### **2022 SAFETY PLAN INFORMATION**

Albany Little League's commitment to safety;

Our league will annually publish a current Safety Plan. This plan is distributed to every manager, coach and parent volunteer before any practices or games take place.

**Our Safety Officer is:** 

**Kendra Knowles** 

**Kendra** can be reached at (510) 504-2972

Or through email at: safetyofficer@albanylittleleague.org





### **OUR MISSION STATEMENT**

Albany Little League is a Non-profit Organization run by Volunteers of our community who are committed to the children and their families in our community to implant firmly the ideals of good sportsmanship, honesty, loyalty, courage and respect for one another and authority, so that they may be well adjusted, stronger and happier children and will grow to become good, decent, healthy, and trustworthy citizens. We will provide an opportunity for our community's children to learn the game of Baseball in a *safe and friendly environment*.

### **SAFETY PROGRAM MISSION**

The mission of our league's safety program for 2022 is to maintain a high degree of safety awareness to ensure our league is safe for the players. In addition, this document communicates what is expected from all Coaches, Players, Volunteers and Parents. It is the policy of our league to provide an environment in which the risk of injury is reduced to the lowest possible level by the application of our published safety code. Behavior in violation of the safety code will be treated as misconduct and may remit in the application of appropriate corrective action up to and including dismissal.



One of the reasons for Little Leagues' wide acceptance and phenomenal growth is that it fills an important need in our free society. As our program expands, it takes, more and more, a major part in the development of young people. It instills confidence and an understanding of fair play and the rights of other people.

Many of our younger children may develop slower than others are given an opportunity not only to develop their playing skill but to learn what competition and sportsmanship are all about. All who take part in our program are encouraged to develop a high moral code along with their improvement in physical skills and coordination. These high aims are more





for the benefit of the great majority of children rather than the few who would otherwise come to the top in any competitive athletic endeavor.





You can never eliminate all of the possible injuries, however having a plan and using preventive safety precautions increase the odds for injury-free involvement in baseball.

### Four "E's" of Safety

**<u>EDUCATION</u>** refers to the important matter of including suitable safety precautions in instructions, training, communications, drill work and follow-up.

**<u>EQUIPMENT</u>** applies to the safe upkeep and use of physical property, fields, personal protective equipment, bleachers, bats, balls, etc.

**<u>ENTHUSIASM</u>** is the key to selling this important ingredient called safety, which can prevent painful and disabling accidents.

<u>ENFORCEMENT</u> should be applied more as an incentive for skillful ball playing rather than as disciplinary action. Far better results can be obtained by praise and recognition than by forcing players into line. Tactful guidance must be backed by firmness and justly used discipline.

#### <u>DEFINING AND UNDERSTANDING TERMS IN THIS DOCUMENT</u>

<u>ACCIDENT</u> is a sudden, undesirable and unplanned occurrence often resulting in bodily injury, disability and/or property damage.

<u>ACCIDENT CAUSE</u> is an unsafe condition, situation or act that may result directly in or contribute to the occurrence of an accident.

**CORRECTIVE ACTION** is the positive steps or measures taken to eliminate, or at least minimize, an accident cause.

<u>HAZARD</u> refers to a condition or a situation that could cause an accident.

**INJURY** is the physical harm or damage often resulting from an accident.

<u>INSURANCE CLAIM</u> refers to the right of a parent, as in the case of accident insurance to have eligible medical expenses resulting from an accidental injury connected with a game or scheduled practice paid by the appropriate insurance company

<u>TYPE OF ACCIDENT</u> is a phrase used to describe an unintentional, sudden incident that can be identified so effective counter measures may be taken. Examples are: struck by, tripped, fell, collision with, caught between, etc.

AN UNSAFE ACT refers to unintentional human failure or lack of skill that can lead to an accident. It is one of the two general accident causes, the other being an unsafe condition.

AN UNSAFE CONDITION is an abnormal or faulty situation or condition which may cause an accident. Its presence, particularly when an unsafe act is committed, may result in an accident. It is a recognized that the area personnel and facilities available for the operation of a Little League will dictate the structure of an effective safety program. These safety guidelines are presented as a goal toward which the adults who administer a league can work. The effectiveness of their efforts to prevent accidents will be measured more by their sincerity of purpose than by the amount of money and preponderance of volunteer effort at their disposal.





### FIRST AID KITS and SAFETY MANUAL

Each Manager, Coach, Player Agent, and League Official will be issued a Safety Manual and First Aid Kit at the beginning of the season. The manager will acknowledge the receipt of both by signing in the space provided below when taking possession of these articles.

Two chemical ice packs of physical therapy quality will be issued to each team at the beginning of the season. Others are available at all times in the concession stands.

Each home team dugout will have a First Aid Kit and a Safety Manual in plain sight at all time.

The Safety Manual will be accessible on the ALL website and include maps to hospitals and other emergency services, phone numbers for all Board Directors, the League Code of Conduct, Do's and Don'ts of treating injured players.

The First Aid Kit will include the necessary items to treat an injured player until professional help arrives if need be.

(Detach Section below and return to the League Safety Officer)

I have received my 2021 League Safety Manual and my team First Aid Kit and will have them both present at all practices, batting cage practices, games (season games and post-season games) and any other event where team members could become injured or hurt. I realize it my responsibility to ensure that my First Kit is always properly stocked in coordination with my Player Agent.

Print Manager's Name	Team Name / Division	
Manager's Signature	Date	





### **FIRST AID**

First aid is an important part of any safety program. Like insurance coverage, it is a form of protection that must be available in case of an emergency involving any injury.

#### **Definition**

First aid is the immediate, necessary, temporary, emergency care given for injuries. First-Aid means exactly what the term implies -- it is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrives.

### At no time should anyone administering First-Aid go beyond his or her capabilities

#### Selection and Qualifications of First Aiders

At least one coach per team will receive first aid training prior to the start of the season. It is impractical to have a completely trained and experienced first aid person on duty at all times. However, our league will make every effort should be made to have several alternate first aid trained persons available. These persons will be trained in the basic requirements of first aid treatment, and their duties will keep them at the league's fields.

Ideally, this training should be from an accredited agency such as the American Red Cross. The alternative is to have first aid trained individual briefly and specifically for this purpose by a medical doctor or a registered nurse who is familiar with Little League operations. Minimum first aid training should include the handling of extreme emergencies such as the usage of mouth-to-mouth resuscitation and external cardiac massage.

#### Know your limits!

The average response time on **9-1-1** calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

#### First Aid-Kits

First Aid Kits will be furnished to each team at the beginning of the season. The League's Safety Officer's *name and phone number* are taped on the inside lid of all First-Aid Kits. Keep the necessary change inside the First-Aid Kit for emergency telephone calls. The First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or post-season) and any other Little League event where children's safety is at risk.





Inventory your kit weekly. To *replenish materials* in the Team First Aid Kit, the Manager, designated coaches or the appointed Team Safety Officer must contact the League's Safety Officer. Supplies and replacement kits are also available at the Victory Field Snack Shack.

First Aid Kits and this Safety Manual must be turned in at the end of the season along with your equipment package.

The First Aid Kit will come in a red and white soft case and include the following items:

3 Instant Ice Packs 1 Pair of sterile Gloves

6 Antiseptic Wipes 1 Roll of Gauze

2 Large Bandages 2"x4"
2 Large Non-stick Bandages
20 Band-Aids
2 Antiseptic Cream Packs
1 Cloth Athletic Tape
2 Sterile Gauze pads

1 Cloth Athletic Tape 2 Sterile Gauze pads 1 Roll of Gauze 2 Burn Cream Packs

**Additional First-Aid Kits** will be available in the Victory/Krone field snack shack and dugouts. Materials from these additional Kits may used in emergency situations. Do not borrow supplies form these kits to replenish materials in the Team's Kit.

#### **Good Samaritan Laws**

There are laws to protect you when you help someone in an emergency situation. The "Good Samaritan Laws" give legal protection to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a reasonable and prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim's injury. For example, a reasonable and prudent person would —

- Move a victim only if the victim's life was endangered.
- Ask a conscious victim for permission before giving care.
- Check the victim for life-threatening emergencies before providing further care.
- Summon professional help to the scene by calling **9-1-1**.
- Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the "Good Samaritan" use common sense and a reasonable level of skill, not to exceed the scope of the individual's training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury. People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer's response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.





