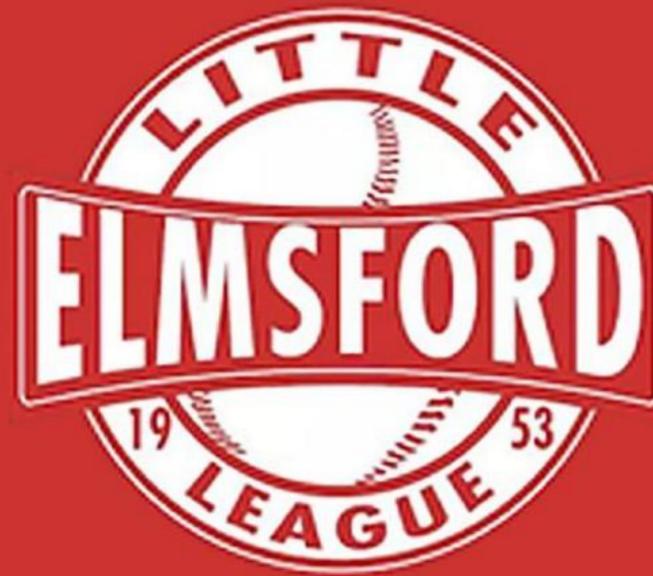


ELMSFORD LITTLE LEAGUE

2021 SAFETY MANUAL



[Click To Visit Our Website](#)

Contact information:

ELL@ElmsfordLittleLeague.org

Home of the 2016 NYS Senior Champions & 2016 12U District Champions



MISSION STATEMENT

1. To provide a high-quality baseball experience where every player has an opportunity to
 - a. improve their skills, tactics and strategies of the game
 - b. practice and play in a physically and mentally safe environment
 - c. learn life lessons that go beyond baseball

2. To promote and develop coaches who:
 - a. Respect the rules, opponents, umpires, team and players
 - b. Emphasize best efforts, learning, and how to effectively handle setbacks
 - c. Encourage fun at practices and games while promoting competitiveness
 - d. Make all players feel like an important part of a team regardless of performance

3. To grow our program through community outreach and creating a positive culture in which coaches, parents, fans, officials, and players work together to achieve our mission.

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2021 Board of Directors

President	Rob Gramaglia
Vice President	John Malone
Treasurer	Alan Ratner
Secretary	Rob Friedman
Player Agent	Chris Epple
Safety Officer	Daniel Fenster, MD
Information Officer	Jordan Brenner
Scheduling Coordinator	Brian Cunningham
Field Maintenance and Buildings	John Malone
Head Umpire	Derek Williams
Sponsorship Coordinator	Kristen Kumar
Equipment Coordinator	Louis Herena
Softball Coordinator	Louis Herena
Coaches Coordinators	Troy Smith & Dan Scovotti
Majors Coordinator	Troy Smith
AAA Coordinator	Joe Breese
AA Coordinator	John Maroney
A Coordinator	Rishi Sawhney
Clinic Coordinator	Doug Tricarico
T-Ball Coordinator	Glen Weiner
Director of Training	Rob Friedman
Travel and Juniors-Seniors Coordinator	Matt Blumberg

Letter to Managers and Coaches

Dear Managers, Coaches & Parent Volunteers:

Welcome to another fun and exciting season of Elmsford Little League baseball & softball. This is our 2nd season during the COVID-19 pandemic and our vigilance with the 2020 protocols allowed us to be successful – 2021 should be no different!

Our commitment to this Safety Manual is proof that we are dedicated to our cause. Please read it carefully as it will familiarize you with safety fundamentals related to both COVID-19 and non COVID-19 related policies and procedures. Then use the manual as an essential reference guide throughout the season.

Always use common sense, never doubt what children tell you, and report all accidents or safety infractions when they occur to the Safety Officer.

Now, let's play ball and play it safe!

Very truly yours,

Robert Gramaglia, President

John Malone, Vice President

Daniel Fenster MD, Safety Officer

SAFETY MISSION

Elmsford Little League's highest priority is for the safety of its players. Prevention is the key to reducing accidents, injuries and illness. We are committed to encouraging and providing a safe environment especially during the COVID-19 pandemic. In order to succeed, we need your commitment to become our *Safety Advocates* for Elmsford Little League.

Elmsford Little League participates in the Little League® A Safety Awareness Program (ASAP), whose mission is "to increase awareness of the opportunities to provide a safer environment for children, volunteers and all Little League participants." Every volunteer (manager, coach, parent volunteer) shall have a criminal background check completed prior to season start date. The Safety Officer shall utilize First Advantage to complete check.

The purpose of this manual is to provide important safety information to Elmsford Little League. While specifically written for Managers and Coaches, the information contained in this document can be a useful resource for all participants of Elmsford Little League.

Managers, Coaches and Umpires shall act as team and player safety agents.

We request your assistance, and guidance in making Elmsford Little League a great program. If you have any concerns, or suggestions for improvement, please contact us at ELL@elmsfordlittleleague.org or take a moment to drop an idea in the suggestion box located at the clubhouse. For additional information visit our web site www.elmsfordlittleleague.org. We want to hear from you!

During the season, you will receive continuous safety messages in order to remind you of Elmsford Little Leagues commitment and dedication to safety.

Thank you for your commitment to Safety.

ELL 2021 Safety Officer: Daniel Fenster, MD

SAFETY MANUAL AND FIRST AID KITS

Each team, as well as Head Umpire, will be issued a Safety Manual and a First Aid Kit when the season begins. The manager or a team representative will acknowledge receipt of both items by signing in the space below. The Safety Manual will include phone numbers for all emergency personnel, Board of Directors and responsibilities, Elmsford Little League’s Code of Conduct, and “Do’s and Don’ts” of treating injured players.

