment, can be taught best through the good example set by all adults on and off the field.
3. Your most effective tool to inspire an attitude of self-confidence and a desire to excel is the use of much PRAISE and RECOGNITION. Of course, this must be given when deserved so it is not cheapened by too much repetition. After all, a good try rewarded by a word of encouragement may be a good play on the next attempt.
4. Guidance on the most constructive attitude or point of view for both adults and youngsters can be summarized by recommending a POSITIVE APPROACH to all training techniques. Good training is the most effective weapon against accidents caused by unsafe acts.

Warm Up Drills

Use of the term "warm up drills," in connection with safety, refers to ball handling practice rather than calisthenics. Misdirected balls can result in serious accident exposure. The following practices will help reduce the danger of being struck by a misdirected ball:

1. All unauthorized people should remain off the field during drills.
2. After the number of targets has been reduced to a minimum, one of the best preventive measures is to stress that the eye must be kept on the ball. This safe practice should be drilled so continuously that it becomes a reflex action.
3. Throwing and catching drills should be set up with players in two lines facing one another.

Safe Ball Handling

1. Misjudging the flight of a batted ball may be corrected by drilling with fly balls which begin easy and are made more difficult as a player's judgment and skill improves. Everyone should eventually be able to handle balls that go overhead.
2. In addition to a player never losing sight of a ball from the time it leaves the bat, the player should keep the glove positioned and the body relaxed for a last split-second move, if needed.
3. An infielder can best be protected by an aggressive short-hop fielding play by always keeping the "nose pointed at the ball" and the eyes glued on it. In addition, by moving forward, the player is in a better position to make a throw.
4. It is safer for a player to knock a ball down and re-handle it than to let the ball determine the play.

Collisions

Collisions result in more injuries than is the case with most other types of accidents. They are usually caused by errors in judgment or lack of teamwork between fielders. It is important to establish zones of defense to avoid collisions. It is particularly important when players are chasing high fly balls. Once the zones are established, play situation drills should be held until these moves and patterns become familiar to the players. The responsible player should call out his/her intentions in a loud voice to warn others away. Here are some general rules to follow:

1. The fielder at third base should catch all balls that are reachable and are hit between third and the catcher.
2. The fielder at first base should catch all balls that are reachable and are hit between first base and the catcher.
3. The shortstop should call all balls reachable that are hit behind third base.
4. The fielder at second base should call all balls reachable that are hit behind first base.
5. The shortstop has the responsibility for fly balls hit in the center of the diamond and in the area of second base. Since the glove is on the left hand, it is easier for the shortstop than the fielder at second to catch fly balls over second base.
6. The center fielder has the right of way in the outfield and should catch all balls that are reachable. Another player should take the ball if it is seen to be unreachable by the center fielder.
7. Outfielders should have priority over infielders for fly balls hit between them.
8. Priorities are not so easy to establish on ground balls, but most managers expect their third base player to field all ground balls they can reach, including cutting in front of the shortstop on slow hit grounders.
9. The catcher is expected to field all topped and bunted balls that can be reached except when there is a force play or a squeeze play at home plate.

Sliding Safety

As is the case with other baseball fundamentals, a correct slide is also a safe one. It is well to guard against the accident of a collision and the possibility of a player being struck by a thrown ball as the player "hits the dirt".

1. Long grass has been shown to be better than sand or a sawdust pit for teaching sliding.
2. The bases must not be anchored down.
3. Sliding pads are recommended.
4. The player should keep in mind that on approach hands and feet should be in the air. Once committed to slide, the player must not change strategy. Last minute hesitation causes most sliding injuries.
5. Tennis shoes are suggested for beginning sliding and tagging practice to avoid injury to the defensive player.
6. If the ground along the baselines becomes soft on a rainy day, such weather offers an excellent opportunity to have sliding drills. Base runners should have on long pants.
7. Keep in mind that head first sliding has been eliminated for ages 12 and under, except when returning to a base.



Batter Safety

A batter's greatest accident exposure is from the unsafe acts of others, namely wild pitches, which account for a major portion of all accidents. The best defense is an alert, confident concentration on the ball. This type of injury is more prevalent in Major rather than in Minor League play. Since the danger is increased as pitchers learn to throw with greater force and as more games are played, it is doubly important to take whatever countermeasures are necessary.

1. A well-fitted NOCSAE approved helmet is the first requirement.
2. The development of the novice batter's ability to take evasive action can be improved by getting the player to relax and concentrate on the ball from the time the pitcher starts his/her delivery until it lands in the catcher's mitt. Players with slow reflexes can also be helped by simulated batting and ducking practice with a tennis ball.
3. The unsportsmanlike practice of crowding the plate or jumping around to rally the pitcher should not occur. This could endanger the batter if it causes the pitcher to lose control.
4. Painful finger and hand injuries can be reduced by making sure the batter holds the bat correctly when bunting. Youngsters have a tendency to lean too far over the plate and not keep the ball well out toward the end of the bat.
5. When the batter becomes a base runner, the player should be taught to run outside the foul lines when going from home plate to first base and from third base to home plate to reduce the risk of being hit by a thrown ball.