#### Permission to Give Care

If the victim is conscious, you must have his/her permission before giving first-aid. To get permission you *must* tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

#### Treatment At Site -

#### Do . . .

- Access the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- Know your limitations.
- Call 9-1-1 immediately if person is unconscious or seriously injured.
- Look for signs of injury (blood, black-and-blue, deformity of joint etc.)
- Listen to the injured player 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.
- **Talk** to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

#### 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 Procedure, (i.e., CPR, etc.)
- Transport injured individual except in extreme emergencies.





#### 9-1-1 EMERGENCY NUMBER

The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these steps.

- 1. First Dial **9-1-1**.
- 2. Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
- 3. The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc.
- 4. The telephone number from which the call is being made.
- 5. The caller's name.
- 6. What happened for example, a baseball related injury, bicycle accident, fire, fall, etc.
- 7. How many people are involved.
- 8. The condition of the injured person for example, unconsciousness, chest pains, or severe bleeding.
- 9. What help (first aid) is being given.
- 10. Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
- 11. Continue to care for the victim till professional help arrives.
- 12. Appoint somebody to go to the street and look for the **ambulance** and **fire engine** and flag them down if necessary. This saves valuable time. Remember, every minute counts.

### When to call - If you have any doubt at all, call 9-1-1 and requests paramedics.

If the injured person is unconscious, call **9-1-1** immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call **9-1-1** anyway and request paramedics if the victim -

- Is or becomes unconscious.
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Is bleeding severely.
- Has pressure or pain in the abdomen that does not go away.
- Is their vomiting or passing blood?
- Has seizures, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has injuries to the head, neck or back.
- Has possible broken bones?

Calls from cell phones to 911 go to an area California Highway Patrol (CHP) dispatch center. The Dispatchers there then transfer callers to the right agency based on where the caller says is and the type of emergency, so be clear that you have a medical emergency.





### Also Call 9-1-1 for any of these situations:

- Fire or explosion
- Downed electrical wires
- Swiftly moving or rapidly rising water
- Presence of poisonous gas
- Vehicle Collisions
- Vehicle/Bicycle Collisions
- Victims who cannot be moved easily

### When treating an injury, remember:

Protection

Rest

Ice

**Compression** 

**Elevation** 

Support

Each coach will have with them at each practice and game a copy of each player's medical release form which contains with emergency phone numbers, doctor and hospital information.

#### **Notification of Family**

It is extremely important that, as soon as provision has been made for the care of injured or ill people who require outside treatment, their family be notified as soon as possible.

#### Follow-Up on First Aid Cases

- 1. A thorough investigation will be made to find the cause(s) of an accident and action started to prevent reoccurrence.
- 2. An insurance claim should be filed when outside medical attention is required. Do not wait for medical bills to arrive. They can be submitted as they become available. They must be identified by including the person's name, league name and number, date of injury, and city and state of residence. Bills should be itemized to show dates and type of treatments.
- 3. Any player under the care of a doctor is required to bring a note from the doctor to the manager releasing the player to play ball before being allowed to return to the lineup.





### **IMPORTANT PHONE NUMBERS**



Our Police Department Emergency Number -

(510) 525-7300 or 911-Albany

(510) 981-5911 or 911-Berkeley



Our Fire Department Emergency Number -

(510) 528-5770 or 911-Albany

(510) 981-5911 or 911-Berkeley

(510) 237-3231 or 911-El Cerrito



Our Closest Hospital Number -

(510) 428-3000 - Children's Oakland

(510) 204-4444 - Alta Bates





### Albany Little League Officers and Board

<u>Position</u>	<u>Name</u>	<u>Email</u>
President	Frank Knowles	president@albanylittleleague.org
Exec VP/Registrar	Jack Miller	J_miller@lbl.gov
Player Agent	Eddy Kleinhans	edwardkleinhans@yahoo.com
Secretary/Treasurer	Robert Seeds	rseeds@gpsllp.com
Safety Officers	Kendra Knowles	knowlesclan@comcast.net
Chief Umpire	Laura Peterson	lauritap@lmi.net
Umpire Scheduler	Robb Bittner	allumpirescheduler@gmail.com
Website Manager	Dave Monk	dmonkster@gmail.com
Equipment Manager	Frank Knowles	president@albanylittleleague.org
Board Member	Alex Bixler	ajbixler@yahoo.com
Board Member	Amber Crowley	ambercrowley@gmail.com
Board Member	Paul Fine	paulfine@berkeley.edu
Board Member	Jeff Johnston	jj358mhz@gmail.com
Board Member	Steve Kosach	steve.kosach@gmail.com
Board Member	Pareen Shah	pareenshah@yahoo.com
Board Member	Bill McGowen	coachmcgowen@yahoo.com
Board Member	Joel Huff	jghuff.jh@gmail.com

### California District 4 Officials

<u>Position</u>	<u>Name</u>	<u>Email</u>
District Administrator	Ted Boet	<u>llcad4da@gmail.com</u>
Asst. DA	Geoff Shiu	mib17@comcast.net
District Safety Officer	Liz Berg	rocketliz@gmail.com
District Chief Umpire	Don Waddell	llcad4uic@gmail.com





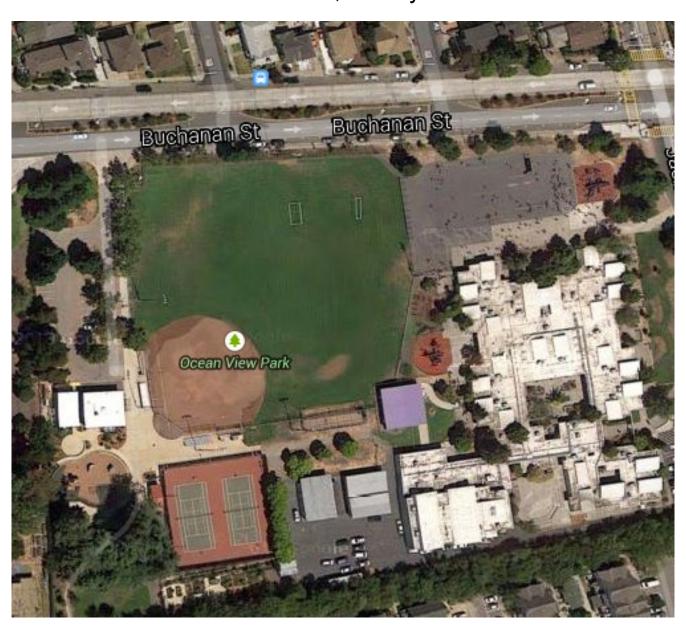
Our Facilities: Albany Village Fields
Majors, Minors, Rookie and Snack Shack
Corner of 10th Street and Monroe Street in Albany
Our Facilities