Each team will receive a First Aid Kit and instant cold packs. The First Aid Kit will include the necessary items to help minor injuries until professional help arrives, if necessary. Contact Numbers to be saved in First Aid Kit: Greenburgh Police Emergency: 914.989.1700 (or 911). **The First Aid Kit is to be brought to every game and practice.**

The equipment room will have additional First Aid Kits, Cold Packs and copies of the Safety Manual.

I have received my Safety Manual and First Aid Kit and will have both items present at all practices, batting cage practices, games (season games and post-season games) and any other event where team members may be injured.

Print name of Manager/Coach

Team Name

Division

Signature of Manager/Coach

Date

Please sign and return to the Safety Officer (Daniel Fenster)

Safety@ElmsfordLittleLeague.org

ELL SAFETY CODE

The Board of Directors of the Elmsford Little League has mandated the following **Safety Code**. All managers and coaches will read this **Safety Code** and then summarize it to the players on their team.

League Responsibilities

- ✓ The responsibility for safety procedures, including COVID-19 public health measures, belongs to every adult member of the league
- ✓ The league will complete the mandatory Annual Little League Facility Survey and create a corrective action plan, if necessary
- ✓ No medication will be administered to a child except by the child's parent

Coaches Responsibilities

- ✓ Enforce the COVID-19 public health measures instituted by Elmsford Little League & New York State
- ✓ Make injury prevention a part of their job
- ✓ Only league-approved coaches are allowed on the field and in the dugout at games and practices
- ✓ Only league-approved coaches will supervise the batting cages at the ELL Complex
- ✓ Coaches should know how to activate Emergency Medical Services in advance of all games and practices
- ✓ Coaches / Managers shall have a working cell phone at all games / practices
- ✓ Coaches will attend a fundamental training seminar
- ✓ Every season, at least 1 coach from each team will attend the first aid / AED (defibrillator) instruction provided by Elmsford Little League
- ✓ Every 3 years, all coaches and managers will have mandatory first aid and AED training
- ✓ Every year, all coaches must receive Concussion Training
- ✓ Every year, all coaches must receive training with USA™ Baseball's Pitch Smart program

First Aid Kits & AEDs

- ✓ First-aid kits are issued to each team manager during the pre-season and additional kits will be available in the equipment room

Safe Playing Conditions

- ✓ 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

Field of Play

- ✓ The equipment bag should be stored within the team dugout or behind screens, and not within the field of play
- ✓ Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions
- ✓ Bats and loose equipment will be kept off the field of play
- ✓ Bases should not be strapped down or anchored
 - Both fields have mandatory disengageable bases
- ✓ Players should be alert and watching the batter on each pitch
- ✓ During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches
- ✓ Warm-ups should be performed on the playing field and not in the surrounding spectator spaces
- ✓ Head first slides are not permitted, except when a runner is returning to a base
- ✓ On-deck batters are not permitted to swing bats and must be behind the fence in the dugout
- ✓ Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher's gear

Player Equipment

- ✓ Equipment should be inspected regularly for the condition and for proper fit
- ✓ Players will not share equipment
- ✓ Batters must wear Little League® approved protective helmets that bear the NOCSAE seal during batting practice and games
- ✓ Safety goggles are encouraged in lieu of glasses
- ✓ Male catchers must wear: catcher's helmet, throat guard, long model chest protector, protective cups (metal, fiber or plastic), shin guards and a catcher's glove
- ✓ Female catchers must wear: catcher's helmet, throat guard, long or short model chest protectors, shin guards and a catcher's glove
- ✓ Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible

- ✓ Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: allergy or medic-alert jewelry)

Team Equipment

- ✓ For COVID-19-related reasons, team's cannot share equipment
- ✓ Managers will only use the official Little League® balls supplied by the league
 - Clinic Division will use the reduced impact balls (incredi-balls)

Food/beverage

- ✓ Only labeled personal drinking bottles can be used in the dugouts
- ✓ Food is not permitted in the dugouts

ELL Complex Safety

- ✓ Speed Limit is 5 miles per hour in roadways and parking lots
- ✓ No alcohol, drugs, chewing tobacco or smoking allowed on the premises at any time
 - Smoking is limited to the parking lot at a significant distance from children
- ✓ No playing in the parking lots at any time
- ✓ No playing on and around lawn equipment or machinery at any time
- ✓ No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex
- ✓ 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
- ✓ Bleaches are for sitting and spectating only only

COVID-19-SPECIFIC SAFETY GUIDELINES

DISCLAIMER – Elmsford Little League’s guidelines are intended to make the youth baseball experience as safe as possible for its athletes and their families, spectators, coaches, board members, umpires, league staff and families. It is everyone’s shared responsibility to advocate for their own and others’ safety. Elmsford Little League will have parents/guardians of its athletes and coaches sign a waiver understanding that no set of policies can 100% eliminate the risk of transmission.

The following are relevant to any Elmsford Little League sanctioned game, practice or meeting. Players playing on other teams or practicing with non-ELL trainers, for example, should follow local policies.