Safe Handling of Bats

The most easily prevented type of accident is the too frequent fault of beginners throwing the bat while running to first base. This unthinking act may be corrected through individual instruction to drop the bat safely by:

1. Having the player drop the bat in a marked-off circle near where running starts;
2. Counting the player "out" in practice whenever the player fails to drop the bat correctly;
3. Providing bats with grips that are not slippery.

Managers, coaches and umpires should be on the alert to correct batters who have a tendency to step into the catcher as they swing.

A more serious injury that might occur is when a player inadvertently walks into the swing of a coach's bat when the coach is hitting fly balls or when the player inadvertently walks into the swing of a player swinging a bat. These situations demonstrate the need for everyone to become safety-minded, for their own good and the safety of others. The following precautions are suggested:

1. The player, usually a catcher, assigned to catch balls for the coach hitting fly balls, should also be given the specific assignment of warning away anyone who comes too close.
2. All players and adults should be trained to walk around batters swinging a bat. The ingrained safety habit of keeping clear may save someone a painful injury.



Catcher Safety

The catcher, as might be expected from the amount of action involved, has more accidents than any other player. Statistics show that the severity of injuries is less in Major League play than in Minor League play. This bears out the fact that the more proficient the player the less chance of injury.

1. Assuming the catcher is wearing the required protection, the greatest exposure is to the ungloved hand. The catcher must learn to:
 - A. relax;
 - B. always have the back of the throwing hand toward the pitcher when in position to catch;
 - C. hold all fingers in a cupped position near the mitt, ready to trap the ball and throw it when runners are on base.



2. The catcher should be taught to throw the mask and catcher's helmet in the direction opposite the approach in going for a high fly. The catcher should hold the mask and flip it away at the last moment
3. As the catcher learns to play this difficult position, a good habit is to keep a safe distance back from the swinging bat. Estimate this distance as one foot farther from the batter than the ends of the outstretched fingers.
4. The best protection is keeping the eye on the ball.

General Inattention

Going back to the "why" of most ball handling accidents, it appears that inattention due to inaction or boredom is an underlying accident cause with which we must deal. This situation can be partly offset by using idle time to practice the basics of skillful and safe play, such as:

1. Encourage otherwise idle fielders to "talk it up." Plenty of chatter encourages hustle and enthusiasm.
2. Players waiting for a game or practice to start can pair off and play catch to improve their basic eye-on-the-ball technique.
3. Practice should include plenty of variety in the drill work.
4. Put a time limit on each drill and do not hold the total practice for more than two hours, or less, if interest begins to lag.
5. Idle players along the sideline can be given the job of studying the form of other players to improve their own techniques. They may then report on what they have learned to improve their own form on running, ball handling, throwing, batting, defense and sliding.

Control of Horseplay

Horseplay includes any type of youthful, distracting behavior that could even remotely be the cause of an accident. Team play requires 100% cooperation among players. If showoffs and smart-alecks cannot find sufficient outlet for their high spirits in a game, then quick and impartial disciplinary action must be taken.

SPORT PARENT CODE OF CONDUCT

PREAMBLE

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of our Little League.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
9. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
10. I will praise my child for competing fairly and trying hard and make my child feel like a winner every time.
11. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
12. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
13. I will promote the emotional and physical well being of the athletes ahead of any personal desire I may have for my child to win.
14. I will respect the officials and their authority during games and will never question, discuss or confront coaches at the game field and will take time to speak with coaches at an agreed upon time and place.
15. I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and I will refrain from their use at all sports events.
16. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Player's Name

Date

Parent/Guardian's Name

Parent/Guardian's Signature

Parent/Guardian's Name

Parent/Guardian's Signature

FIRST AID

First Aid



Emergency Plan

Serious injuries, which could be considered life threatening, occur infrequently. However, a manager or coach must be prepared. An adequate emergency plan must be developed to assist in handling an emergency. The following should be included in your emergency plan.

Always have with you at games and practices:

- Players' Medical release forms
- First Aid Kit
- A cell phone or access to a telephone



Maintain a complete team roster, which includes the following:

- Players' names
- Parents' home telephone number, work telephone number and cell phone number
- Emergency contact person and phone number (try and get two)
- Any disabilities, medications or allergic conditions, if known
- Any special conditions

Emergency Action

DO



- Reassure and aid children who are injured, frightened or lost
- Provide or assist in obtaining, medical attention for those who require it
- Know your limitations
- Look for signs of injury: bleeding, fractures, deformities, shock
- Follow Infectious Disease Procedures if blood is present.

Listen to the injured describe what happened and what hurts

- Feel the injured area gently and carefully for signs of swelling or broken bones
- Contact Professional medical help quickly (911)
- Contact parents as soon as possible
- Keep the player calm, warm, still and comfortable
-

DO NOT

- Administer any medication
- Allow the player to move if a neck or back injury is suspected (wait for professional help to arrive)
- Provide food or beverages other than water
- Hesitate to give aid when it is needed
- Be afraid to ask for help if you are not sure of the proper procedures
- Transport injured individuals except in extreme emergencies
- Leave an unattended child at a practice or a game
- Hesitate to report any present or potential safety hazard to the League Safety Officer



Bites and Stings



Bites or stings can be received from a number of different circumstances. Stings are usually caused by bees and other bugs. Bites can come from cats, dogs, spiders, ticks, bats, snakes, chiggers, ants or mosquitoes. All of these should be evaluated and treated when a player complains of a bite or sting. Many individuals are highly sensitive to stings that can cause them to develop breathing difficulties and very rapidly go into shock. This condition can be life threatening if not detected and treated as soon as possible. It is important that coaches and managers are aware of any members on their team that have reactions to stings and that the proper emergency equipment is available at all times.