### Our Facilities: Ocean View Field T-Ball and Intermediate 900 Buchanan Street, Albany CA 94706

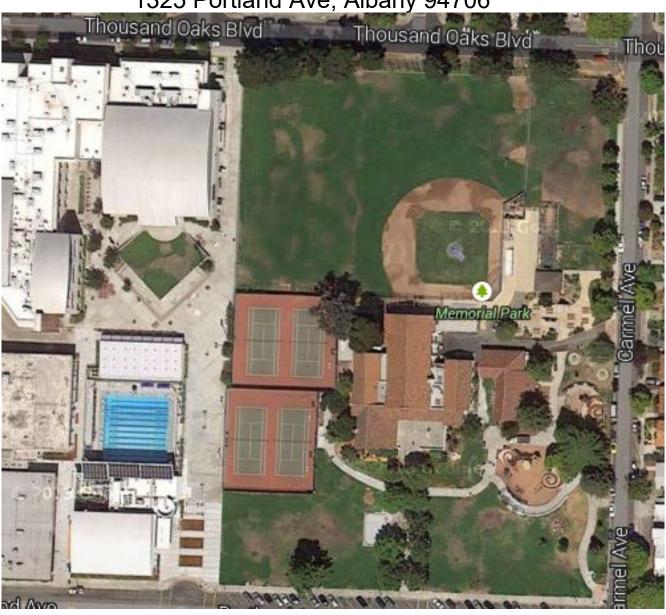






Our Facilities: Memorial Field Juniors

1325 Portland Ave, Albany 94706







Our Facilities: Cougar Fields
Minors

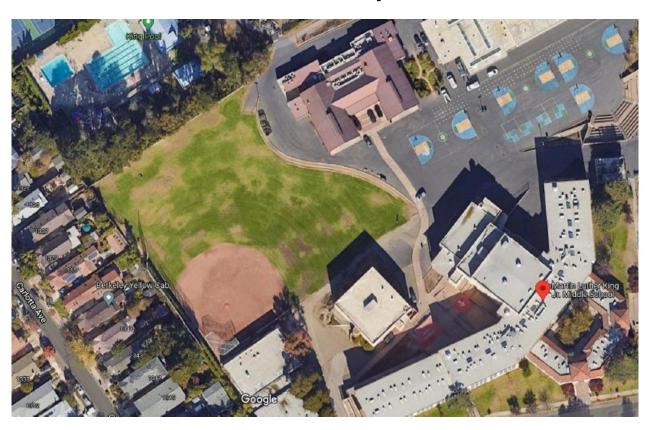
1259 Brighton Avenue, Albany 94706







Our Facilities: King Middle School Intermediate and Juniors 1781 Rose St, Berkeley, CA 94703







### 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 discuss it with the players on their team.

- Responsibility for safety procedures belongs to every adult member of our Little League.
- Each player, manager, designated coach, umpire, team safety officer 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 mangers and/or coaches will supervise batting Cages.
- Arrangement should be made in advance of all games and practices for emergency medical services.
- Managers, designated coaches and umpires will have mandatory training in First Aid.
- First-aid kits are issued to each team manager during the pre-season and additional kits will be located at each Snack Bar.
- 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 "in play."
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. **Note**: Skullcaps are **not** permitted.
- Shoes with metal spikes or cleats are **not** permitted, except at the Junior Baseball Level and above. Shoes with molded cleats are permissible.





- Reduced impact balls will be used at all levels below the Major Division, to include the Challenger's Division.
- Disengage-able bases are mandatory for ALL league fields.
- Players will not wear 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.)
- No food or drink, at any time, in the dugouts. (Exception: bottled water, Gatorade and water from drinking fountains)
- Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size or weight consistent with protecting the hand.
- Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher's gear and an athletic cup as described above.
- Managers and coaches will never leave an unattended child at a practice or game.
- No children under the age of 15 are permitted in the Snack Bar.
- Never hesitate to report any present or potential safety hazard to the Safety Officer immediately.
- Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- Speed Limit is 5 miles per hour in roadways and parking lots surrounding our fields.
- NO ALCOHOL OR DRUGS ALLOWED AT ANY OF OUR FACILITIES OR FIELDS, ANY TIME.
- **No medication** will be taken at the facility unless administered directly by the child's parent. This includes aspirin and Tylenol.
- 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 ALLOWED AT ANY OF OUR FACILITIES OR FIELDS.

- 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.
- No pets are permitted on the premises at any time. This includes dogs, cats, horses, etc.
- 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.
- Bicycle helmets must be worn at all times when riding bicycles on the premises as well as to and from the premises.
- Use crosswalks when crossing roadways. Always be alert for traffic.
- The schools and businesses adjacent to our facilities and fields are off limits at all times.
- No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.
- There is no running allowed in the bleachers.
- COVID PROTOCOLS ALL shall follow the most current protocols set forth by the County of Alameda Public Health Department and the City of Berkeley Public Health Division.





#### SAFETY RESPONSIBILITIES

#### THE PRESIDENT

The President of our league is responsible for ensuring that the policies and regulations of the League's Safety Officer are carried out by the entire membership to the best of his abilities.

#### LEAGUE SAFETY OFFICER

The main responsibility of the Safety Officer is to develop and implement our League's safety program. The Safety Officer is the link between the Board of Directors of our Little League and its managers, coaches, umpires, team safety officers, players, spectators, and any other third parties on the complex in regards to safety matters, rules and regulations.

#### The Safety Officer's Responsibilities Include:

- Preparing and updating the League's Safety Plan.
- Coordinate with the Team Safety Parents to provide the safest environment possible.
- Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Keeping the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions, at what times, and under what supervision.
- Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future.
- Insuring that each team receives its Safety Manual and its First-Aid Kit at the beginning of the season.
- Installing First-Aid Kits in all concession stands and re-stocking the kits as needed.
- Make Little League's "no tolerance with child abuse" clear to all.
- Inspecting concession stands and checking fire extinguishers.
- Instructing Snack Shack workers on the use of fire extinguishers.
- Checking fields with the Field Managers and listing areas needing attention.
- Scheduling and attending First-Aid Clinics and CPR/AED training classes for managers, coaches, umpires, and team safety officers during the pre-season.
- Creating and maintaining all signs on the fields and facilities including No Parking signs,
   No Smoking signs, No Pets Allowed, cautionary signs etc.
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
- Making spot checks at practices and games to make sure all managers have their First-Aid Kits and Safety Manuals.
- Tracking all injuries and near misses to identify injury trends.
- Visiting other leagues to allow a fresh perspective on safety.
- Making sure that safety is a monthly Board Meeting topic, and allowing experienced people to share ideas on improving safety.





#### MANAGERS AND COACHES

The Manager is a person appointed by the President to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

- The Manager is responsible for the team's conduct, observance of the official rules and deference to the umpires. *Remember coaches are Role Models.*
- The Manager is responsible for the safety of the players. He/She is also ultimately responsible for the actions of designated coaches and the Team Safety Parent (TSP).
- If a Manager leaves the field, that Manager will designate a Coach as a substitute and such Substitute Manager shall have the duties, rights and responsibilities of the Manager.

#### **PRE-SEASON**

- Take possession of the First-Aid Kit and that the TSP has the Safety Manual.
- Appoint a volunteer parent as Team Safety Parent (TSP).
- The TSP must be able to be present at all games and must own or have access to a cell phone for emergencies if games or practices take place off the main complex.
- Complete online CDC Concussion Training at http://www.cdc.gov/concussion/headsup/training/index.html
- Have a team meeting to discuss Little League philosophy and safety issues.
- Cover the basics of safe play with his/her team before starting the first practice.
- Teach players the fundamentals of the game while advocating safety.
- Teach players how to slide before the season starts. A coach coordinator can be available to teach these fundamentals if the Manager or designated coaches do not know them.
- they have a note from their doctor. This medical release protects you if that child should become further injured or ill. There are no exceptions to this rule.
- Encourage players to bring water bottles to practices and games.
- Tell parents to bring sunscreen for themselves and their child.
- Encourage your players to wear mouth protection.

#### **SEASON PLAY**

- Work closely with Team Safety Officer to make sure equipment is in first-rate working order.
- Make sure that telephone access is available at all activities including practices. It is suggested that a cellular phone always be on hand.
- Not expect more from their players than what the players are capable of.
- Teach the fundamentals of the game to players such as catching fly balls, sliding correctly, proper fielding of ground balls, simple pitching motion for balance
- Be open to ideas, suggestions or help.
- Enforce that prevention is the key to reducing accidents to a minimum.
- Have players wear sliding pads if they have cuts or scrapes on their legs.
- Always have First-Aid Kit and Safety Manual on hand.





Use common sense.

#### PRE-GAME AND PRACTICE

- Make sure that players are healthy, rested and alert.
- Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they can't play.
- Make sure players are wearing the proper uniform and catchers are wearing a cup.
- Make sure that the equipment is in good working order and is safe.
- Agree with the opposing manager on the fitness of the playing field. In the event that the two
  managers cannot agree, a duly delegated representative shall make the determination.
- Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching.

#### **DURING THE GAME**

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat.
- No equipment shall be left lying on the field, either in fair or foul territory.
- Keep players alert.
- Maintain discipline at all times.
- Be organized.
- Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the proper equipment.
- Encourage everyone to think Safety First.
- Observe the "no on-deck" rule for batters and keep players behind the screens at all times.
- No player should handle a bat in the dugouts at any time.
- Keep players off fences.
- Keep players out of bullpen unless they are pitcher and catcher in the proper gear getting warmed up to enter the game.
- Get players to drink often so they do not dehydrate.
- Not play children that are ill or injured.
- Attend to children that become injured in a game.
- Not lose focus by engaging in conversation with parents and passerby's.