1. Anyone who has COVID-19 like symptoms (Fever or chills, Cough, New loss of taste or smell, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea) cannot be on premises as a player, spectator or in any other capacity.
 - a. Individuals should discuss their medical needs with their healthcare provider, including quarantine and when they can return to baseball
 - b. Players require a note from their healthcare provider or department of health allowing their return to ELL
 - c. While on-site temperature checks will not be performed, parents, players, coaches and league officials should be socially responsible and monitor their symptoms
 - d. If COVID-19 is confirmed, the department of health should be notified so contact tracing can commence promptly.
 - i. While ELL cannot mandate that parents tell ELL directly of the positive test, they are encouraged to tell their coach who should, in turn, notify the division coordinator, safety officer and President.
2. Anyone who meets the state definition of a COVID-19 exposure (whether exposed at an ELL event or non-ELL event), should stay home and reach out to their state health department regarding duration of quarantine. They, too, will require a note from their healthcare provider or department of health allowing their return to ELL
3. ELL does not require a negative COVID-19 test for its players, coaches, umpires, board members, league officials or staff. However, as per state recommendations, frequent testing is encouraged to maintain a safe experience for the ELL community.
4. Social distancing - players, coaches, spectators and anyone attending an ELL sanctioned event are required to maintain 6 feet of separation EXCEPT when on the baseball field during live play
 - a. Note that spectators within the same family do not need to abide by this rule

- b. Coaches, umpires and ELL personnel reserve the right to suspend the game if patrons don't adhere
 - c. Pregame coaches/umpire meeting should be socially distanced
 - d. Plate umpires should be 6 feet from the catcher and should wear a face covering in addition to their usual protective mask and equipment
5. Face coverings – to enter an ELL or town facility, all persons 4 years of age and older MUST wear a face covering
- a. ELL does not supply masks for its players. Players are responsible to bring their own. Extras should be sent to every game or practice
 - b. If you see something, say something: players, coaches, spectators etc must remind each other to wear masks
 - c. Are OPTIONAL – BUT NOT REQUIRED - for any player between the 1st base and 3rd base lines PLUS the batter and catcher.
 - i. 1st and 3rd base coaches and umpires must cover their faces
 - ii. Players in any other capacity must wear a face covering
 - iii. Coaches and spectators must wear a mask at all times except when eating or drinking in appropriately safe areas
 - d. Non-compliance will result in the following:
 - i. 1st offense – reminder and removed from participation until complied
 - ii. 2nd offense – warning and removed from participation until complied
 - iii. 3rd offense – removed from participation and ELL Board will be notified and possible suspension or other disciplinary action
6. Wash hands with soap/water or hand sanitizer prior to arrival, frequently throughout the game/practice/event, and upon leaving
7. Players & coaches should take measures to prevent all but the essential physical contact to play the game, including handshakes and other celebratory acts.
8. Dugouts:
- a. will be extended on all fields to allow for social distancing by players
 - b. There shall be no more than 2 coaches and 3 players in any enclosed dugout at any time during the game – additional participants will be required to remain in foul territory in a socially distant manner, under coach/adult supervision at all times.
 - c. An additional Coach / Volunteer will be assigned to the extended dugout area
 - d. Hand sanitizers will be available in the dugout for players & coach use
9. Equipment and belongings should be used only by the individual owner or operator including, but not limited to, gloves, bats, hats, helmets, catcher's equipment and other on and off-field gear

10. Food and Drink

- a. Label all food and drink with player name
- b. No sharing of food or drink – no group sunflower seeds or chewing gum

11. Cleaning – At the completion of the last game, an ELL Board Member will clean all surfaces at the ELL Field Complex with Calvicide cleaner. A spreadsheet will be available to all board members to ensure the task was done. The Safety Officer and President will monitor this sheet.

12. Spectating can be done:

- a. Virtually via live stream with ELL @ [events.localive.tv](https://www.localive.tv) > New York > Elmsford Little League
- b. At games on bleachers with 6-foot distancing
- c. At games with personal chairs

TRAINING FOR COACHES & MANAGERS

Elmsford Little League is required to provide training to the Coaches and Managers covering all aspects of baseball and softball safety, including but not limited to the fundamentals of baseball/softball (i.e., hitting, sliding, fielding, pitching, etc.) as well as the fundamentals of first aid training opportunities including the proper use of an AED.

Elmsford Little League REQUIRES attendance of at least one Coach or Manager from every team at the 2021 Safety Training Meeting which will include fundamentals and first aid training. It is necessary for each Coach or Manager to attend at least one Safety Training Meeting at least once every three (3) years, but one team representative is still required to attend the Safety Training Meeting attend each year.

The Safety Officer will keep attendance records annually and equipment will not be distributed to teams that have not satisfied the required attendance and participation in the 2021 Safety Meeting.

Full participation in the **entire** meeting is required and every prospective Coach or Manager from Softball or Baseball will be notified via e-mail of the upcoming Safety Training Meeting and subsequently their training status. All attendees will be highly encouraged to pass along all information to those Managers or Coaches that were unable to attend the meeting and to other volunteers, parents and players as well.

Only those who are currently licensed Medical Doctors, RN's, LPNs and licensed Paramedics are exempt from attending these special training sessions. Other training courses attended that are hosted by other organizations DO NOT satisfy this Mandatory Requirement. IF there are severe and extenuating circumstances which affect your ability to attend, **prior** arrangements must be made with the Safety Officer or the League President.

CODE OF CONDUCT

The board of directors of Elmsford Little League has mandated the following **Code of Conduct**. All coaches and managers should read this Code of Conduct and ensure that he or she understands and agrees to comply with the Code of Conduct. Coaches and Managers shall be required to attend a PCA seminar to be held prior to the start of the season. This training will assist in understanding Code of Conduct.

At no time before, during or after games and practices or at any time within the ELL Complex shall a Board Member, Coach, Player or Spectator:

- ✓ be physically or verbally aggressive, unsportsmanlike or threatening to any player, coach, spectator, league official or umpire. This includes, but is not limited to, yelling at umpires or opposing coaches, throwing equipment in frustration or scolding players
- ✓ demonstrate aggression towards an umpire. Furthermore:
 - Any discussion with an Umpire during a game should be done calmly and by requesting permission to approach the umpire for clarification
 - In-game discussions with Umpires are only for the head coach or 1st assistant and should be done on a very limited basis and in the presence of the opposing coaching staff
- ✓ encourage unnecessarily rough behavior towards the opposing team's players
- ✓ use profane, obscene or vulgar language
- ✓ be intoxicated or under the influence of alcohol or other controlled substances
- ✓ Gamble on league games
- ✓ Smoke on premises (excluding the parking lot)
- ✓ Chew tobacco or "dip" on premises (excluding the parking lot)

- ✓ Discuss in a derogatory or abusive manner any play, decision or personal opinion about any players
- ✓ Speak disrespectfully to any coach, official or representative of the league
- ✓ Tamper or manipulate league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures
- ✓ Challenge or threaten an umpire's authority
 - The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game

The Board of Directors will review all infractions of the ELL Code of Conduct. Depending on the seriousness or frequency of such actions, the Board may assess disciplinary action leading to, and including, expulsion from the league.

