

Manchester-Essex Little League

2011 Safety Manual for Managers and Coaches

Manchester-Essex Little League
P.O. Box 400
Manchester, MA 01944

Dave Burbridge

Safety Officer

V1.2

Table of Contents

<u>SAFETY CODE</u>	4
Dedicated to Injury Prevention.....	4
• ASAP -What is It?.....	5
Some Important Do’s and Don’ts	5
• Manchester-Essex Little League Phone Numbers.....	6
Manchester-Essex Little League Safety Committee.....	6
Board of Directors:.....	7
<u>Manchester-Essex Little League General Code of Conduct</u>	8
<u>Manchester-Essex Little League Coaches Code of Conduct</u>	9
• <u>Manchester Essex Little League Coaches Code of Conduct</u>	9
<u>Communicable Disease Procedures</u>	12
• Contract for Success.....	13
WHAT DO I EXPECT FROM MY PLAYERS?.....	13
WHAT CAN YOU AND YOUR CHILD EXPECT FROM ME?	13
WHAT DO I EXPECT FROM YOU AS PARENTS AND FAMILY?	13
Accident Reporting Procedures:	14
• What to report	14
When to report.....	14
How to make the report	14
Safety Officer’s Responsibilities.....	14
<u>Storage Shed Procedures</u>	15
<u>Some Gentle Reminders:</u>	16
<u>Lightning Facts and Safety Procedures</u>	17
WHEN YOU HEAR IT - CLEAR IT WHEN YOU SEE IT - FLEE IT.....	17
“Flash-Bang” Method.....	17
Rule of Thumb.....	17
Where to Go?.....	17
Where NOT to Go !!.....	17
First Aid to a Lightning Victim.....	18
<u>Volunteers & Adult Training</u>	19
Facility Survey- Plans for future needs.....	19
<u>Concession Stand Information</u>	20
<u>Keep It Clean: Concession Stand Tips</u>	22
• Steps to Safe and Sanitary Food Service Events	22
Top Six Causes of Food Born Illness.....	22
<u>Care For Sudden Illness</u>	23
• CPR Illustrations	25
• The Heimlich Maneuver.....	26
<u>WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE</u>	28
<u>Forms & Attachments</u>	30
• 2011 Volunteer Form.....	30
• Commonwealth of Massachusetts, Executive Office of Public Safety and Security – Criminal History Board Certification for Manchester/Essex Little League.....	30
• 2011 CVolunteer Form	30

- Little League®Baseball and Softball Medical Release.....30
- A Safety Awareness Program’s Incident/Injury Tracking Report.....30
- Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS.....30
- LITTLE LEAGUE BASEBALL® ACCIDENT NOTIFICATION FORM.....30
- General Liability Claim Form30

SAFETY CODE

Dedicated to Injury Prevention

- Responsibility for Safety procedures should be that of an adult member of our Little League
- Arrangements should be made in advance of all games and practices for emergency medical services
- Managers, coaches and umpires should have training in first-aid. First-aid kits are issued to each team manager and are located at each concession stand.
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.
- All 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 coaches.
- Procedure should be established for retrieving foul balls batted out of playing area.
- 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 endanger 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 during batting practice and games.
- Catcher must wear catcher’s helmet, mask, throat guard, long model chest protector, shin guards and protective cup
with athletic supporter at all times (males) for all practices and games. **NO EXCEPTIONS.**
- Managers should encourage all male players to wear protective cups and supporters for practices and games.
- Except when runner is returning to a base, head first slides are not permitted.
- During sliding practice, bases should not be strapped down or anchored.
- At no time should “horse play” be permitted on the playing field
- Parents of players who wear glasses should be encouraged to provide “safety glasses”
- Player must not wear watches, rings, pins or metallic items during games and practices.
- The Catcher must wear catcher’s helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bull-pen during a game and also during practices
- Managers and Coaches may not warm up pitchers before or during a game.
- On-deck batters are not permitted (except in Juniors Division).