#### **POST GAME**

- Do cool down exercises with the players.
- Not leave the field until every team member has been picked up by a known family member or designated driver.
- Notify parents if their child has been injured no matter how insignificant the injury is. There are no exceptions to this rule. This protects you, Little League Baseball, Inc. and our local league.





- Discuss any safety problems with the TSP that occurred before, during or after the game.
- If there was an injury, ensure an accident report was filled out and given to the League Safety Officer.
- Return the field to its pre-game condition, per League policy.

If a manager knowingly disregards safety, he/she will be brought before the League's Board of Directors to explain his or her conduct.

#### **TEAM SAFETY PARENT (TSP)**

The TSP is a Role model to younger children, defender of safety, liaison between the team and the League Safety Officer, and hero when taking safety seriously prevents injuries.

#### PRE-SEASON

- Read the provided Team Safety Parent manual.
- Attend to all injuries and complete the "Incident/Injury Tracking Report" as needed.
- Maintain the first aid kit inventory, including ice packs. Refill with the Safety Officer as needed.
- Complete online CDC Concussion Training at: http://www.cdc.gov/concussion/headsup/training/index.html
- Attend the MANDATORY Manager/Safety Parent AED/CPR training course. Schedule to be determined.
- Acquire this Safety Manual from the team manager and read it.
- Ensure parents have completed their Little League Medical Release (parent signs) and the Parent/Athlete Concussion Information Sheet (parent signs). Samples documents are in the appendix.
- Inspect the equipment when the Equipment Manager issues it to your team and replace any equipment that looks unsafe.
- Get to know the players on your team.
- Ask parents if their child has any medical conditions they would like to make you aware of that could affect their actions on the field. Please note: This is at the parents' discretion. Parents are not required to provide any medical information other than what is already listed on their medical release forms.

#### **DURING THE SEASON**

- Keep a Safety Log of all injuries that occur on his or her team.
- Report weekly as part of a Safety Committee to the League Safety Officer even if nothing is wrong.
- Inspect players' equipment for cracks and broken straps on a routine basis.
- Have a five-minute safety meeting with the team each week.
- Communicate any safety infractions to the League Safety Officer or any other Board Member.
- Have parents fill out "driving permission slips" if transporting a child to a game/practice is necessary.
- Help managers and designated coaches give First-Aid if needed.





- Act as a conduit between parents, managers, the League Safety Officer and the kids.
- Fill out accident reports if an injury occurs, Report an injury to the League Safety Officer within 12 hours of the occurrence.
- Monitor the First-Aid Kit inventory and ask the League Safety Officer for replacements when needed.

#### PRE-GAME

- Make sure that this Safety Manual and the First-Aid Kit are present.
- Greet the players as they arrive and make sure everyone is feeling all right.
- Watch the players when they stretch and do warm up exercises for signs of stress or injury.
- Check equipment for cracks and broken straps.
- Walk the field remove broken glass and other hazardous materials.
- Be ready to go into action if anyone should get hurt.

#### **DURING THE GAME**

- Watch players to see that they are alert at all time.
- In case of injury, help the team manager treat the child until profession help arrives.
- Act as the conduit between the League Safety Officer, the team manager, the child and his or her parents.

#### **POST-GAME**

- Record any safety infractions or injuries in his/her Safety Log.
- Report any injuries to the League Safety Officer within 12 hours of the occurrence.
- Fill out an accident investigation report (see appendix A) and send a copy to the League Safety Officer if there is an injury requiring medical attention.
- Assist parents if child must go to a hospital or to see a doctor.
- Provide insurance documentation to the hospital if necessary (Claim form is in the appendix B with all necessary insurance information).
- Follow-up with parents to make sure the child is all right.

If a Manager has not appointed a Team Safety Officer then he must assume those responsibilities.





#### **UMPIRES**

#### PRE-GAME

- Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.
- Make sure catchers are wearing helmets when warming up pitchers.
- Run hands along bats to make sure there are no slivers.
- Make sure that bats have grips.
- Make sure there are foam inserts in helmets and that helmets meet Little League NOCSAE specifications and have the Little League's seal of approval.
- Inspect helmets for cracks.
- Walk the field for hazards and obstructions (e.g. rocks and glass).
- Check players to see if they are wearing jewelry.
- Check players to see if they are wearing metal cleats.
- Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.
- Secure official Little League balls for play from home team.
- Use the FIELD SAFETY CHECK LIST (included in the appendix of this safety manual) to document that all of the above was carried out.

#### **DURING THE GAME**

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

#### **POST GAME**

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









- Inspected helmets, bats, catchers' gear
- Made sure a First Aid kit is available
- Checked conditions of fences, backstops, bases and warning track
- Made sure a working telephone is available
- Held a warm-up drill





Copy and post in dupout

# Don't Swing It

...Until You're Up to the Plate!



#### REMEMBER:

Don't pick up your bat until you leave the dugout, to approach the plate.

#### RULE 1.08, Notes

"1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division."





### **Umpires**

#### Pre-Game

Before a game starts, the umpire shall:

- Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.
- Make sure catchers are wearing helmets when warming up pitchers.
- Run hands along bats to make sure there are no slivers.
- Make sure that bats have grips.
- Make sure there are foam inserts in helmets and that helmets meet Little League **NOCSAE** specifications and have the Little League's seal of approval.
- Inspect helmets for cracks.
- Walk the field for hazards and obstructions (e.g. rocks and glass).
- Check players to see if they are wearing jewelry.
- Check players to see if they are wearing metal cleats.
- Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.
- Secure official Little League balls for play from home team.
- Use the **FIELD SAFETY CHECK LIST** (included in the appendix of this safety manual) to document that all of the above was carried out.

#### **During the Game:**

During the game the umpire shall:

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

#### **Post Game:**

After a game, the umpire shall:

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





### Emergency Medical Releases:

Insurance riders are needed if any practices, games or events involving baseball, on or off the our complex take place before or after the regularly scheduled season and "All Star" post season. Insurance riders are also necessary if non-Little League teams practice, play games, or hold tournaments at the League's facility.

SAFETY FIRST!

BE ALERT!

CHECK PLAYING FIELD FOR HAZARDS

PLAYERS MUST WEAR PROPER EQUIPMENT

ENSURE EQUIPMENT IS IN GOOD SHAPE

MAINTAIN CONTROL OF THE SITUATION

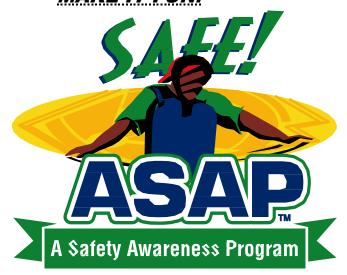
MAINTAIN DISCIPLINE

BE ORGANIZED

KNOW PLAYERS' LIMITS

AND DON'T EXCEED THEM

MAKE IT FUN!

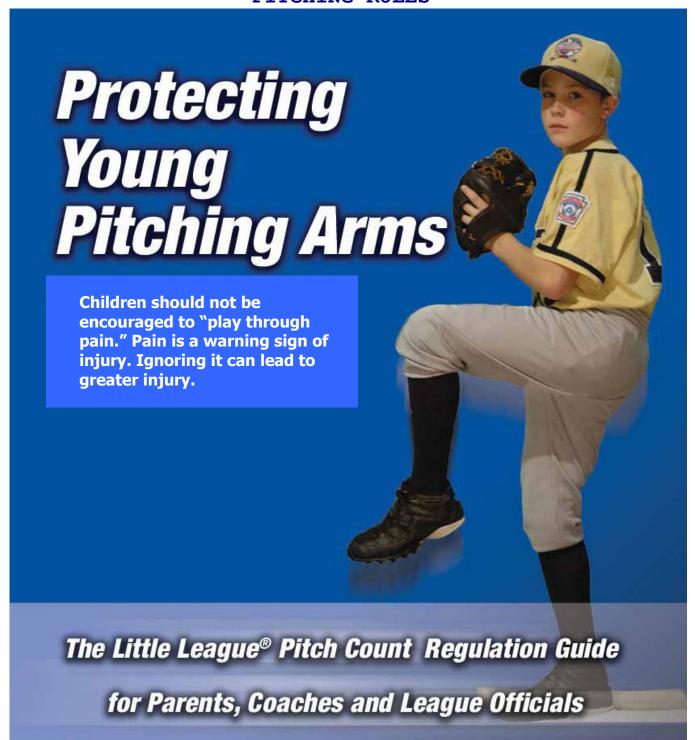


WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball / Softball.