Safety Responsibilities of Board Members

President

The President of ELL is responsible for ensuring that the policies and regulations of the ELL Safety Officer are carried out by the entire membership to the best of his/her abilities.

Safety Officer

The primary responsibility of the ELL Safety Officer is to develop and implement the League's safety program.

The Safety Officer is the link between the Board of Directors of Elmsford Little League and its managers, coaches, umpires, players, spectators, and any other third parties on the complex with regard to safety, rules and regulations.

Responsibilities Include:

- ✓ Coordinate with the individual Division Coordinators to provide the safest environment possible for all divisions
- ✓ Certification of all volunteers through background checks and checking references
- ✓ Assisting parents and individuals with insurance claims and acting as the liaison between the insurance company, 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 when, where, why and how accidents and injuries occur
- ✓ Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future
- ✓ Ensuring that each team receives its Safety Manual and its First-Aid Kit at the beginning of the season
- ✓ Installing First-Aid Kits in the clubhouse and re-stocking the kits as needed

- ✓ Make Little League's "no tolerance of child abuse" policy clear to all
- ✓ Inspecting concession stands and checking fire extinguishers
- ✓ Checking fields with the Field Managers and identifying areas in need of attention
- ✓ Scheduling a First-Aid Clinic and/or CPR training class for all managers, designated coaches, umpires, player agents and Division Officers during the pre-season
- ✓ Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention
- ✓ Making spot checks at practices and games to make sure all managers have their First-Aid Kits and Safety Manuals
- ✓ Tracking all injuries and near misses in order to identify injury trends
- ✓ Making sure that safety is a monthly Board Meeting topic, and allowing experienced people to share ideas on improving safety

League player registration data or player roster data and coach and manager data will be submitted via the Little League Data Center at www.LittleLeague.org. This is a requirement for an approved ASAP plan.

Communication Manager

- ✓ The ELL Communications Manager is responsible for maintaining ELL's web site at www.elmsfordlittleleague.org and updating the safety information on a regular basis.

Safety Responsibilities of Managers & Coaches

Managers are persons accepted by the ELL Board to be responsible for their team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

- ✓ The Manager shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires
- ✓ The Manager is also responsible for the safety of his players.
- ✓ He/She is also ultimately responsible for the actions of designated coaches.
- ✓ If a Manager leaves the field, that Manager shall designate a Coach to assume all the duties, rights and responsibilities of the Manager

During Pre-Season, Managers will:

- ✓ Take possession of this Safety Manual and the First-Aid Kit supplied by ELL
- ✓ Attend a mandatory training session on First Aid given by ELL with his/her designated coaches
- ✓ Remind families and players about COVID-19 policies and procedures
- ✓ Cover the basics of safe play with his/her team before starting the first practice
- ✓ Review the ELL Code of Conduct and the ELL Safety Code before the first game
- ✓ Teach players the fundamentals of the game while advocating safety
- ✓ Teach players how to slide before the season starts
- ✓ Notify parents that if a child is injured or ill, he or she cannot return to practice unless they have a note from their doctor. This medical release protects the manager should that child suffer further injury or illness. 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 children
- ✓ Encourage your players to wear mouth protection
- ✓ First-time Managers and Coaches are requested to read books or view video on Little League Baseball mechanics

During Season Play, Managers will:

- ✓ Make certain that equipment is in safe and in working order
- ✓ be accessible by phone at games and practices
- ✓ Model and adhere to COVID-19 policies and procedures
- ✓ Not expect more from players than what the players are capable of
- ✓ Teach the fundamentals of the game to players:
 - Catching fly balls
 - Sliding correctly
 - Proper fielding of ground balls
 - Simple pitching motion for balance
 - Be open to ideas, suggestions or help
 - Promote prevention as the key to reducing accidents and injuries
 - 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

During Pre-Game and Practices, managers will:

- ✓ Remind players, coaches and spectators about safety expectations, including adherence to COVID-19 protocol
- ✓ 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. Without this release, they cannot play
- ✓ Make sure players are wearing the proper uniform and position-specific equipment
- ✓ 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, the President or 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 warmed up
 - Calf muscles
 - Hamstrings
 - Quadriceps
- ✓ Have players do a light jog around the field before starting throwing warm-ups that should follow this order
 - Light toss, short distance
 - Light toss, medium distance
 - Light toss, large distance
 - Medium toss, medium distance
 - Medium toss, regular distance
 - Field ground balls
 - Field fly balls

During the Game, managers will:

- ✓ Frequently remind players, spectators and coaches to adhere to mask, handwashing and social distance protocols at ELL
- ✓ Make sure that all 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 and safe
- ✓ 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
- ✓ 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 spectators

Post Game, managers will:

- ✓ Do cool down exercises with the players
 - Light jog
 - Stretching as noted above
 - Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows
 - Catchers should ice their knees.
- ✓ 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 small or insignificant the injury is. There are no exceptions to this rule. This protects you, Little League Baseball, and ELL.
- ✓ Discuss any safety problems with the Division Coordinator that occurred before, during or after the game.
- ✓ If there was an injury, make sure an accident report was filled out and given to the ELL Safety Officer.
- ✓ Return the field to its pre-game condition, per ELL policy.

If a manager knowingly disregards safety, he or she will come before the ELL Board of Directors to explain his or her conduct.