Contact:

Dave Burbridge, Safety Officer - Phone 508-932-1804 FAX 978-470-8338

e-mail dburbridge@dfllp.com

- **ASAP -What is It?**

In 1995, ASAP (A Safety Awareness Program) was introduced with the goal of re-emphasizing the position of Safety Officer “to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball”.

This manual is offered as a tool to place some important information at manager’s and coach’s finger tips.

Some Important Do’s and Don’ts

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.
- Carry your first-aid kit to all games and practices
- Keep your “Prevention and Emergency Management of Little League Baseball and Softball Injuries” booklet with your first-aid kit.
- Assist those who require medical attention - and when administering aid, remember to ...
- **LOOK** for signs of injury (*Blood, Black-and-blue deformity of joint etc.*).
- **LISTEN** to the injured describe what happened and what hurts if conscious. Before questioning, you may have
 - to calm and soothe an excited child.
 - **FEEL** gently and carefully the injured area for signs of swelling, or grating of broken bone.
 - Have your players’ Medical Clearance Forms with you at all games and practices.
 - Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phone

Don’t ...

- Administer any medications
- Provide any food or beverages (other than water)
- Hesitate in giving aid when needed
- Be afraid to ask for help if you’re not sure of the proper procedures (i.e., CPR, etc.)
- Transport injured individuals except in extreme emergencies
- Leave an unattended child at a practice or game
- **Hesitate to report any present or potential safety hazard to the Safety Officer immediately.**

- **Manchester-Essex Little League Phone Numbers**

Manchester Police and Fire - Emergency 911

Essex Police and Fire - Emergency 911

Manchester-Essex Little League Safety Committee

Dave Burbridge (Chair) 508-932-1804

Safety Committee Members:

Mike Coyne	President	(617) 512-2496	michael.coyne@ms.com
Kelley Browning	Vice President		jkbrowning@comcast.net Board Mike
Mike Athanas	Minor League Coord.		mathanas@northeastorganics.net

Safety Plan – 2011

- The 2011 Manchester Essex Little League Safety Manual is available on line at www.manchester-essex.com/mell/.
- The 2011 Safety Manual will also be distributed to coaches and volunteers. Please contact Dave Burbridge for additional copies or information.
- Safety Plan shall be reviewed by District Administrator.

Board of Directors:

Mike Coyne	President	(617) 512-2496	michael.coyne@ms.com
Kelley Browning	Vice President		jkbrowning@comcast.net
	Major League Coord.		
Brian Malik	Registrar	(617) 678-4852	baseball@manchester-essex.com
	Information Officer		
Brad Ketchum	Treasurer	(978) 930-6024	bwk3@mac.com
Timothy O'Leary	Secretary		
Robert Sarmanian	Player Agent		robsar8@yahoo.com
Dave Burbridge	Safety Officer	(508) 932-1804	dburbridge@dflp.com
Mike Athanas	Minor League Coord.		mathanas@northeastorganics.net
Bob Garlitz	Fundraising Chairman		bgarlitz@shore.net
John Tognazzi	Fields	(978) 423-1461	jtugga@comcast.net
	Babe Ruth Coordinator		
Tom Arnsten	Member at Large		
Marty Flood	Member at Large		floodmart@aol.com
Bob McAuliff	Member at Large	(978) 526-4030	rmcauliff@suffolkconstruction.com
Cory Matthews	Member at Large		cmbluemarlin@yahoo.com