OUR LEAGUE STRICTLY FOLLOWS THE LITTLE LEAGUE PITCHING RULES







# What They Are Saying About Little League's Pitch Count Regulation...

"This is one of the most important injury-prevention steps ever initiated in youth baseball by the leader in youth baseball. It is certain to serve as the youth sports injury prevention cornerstone and the inspiration for other youth organizations to take the initiative to get serious about injury prevention in youth sports." — Dr. James Andrews, medical director and the world's foremost authority on pitching injuries at the American Sports Medicine Institute

"We, as scouts, like fresh arms and cringe when we hear of players throwing 100-plus pitches. You can teach players with fresh arms and mold them. Older players, or players who have thrown a lot, simply don't adapt well to change and have a greater chance of being injured." – Jimmy Lester, scout for the Pittsburgh Pirates

"Following the pitch count rule made our managers teach the fundamentals and start to develop more pitching at a younger age." – Jeff Keller, manager of the 2007 Northwest U.S. Champion Murrayhill (Ore.) Little League team

"It's too early to see kids having elbow and shoulder surgery at 17 and 18 years old. I vote for doing the best we can to take care of them, and that's why I support this program." – *Mike Mussina, Major League Baseball pitcher* 

"By the time (the Marlins) sign a player, I've done extensive medical background work. A lot of guys have already had specific problems with their arms because coaches don't seem to realize that there are only a certain number of throws a player has in him." – Matt Anderson, scout for the Florida Marlins

"Naturally, this rule will make coaches develop more pitching. I've said all along, a pitcher's arm has a certain number of throws in it before it gives out. Little League is for fun no matter how you look at it. It's not about throwing a player's arm away to win a game." — Randy Morris, manager of the 2006 Little League Baseball World Championship team, Columbus (Ga.) Little League

"I think Little League going to a pitch count is awesome. I think since players in pro baseball are on pitch counts, that tells you something. Teams want their pitchers to be healthy and have something left. I can't imagine a Little League coach's argument against that." — Dale Murphy, former Major League player

"Over the course of the regular season and into tournament play is when you will see the benefits of counting a player's pitches. By keeping pitch numbers down in April and May, these players will be better pitchers in June and July." – Jamie Reed, athletic trainer for the Texas Rangers

"Little League has a rich history of pioneering baseball safety innovations. As the world's largest organized youth sports program, Little League is proud to take a leadership position in youth sports safety." – Stephen D. Keener, president and chief executive officer, Little League Baseball





#### **PITCH COUNT**

#### Pitch count does matter.

Every year, at our annual First-Aid clinic, we provide warnings to our future managers and coaches about pitching injuries and how to prevent them. In the major leagues, a pitcher is removes after approximately 100 pitches.

#### A child cannot be expected to perform like an adult!

Little League managers and coaches are usually guick to teach their pitchers how to get movement on the ball. Unfortunately, the technique that older players use is not appropriate for children thirteen (13) years and younger. The snapping of the arm used to develop this technique will most probably lead to serious injuries to the child as he/she matures. Arm stress during the acceleration phase of throwing affects both the inside and the outside of the growing elbow. On the inside, the structures are subjected to distraction forces, causing them to pull apart. On the outside, the forces are compressive in nature with different and potentially more serious consequences. The key structures on the inside (or medial) aspect of the elbow include the tendons of the muscles that allow the wrist to flex and the growth plate of the medial epicedial ("Knobby" bone on the inside of the elbow). The forces generated during throwing can cause this growth plate to pull away (avulse) from the main bone. If the distance between the growth plate and main bone is great enough, surgery is the only option to fix it. This growth plate does not fully adhere to the main bone until age 15! Similarly, on the outside of the elbow the two bony surfaces can be damaged by compressive forces during throwing. This scenario can lead to a condition called Avascular Necrosis or Bone Cell Death as a result of compromise of the local blood flow to that area. This disorder is permanent and often leads to fragments of the bone breaking away (loose bodies), which float in the joint and can cause early arthritis. This loss of elbow motion and function often precludes further participation.

Studies have demonstrated that curveballs cause most problems at the inside of the elbow due to the sudden contractive forces of the wrist musculature. Fastballs, on the other hand, place more force at the outside of the elbow. Sidearm delivery, in one study, led to elbow injuries in 74% of pitchers compared with 27% in pitchers with a vertical delivery style. The American Sports Medicine Institute has completed a study funded by USA Baseball that evaluated pitch counts in skeletally immature athletes as they relate to both elbow and shoulder injuries.

#### DATA HAS SHOWN THE FOLLOWING:

- A significantly higher risk of **elbow** injury occurred after pitchers reached 50 pitches/outing.
- A significantly higher risk of **shoulder** injury occurred after pitchers reached 75 pitches/outing.
- In one season, a **total of 450 pitches or more** led to cumulative injury to the elbow and the shoulder.
- The mechanics, whether good or bad, **did not** lead to an increased incidence of arm injuries.
- The preliminary data suggest that throwing curveballs increases risk of injury to the shoulder more so than the elbow; however, subset analysis is being undertaken to investigate whether or not the older children were the pitchers throwing the curve.
- The pitchers who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury to their throwing arm.
- A slider increased the risk of both elbow and shoulder problems.





Managers and Coaches should look to their players' future and make an effort to protect their elbows against the tragedy of Avascular Necrosis.

#### THE PITCH COUNT REGULATION

The following is the text of the new regular season Pitch Count Regulation for all levels of Little League Baseball.



#### 2012 Little League Baseball Regular Season and Tournament Rules

Recent rule changes adopted by the Little League International Board of Directors will bring pitching rules for tournament baseball in line with the regular season rules. The changes were made after many district administrators and local Little League volunteers had requested the pitching rules become more consistent.

"A few years ago, scientific studies showed epidemic increases in youth pitching injuries and pointed to overuse as the primary factor," Dr. James Andrews, Chairman of the American Sports Medicine Institute and a member of the Little League International Board of Directors, said. "Little League baseball should be congratulated as the leader in addressing this issue by introducing pitch count limits. This has led to increased awareness at all levels including players, parents, coaches, and other youth league organizations, and hopefully, a decrease in number of injuries. The current changes adopted by Little League should help further the ability of kids to enjoy and advance in baseball without serious overuse injuries."

The most noticeable change to the rules was adopted in the area of rest required between pitching appearances, for tournament play. The new rule eliminates the game required in between pitching appearances while increasing the number of days of rest. Adoption of the new rules makes the pitching regulations the same for tournament and regular season play.

Previously, for example, a 12-year-old pitcher in the regular season who threw the maximum 85 pitches in a day was required to have either three calendar days of rest and one game (or four days of rest and no game, at the option of the local league), before pitching again. In 2012, that same pitcher will simply be required to have four days of rest.

Previously, for tournament play including the Little League Baseball World Series, a 12-year-old pitcher who threw 85 pitches would need two days of rest, and one game, before pitching again. In 2012, that pitcher will be required to have four days of rest, same as during the regular season. As in previous years, as the number of pitches decreases, the number of days of rest also decreases incrementally.





#### 2022 Pitch Count Regulations

Ages	Maximum
17 - 18	105 pitches per day
13 - 16	95 pitches per day
11 -12	85 pitches per day
9 - 10	75 pitches per day
7 - 8	50 pitches per day

Pitchers league age 14 and under must adhere to the following rest requirements:

If a player pitches 66 or more pitches in a day, four (4) calendar days of rest must be observed.

If a player pitches 51 - 65 pitches in a day, three (3) calendar days of rest must be observed.