Stings

If a player complains of a sting, the manager or coach should look for:

1. Swelling in the area
2. Signs of allergic reactions (if any condition exists, call 911)
 - Nausea
 - Severe swelling
 - Breathing difficulties, including coughing and wheezing
 - Bluish face, lips, fingernails
 - Signs of shock
 - Unconsciousness
3. The stinger or venom sac still in the skin

Treatment

Bee Stings

1. Remove the stinger or venom sac with tweezers or by gently scraping with the fingernail or a knife. Do not squeeze the stinger or venom sac.
2. Wash the area and apply a Band-Aid to cover the area.
3. For multiple stings, soak area in cool water.
4. Check for allergic reactions (if any condition exists, call 911).

Ant Bites

1. Wash area thoroughly with clean water.
2. Apply sting lotion or a paste made of baking soda and water.
3. Cover the bite with very cold water to avoid swelling.
4. Watch for any signs of an allergic reaction.

Animal Bites

1. Control any bleeding that may occur.
2. Flush the area with cool clean water.
3. Cover the area with a sterile pad or clean cloth.
4. Contact parents and notify police.

Snake Bites

1. Get medical attention immediately (call 911).
2. Keep the player calm and as still as possible.
3. Be alert for shock conditions.

Contusions

A contusion is commonly called a bruise and can be identified by a dark discoloration of the skin. The area in which the injury has occurred will become black and blue due to small blood vessels in the area rupturing and bleeding into the tissue around the injury. The bleeding may cause swelling, which is the second sign of a contusion.



The most common cause of a contusion for Little League players is being hit with the ball. Contusions can also be caused by being hit with the bat, a player falling and hitting the ground, sliding into another player or running into a hard object.

If a player complains of pain over an area after a hard blow, the manager or coach should:

1. Look for swelling in the area and/or discoloration of the body tissue in the area.
2. Feel the area for tenderness.
3. Have the player try to move the injured area. Try to determine how much pain is associated with the movement. Extreme pain could indicate a severe injury.
4. Pull a player from the game or practice if the contusion produces moderate to severe pain on movement.

Treatment

1. Apply ice or a cold pack to the area.
2. Notify parents.
3. Recommend to the parent that a physician be contacted if the contusion is moderate or severe.

External Bleeding

External bleeding from a player can be caused by many sources in Little League Baseball and Softball. A player being hit by a pitched ball, taking a bad hop in the infield or sliding into a base, may cause bleeding. Communicable diseases are a major concern. Refer to the Infectious Disease Policy in this Safety Manual for policies established by the league which detail minimum requirements for disease control.

Bleeding must be stopped as soon as possible. These instructions describe how to control or stop external bleeding. Managers and coaches should also observe the league's Infectious Disease Policy and utilize the first aid kits supplied by the league to each team.

Treatment

1. Act quickly. Have the player lie down, if needed. Elevate the injured area higher than the heart, if possible.
2. Control bleeding by applying direct pressure on the wound with a sterile pad or cloth. Wear latex gloves and follow the league's Infectious Disease Policy.
3. Once bleeding is controlled, bandage the area firmly with clean bandages. Do not make them too tight.
4. If pressure is ineffective in stopping the bleeding – CALL 911. The bleeding can usually be controlled by applying strong finger pressure to one of the following pressure points:
 - Scalp: press thumb against the bone in front of the ear (pressure may be needed on both sides).
 - Face: press fingers against hollow area of the jaw (pressure may be needed on both sides).
 - Neck: place thumb against the back of the neck against the vertebrae, slide three fingers to the side of the airway where the injury is located. Locate the pulsating artery, then squeeze it toward the thumb. Do not compress both sides of the neck.
 - Arm: Place flat side of finger in groove between muscles on the inner side of the arm. Place thumb on the outside of the arm, press toward bone at a point halfway between the shoulder and elbow.
 - Hand: Place your thumb on the inner side of the wrist, press toward bone.
 - Leg: At the groin area where the legs and torso meet, press inner thigh against the bone with the fist or heel of the hand.
5. Apply a tourniquet as a last resort.
6. Call 911 if it is an emergency.

Shock

Shock occurs when the body's organs and tissues do not receive an adequate flow of blood. Inadequate blood flow deprives the organs and tissues of oxygen and allows the buildup of waste products. When the circulatory system is unable to get enough blood to the vital organs, the body goes into shock. Sometimes even a mild injury will lead to shock. The body starts shutting down. **Shock is a life-threatening medical emergency** and can result in serious damage or even death. If a person develops signs of shock, **CALL 911** or other emergency services and begin treatment immediately.

Signs of shock include:

- Cool, pale, clammy skin.
- Weak, rapid pulse.
- Shallow, rapid breathing.
- Low blood pressure.
- Thirst, nausea or vomiting.
- Confusion, anxiety, restlessness, irritability.
- Faintness, weakness, dizziness or loss of consciousness.