Manchester-Essex Little League General Code of Conduct

- **Speed Limit 5 mph** in roadways and parking lots while attending any of our Little League function. Watch for small children around parked cars.
- **No Alcohol allowed** in any parking lot, field, or common areas within the Little League complex.
- **No Playing in parking lots** at any time.
- **No Playing on and around** lawn equipment.
- **Use Cross walks** when crossing road ways. Always be alert for traffic.
- **No Profanity** please.
- **No Swinging Bats or throwing baseballs** at any time within the walkways and common areas of any Little League complex.
- **No throwing balls** against dugouts or against backstop. Catchers must be used for all batting practice sessions.
- **No throwing** rocks.
- **No horse play** in walkways at any time.
- **No climbing** fences.
- **No pets** are permitted at our Little League games or practices.
- **Only a player on the field and at bat**, may swing a bat (Age 5 - 12). Be Alert of area around you in the on deck position.
- **Observe all posted signs.** Players and spectators should be **Alert** at all times for **Foul Balls and Errant Throws.**
- **During game**, players must remain in the dugout area in an orderly fashion at all times.
- **After each game, each team must clean up trash** in dugout and around stands.
- **All gates to the field must remain closed** at all times. After players have entered or left the playing field, gates should be closed and secured.
- **No children under the age of 16** are to be permitted in the Snack Bars.

Failure to comply with the above may result in expulsion from the Manchester-Essex Little League field or complex.

Manchester-Essex Little League Coaches Code of Conduct

- **EVERY COACH** must agree to and sign the following code of conduct to ensure that we are instilling the proper perspective and values in MELL players and fans.

- THE COACHES CODE OF CONDUCT IS AS FOLLOWS:

- **Manchester Essex Little League Coaches Code of Conduct**

Through baseball, the Manchester Essex Little League (“MELL”) seeks to enhance the physical, mental, and emotional well-being of every child that takes part. It is the league’s express goal that every player will be a better citizen, and have a greater chance for success in future endeavors, as a result of their Little League experiences. As such, the Manchester Essex Little League expects the highest degree of sportsmanship from its members.

In keeping with this philosophy, the following Code of Conduct has been adopted to better promote fairness, teamwork, good citizenship, sportsmanship, responsibility, and respect among the members of the Manchester Essex Little League.

Players will learn these values by the examples they see from those around them, and to this end, the following rules will be strictly enforced:

- Verbal abuse of an official, coach, player, or spectator, including obscene gestures, will not be tolerated. The offender may be removed from the MELL fields at the discretion of an umpire or MELL board member.
- Booming, taunting, ridiculing another player or coach, refusing to shake another coach’s and/or player’s hands after a game, is not acceptable behavior.
- Baseball is a game of interpretations, however, it is important that players learn respect. The Umpire is the ONE person of authority on the field. ARGUING with an Umpire, will not be tolerated.
 - If a “Patch Umpire” is umpiring the game, the Head Coach may DISCUSS an interpretation with an umpire only in an area off the playing field – preferably at the backstop
 - Only the Head Coaches may initiate such discussions with an umpire and discussions that are taken up with the umpire will include BOTH Head Coaches
 - If a “non-Patch Umpire”, i.e. a non-professional is umpiring the game, the Head Coach may DISCUSS an interpretation with an umpire ONLY at the END of the INNING and ONLY in an area off the playing field – preferably at the backstop

- The coach(es) will conduct themselves with decorum and once the umpire has made his/her final ruling, the coach(es) will make no further field protest
- All discussions will be handled in a civil manner.
- Off-field protests may be lodged with the Board of Directors per league policy.
- Under no circumstances will a coach, fan, or player yell at an umpire, opposing coach, fan, or player.
- Coaches will refrain from complaining about perceived bad calls to players and fans during the game.
- Profanity is expressly forbidden at all times at the Manchester Essex Little League complex.

Any infraction of the above rules will result in a report being delivered to the Manchester Essex Little League Board for consideration of further action, as appropriate.

First Offense: Upon the reporting of a first offense by an individual, the Board of Directors, will provide a written warning to the offender, detailing the consequences of future infractions.

Depending upon the severity of the infraction, nothing precludes the Board of Directors from banning an individual from MELL activities, including, but not limited to, practices and games, for a period of time deemed appropriate by the Board of Directors.

Second Offense: The Board of Directors may institute a wide range of penalties for repeat offenders, beginning with the second offense, as deemed appropriate by the Board. Such penalty shall at a minimum be the suspension from all coaching activities for the next regularly scheduled game and may also include, but are not limited to:

- Suspension from all coaching activities for a prescribed period of time.
- A ban from participating in all MELL activities for a set period of time or number of games.
- Severe violations can result in suspension from all MELL activities for the remainder of the current season or tournament.