If a player pitches 36 - 50 pitches in a day, two (2) calendar days of rest must be observed.

If a player pitches 21 - 35 pitches in a day, one (1) calendar day of rest must be observed.

If a player pitches 1-20 pitches in a day, no (0) calendar day of rest is required.

Pitchers league age 15-18 must adhere to the following rest requirements:

If a player pitches 76 or more pitches in a day, four (4) calendar days of rest must be observed. If a player pitches 61 - 75 pitches in a day, three (3) calendar days of rest must be observed. If a player pitches 46 - 60 pitches in a day, two (2) calendar days of rest must be observed. If a player pitches 31 -45 pitches in a day, one (1) calendar day of rest must be observed. If a player pitches 1-30 pitches in a day, no (0) calendar day of rest is required.

Exception: If a pitcher reaches the limit imposed in Regulation VI (c) for his/her league age while facing a batter, the pitcher may continue to pitch until any one of the following conditions occurs:

- 1. That batter reaches base;
- 2. That batter is put out;
- 3. The third out is made to complete the half-inning.

At Major divisions and below, a pitcher may not pitch in more than one game in a day. A pitcher once removed from the mound may not return as a pitcher in the same game;

In the Junior/Senior/Big League Divisions, a pitcher remaining in the game, but moving to a different position, can return as a pitcher any time in the remainder of the game, but only once per game. In the Big League Division, a player may be used as a pitcher in up to two games in a day.)

A player who has thrown more than 40 pitches on a given day may not be utilized as a catcher for the rest of that day. A player who has been utilized as catcher in four or more innings in a day is ineligible to pitch for the rest of that day (being the catcher for one pitch in an inning constitutes catching in that inning).





Each league must designate the scorekeeper or another game official as the official pitch count recorder.

The pitch count recorder must provide the current pitch count for any pitcher when requested by either manager or any umpire. However, the manager is responsible for knowing when his/her pitcher must be removed.

The official pitch count recorder should inform the umpire-in-chief when a pitcher has delivered his/her maximum limit of pitches for the game, as noted in Regulation VI (c).

The umpire-in-chief will inform the pitcher's manager that the pitcher must be removed in accordance with Regulation VI (c). However, the failure by the pitch count recorder to notify the umpire-in-chief, and/or the failure of the umpire-in-chief to notify the manager, does not relieve the manager of his/her responsibility to remove a pitcher when that pitcher is no longer eligible. Violation of any section of this regulation can result in protest of the game in which it occurs. Protest shall be made in accordance with Playing Rule 4.19.

A player who has attained the league age of twelve (12) is not eligible to pitch in the Minor League. (See Regulation V – Selection of Players)

The withdrawal of an ineligible pitcher after that pitcher is announced, or after a warm-up pitch is delivered, but before that player has pitched a ball to a batter, shall not be considered a violation. Little League officials are urged to take precautions to prevent protests. When a protest situation is imminent, the potential offender should be notified immediately.

Pitches delivered in games declared "Regulation Tie Games" or "Suspended Games" shall be charged against pitcher's eligibility.

In suspended games resumed on another day, the pitchers of record at the time the game was halted may continue to pitch to the extent of their eligibility for that day, provided said pitcher has observed the required days of rest.

Example 1: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on the following Thursday. The pitcher is not eligible to pitch in the resumption of the game because he/she has not observed the required days of rest.

Example 2: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on Saturday. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game because he/she has observed the required days of rest.

Example 3: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes two weeks later. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game, provided he/she is eligible based on his/her pitching record during the previous four days.

Note: The use of this regulation negates the concept of the "calendar week" with regard to pitching eligibility.





<u>How we will Track Pitches</u> - The Little League Pitch Count Log found in Appendix G will be used to track pitches.

### (2022) LITTLE LEAGUE BAT RULES

#### **RULE 1.10 - BASEBALL**

The bat must be a baseball bat which meets Little League specifications and standards as noted in this rule. It shall be a smooth, rounded stick and made of wood or of material and color tested and proved acceptable to Little League standards.

### Little League (Majors) and below:

It shall not be more than thirty-three (33) inches in length nor more than two and one-quarter (2½) inches in diameter. Non-wood bats shall be labeled with a BPF (bat performance factor) of 1.15 or less.

**EXCEPTION**: For the Little League (Majors) and below, for regular season play and Tournament, composite bats are prohibited unless approved by Little League International. View the list of approved and licensed composite bats.

### Intermediate (50-70) Division and Junior League

It shall not be more than 34 inches in length; nor more than 2 5/8 inches in diameter, and if wood, not less than fifteen-sixteenths (15/16) inches in diameter (7/8 inch for bats less than 30") at its smallest part. All composite barrel bats shall meet the Batted Ball Coefficient of Restitution (BBCOR) performance standard, and such bats shall be so labeled with a silkscreen or other permanent certification mark. The certification mark shall be rectangular, a minimum of a half-inch on each side and located on the barrel of the bat in any contrasting color.

#### Senior League:

It shall not be more than 36 inches in length, nor more than 2 5/8 inches in diameter, and if wood, not less than fifteen-sixteenths (15/16) inches in diameter (7/8 inch for bats less than 30") at its smallest part. The bat shall not weigh, numerically, more than three ounces less than the length of the bat (e.g., a 33-inch-long bat cannot weigh less than 30 ounces). All bats not made of a single piece of wood shall meet the Batted Ball Coefficient of Restitution (BBCOR) performance standard, and such bats shall be so labeled with a silkscreen or other permanent certification mark. The certification mark shall be rectangular, a minimum of a half-inch on each side and located on the barrel of the bat in any contrasting color. Aluminum and composite bats shall be silkscreen or other permanent certification mark, a minimum of one-half-inch on each side and located on the barrel of the bat in any contrasting color.

#### Rule 1.10 - Softball

1.10 - The bat must be a softball bat which meets Little League specifications and standards as noted in this rule. It shall be a smooth, rounded stick and made of wood or a material





tested and proved acceptable to Little League standards. The bat shall be no more than 33 inches (34 inches for Junior/Senior League) in length, not more than two and one-quarter (2-1/4) inches in diameter, and if wood, not less than fifteen-sixteenth (15/16) inches in diameter (7/8 inch for bats less than 30 inches) at its smallest part. Non-wood bats shall be printed with a BPF (bat performance factor) of 1.20. Bats may be taped or fitted with a sleeve for a distance not exceeding 16 inches from the small end. Colored bats are acceptable. A non-wood bat must have a grip of cork, tape or composition material, and must extend a minimum of 10 inches from the small end. Slippery tape or similar material is prohibited. An illegal or altered bat must be removed.

NOTE 1: The traditional batting donut is not permissible.

NOTE 2: The bat may carry the mark "Little League Tee Ball."

NOTE 3: Non-wood bats may develop dents from time to time. Bats that cannot pass through the approved Little League bat ring must be removed from play. The 2 ½ inch bat ring must be used for bats in all softball divisions. Any bat that has been altered shall be removed from play.

#### **DECERTIFIED BATS**

Note 1 (2-28-12): USA Baseball has advised Little League that the National Collegiate Athletic Association (NCAA) has provided official notice that the BBCOR decertification process has been implemented for the Marucci CAT5 and Reebok Vector-TLS 33-inch model bats.

Effectively immediately and until notified otherwise, these bats (Marucci CAT5 and Reebok Vector-TLS 33-inch length bats) should be considered non-compliant and subject to Junior and Senior League Baseball Rules 1.10 and 6.06(d). It should be noted that the National Federation of State High School Associations has taken similar action.

USA Baseball has advised Little League that the National Collegiate Athletic Association (NCAA) has provided official notice that the BBCOR decertification process has been implemented for the Marucci CAT5 Squared 34-inch model bat and the Marucci Black 33-inch and 34 inch models.

Effectively immediately and until notified otherwise, these bats (Marucci CAT5 Squared 34-inch length and Marucci Black 33-inch length and 34-inch length) should be considered non-compliant and subject to Junior and Senior League Baseball Rules 1.10 and 6.06(d). In all divisions, wood bats may be taped or fitted with a sleeve for a distance not exceeding sixteen (16) inches (18 inches for Junior/Senior League Baseball) from the small end. A non-wood bat must have a grip of cork, tape or composition material, and must extend a minimum of 10 inches from the small end. Slippery tape or similar material is prohibited.