Treatment

Prompt treatment can save the life of a person who is in shock. Try the following:

- Have the person lie down and elevate his or her legs 12 inches or more. If there is an injury to the head, neck, or chest, keep the legs flat. If the person vomits, roll the person to one side to let fluids drain from the mouth. Use care if there could be a spinal injury.
- Control any bleeding and splint any fractures.
- Keep the person warm but not hot. Place a blanket underneath the person, and cover him or her with a sheet or blanket, depending on the weather. If the person is in a hot place, try to keep the person cool.
- Take and record the person's pulse every 5 minutes.
- Comfort and reassure the person to relieve anxiety.
- Give victim no food or drink, even though he/she is likely to be thirsty.

Fractures

Fractures (broken bones) are not a frequent injury in Little League Baseball and Softball. Many circumstances can cause a player to fracture a bone. A batter being hit by a pitched ball, an improper slide, a collision with another player or a fall while attempting a play are just a few of the situations that could cause a fracture. A fracture must be treated as a major injury mostly because the injured player will probably be in a great deal of discomfort and could go into shock.



Treatment

1. Act quickly, treat for shock, if necessary.
2. Have someone notify parents.
3. Call 911 and get professional help immediately if the injury is in the back or neck. Keep the player still until EMT personnel arrive.
4. If the bone is suspected to be broken, but does not pierce the skin, place the limb in as natural a position as possible without causing discomfort to the player.
5. If the bone is piercing the skin (compound fracture), apply pressure to the appropriate pressure point to stop any bleeding that might occur. Do not straighten the limb, return to a natural position or replace bone fragments. Do not touch or attempt to clean the injury. Place a sterile pad or cloth firmly in place to cover the injury.
6. If the player must be moved, apply a splint or stabilize the area to prevent further damage. Use anything that will keep the bone from moving (broomsticks, boards, etc.). Pad splints with cotton, clothes or anything soft and clean. Tie the splints firmly, but not tightly. If the victim complains about numbness, the splint may be too tight.

Heat Illness

The following measures should be taken to reduce the risk of heat illness during competition or practice:

1. Before the activity begins, drink 8 ounces of fluids.
2. During the activity, drink at least 4 ounces of fluids every 20 minutes.
3. After the activity, drink 16 ounces for every pound of weight lost.

EARLY SIGNS OF DEHYDRATION

- Fatigue
- Loss of appetite
- Flushed skin
- Light-headedness
- Dark urine with strong odor

SEVERE SIGNS OF DEHYDRATION

- Muscle spasms
- Clumsiness
- Sunken eyes/dim vision
- Delirium

Prevention

As temperature and humidity go up, managers and coaches must encourage their players to drink adequate amounts of fluids. Plain water is best, but one of the salt-containing sports drinks is acceptable. Recommend to players that they get plenty of salt in their diet. Managers and coaches must pay attention to weather conditions. The danger zone is present whenever the temperature is above 90F or the humidity is above 95%. Give the players plenty of rest time in a cool area. Under these extreme conditions, no player should be allowed to catch more than three innings.

Report any cases of heat illness to the League President or the Safety Officer.

Most severe heat illness can be divided into three categories depending on its severity: heat cramps, heat exhaustion and heat stroke. A summarization of these conditions appears below.

Type	Symptoms	Physical Findings
Heat Cramps	Muscle tightening and spasm with intense pain, usually in lower leg, but may be abdominal or rib cage.	Muscle spasms, either seen or felt, that usually does not respond to kneading or massage.
Heat Exhaustion	Severe fatigue, weakness, light headedness; may also include flu-like symptoms: headache, muscle aches, nausea, vomiting, diarrhea	<ul style="list-style-type: none">• Elevated temperature (98.6 to 103 F)• Elevated pulse rate• Loss of consciousness is rare
Heat Stroke	Confusion, disorientation, some agitation in milder cases; there may be delirious behavior or coma, if severe.	<ul style="list-style-type: none">• Temperature of at least 105F• Hot, flushed, dry

Look and listen for any of the complaints noted on the chart above. Determine if there is a history of recent illness, especially if the player is taking medication. Feel for:

- Cool and damp skin, which might indicate heat exhaustion
- Warm and dry skin, which might indicate heat stroke
- Pulse

Heat Illness (con't)

Treatment

Move the player immediately out of the sun and into a shady area. If for some reason this is not possible, adults should stand close to the player to provide shade with their bodies.

For heat cramps

- Rest, cooling
- Gentle stretching
- Diluted salt solution (1 teaspoon salt to one quart water) by mouth

For heat exhaustion

- Have the player lie down in a cool, shaded area, elevate feet and massage legs toward heart
- Diluted salt solution (1 teaspoon salt to one quart water) by mouth if the player is awake
- Call 911 for emergency medical assistance
- Notify parents
- Be alert for progression to heat stroke

For heat stroke **HEAT STROKE IS A LIFE-THREATENING EMERGENCY**

- Call 911 for emergency medical assistance
- Cool the body; remove clothing, pack in ice; wet and fan the victim
- Do not give beverages such as coffee, tea or soda
- Notify parents and league president or safety officer
- Do not try to force a player to drink fluids unless you are sure he/she is conscious.
- Allow the player to drink only if his eyes are open and he/she can hold the cup.