Safety Responsibilities of Umpires

Pre Game

- ✓ Check equipment in dugouts of both teams to ensure only league approved equipment is used
- ✓ Make sure catchers are wearing helmets when warming up pitchers
- ✓ Ensure bats have no dents or loose wood/metal
- ✓ Make sure that bats have grips
- ✓ Make sure players' helmets have:
 - foam inserts
 - Little League® NOCSAE specifications
 - Little League® seal of approval
 - No cracks
- ✓ Walk the field for hazards and obstructions (e.g. rocks and glass)
- ✓ Check players to make sure they aren't wearing jewelry
- ✓ Check players cleats – no metal cleats allowed
- ✓ 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 both teams
- ✓ Use the FIELD SAFETY CHECKLIST to document that all of the above was completed

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
- ✓ Decide unilaterally as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions, light, visibility 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.
- ✓ Enforce the rule that no spectators shall be allowed on the field during the game
- ✓ Make sure catchers are wearing the proper equipment
- ✓ Make sure pitchers are wearing heart guards
- ✓ Continue to monitor the field for safety and playability
- ✓ Make calls loudly and clearly, signaling each call properly
- ✓ Make sure players and spectators keep their fingers out of the fencing and that dugout doors are closed before each pitch

Post Game

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

Safety Responsibilities of Field Managers

The ELL Field Managers are responsible to ensure the fields and structures used meet the safety requirements as set forth in this manual. All findings, recommendations and action plans should be discussed during the ELL Board Meetings.

Safety Responsibilities of Equipment Manager

The ELL Equipment Manager is responsible to get damaged equipment repaired or replaced as reported. This replacement will happen in a timely manner. The Equipment Manager will also exchange equipment if it doesn't fit properly. The Equipment Manager will work closely with the Division Coordinators to ensure that all teams possess the proper equipment at all times.

Conditioning and Stretching

Conditioning is an intricate part of accident prevention. Extensive studies on the effect of conditioning, commonly known as “warm-up,” have demonstrated that:

- ✓ The stretching and contracting of muscles just before an athletic activity improves general control of movements, coordination and alertness.
- ✓ Such drills also help develop the strength and stamina needed by the average youngster to compete with minimum accident exposure.

The purpose of stretching is to increase flexibility within the various muscle groups and prevent tearing from overexertion. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility

Hints on Stretching

- ✓ Stretch necks, backs, arms, thighs, legs and calves
- ✓ Don't ask the child to stretch more that he or she is capable of
- ✓ Hold the stretch for at least 10 seconds
- ✓ Don't allow bouncing while stretching. This tears down the muscle rather than stretching it
- ✓ Have one of the players lead the stretching exercises

Hints on Calisthenics

- ✓ Repetitions of at least 10
- ✓ Have kids synchronize their movements
- ✓ Vary upper body with lower body
- ✓ Keep the pace up for a good cardiovascular workout

PITCHING

- ✓ There are established national guidelines regarding youth pitching set forth by USA™ Baseball's Pitch Smart program and can be found at <https://www.mlb.com/pitch-smart/pitching-guidelines>. is expected to be familiar with these guidelines.
- ✓ There is a free Pitch Smart course hosted by Hall of Fame pitcher John Smoltz. Every manager and coach must watch the educational video and provide a certificate to the Safety Officer prior to the Draft. It can be found for free at <https://www.usabdevelops.com/ItemDetail?iProductCode=OCPITSM&Category=ONLINE&WebsiteKey=f50aacb2-a59e-43-8f67-29f48a308a9e>
- ✓ ELL will follow the recommendations discussed in the Pitch Smart program as set forth by the American Sports Medicine Institute. This includes:
 - pitch counts maximums by age
 - minimum rest days between pitching outings
 - No curve balls in games before age 13
- ✓ The Pitch Count rules for ELL are listed below. Note that in case of discrepancies regarding pitch count and days rest, ELL House Rules document supersedes this document

Maximum Pitch Count per Day

Little league Age	Pitch Count
7 & 8	50
9 & 10	75
11 & 12	85

Note: If a pitcher reaches the limit imposed while facing a batter, the pitcher may continue to pitch until the at bat is over

- ✓ Any Player on a regular season team may pitch
- ✓ There is no limit to the number of pitchers a team may use in a game
- ✓ Once removed from the mound, a player cannot return as a pitcher in the same game, regardless of the number of pitches thrown
 - If there is a doubleheader, a pitcher cannot pitch in both games, even if he/she pitches ≤ 20 pitches in 1st game
- ✓ A removed pitcher that has thrown 41 pitches or more cannot play the position of catcher in the same game, but can play another position
- ✓ A catcher may also pitch in the same game, and once removed from the mound may return to the catcher's position in the same game only if that player has thrown less than 41 pitches

Minimum Days Rest for players of all divisions

Pitch Count	Calendar Days of Rest
1-20	0
21-35	1
36-50	2
51-65	3
66+	4

For example: 3 calendar days of mandatory rest means if you pitch on Sunday, you cannot pitch again until Thursday at the earliest

Pitch-counts must be recorded and reported to ELL. For each team, a coach should be designated to use a physical or app-based pitch counter. Each team monitors its own pitcher and the opponent's pitchers, and teams compare counts every half-inning (and when there's a pitching change mid-inning). If there's a discrepancy in pitch counts that managers cannot resolve, the Umpire will decide in favor of the team that just pitched the inning -- but must report the discrepancy to the League Coordinator (especially if discrepancies are large). If teams refuse to keep count, then ELL must be informed.

Reporting pitch-counts along with game scores is mandatory. In managers' reports to the Division, the pitchers must be identified by name along with their LL Age, pitch-counts and innings pitched.

INTENTIONAL WALKS: Intentional walks are to be announced by the defensive team. The ball is dead, the batter is awarded 1st base and 4 pitches are added to the pitcher's pitch count.

