



Tiverton Little League **2024 Safety Program**

Rev. 01/11/2024

Purpose

This Safety Program serves as a guide for the basic safety information that Tiverton Little League (TLL) managers, coaches, and volunteers are responsible for to ensure the safety of the children in their care.

Program Distribution

The TLL Safety Plan will be posted on our website (www.tivertonlittleleague.org) and will be provided to volunteers electronically.

Contact Information — Tiverton Little League**Tiverton Little League Safety Officer**

Steph Cavanagh
401-215-6528

Safety@TivertonLittleLeague.org

Tiverton Little League President

Mike DeCotis
401-418-1935

MDecotis@TivertonLittleLeague.org

Contact Information — Players

All managers should keep in their possession a copy of their team roster that includes the contact information for each of their players, as well as pertinent information including allergies and current medications to use in the event of an emergency.

Accident, Incident & Injury Reporting

All injuries must be immediately reported to Tiverton Little League, no matter how small. Prompt injury reporting ensures proper insurance coverage, as well as serving as documentation for all involved parties.

Little League International requires that an injury form be completed for any injury that requires medical attention above and beyond basic first aid. The TLL Safety Officer, with the assistance of applicable involved parties, will complete an accident form which will include the following information, at a minimum:

- Date, time, and physical location of the injury

- Name, date of birth, address and telephone number of the injured party and their legal guardian
- The type of injury and how the injury occurred

A copy of the *TLL Incident Report Form* has been attached as Appendix A of this document.

In the event of an injury, contact TLL Safety Officer Steph Cavanagh at 401-215-6528 via phone call or text. You can also email Safety@TivertonLittleLeague.org. Injuries and incidents must be reported within 24 hours of notification.

IN THE EVENT OF AN EMERGENCY, IMMEDIATELY CONTACT 9-1-1

First Aid & CPR/AED

At least one Manager or Assistant Coach on every team must be in possession of valid First Aid and CPR/AED Training. Training will be provided by TLL to volunteers annually. Training certifications must be provided to TLL by volunteers.

TLL recommends that Managers and Assistant Coaches complete HEADS UP To Youth Sports Concussion Training.

Automated External Defibrillators (AED)

An AED is maintained by the Town of Tiverton in the following recreational areas:

- Town Farm Recreation Area
Affixed to exterior of Concession Stand at Daniels Softball Field
Affixed to exterior of Concession Stand at Sylvia Baseball Field
- Bulgarmarsh Recreation Center/John Vooie Raposa Field
Affixed to exterior of restroom facility
- Pocasset Elementary School
Affixed to exterior of Softball Field Concession Stand
- Tiverton High School Softball Field
Affixed to exterior softball storage facility
- Fort Barton Elementary School
Located inside of Concession Stand
- Tiverton Middle School
Located in interior of school in Gymnasium hallway

As of January 11, 2024, the code to access all Town managed AEDS is:

C159X

**In the event of an emergency, the access code can also be obtained
by dialing 9-1-1.**

AED Process

1. The cardiac arrest is recognized and 911 is immediately called
2. CPR is started immediately based on the guidance in the CPR section listed above
3. The AED and accessories are retrieved without any delays
4. One rescuer needs to open the AED case, remove the pads from the package and apply the pads as shown on the pads themselves (typical placement is “upper right” torso and “lower left” torso)
5. Turn on the AED and follow the prompts as directed by the AED

First Aid Kits

Team Managers will be provided with a small First Aid Kit to include adhesive bandages and disposable ice packs. TLL will replenish these kits as needed.

A First Aid Kit will be maintained inside of TLL Concession Stands for use.

Child Protection Program

All TLL volunteers must complete SafeSport compliant training. Documentation of completion of training must be provided to TLL.

All TLL volunteers must complete a Volunteer Application Form as well as a background check via the Little League International Data Center. TLL will not permit volunteers to work within the league until the background check has been completed. Background checks must be completed on an annual basis.

Fundamentals Training

Fundamentals training for Baseball and Softball will be provided to coaches on an as-needed basis.