Children are more susceptible to heat illness than adults are, so managers and coaches need to be especially alert in the younger age groups. Heat exhaustion may lead to heat stroke, so it is important to treat heat exhaustion as quickly as possible. Heat stroke can be fatal. The outcome for the player is related to how quickly the body temperature can be brought down to a safe level.

Protection from the Sun

The FDA has new labeling requirements; sunscreens cannot claim to have an **SPF (Sun Protection Factor)** greater than 30. Anything higher has little more UV protection. Not all sunscreens completely protect against UVA rays, even if the front of the label says so. The only way to know you are completely protected is to check the back of the label. Look for one of these three active ingredients: titanium dioxide, zinc oxide or parsol 1789 -- also known as avobenzone.

Sunscreens, Tanning Products and Sun Safety Skin damage from sunlight builds up with continued exposure, whether sunburn occurs or not. In addition to skin cancer and sunburn, effects related to premature aging can include wrinkling and, in time, an almost leathery appearance of the skin. Research also suggests that excessive exposure to UV radiation may interfere with the body's immune system.

Sunburn is associated with the shorter ultraviolet wavelengths, known as ultraviolet B (UVB). The longer wavelengths, known as ultraviolet A (UVA), however, can penetrate the skin and damage connective tissue at deeper levels, even if the skin's surface feels cool. It is important to limit exposure to both UVA and UVB.

Sunscreens play an important role as one part of a total program to reduce the harmful effects of the sun that first includes limiting sun exposure and wearing protective clothing. Sunscreens are labeled with SPF numbers. SPF stands for "Sun Protection Factor." The higher the SPF number, the more sunburn protection the product provides. Experts recommend using sunscreens with an SPF number of 15 or higher that also provide protection from UVA rays. Remember, sunscreen use alone will not prevent all of the possible harmful effects of the sun.

The effectiveness of a sunscreen is reduced if it is not applied in adequate amounts or if it is washed off, rubbed off, sweated off or otherwise removed. For maximum effectiveness, apply a sunscreen liberally before going outside and reapply it frequently on all sun-exposed skin. Unless otherwise stated on the label, a general rule of thumb is to apply 30 minutes before going outside and to reapply at least every two hours thereafter.

Remember that the sun's rays are the strongest from 10:00 a.m. to 4:00 p.m., especially during the late spring and summer. It is equally important to protect your eyes from the sun. Too much UV radiation can damage the cornea and lead to cataracts, a clouding of the lens of the eye that can cause blindness. Not all tinted glasses - even very dark ones - protect against UV radiation. The UV filtration results from an invisible chemical applied to the sunglasses. Check the label when choosing sunglasses in order to make sure that they provide protection against UV radiation.

Further information can be found on the FDA web site: <http://www.cfsan.fda.gov/~dms/cos-220.html>



Methicillin Resistant Staphylococcus Aureus (MRSA)

What is MRSA?

MRSA is a specific strain of staph infection called Methicillin Resistant Staphylococcus Aureus. Community Acquired MRSA - known as **CA-MRSA** is the type most associated with sporting activities. It is estimated that Staphylococcus aureus bacteria are carried by 30-50% of the population, and is very easily passed from one person to another.

Who is at Risk?

Anyone who is in physical contact with other people on a regular basis is at a high risk for acquiring CA-MRSA and other potentially dangerous bacterial infections, any open wound is a potential entry point for MRSA to enter the bloodstream. The good news is that CA-MRSA is easily preventable,

How is the MRSA infection contracted?

Many people carry the bacteria causing MRSA, and other staph infections, in their nose and/or on their skin. Tiny breaks in the skin from cuts, scraps and scratches allow the bacteria to enter into the body and can result in infection. It is also possible to contract the infection from using common towels and equipment that are contaminated. It is NOT possible to get MRSA through the air as with a cold.

It is important for athletes to report all skin lesions to their coach to keep any communicable skin conditions from spreading. Staph infections most commonly result in skin disorders such as pimple-like lesions (often mistaken as spider bites), boils and impetigo. The infected area is usually red, swollen, painful and may have drainage.

How do I avoid MRSA?

Common sense hygiene precautions are the best defense against MRSA and other staph infections. A few effective measures are:

- Thorough cleansing after workouts and contact with other players is your primary defense.
- Report any skin lesions to a coach or manager.
- Utilize alcohol-based hand sanitizers during workouts and games.
- Launder your uniforms and other athletic clothing in hot water and dry them with a hot dryer.
- Any athletic equipment must be thoroughly sanitized after use to avoid transmission of bacteria, as MRSA can live for days on surfaces.
- If you have an open wound, be sure to clean it well, and keep it covered with a bandage that attaches to the skin on all sides.
- Do not ever share or borrow towels or any other personal items.

COMMUNICABLE DISEASE PROCEDURES

While the risk of one athlete infecting another with HIV /AIDS during competition is close to non-existent, there is a remote risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as in other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited, to the following:

1. The bleeding must be stopped, the open wound covered and, if there is an excessive amount of blood on the uniform, it must be changed before the athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids, wash hands immediately after removing gloves,
4. Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes. This disinfectant is available in the concession stand.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth to mouth resuscitation, a barrier shield for CPR use is available in the First Aid kit located in the concession stand,
7. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athlete care until the condition resolves.
8. Contaminated towels should be properly disposed of or disinfected.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.