Third Offense: The Board of Directors may choose to apply any of the penalties prescribed for a second offense. Such penalty shall at a minimum, however, be the suspension from all coaching activities for the next three regularly scheduled games.

The MELL Board of Directors may hold a meeting to determine whether or not the individual should be banned for the remainder of the season, or permanently banned from all future MELL activities.

Physical Abuse - Physical abuse of an official, coach, player, or spectator will result in **immediate** expulsion from the MELL fields at the direction of an umpire or a MELL board member. Anyone expelled for this reason may not return to the MELL fields or participate in any MELL activity until the MELL Board of Directors approves.

Review/Appeal: Any parent, coach, fan, player, or umpire who has been suspended or banned from league activities may petition, in writing, to the Board of Directors for a review of the penalty. The petition should be delivered to the league president, and the Board of Directors will meet as soon as reasonably possible to consider the petition. The aggrieved parties will have the opportunity at the meeting to present their appeal.

The Manchester Essex Little League strongly encourages the following:

- Applaud effort on the field, regardless of the score.
- Remember that the league exists for the players to learn and to have fun. Even though baseball is competitive in nature, winning is of secondary performance.
- Umpires are “in training” as well as the players. Coaches should bear in mind that many of our umpires are youngsters learning the skills of umpiring. All umpires will make mistakes occasionally, but coaches are expected to accord the umpires with the respect their position within the game deserves.
- Booing, taunting, refusing to shake another coach’s and/or player’s hands after a game, or ridiculing another player is not acceptable behavior.
- Teach players that they have a responsibility to learn and to try their best. Effort leads to achievement and respect.
- All children, regardless of race, creed, sex, or talent, will have an opportunity to play baseball and to learn.

I have read, understand, and agree to the above stated Code of Conduct of the Manchester Essex Little League. I agree to be bound by its provisions.

(signature of coach)

(date)

(printed name)

Communicable Disease Procedures

1. Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the athlete may continue.
2. Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluids is anticipated (provided in first-aid kit).
3. Immediately wash hands and other skin surface if contaminated with blood.
4. Clean all blood contaminated surfaces and equipment.
5. Managers, coaches, and volunteers with open wounds should refrain from all direct contact until the condition is resolved.
6. Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

- **Contract for Success**

WHAT DO I EXPECT FROM MY PLAYERS?

- to be on time for all practices and games.
- to always do their best whether in the field or on the bench.
- to be cooperative at all times and share team duties.
- to respect not only others, but themselves as well.
- to be positive with teammates at all times.
- to try not to become upset at their own mistakes or those of others ... we will all make our share this year and we must support one another.
- to understand that winning is only important if you can accept losing, as both are important parts of any sport.

WHAT CAN YOU AND YOUR CHILD EXPECT FROM ME?

- to be on time for all practices and games.
- to be as fair as possible in giving playing time to all players.
- to do my best to teach the fundamentals of the game.
- to be positive and respect each child as an individual.
- to set reasonable expectations for each child and for the season.
- to teach the players the value of winning and losing.
- to be open to ideas, suggestions or help.
- to never holler at any member of my team, the opposing team or umpires. Any confrontation will be handled in a respectful, quiet and individual manner.

WHAT DO I EXPECT FROM YOU AS PARENTS AND FAMILY?

- to come out and enjoy the game. Cheer to make all players feel important.
- to allow me to coach and run the team.
- to try not to question my leadership. All players will make mistakes and so will I.
- do not holler at me, the players or the umpires. We are all responsible for setting examples for our children. We must be the role models in society today. If we eliminate negative comments, the children will have an opportunity to play without any unnecessary pressures and will learn the value of sportsmanship.
- if you wish to question my strategies or leadership, please do not do so in front of the players or fans. My phone number will be available for you to call at any time if you have a concern.