Concussion safety

Every year, about 4,000 New York children age 19 and younger are treated at hospitals for sports-related traumatic brain injuries. A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head that can change the way the brain normally works. Concussions can occur from a fall, impact to the body, or collision that causes the head and brain to move quickly back and forth. Elmsford Little League is dedicated to concussion prevention and early detection.

Prior to attending the ELL Player Draft, all managers, coaches, and board members are required to complete the CDC *HEADS UP to Youth Sports: Online Training for Coaches* program, found at <https://www.train.org/cdctrain/course/1089818> and send a certificate to the Safety Officer

At games and practices, managers and coaches should be able to access the NY State Fact Sheet for Coaches and Sports Officials regarding concussions, available at <https://www.health.ny.gov/publications/3279.pdf>

If there is any concern that a concussion was sustained at an ELL sanctioned event, managers/coaches should:

1. Consider using the Fact Sheet above to help your decision-making
2. If there is any question, err on the conservative side and remove the player from the game
3. Notify the parent
4. Call 911 if needed
5. Notify the Safety Officer

HYDRATION

Good nutrition is important for children. Sometimes, the most important nutrient children need is water – especially when they're physically active. When children are physically active, their muscles generate heat thereby increasing their body temperature. As their body temperature rises, their cooling mechanism - sweat – kicks in. When sweat evaporates, the body is cooled.

Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become overheated.

We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. It does not matter if it's January or July; thirst is not an indicator of fluid needs. Therefore, children must be encouraged to drink fluids even when they don't feel thirsty.

Coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning.

During any activity water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water.

Juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. Caffeinated beverages should be avoided because they are diuretics and can dehydrate the body further.

EQUIPMENT

The Equipment Manager 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 Manager will promptly replace damaged and ill-fitting equipment. Players individual gear 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 Manager.

- ✓ Each players must have their own batter's helmet with NOCSAE specifications and standards
- ✓ Each helmet shall have an exterior warning label. NOTE: The warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.
- ✓ 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
- ✓ All male players must wear athletic supporters
- ✓ Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector
- ✓ Female catchers must wear long or short model chest protectors
- ✓ All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
 - This equipment is to be worn during games, warmups & practices
- ✓ 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 Manager.
- ✓ Replace questionable equipment immediately by notifying the ELL Equipment Manager
- ✓ Pitchers can no longer wear Multi-colored gloves.

WEATHER

Rain

- ✓ Evaluate the playing field as it becomes more and more saturated
- ✓ Stop practice if the playing conditions become unsafe -- use common sense
- ✓ If playing a game, consult with the other manager and the umpire to formulate a decision
 - The final decision rests with the Umpire

Lightning/Thunder

- ✓ Suspend all games and practices immediately
- ✓ Stay away from metal including fencing and bleachers
- ✓ Do not hold metal bats
- ✓ Get players to walk, not run to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice

Hot Weather

- ✓ Encourage players take drinks of water when coming on and going off the field between innings
- ✓ If a player looks overheated or dehydrated, substitute that player and get him/her into a cool shady area immediately
- ✓ If a player should collapse as a result of heat exhaustion, call 911. Have the player to drink water (if possible) and cool them with ice packs (place in armpits and groin, if feasible) and place cold wet towels (if available) on as much of the player's body as possible.

Exposure to Sun

- ✓ Preventing sun burn and skin cancer is important to ELL. ELL recommends sunscreen with an SPF (sun protection factor) of at least 15 as a means of protection from damaging ultraviolet light

EVACUATION PLAN

Severe storms, lightning, and high winds are all possible in Southern New York. For this reason, ELL must have an evacuation plan. If an emergency should arise that would require evacuation, sound the alarm via loudspeaker, shouting out or sending runners.

- ✓ At that time all players will return to the dugout and wait for their parents to come and get them
- ✓ If a player's parent is not attending the game, the Manager will take responsibility for evacuating that child
- ✓ Once parents have obtained their children, they will proceed to their cars in a calm and orderly manner
- ✓ Drivers will then proceed slowly and cautiously out of the facility, observing the 5-MPH speed limit
- ✓ Once outside the facility, drivers will observe the posted speed limits

STORAGE SHED AND EQUIPMENT ROOM PROCEDURES

The following applies to all of the storage sheds and Equipment rooms used by Elmsford Little League and further applies to anyone who has been issued keys by ELL to use these sheds

- ✓ Keys to the equipment sheds and equipment rooms will only be issued by ELL's President.
- ✓ A record shall be kept of all individuals possessing keys.
- ✓ Keys will be returned to the League President immediately once someone ceases to have responsibilities for equipment sheds.
- ✓ All storage sheds will be kept locked at all times.
- ✓ All individuals with keys to the equipment sheds are aware of their responsibility for the orderly and safe storage of heavy machinery, hazardous materials, fertilizers, poisons, tools, etc...
- ✓ Before the use of any machinery located in the shed (i.e., lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment.
- ✓ All chemicals or organic materials stored in storage sheds shall be properly marked and labeled and stored in its original container if available.
- ✓ Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned and disposed of immediately to prevent accidental poisoning.
- ✓ Keep products in their original container with the labels in place.
- ✓ Use poison symbols to identify dangerous substances.
- ✓ Dispose of outdated products as recommended.
- ✓ Use chemicals only in well-ventilated areas.
- ✓ Wear proper protective clothing, such as gloves or a mask when handling toxic substances.

MACHINERY

Tractors, mowers and any other heavy machinery will:

- ✓ Be operated by appointed staff only
- ✓ Never be operated under the influence of alcohol or drugs (including medication)
- ✓ Not be operated by any person under the age of 16.
- ✓ Never be operated in a reckless or careless manner
- ✓ Be stored appropriately when not in use with the brakes in the on position, the blades retracted, the ignition locked and the keys removed
- ✓ Never be operated in a precarious or dangerous way (i.e. riding on the fenders of a tractor).
- ✓ Never left outside the tool sheds or appointed garages if not in use.