CONCESSION STAND

CONCESSION STAND POLICIES AND PROCEDURES

POLICIES AND PROCEDURES



Concession Stand Guidelines

- Signs will be posted in concession stands regarding hand washing.
- Signs will be posted in concession stand listing location of first aid kit.
- A listing of all important phone numbers, including board member list, will be posted in concession stand.
- 3 to 5 bags of ice will be prepared and kept ready in freezer for potential injury use.
- Operating procedures for safe handling of food will be posted in concession stand.
- Communicable disease procedure list will be posted.
- The league safety officer will meet with concession manager at season start to ensure his/her understanding and compliance of the above conditions.



Keep It Clean: Concession Stand Tips

'12 Steps to Safe and Sanitary Food Service Events'

1. Menu. Keep your menu simple and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. *Complete control over your food, from source to service, is the key to safe, sanitary food service.*

2. Cooking. Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F; poultry parts should be cooked to 165° F. *Most foodborne illnesses from temporary events can be traced back to lapses in temperature control.*

3. Reheating. Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices. *Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.*

4. Cooling and Cold Storage. Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. *Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.*

5. Hand Washing. *Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease.* The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

6. Health and Hygiene. Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

7. Food Handling. Avoid hand contact with raw, ready-to eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. *Touching food with bare hands can transfer germs to food.*

8. Dishwashing. Use disposable utensils for food service. Keep your hands away from food contact surfaces and never reuse disposable dishware. *Ideally, dishes and utensils should be washed in a four-step process:*

1. Washing in hot soapy water,
2. Rinsing in clean water,
3. Chemical or heat sanitizing, and
4. Air drying.

9. Ice. Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. *Ice can become contaminated with bacteria or viruses and cause foodborne illness.*

10. Wiping Cloths. Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and ½ teaspoon of chlorine bleach). Change the solution every two hours. *Well sanitized work surfaces prevent cross contamination and discourage flies.*

11. Insect Control and Waste. Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse

container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

12. Food Storage and Cleanliness. Keep foods stored at least six inches off the floor. After your event is finished, clean the concession area and discard unusable food. *(Remember: Training your concession stand volunteers is one of the 13 requirements for a qualified safety plan.)*

Top Six Causes

From past experience, the US Centers for Disease Control and Prevention (CDC) list these circumstances as the most likely to lead to illness. Check this list to make sure your concession stand has covered these common causes of foodborne illness.

- Inadequate cooling and cold holding.
- Preparing food too far in advance for service.
- Poor personal hygiene and infected personnel.
- Inadequate reheating.
- Inadequate hot holding.
- Contaminated raw foods and ingredients.

The Heimlich Maneuver

An emergency method of removing food or foreign objects from the airway to prevent suffocation. When approaching a choking person, one who is still conscious, ask: "Can you cough? Can you speak?" If the person can speak or cough, do not perform the Heimlich Maneuver or pat them on the back. Encourage them to cough.



To perform the Heimlich:

- Grasp the choking person from behind;
- Place a fist, thumb side in, just below the person's breastbone (sternum), but above the naval;
- Wrap second hand firmly over this fist;
- Pull the fist firmly and abruptly into the top of the stomach.

It is important to keep the fist below the chest bones and above the naval (bellybutton). The procedure should be repeated until the airway is free from obstruction or until the person who is choking loses consciousness (goes limp). These will be violent thrusts, as many times as it takes.

For a child:



- Place your hands at the top of the pelvis;
- Put the thumb of your hand at the pelvis line;
- Put the other hand on top of the first hand;
- Pull forcefully back as many times as needed to get object out or the child becomes limp.

Most individuals are fine after the object is removed from the airway. However, occasionally the object will go into one of the lungs. If there is a possibility that the foreign object was not expelled, medical care should be sought.

If the object cannot be removed completely by performing the Heimlich, immediate medical care should be sought by calling «PoliceEmergencyPhone» or going to the local emergency room.

Steps of Handwashing



1. Wet hands with running water.



2. Rub hands together with soap and lather well, covering all surfaces.



3. Weave fingers and thumbs together and slide them back and forth.



4. Rinse hands under a stream of clean, running water until all soap is gone.



5. Blot hands dry with a clean towel.

VOLUNTEER APPLICATION FORMS

All managers, coaches, board members, umpires, concession helpers and any other person who comes in repeated contact with the children of the Little League Program will fill out and return to the local league a volunteer application form.

Eatonlittleleague.org

The volunteer will be agreeing to a background check by signing the application.

The Eaton Little League President using the information supplied on the application form will do a background check to comply with the policy of Little League Baseball.

It is the responsibility of the League President to ensure that all forms have been turned into the local league.

Eaton Little League uses the US Department of Justice National Sex Offender Public Registry (www.nsopr.gov) to verify ALL volunteers meet the requirements of Little League International's background check

Lindsay's Law: Sudden Cardiac Arrest in Youth Athletes

EATON LITTLE LEAGUE HAS AN AED (AUTOMATED EXTERNAL DEFIBRILLATOR) IT IS LOCATED ON THE OUTSIDE OF THE CONCESSION STAND IN A WHITE BOX MARKED EMERGENCY DEFIBRILLATOR.