Field Inspections

Field inspections must be completed by both the Home and Away Teams prior to the start of each game and practice. Hazards include rocks, glass, defective fencing or netting, unsanitary conditions, or anything else that would constitute a safety or health hazard. Please record photographs of all hazards, where applicable. If a hazard cannot be corrected, the game/practice will not start until the hazard has been corrected. Report all hazards to the TLL Safety Officer who will in turn report them to the league President. The TLL President will then report to the Tiverton Recreation Committee for repair.

Concession Stand Safety

All concession stands will be overseen by the TLL President or the designated committee member. All food service safety precautions should be used. Equipment will be properly maintained and cleaned after each game and ready for use for the following game.

Safe Food Temperatures

Foods must be heated to safe temperatures. The temperatures for food are as follows:

Chicken – 165°F

Beef (Hot Dogs) – 155°F

Cold/Chilled Foods – 41°F

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, hand washing is preferred. Hand sanitizer with a minimum alcohol content of 60% is available as well.

Health & Hygiene

Anyone showing signs or symptoms of illness or has open sores or cuts should not be working in the concession area.

Food Handling

All food should be handled with gloved hands and the proper utensils. Food shall be handled and heated in accordance with manufacturer specifications.

Sanitation

All utensils and containers that hold and/or cook food will be properly washed after every game.

Disposable wiping clothes and cleaning supplies will be used to clean up after each game or at any time when necessary.

Insect & Rodent Control

All concession stands will be inspected for the presence of insects and/or rodents throughout each season. All pesticide and products used for such will not be stored near or with any foods.

Food must be stored away in the proper containers to minimize insect and rodent infestation.

Age Restrictions

Children under the age of 14 may not enter or work in the concession stand unless accompanied by an adult. Children under the age of 14 must not cook food of any kind; they are permitted to serve drinks, chips, candy or ice cream/frozen dessert products while supervised by an adult.

Equipment Inspections

The TLL Equipment Manager(s) or designee of the TLL President will be responsible for the distribution and collection of all equipment. Equipment will be checked for defects and wear prior to distribution. Any equipment found to be defective will be removed from service by the Equipment Manager or Designee. All team Managers will be

responsible for checking their team equipment prior to each game/practice throughout the season. Defective equipment will be returned to TLL for replacement.

Tiverton Little League Rules

In addition to the Little League International Rules, which can be found at: <https://www.littleleague.org/rules>, TLL adheres to the rules outlined by the applicable RI Little League District, as well as the Player Safety rules listed below:

1. Only players that are actively in a field position or at bat are allowed on the field during play.
2. Players must remain in the dugout if they are not actively participating on the field or at bat.
3. Tiverton Little League policy requires all players to wear batting helmets when at bat. Softball players must wear a batting helmet with an approved face shield attached.
4. TLL and RI Little League Softball District 2 policy requires all softball pitchers and infielders to wear a fielding facemask when playing in the field. Outfielders wearing facemasks are optional for Majors, Juniors and Seniors age divisions, unless otherwise determined a requirement by the team Manager.
5. There is NO “on deck” circle allowed.
6. Players must be aware of their surroundings if performing practice swings.
7. Players must not wear any clothing or accessories other than their TLL issued uniform, cleats, and protective equipment. No jewelry should be worn during games. Cleats with metal spikes are not permitted. Managers/Coaches may require players to remove jewelry and accessories (including artificial nails) that may interfere with safe play.
8. Managers and coaches must not allow unsafe activities at any time.
9. Managers and coaches must complete a background check through the LLI online system located in the LLI data center. TLL will not permit any adults to act as coaches or volunteers unless they have submitted to and successfully passed a background check and are approved by the President/Safety Officer.
10. All TLL volunteers must complete SafeSport compliant training.

Appendix A — TLL Incident/Injury Report



Tiverton Little League Incident/Injury Report

Name of Injured Party _____ Date/Time of Injury _____

Person Completing Report _____ Date/Time of Report _____

Location Injury Occurred (Field Name, Town, Location on Field, etc.)	
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Description of Events (How injury occurred; include any equipment involved)	
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Brief Description of Injury (Location of injury, any visible bruising, bleeding, etc.)	
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Equipment Used Select the equipment worn by player at time of injury, if applicable	<input type="checkbox"/> Batting Helmet <input type="checkbox"/> Batting Helmet with Face Shield <input type="checkbox"/> Fielding Mask <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A
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Injured Party Information	
Date of Birth	
Address	
Phone Number	