GENERAL FACILITY

- ✓ All bleachers will be sturdy and safe.
- ✓ All dugouts will have bat racks.
- ✓ Speed bumps are painted yellow
- ✓ The backstops will always be padded and painted green for the safety of the catcher.
- ✓ The dugouts will be clean and free of debris at all time.
- ✓ Dugouts and bleachers will be free of protruding nails and wood slivers.
- ✓ Home plate, batter's box, bases and the area around the pitcher's mound will be checked periodically for tripping and stumbling hazards.
- ✓ Materials used to mark the field will consist of a non-irritating white pigment (no lime).
- ✓ Chain-link fences will be checked regularly for holes, sharp edges, and loose edges and will be repaired or replaced accordingly.
- ✓ Padded tops inspected prior to game.
- ✓ The yellow safety caps on chain-link fences will be checked regularly for cracks and will be repaired or replaced accordingly.
- ✓ "5 M.P.H. Speed Limit" signs will be posted along the main drive of the complex.
- ✓ Fences / netting checked regularly to ensure safety from foul balls
- ✓ ELL Board Members, Managers, coaches, players and parents should help pick up trash and other materials that could lead to accidents on the ELL complex.

CONCESSION STAND

The Concession Stand will be under the direct supervision of the Food Concession Coordinator, who shall oversee the following:

- ✓ Menu – all foods shall be from approved sources.
- ✓ Temp – If necessary, use a food thermometer to check cooking/holding temps.
- ✓ Reheating – Rapidly reheat potentially hazardous foods to 165 degrees.
- ✓ Cooling – foods that require refrigeration must be cooled to 41 degrees.
- ✓ Hand washing – frequent hand washing is the 1st line of defense in prevention.
- ✓ Health / hygiene – servers must wear masks or face coverings and not work when sick
- ✓ Hair restraints recommended.
- ✓ Food handling - avoid contact with raw, ready to eat foods & surfaces.
- ✓ Wiping cloths – Rinse and store wiping cloths in sanitizer.
- ✓ Insect Control – Keep foods covered from insects
- ✓ Storage – Keep foods stored off the floor at least six inches.

Food Concession coordinator shall be responsible to maintain, inspect, and replace concession equipment

ACCIDENT REPORTING PROCEDURE

What to report

- ✓ Any incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid
- ✓ This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to report

- ✓ Incidents must be reported to the Safety Officer within 24 hours of occurrence
- ✓ Daniel Fenster, MD
 - (607) 621-9913
 - Safety@ElmsfordLittleLeague.org

How to make a Report

- ✓ Accidents and injuries are documented and reported by using the ELL Preliminary Accident Report found by [Clicking Here](#)
- ✓ Initial reports may also come through telephone conversations which provide at minimum, the following information:
 - The name and phone number of the individual involved.
 - The date, time, and location of the incident.
 - A detailed description of the incident, if possible.
 - The preliminary estimation of the extent of any injuries.
 - The name and phone number of the person reporting the incident.

ELL Safety Officer's Responsibilities

- ✓ Within 24 hours of receiving the ELL Preliminary Accident Report, the ELL 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
- ✓ In the event that the injured party required medical evaluation and/or treatment, the Safety Officer will advise the parent or guardian of the Elmsford Little League insurance coverage and the provision for submitting any claims.
- ✓ The ELL Safety Officer shall periodically call the injured party to:
 - Check on the status of any injuries
 - Check if any other assistance is necessary in areas such as submission of insurance forms, 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).

INSURANCE POLICIES

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

Elmsford 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 of ELL, games played for any purpose other than to establish a League champion or as part of the International Tournament are prohibited.

Explanation of Coverage

The Elmsford Little League's insurance policy is designed to afford protection to all participants at the most economical cost to ELL. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, Little League insurance - which is purchased by the ELL, not the parent - takes over and provides benefits, after a \$50 deductible per claim for all covered injury treatment costs up to the maximum stated benefits. This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is in force at all times during the season.

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

How the insurance works

- ✓ Have the child's parents file a claim under their insurance policy
- ✓ Should the family's insurance plan not fully cover the injury treatment, the Elmsford Little League Policy will help pay the difference, after a \$50 deductible per claim, up to the maximum stated benefits.
- ✓ If the child is not covered by any family insurance, the Elmsford Little League Policy becomes primary and will provide benefits for all covered injury treatment costs, after a \$50 deductible per claim, up to the maximum benefits of the policy.
- ✓ Treatment of dental injuries can extend beyond the normal fifty-two week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at the time treatment is given, even though it may be some years later. Maximum dollar benefit is \$500 for eligible dental treatment after the normal fifty-two week period, subject to the \$50 deductible per claim.

Filing a Claim

- ✓ When filing a claim, (see claim forms in appendix) all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's/guardians 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.
- ✓ Claims must be filed with the ELL Safety Officer. He/she forwards them to Little League Baseball, Incorporated, PO Box 3485, Williamsport, PA, 17701. Claim officers can be contacted at (570) 327-1674 and fax (570) 326-2951. Contact the ELL Safety Officer for more information.

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

CHILD ABUSE

Volunteers are the greatest resource Elmsford Little League has in aiding children's development into leaders of tomorrow. But some potential volunteers may be attracted to Little League to be near children for abusive reasons.

Big Brothers/Big Sisters of America defines child sexual abuse as "the exploitation of a child by an older child, teen or adult for the personal gratification of the abusive individual." So abusing a child can take many forms, from touching to non-touching offenses.