What is Sudden Cardiac Arrest?

A Sudden Cardiac Arrest (SCA) occurs when the heart suddenly and unexpectedly stops beating, cutting off blood flow to the brain and other vital organs. Sudden cardiac arrest is fatal if not treated immediately, most often by a defibrillator.

Who is Lindsay?

Senate Bill 252 is named for national heart health advocate and former Miss Ohio Lindsay Davis who suffers from a heart condition and has since dedicated her career to raising awareness of this potentially fatal condition.

"Sudden cardiac arrest is the number one killer of student athletes," said Davis. "At any moment I could have died because coaches and teachers had no idea this was even a possibility for someone who looked as healthy as I did at that age."

<http://ohiosenate.gov/republicans/press/hite-joins-former-miss-ohio-to-announce-passage-of-lifesaving-bill-addressing-risk-of-sudden-cardiac-arrest-in-student-athletes>

Lindsay's Law

Lindsay's Law, Ohio Revised Code [3313.5310](#), [3707.58](#) and [3707.59](#) went into effect in 2017.

In accordance with this law, the Ohio Department of Health, the Ohio Department of Education, the Ohio High School Athletic Association, the Ohio Chapter of the American College of Cardiology and other stakeholders jointly developed guidelines and other relevant materials to inform and educate students and youth athletes participating in or desiring to participate in an athletic activity, their parents, and their coaches about the nature and warning signs of sudden cardiac arrest.

ODH Contact Information

Ohio Department of Health
School Nursing Program
246 North High Street, 7th Floor
Columbus, OH 43215

Telephone: 614-466-1930

Email: BCHS@odh.ohio.gov

Video For Parents

<https://www.youtube.com/watch?v=s-YfCWQPegw&feature=youtu.be>

Video For Coaches

https://www.youtube.com/watch?v=h3teQ3e_hoQ&feature=youtu.be

Ohio Lindsay's Law Website

<https://www.odh.ohio.gov/landing/Lindsays-Law.aspx>

Sudden Cardiac Arrest and Lindsay's Law

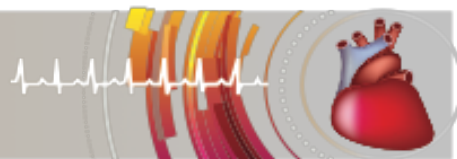
Information for the Youth Athlete and Parent/Guardian



- Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately.
- "Youth" covered under Lindsay's Law are all athletes 19 years of age or younger that wish to practice for or compete in athletic activities organized by a school or youth sports organization.
- Lindsay's Law applies to all public and private schools and all youth sports organizations for athletes aged 19 years or younger whether or not they pay a fee to participate or are sponsored by a business or nonprofit. This includes:
 - 1) All athletic activities including interscholastic athletics, any athletic contest or competition sponsored by or associated with a school
 - 2) All cheerleading, club sports and school affiliated organizations including noncompetitive cheerleading
 - 3) All practices, interschool practices and scrimmages
- Any of these things may cause SCA:
 - 1) Structural heart disease. This may or may not be present from birth
 - 2) Electrical heart disease. This is a problem with the heart's electrical system that controls the heartbeat
 - 3) Situational causes. These may be people with completely normal hearts who are either are hit in the chest or develop a heart infection
- Warning signs in your family that you or your youth athlete may be at high risk of SCA:
 - o A blood relative who suddenly and unexpectedly dies before age 50
 - o Any of the following conditions: cardiomyopathy, long QT syndrome, Marfan syndrome, or other rhythm problems of the heart
- Warning signs of SCA. If any of these things happen with exercise, see your health care professional:
 - Chest pain/discomfort
 - Unexplained fainting/near fainting or dizziness
 - Unexplained tiredness, shortness of breath or difficulty breathing
 - Unusually fast or racing heart beats
- The youth athlete who faints or passes out before, during, or after an athletic activity **MUST** be removed from the activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- If the youth athlete's biological parent, sibling or child has had a SCA, then the youth athlete must be removed from activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- Any young athlete with any of these warning signs cannot participate in practices, interschool practices, scrimmages or competition until cleared by a health care professional.