Parent/Guardian Information if Minor	
Name	
Address	
Phone Number	

TLL Safety Officer Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date/Time Contacted: _____

For TLL Safety Officer	
Date Received	
Name, Role	
Signed	

Appendix B — American Heart Association First Aid Overview

Bleeding Control

- Apply direct pressure to the area
- Apply gauze pads and bandage the wound
- Hemostatic dressings/pads may be used if bleeding is uncontrolled and is severe or life-threatening
- Determine the type of bleeding (capillary, venous, arterial)
- For bleed through, apply additional bandages to the original bandage

Lacerations and Abrasions:

- Clean the affected area with soap and water
- Apply bleeding control measures as needed
- Watch for signs of infection (redness, swelling, traveling)

Fractures and Sprains:

- Stabilize the injury in place and splint if possible
- Check for pulses
- Do not manipulate an injured extremity unless the blood flow is restricted
- Apply ice to reduce swelling and dull pain

Facial Injuries:

- Protect the airway
- Remove any obstructions in the mouth
- Keep the head tilted forward and down
- For eye injuries cover both eyes
- Debris in eyes should be flushed with flowing water
- Risk for spinal injury

Head and Neck Injuries:

- Determine the level of consciousness
- Stabilize the head and neck in place and **do not** move the patient

Concussions:

- Keep the patient calm and awake
- Headache, dizziness, nausea, LOC, confusion, delayed response to questions, slurred speech, fatigue, amnesia
- Call 911 for any head injury resulting in a change in mental status
- Recognition can be challenging as signs/symptoms may appear well after the initial injury

Seizures:

- Cannot rely solely on before and after assessments
- Known seizure patient, new onset, or unknown?
- Protect the patient from their surroundings
- Monitor the time and duration of the seizure
- Patient may stop breathing momentarily

Anaphylaxis:

- Place the patient in the recovery position when seizure subsides
- Signs and symptoms: skin rash, hives, warm skin, nausea, difficulty breathing and/or swallowing, feeling faint, flushed
- Treat the reaction with an antihistamine even if there are no known allergies
- Assist the patient if they have an epinephrine auto injector
- If signs and symptoms persist in 5-10 minutes, a 2nd dose may be considered
- Seek medical attention anytime an epinephrine auto injector is deployed

Stings and bites:

- Wash the area with soap and water
- Stingers should be removed by scraping the skin with a sharp edge item (do not use tweezers)
- Trace the bite area and monitor for reactions
- Try to identify what bit the patient (bee, wasp, spider, hornet, etc)

Chest Pains/Suspected Heart Attack:

- Determine signs and symptoms and patient medical history
- Determine allergy or sensitivity to aspirin, and
- Have the patient chew 1 adult or 2 low-dose aspirin
- Prepare for the possibility of sudden cardiac arrest

Syncope (Fainting):

- Caused by a variety of medical conditions or medications (cardiac, stroke, blood pressure, nervous system, etc.)
- Determine the level of consciousness
- Determine if there is any injury
- Interview the patient thoroughly (any chest pain, shortness of breath, head pain, neck pain, weakness, medical history, etc.)

Heat Cramps:

Painful spasms or cramps in the body; may affect legs, arms, abdominal wall, back or any exercised muscle.

- Rest and cool down, DO NOT RESUME PHYSICAL ACTIVITY
- Drink clear liquids or electrolyte drinks
- Should resolve within an hour

Heat Exhaustion:

cool skin, heavy perspiration, weak and rapid pulse, altered mental status, syncope, nausea, dizziness, and fatigue, due to physical activity in hot and humid conditions

- Rest and cool down, DO NOT RESUME PHYSICAL ACTIVITY
- Drink clear liquids or electrolyte drinks
- Move to a cool environment
- Should resolve within an hour
- 911 warranted if any concerns

Heat Stroke:

Body temperature of 104 or higher, altered mental status, hot and dry skin with no sweating, rapid breathing and heart rate, nausea and/or vomiting, due to strenuous activity in hot and humid environments

- Call 911
- DO NOT LEAVE UNATTENDED, symptoms may deteriorate rapidly
- Cool the body by using ice packs, a garden hose, cool wet towels, fan with a water mist, etc.