Finally, don't expect the majority of children playing Little League baseball to have strong skills.

We hear all our lives that we learn from our mistakes. Let's allow them to make their mistakes, but always be there with positive support to lift their spirits!

Accident Reporting Procedures:

- **What to report**

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

When to report

All such incidents described above must be reported to the Safety Officer ***within 48 hours*** of the incident. The Safety Officer for 2007 is Dave Burbridge and he can be reached at the following: Day Phone 508-932-1804 or by e-mail: dburbridge@dfllp.com

How to make the report

Reporting incidents can come in a variety of forms. Most typically, they are *telephone conversations*. At a minimum, the following information must be provided:

- The name and phone number of the individual involved
- The date, time, and location of the incident
- As detailed a description of the incident as possible
- The preliminary estimation of the extent of any injuries
- The name and phone number of the person reporting the incident.

Safety Officer's Responsibilities

Within 48 hours of receiving the incident report, the Director of Safety will contact the injured party or the party's parents and

- (1) verify the information received;
- (2) obtain any other information deemed necessary;
- (3) check on the status of the injured party; and
- (4) in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Little League's insurance coverage and the provisions for submitting any claims.
- (5) If the extent of the injuries are more than minor in nature, the Director of Safety shall periodically call the injured party to
 1. check on the status of any injuries, and
 2. to check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered "close" (i.e., no further claims are expected and/or the individual is participating in the league again).

Storage Shed Procedures

The following applies to all of the storage sheds used by our Little League and apply to anyone who has been issued a key by our Little League to use those sheds.

- All individuals with keys to our Little League equipment sheds (i.e., Managers, Umpires, etc.) are aware of their responsibilities for the *orderly and safe storage of rakes, shovels, bases, etc.*
- Before you use any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment.
- All chemicals or organic materials stored in our Little League sheds shall be properly marked and labeled as to its contents.
- All chemicals or organic materials (i.e., lime, fertilizer, etc.) stored within these equipment sheds will be separated from the areas used to store machinery and gardening equipment (i.e., rakes, shovels, etc.) to minimize the risk of puncturing storage containers.
- Any witnessed “loose” chemicals or organic materials within these sheds should be cleaned up and disposed of as soon as possible to prevent accidental poisoning.

Field Usage Procedures

- Each coach (and umpire) shall “walk” the field they are using before each game or practice.
- Each coach shall examine the field for any hazards before use (rocks, glass, holes, and fence issues).
- Each coach shall document and report to the Field Coordinator any issues discovered at field inspection/walk.

Facility Survey

- Each year the Safety Officer or other representative shall complete and file the Little League Baseball and Softball National Facility Survey.

Equipment Survey

- The Equipment Manager shall conduct required inspections and replacement of equipment.
- Coaches shall inspect equipment before each use.
- Old, worn, or unsafe equipment shall be removed from service and destroyed.

Little League Rules

- Each Coach shall be issued, and have available at all times, the Official Little League rules, including pitch count rules.
- Rules shall be enforced at games **and** at practices.

Some Gentle Reminders:

Make sure all coaches have correctly filled out the disclosure statement and sent it to the appropriate party. (If you need more forms, contact the Safety Officer).

Our Little League goes to great lengths to provide as much training as possible. Attend as many of the clinics as possible.

Check the Manchester-Essex Little League Home Page frequently:
<http://www.manchester-essex.com/mell/>

Lots of information and a complete league calendar can be found there and can be a very valuable resource.

Remember, safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Director of Safety or another Board member immediately. Don't play on a field that is not safe or with unsafe playing equipment. Be sure your players are fully equipped at all times, especially catchers and batters. And, check your team's equipment often.