- Other reasons to be seen by a healthcare professional would be a heart murmur, high blood pressure, or prior heart evaluation by a physician.
- Lindsay's Law lists the health care professionals who may evaluate and clear youth athletes. They are a physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist or certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth and family to another health care provider for further evaluation. Clearance must be provided in writing to the school or sports official before the athlete can return to the activity.
- Despite everyone's best efforts, sometimes a young athlete will experience SCA. If you have had CPR training, you may know the term "Chain of Survival." The Chain of Survival helps anyone survive SCA.
- Using an Automated External Defibrillator (AED) can save the life of a child with SCA. Depending on where a young athlete is during an activity, there may or may not be an AED close by. Many, but not all, schools have AEDs. The AEDs may be near the athletic facilities, or they may be close to the school office. Look around at a sporting event to see if you see one. If you are involved in community sports, look around to see if there is an AED nearby.
- If you witness a person experiencing a SCA: First, remain calm. Follow the links in the **Chain of Survival**:
 - ❖ Link 1: Early recognition
 - Assess child for responsiveness. Does the child answer if you call his/her name?
 - If no, then attempt to assess pulse. If no pulse is felt or if you are unsure, call for help "someone dial 911"
 - ❖ Link 2: Early CPR
 - Begin CPR immediately
 - ❖ Link 3: Early defibrillation (which is the use of an AED)
 - If an AED is available, send someone to get it immediately. Turn it on, attach it to the child and follow the instructions
 - If an AED is not available, continue CPR until EMS arrives
 - ❖ Link 4: Early advanced life support and cardiovascular care
 - Continue CPR until EMS arrives
- Lindsay's Law requires both the youth athlete and parent/guardian to acknowledge receipt of information about Sudden Cardiac Arrest by signing a form.

Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) a heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach **MUST** remove the youth athlete from activity immediately. The youth athlete **MUST** be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

Parent/Guardian Signature

Student Signature

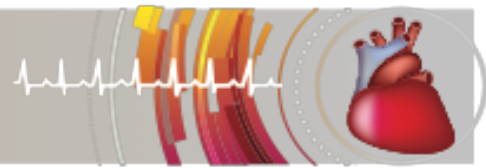
Parent/Guardian Name (Print)

Student Name (Print)

Date

Date

Sudden Cardiac Arrest and Lindsay's Law Information for the Coach



- Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately.
- "Youth" covered under Lindsay's Law are all athletes 19 years of age or younger that wish to practice for or compete in athletic activities organized by a school or youth sports organization.
- Lindsay's Law applies to all public and private schools and all youth sports organizations for athletes aged 19 years or younger whether or not they pay a fee to participate or are sponsored by a business or nonprofit. This includes:
 - 1) All athletic activities including interscholastic athletics, any athletic contest or competition sponsored by or associated with a school
 - 2) All cheerleading, club sports and school affiliated organizations including noncompetitive cheerleading
 - 3) All practices, interschool practices and scrimmages
- Coaches have specific responsibilities under Lindsay's Law:
 - 1) Annual completion of the required SCA training course approved by the Ohio Department of Health
 - 2) Preventing the following students from participating in athletic activities until the coach receives written clearance by a licensed health professional. This written clearance must be shared with any school or sports official:
 - a) A youth whose biological parent, sibling or child has previously experienced SCA
 - b) Any youth athlete that experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play
- Any of these things may cause SCA:
 - 1) Structural heart disease. This may or may not be present from birth
 - 2) Electrical heart disease. This is a problem with the heart's electrical system that controls the heartbeat
 - 3) Situational causes. These may be people with completely normal hearts who are either are hit in the chest or develop a heart infection
- **Warning signs** in a youth athlete's family that indicate the youth athlete may be at high risk of SCA:
 - o A blood relative who suddenly and unexpectedly dies before age 50
 - o Any of the following conditions: cardiomyopathy, long QT syndrome, Marfan syndrome, or other rhythm problems of the heart
- **Warning signs** of SCA. If any of these things happen with exercise, the youth athlete should be seen by a health care professional:
 - o Chest pain/discomfort
 - o Unexplained fainting/near fainting or dizziness
 - o Unexplained tiredness, shortness of breath or difficulty breathing
 - o Unusually fast or racing heart beats

- The youth athlete who faints or passes out before, during, or after an athletic activity **MUST** be removed from the activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- If the youth athlete's biological parent, sibling or child has had a SCA, then the youth athlete **MUST** be removed from activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- Any young athlete with any of these warning signs cannot participate in practices, interschool practices, scrimmages or competition until cleared by a health care professional.
- Other reasons to be seen by a health care professional would be a heart murmur, high blood pressure, or prior heart evaluation by a physician.
- Lindsay's Law lists the health care professionals who may evaluate and clear youth athletes. They are a physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist or certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth and family to another healthcare provider for further evaluation. Clearance must be provided in writing to the school or sports official before the athlete can return to the activity.
- Despite everyone's best efforts, sometimes a young athlete will experience SCA. If you have had CPR training, you may know the term "Chain of Survival." The Chain of Survival helps anyone survive SCA.
- Using an Automated External Defibrillator (AED) can save the life of a child with SCA. Depending on where a young athlete is during an activity, there may or may not be an AED close by. Many, but not all, schools have AEDs. The AED may be near the athletic facilities, or the AED may be close to the school office. Look around at a sporting event to see if you see one. If you are involved in community sports, look around to see if there is an AED nearby.
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 - Assess child for responsiveness. Does the child answer if you call his/her name?
 - If no, then attempt to assess pulse. If no pulse is felt or if you are unsure, call for help "someone dial 911"
 - ❖ Link 2: Early CPR
 - Begin CPR immediately
 - ❖ Link 3: Early defibrillation (which is the use of an AED)
 - If an AED is available, send someone to get it immediately. Turn it on, attach it to the child and follow the instructions
 - If an AED is not available, continue CPR until EMS arrives
 - ❖ Link 4: Early advanced life support and cardiovascular care
 - Continue CPR until EMS arrives
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