NOTE 1: Junior/Senior League: The 2¾ inch in diameter bat is not allowed in any division.

NOTE 2: The traditional batting donut is not permissible.

NOTE 3: The bat may carry the mark "Little League Tee Ball."

NOTE 4: Non-wood bats may develop dents from time to time. Bats that cannot pass through the approved Little League bat ring for the appropriate division must be removed from play. The  $2\frac{1}{4}$  inch bat ring must be used for bats in the Tee Ball, Minor League and Little League Baseball divisions. The  $2\frac{1}{4}$  inch bat ring must be used for bats in the Teenage divisions of baseball.

NOTE 5: An illegal bat must be removed. Any bat that has been altered shall be removed from play. Penalty - See Rule - 6.06 (d).

### **EQUIPMENT**

The Equipment Officer is an elected Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but it is the Manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice.

The Equipment Officer will promptly replace damaged and ill-fitting equipment. Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

At the end of the season, all equipment must be returned to the Equipment Officer. First-Aid kits and Safety Manuals must be turned in with the equipment.

Players are strongly encouraged to provide and use their own helmet, which must meet NOCSAE specifications and standards. If a player is unable to provide their own helmet, they may ask to borrow one from the League for the duration of the season. Each team will also have at least four helmets available on a temporary basis. These helmets will be provided by League at the beginning of the season.

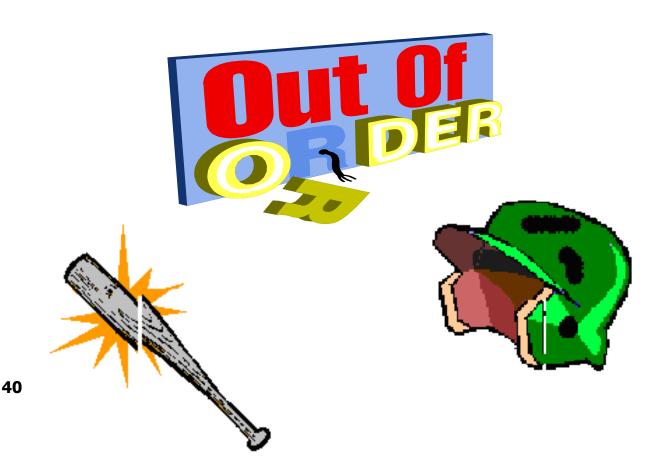
- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player/base coach is mandatory.
- Use of a helmet by an adult base coach is optional.
- Make sure helmets fit.
- All male players must wear athletic supporters.
- Male catchers must wear the metal, fiber or plastic type cup.







- 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.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.
- Only Official Little League balls will be used during practices and games.
- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Officer.
- Make sure that players respect the equipment that is issued.
- Pitchers can not wear multi-colored gloves.
- Replace all questionable equipment <u>immediately</u> by notifying the Player Agent or Equipment Officer.







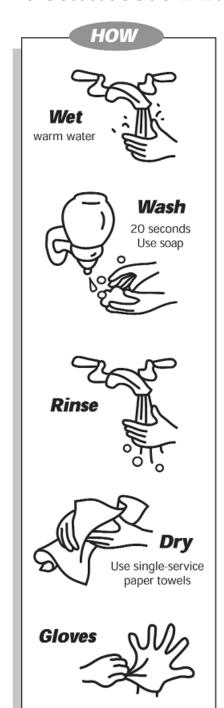
### SNACK SHACK SAFETY

- No person under the age of fifteen will be allowed behind the counter in the concession stands.
- People working in the concession stands will be trained in safe food preparation. Training will cover safe use of the equipment.
- Cooking equipment will be inspected periodically and repaired or replaced if need be.
- Propane tanks will be turned off at the grill and at the tank after use.
- Food not purchased by the League to sell in its concession stands will not be cooked, prepared, or sold in the concession stands.
- Cooking grease if used will be stored safely in containers away from open flames.
- Cleaning chemicals must be stored in a locked container.
- A Certified Fire Extinguisher suitable for grease fires must be always placed in plain sight.
- All Snack Bar workers are to be instructed on the use of fire extinguishers.
- All Snack Bar workers will attend a training session in the *Heimlich maneuver*.
- A fully stocked First Aid Kit will be placed in each Snack Bar.
- The Snack Bar main entrance door will not be locked or blocked while people are inside.





## Volunteers Must Wash Hands



### WHEN

## Wash your hands before you prepare food or as often as needed.

### Wash after you:

- use the toilet
- touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- interrupt working with food (such as answering the phone, opening a door or drawer)
- eat, smoke or chew gum
- b touch soiled plates, utensils or equipment
- take out trash
- touch your nose, mouth, or any part of your body
- sneeze or cough

## Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils. Remove all jewelry, nail polish or false nails unless you wear gloves.

### Wear gloves

when you have a cut or sore on your hand when you can't remove your jewelry

### If you wear gloves:

wash your hands before you put on new gloves

### Change them:

- as often as you wash your hands
- when they are torn or soiled

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education. United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.







### ACCIDENT REPORTING PROCEDURE

### What to report -

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

### When to report -

All such incidents described above must be reported to the League's Safety Officer within 24 hours of the incident.

The League's Safety Officer, Kendra Knowles, can be reached at the following:

Phone: 510-504-2972

Email: knowlesclan@comcast.net

The League's Safety Officer's contact information will be posted at all times on the main message board outside the clubhouse.

### How to make a 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.

### Team Safety Officer's Responsibility -

The TSO will fill out the **Incident/Injury Tracking** and submit it to the League's Safety Officer *within 24 hours of the incident*. If the team does not have a safety officer then the Team Manager will be responsible for filling out the form and turning it in to the League's Safety Officer. (A copy follows and the actual form can be found in the Appendix F) Accidents occurring outside the team (i.e., spectator injuries, and third party injuries) shall be handled directly by the League's Safety Officer.





### League Safety Officer's Responsibilities -

Within 24 hours of receiving the *Accident Investigation Form*, the League's Safety Officer will contact the injured party or the party's parents and;

- Verify the information received;
- Obtain any other information deemed necessary;
- > Check on the status of the injured party; and
- In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, et.) will advise the parent or guardian of the Little League insurance coverage and the provision for submitting any claims.

If the extent the injuries are more than minor in nature, the League's Safety Officer shall:

- > Periodically call the injured party to check on the status of any injuries, and
- Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the League again).
- > Review and complete where necessary the Incident/Injury Tracking form and route to the appropriate officials.





### **Accident Investigation Form**

League Name: League ID:	Incident Date	e:
Field Name/Location:		
Injured Person's Name:		
Address:	Age: Sex:	☐ Male ☐ Female
City:StateZ	IP: Home Phone: (	)
Parent's Name (If Player):	Work Phone: (	)
Parents'Address (If Different):		
Incident occurred while participating in:  ☐ Baseball ☐ Softball ☐ Challenger ☐ TAD B) ☐ Challenger  Junior (13) ☐ Senior (13-15) ☐ Sr./Minor (13-15) ☐ Big Leag  Tournament ☐ Special Event ☐ Travel to ☐ Travel from ☐ O	ue (16-18) C) 🗖 Tryout 🗖 Prac	tice □ Game□
Position/Role of person(s) involved in incident:  ☐ Batter ☐ Baserunner ☐ Pitcher ☐ Catcher ☐ First E Field ☐ Center Field ☐ Right Field ☐ Dugout ☐ Umpi ☐ Volunteer ☐ Other:		•
Type of injury:	f yes, what:	
Type of incident and location:		
A.) On Primary Playing Field  ☐ Base Path: ☐ Running or ☐ Sliding ☐ Hit by Ball: ☐ Pitched or ☐ Thrown or ☐ Batted ☐ Collision with: ☐ Player or ☐ Structure	•	D.) Off Ball Field  ☐ Travel:  ☐ Car or ☐ Bike or  ☐ Walking
		_
☐ Grounds Defect	<ul><li>□ Volunteer Worker</li><li>□ Customer/Bystander</li></ul>	☐ League Activity ☐ Other:
Other:	□ Customer/bystander	□ Other.
Please give a short description of incident:		





How could this accident have been avoided?			
Prepared By/Position:	Phone Number: ()		
	\		
Signature:	Date:		

This form is for Little League purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. Use the AIG Accident Notification Form (Appendix F)

For all claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, fax a copy both forms to District Safety Officer Liz Berg (<a href="rocketliz@gmail.com">rocketliz@gmail.com</a>) (925) 701-8637 for District files. All personal injuries should be reported to Williamsport as soon as possible.