Lightning Facts and Safety Procedures

WHEN YOU HEAR IT - CLEAR IT WHEN YOU SEE IT - FLEE IT

Consider the following facts:

- The average lightning stroke is 6 - 8 miles long.
- The average thunderstorm is 6 -10 miles wide and travels at a rate of 25 miles per hour.
- Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud (for example, the lightning that injured 13 people during a concert at RFK in 2006 occurred while it was sunny and dry).
- On the average, thunder can only be heard over a distance of 3 - 4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

“Flash-Bang” Method

One way of determining how close a recent lightning strike is to you is called the “flash-bang” method. With the “flashbang” method, a person counts the number of seconds between the sight of a lightning strike and the sound of thunder that follows it. Halt-play and evacuation should be called for when the count between the lightning flash and the sound of its thunder is 15 seconds or less.

Rule of Thumb

The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager, coach, or umpire who feels threatened by an approaching storm should stop play and get the kids to safety. When in doubt, the following rule of thumb should be applied:

Where to Go?

No place is absolutely safe from the lightning threat, but some places are safer than others. Large enclosed shelters (substantially constructed buildings) are the safest. For the majority of participants, the best area for them to seek shelter is in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area and cannot get to shelter in a car, put your feet together, crouch down, and put your hands over your ears (to try and prevent eardrum damage).

Where NOT to Go !!

Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts, flagpoles, light poles, bleachers (metal or wood), metal fences, and water.

First Aid to a Lightning Victim

Typically, the lightning victim exhibits similar symptoms as that of someone suffering from a heart attack.

In addition to calling 911, the rescuer should consider the following:

- The first tenet of emergency care is “make no more casualties”. If the victim is in a high risk area (open field, isolated tree, etc.) the rescuer should determine if movement from that area is necessary - lightning can and does strike the same place twice. If the rescuer is at risk, and movement of the victim is a viable option, it should be done.
- If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving them.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

Note: CPR should only be administered by a person knowledgeable and trained in the technique.

Volunteers & Adult Training

Manchester-Essex Little League is required to conduct background checks on managers, coaches, board of directors and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams.

Any individual that meets the criteria above is required to complete and submit a Little League Volunteer Application.

Manchester-Essex Little League offers several annual training programs for adult volunteers:

- All Coaches and Volunteers are encouraged to attend the National Youth Sports Council of America (NYSCA) training.
- All umpires and potential umpires must attend an umpiring clinic sponsored by the Little League before the opening of the season.
- All managers, coaches, Board of Directors and Umpires must sign the League's Code of Ethics statement.
- One representative from each team is required to attend the Annual fundamentals training sponsored by the Manchester Essex Mariner's Mens Team on or before May 15, 2011. Each Manager and coach are required to attend this training at least once every three (3) years.
- One representative from each team is required to attend the Annual First Aid session held in on or before May 30, 2011. Each manager and coach is required to attend this training at least once every three (3) years.

Facility Survey- Plans for future needs

The Board of Directors of Manchester Essex Little League shall make all necessary improvements to existing fields, fencing, and structures at current facilities to maintain a safe environment and best meet the needs of all players at all levels. Efforts shall also be made to make additional enhancements to the facilities.

Background Checks

Managers, Coaches, Board Members and others who provide regular services to the League and/or have repetitive access to, or contact with, players must complete the Little League Volunteer Application-2011 and provide a copy of a government issued photo ID. These same individuals must also complete a Criminal Offender Record Information (CORI) background check with the Commonwealth of Massachusetts.

Concession Stand Information

The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of food borne illness. The Manchester-Essex Little League currently does not operate a concession stand. This information is for future use.

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 food borne 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 un-refrigerated for too long has been the number ONE cause of food borne illness.*

5. Hand Washing. *Frequent and thorough hand washing remains the first line of defense in preventing food borne 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 and viruses and cause food borne illness.*

10. Wiping Cloths. Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1.2 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 off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

Keep It Clean: Concession Stand Tips

• Steps to Safe and Sanitary Food Service Events

-Clean Hands for Clean Foods-

Since the staff at concession stands may not be professional food workers, it is important that they be thoroughly instructed in the proper method of washing their hands. The following may serve as a guide:

- **Use soap and warm water.**
- **Rub your hands vigorously as you wash them.**
- **Wash all surfaces including the backs of hands, wrists, between fingers and under fingernails.**
- **Rinse your hands well.**
- **Dry hands with a paper towel.**
- **Turn off the water using a paper towel, instead of your bare hands.**

Wash your hands in this fashion before you begin work and frequently during the day, especially after performing any of these activities:

- After touching bare human body parts other than clean hands and clean, exposed portions of arms.
- After using the restroom.
- After caring for or handling animals.
- After coughing, sneezing, using a handkerchief or disposable tissue.
- After handling soiled surfaces, equipment or utensils.
- After drinking, using tobacco, or eating.
- During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks.
- When switching between working with raw food and working with ready-to-eat food.
- Directly before touching ready-to-eat food or food contact surfaces.
- After engaging in activities that contaminate hands.

Top Six Causes of Food Born Illness

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 food borne 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.**

Care For Sudden Illness

- Keep the victim from getting chilled or overheated.
- Do not give anything to eat or drink unless the victim is fully conscious.
- Reassure the victim.
- Call 9-1-1
- Watch for changes in consciousness and breathing.
- Help the victim rest comfortably.

If the victim:

Vomits --Place the victim on his or her side.

Faints --Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.

Has a diabetic emergency --Give the victim some form of sugar.

Has a seizure --Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

Caring for Shock:

Shock is likely to develop in any serious injury or illness. Signals of shock include:

Restlessness or irritability - Rapid breathing - Altered consciousness - Rapid pulse – Pale, cool, moist skin

Caring for shock involves the following simple steps:

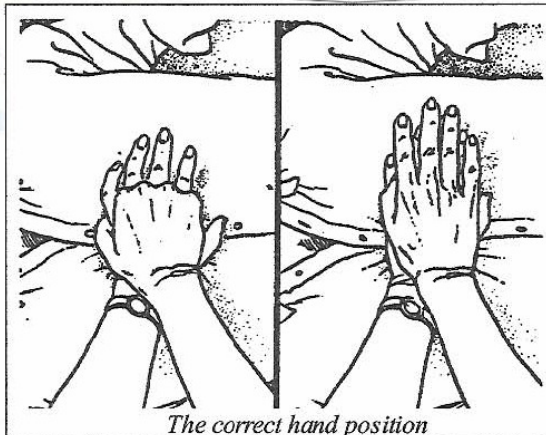
Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock. Keep victim still and ***seek professional medical help immediately.***

Giving CPR:

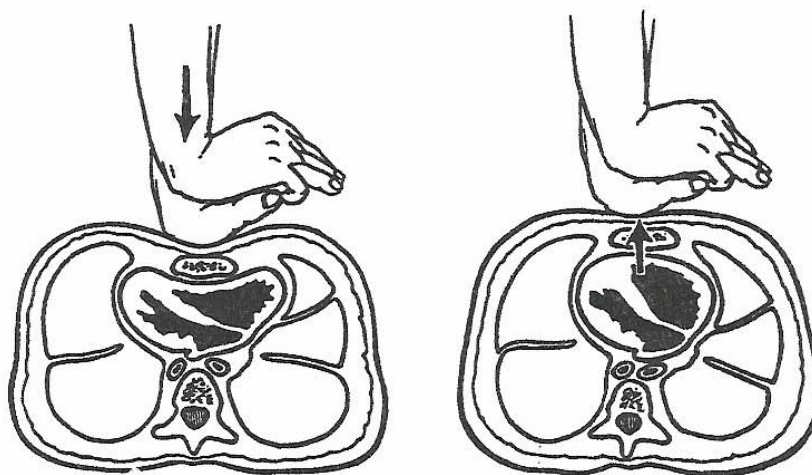
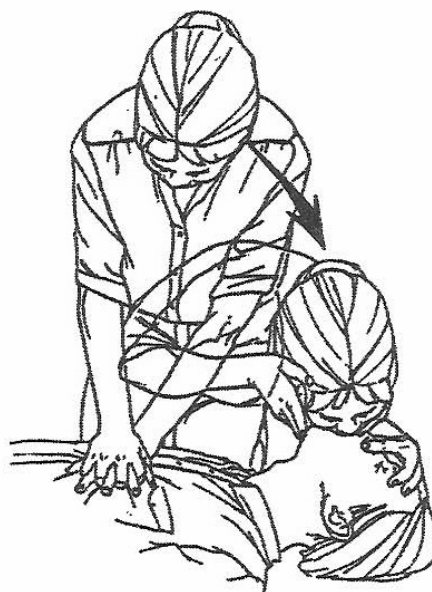
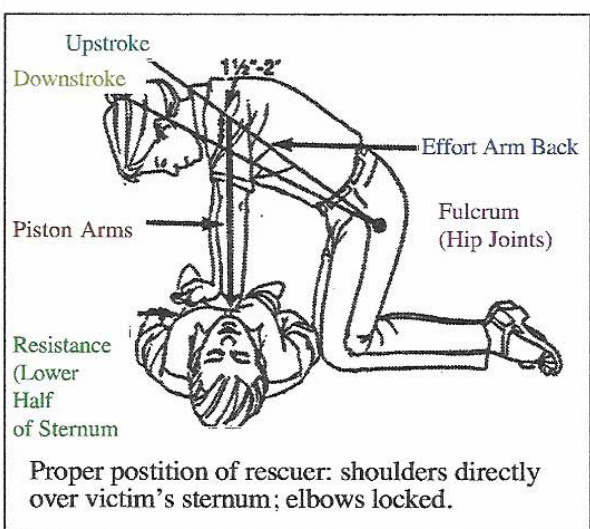
- Position victim on back on a flat surface.
- Position yourself so that you can give rescue breaths and chest compressions without having to move (usually to one side of the victim).
- Find hand position on the breastbone. (See figure)
- Position shoulders over hands for proper leverage.
- Compress chest **30 times**. (For small children only 5 times)
- With victim's head tilted back, and chin lifted, pinch the nose shut.
- Give **two (2) slow breaths** into victims mouth (1 for small children).
- Breathe in **until chest rises** slightly.
- Do 3 more sets of **30 compressions and 2 breaths**. (For small children, 5 compressions and 1 breath)
- Recheck pulse and breathing for about 5 seconds.
- If there is no pulse, continue sets of compressions (30/2)
- When giving CPR to small children, use only one hand for compressions.

When To Stop CPR:

- If another trained person takes over for you
- If paramedics arrive
- If you are exhausted and unable to continue properly
- If the scene becomes unsafe.



The correct hand position



The sternum should be compressed to a depth of 1 1/2 - 2 inches.

- **CPR Illustrations**

- **The Heimlich Maneuver**

The Heimlich Maneuver is 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 (belly button). 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 you 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 911** or going to the local emergency room.*

The Heimlich Maneuver

The Heimlich Maneuver is 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 (belly button).

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 you 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 911 or going to the local emergency room.



WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball / Softball.

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a specified deductible per claim, up to the maximum stated benefits.

This plan makes it possible to offer exceptional, affordable protection with assurance to parents that adequate coverage is in force for all chartered and insured Little League approved programs and events.

1. If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:
2. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
3. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
4. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
5. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
6. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:

(a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.

(b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment. Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs. No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this brief summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program.

Forms & Attachments

The following is a list of forms attached to this safety manual.

If you require additional forms, please visit the “Forms” section of our website:

<http://www.essexma.com/mell/> or contact your Safety Officer or any member of the Board of Directors.

- 2011 Volunteer Form
- Commonwealth of Massachusetts, Executive Office of Public Safety and Security – Criminal History Board Certification for Manchester/Essex Little League
- 2011 CVolunteer Form
- Little League® Baseball and Softball Medical Release

Please contact the Safety officer for the following form or any additional forms:

- A Safety Awareness Program’s Incident/Injury Tracking Report
- Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS
- LITTLE LEAGUE BASEBALL® ACCIDENT NOTIFICATION FORM
- General Liability Claim Form