### **INSURANCE POLICIES**

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

Little League (Majors), Minor League and Tee Ball participants shall not participate as a Little League (Majors), Minor League and Tee Ball team in games with other teams of other programs or in tournaments except those authorized by Little League Baseball, Incorporated.

Little League (Majors), Minor League and Tee Ball participants may participate in other programs during the Little League (Majors), Minor League and Tee Ball regular season and tournament provided such participation does not disrupt the Little League (Majors), Minor League and Tee Ball season or tournament team. Unless expressly authorized by the Board of Directors, games played for any purpose other than to establish a League champion or as part of the International Tournament are prohibited. (See IX - Special Games, pg. 15 in the Rule Book for further clarification)

## Little League Insurance Policy is designed to supplement a parent's existing family policy.

### **Explanation of Coverage:**

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 \$50.00 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. 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:

1. 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.





- 2. 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.
- 3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
- 4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- 5. Limited deferred medical/dental benefits may be available for necessary treatment 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.

A copy of the claim forms can be found in Appendix F.





### Filing a Claim

When filing a claim, (forms available on-line at <a href="www.littleleague.org">www.littleleague.org</a> or from your league safety officer) all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of Group or Employer insurance must accompany a claim form.

On *dental claims*, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant, or parent(s)/guardian(s), if claimant is a minor. "Accident damage to whole, sound, normal teeth as a direct result of an accident" must be stated on the form and bills. Forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, League ID, and year of the injury on the form.

This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.

Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.

Claims must be filed with the League's Safety Officer. He/she forwards them to

Little League Baseball, Incorporated, PO Box 3485, Williamsport, PA, 17701.

Accident Claim Contact Numbers: Phone: 570-327-1674 Fax: 570-326-9280

The League's Safety Officer will send a copy of the claim to the District 4 Safety Officer Liz Berg, at

Liz Berg
District 4 ADA Safety Officer
rocketliz@gmail.com
4782 Mintwood Dr.
Concord, CA 94521

Contact the League's Safety Officer for more information.

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





### **APPENDICES**

- A Copy of Medical Release Form
- **B Sports Parent Code of Conduct Flyer**
- C Coaches Code of Conduct Flyer
- D Pitch Count Log







## Little League. Baseball and Softball M E D I C A L R E L E A S E



**NOTE**: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player:		Date of Birth:	Gende	er (M/F):	
Parent (s)/Guardian Name:		Relationship:			
Parent (s)/Guardian Name:		Relationship:			
Player's Address:		City:	State/	Country:	Zip:
Home Phone:	Work Phone:		Mobile Ph	one:	
PARENT OR GUARDIAN AUTHO	RIZATION:				
In case of emergency, if family phy Emergency Personnel. (i.e. EMT, F			orize my child to l	be treated by (	Certified
Family Physician:		F	Phone:		
Address:	City:		State/Country:		
Hospital Preference:					
Parent Insurance Co:	Policy No.:		Group ID#:		
League Insurance Co:	Policy No.:		League/Group ID#:		
If parent(s)/guardian cannot be r	eached in case of eme	ergency, contact:			
Name		Phone Relationship to Player		Player	
Name		Phone	Re	elationship to F	Player
Please list any allergies/medical pro	blems, including those r	equiring maintenand	e medication. (i.e. l	Diabetic, Asthm	a, Seizure Disorder
Medical Diagnosis	Me	dication	Dosage	Frequer	ncy of Dosage
Date of last Tetanus Toxoid Booste	r:				
The purpose of the above listed information	n is to ensure that medical pe	ersonnel have details of a	ny medical problem w	hich may interfere	with or alter treatme
Mr./Mrs./Ms	ent/Guardian Signatur				Data
Authorized Pare	any Guarulan Signatur	e			Date:
FOR LEAGUE USE ONLY:					
League Name:		Le	eague ID:		
Division:	Team:			Date:	

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.





## **Sports Parent Code of Conduct**

We, the Albany Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

#### 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.
- I will remember that children participate to have fun and that the game is for youth, not adults.
- 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 the 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.
- 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.
- I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
- 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.
- 10. 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.
- 11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
- 12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
- 13. 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.
- 14. I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire I may have for my child to win.
- 15. 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.
- 16. 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.
- 17.1 will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Parent/Guardian Signature
Parent/Guardian Signature





Team:

Manager:

**Concord American Little League Pitching Affidavit** 

Eligible to Pitch Again on (Date) # of Days Rest Required Score Keeper/Umpire Signature Opposing Manager's Initials Team Man-ager's Initials League Playing Age Uniform # Pitcher's Name Threshold Observed Innings Pitched Pitches Thrown Date of Game

Rev. 3/13

Pitching eligibility varies by the league age of the pitcher, which is the pitcher's age as of 4/30 of current year. The pitching regulation is Regulation VI (see the current rule book for details).





Sample Code of Conduct

## **Coaches Code of Conduct**

#### CODE OF CONDUCT - Coaches are Role Models

"Our Little League is in the process of putting together a newsletter for the coaches stating Coaches Code of Conduct. I thought in the past in one of the ASAP newsletters I saw one but I cannot find it. Our local league is putting a newsletter together on this and it would help if Little League already had some information on this and additional ideas for a list to be handed out and signed by the Managers and Coaches as to their conduct during games and practices to help guide them."

#### George Colby

Easton, Conn., Little League, District 2

Editor's Note: Here is a Code of Conduct that is used in many safety plans. On the next page (pg 8) is a Volunteer Code of Conduct that serves as a reminder of the important role coaches and managers have in the development of youth people. It stresses that sports should be about fun, physical exercise and character development, and not winning.

Speed Limit 5 mph in roadways and parking lots while attending any	No throwing balls against dugouts or against backstop.	
Little League function. Watch for small children around parked cars.	No throwing rocks and no climbing fences.	
No Alcohol allowed in any parking lot, field, or common	Only a player on the field and at bat, may swing a bat (Ages 5 - 12).	
areas within the	Observe all posted signs. Players and spectators should be alert at all times for Foul Balls and Errant Throws.	
No SMOKING or Tobacco products of any kind (including spit tobacco) allowed in any common areas within the	During game, players must remain in the dugout area in an orderly fashion at all times.	
Little League complex.	After each game, each team must clean up trash in dugout and around stands.	
No Playing in parking lots at any time.		
No Playing on and around lawn/maintenance equipment.	All gates to the field must remain closed at all times. After players have entered or left the playing field, gates	
No Profanity allowed in any parking lot, field, or	should be closed and secured.	
common areas within the Little League complex.	No children under age of 16 are to be permitted in the Snack Bars.	
No Swinging Bats or throwing baseballs at any time within the walkways and common areas of the Little League complex.	Failure to comply with the above may result in expulsion from the	











# Coach, Please Let Players Catch!



#### REMEMBER:

Coaches and managers must not warm up pitchers. Let Players Catch.

#### RULE 3.09

"...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen."

6 March 2003





## **Concession Stand Tips**

### Requirement 9

12 Steps to Safe and Sanitary
Food Service Events: The
following information is
intended to help you run a
healthful concession stand.
Following these simple
guidelines will help minimize
the risk of foodborne illness.
This information was provided
by District Administrator
George Glick, and is excerpted
from "Food Safety Hints" by
the Fort Wayne-Allen County,
Ind., Department of Health.

#### 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 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.

#### Food Handling.

Avoid hand contact with raw, readyto-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. Wash in a four-step process:

- 1. Washing in hot soapy water;
- 2. Rinsing in clean water;
- 3. Chemical or heat sanitizing; and
- 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 foodborne 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.

#### 13. Set a Minimum Worker Age.

Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

Safety plans must be postmarked no later than May 1st.

4 January-February 2004