Child victims are usually made to feel as if they have brought the abuse upon themselves; they are made to feel guilty. For this reason, sexual abuse victims seldom disclose the victimization. Consider this: Big Brothers/Big Sisters of America contend that for every child abuse case reported, ten more go unreported. Children need to understand that it is never their fault, and both children and adults need to know what they can do to keep it from happening.

Anyone can be an abuser and it could happen anywhere. By educating parents, volunteers and children, you can help reduce the risk that it may happen at Elmsford Little League.

Four Step Plan

Like all safety issues, prevention is the key. Elmsford Little League has a four-step plan for selecting caring, competent and safe volunteers. Volunteers are defined as Board Members, Managers, Coaches, Team Parents, Concession Workers and anyone else designated by the league.

1. Little League® Application: To include residence information, employment history, and references. All potential volunteers must fill out the application that clearly asks for information about prior criminal convictions. The form also points out that all positions are conditional based on the information received back from a background check
2. Interview: Make all applicants aware of the policy that no known child-sex offender will be given access to children in Elmsford Little League. Checks will be performed using National Sex Offender Registries.
3. Reference Checks: Make sure the information given by the applicant is corroborated by references.
4. Identification: Each certified volunteer will receive an Elmsford Little League approved volunteer badge that must be worn to all Little League events including, but not limited to: games, practices, meeting, parades, etc...The badge will have the approved volunteer's name and certifying year and will be attached to a lanyard. This will ensure that only certified approved volunteers will be working with our children.

Substitute Coaches

Occasionally, a team might be lacking its manager or one or more coaches at a game. Under no circumstances can anyone act as a substitute coach without previous approval from Elmsford Little League, as signified by an "Approved Volunteer" badge. To receive this badge, volunteers must undergo a background check. When a "badge-approved" volunteer is not available, only Board Members may substitute for an absent manager or coach. If a team's staff is shorthanded, the manager or coaches (including approved substitutes) can designate players to coach at 1st base and 3rd base when the team is at bat, or they can leave the coaching-boxes vacant.

At least one pre-approved adult must be present in the dugout at all times when the team bats or plays the field. The umpires will enforce these substitution rules strictly. If a team does not comply with this rule, umpires will cancel or suspend the game, and report the incident to the Board. A list of "approved volunteers" will be kept at the field. In addition to wearing a badge, approved volunteers must show the umpires a photo ID. Teams are urged to find additional "approved volunteer" substitutes before the season begins. Contact the "Safety Coordinator" for these approvals. There can be no "surrogate coaching" from outside the fences adjacent to the playing fields.

Reporting Suspected Abuse

In the unfortunate case that child sexual abuse is suspected, the ELL President, or a ELL Board Member if the President is not available, should be contacted immediately to report the abuse. ELL, along with district administrators, will contact the appropriate law enforcement and child services agencies.

Investigation

ELL will appoint an individual with significant professional background to receive and act on abuse allegations. These individuals will act in a confidential manner, and serve as the League's liaison with the local law enforcement community. Little League volunteers should not attempt to investigate suspected abuse on their own.

Suspending/Termination

When an allegation of abuse is made against a Little League volunteer, it is our duty to protect the children from any possible further abuse by keeping the alleged abuser away from children in the program. If the allegations are substantiated, the next step is clear -- assuring that the individual will not have any further contact with the children in the League.

Immunity from Liability

According to Boys & Girls Clubs of America, “Concern is often expressed over the potential for criminal or civil liability if a report of abuse is subsequently found to be unsubstantiated.” However, we want adults and Little Leaguers to understand that they shouldn’t be afraid to come forward in these cases, even if it isn’t required and even if there is a possibility of being wrong. All states provide immunity from liability to those who report suspected child abuse in “good faith.” At the same time, there are also rules in place to protect adults who prove to have been inappropriately accused.

The Buddy System

There is safety in numbers. Encourage kids to move about in a group of two or more children of similar age, whether an adult is present or not. This includes travel, leaving the field, or using the restroom areas. It is far more difficult to victimize a child if they are not alone.

Access

Controlling access to areas where children are present -- such as the dugout or restrooms -- protects them from harm by outsiders. It’s not easy to control the access of large outdoor facilities, but visitors could be directed to a central point within the facility. Individuals should not be allowed to wander through the area without the knowledge of the Managers, Coaches, Board Directors or any other Volunteer.

Lighting

Child sexual abuse is more likely to happen in the dark. The lighting of fields, parking lots and any and all indoor facilities where Little League functions are held should be bright enough so that participants can identify individuals as they approach, and observers can recognize abnormal situations.

Toilet Facilities

Generally speaking, Little Leaguers are capable of using toilet facilities on their own, so there should be no need for an adult to accompany a child into restroom areas. There can sometimes be special circumstances under which a child requires assistance to toilet facilities, for instance when the T-Ball and Challenge divisions, but there should still be adequate privacy for that child. Again, we can utilize the “buddy system” here.

Fiction and Fact

“Sex abusers are dirty old men.” Not true. While sex abusers cut across socioeconomic levels, educational levels and race, the average age of a sex offender has been established at 32.

“Strangers are responsible for most of the sexual abuse.” Fact: 80-85% of all sexual abuse cases in the US are perpetrated by an individual familiar to the victim. Less than 20% of all abusers are strangers.

“Most sex abusers suffer from some form of serious mental illness or psychosis.” Not true. The actual figure is more like 10%, almost exactly the same as the figure found in the general population of the United States.

“Most sex abusers are homosexuals.” Also not true. Most are heterosexual.

“Children usually lie about sexual abuse anyway.” In fact, children rarely lie about being sexually abused. If they say it, don’t ignore it.

“It only happens to girls.” While females do comprise the largest number of sexual abuse victims, it is now believed that the number for male victims is much higher than reported.

HEALTH & MEDICAL

What is First-Aid?

First-Aid 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 (911 paramedics).

Make sure a cell phone is available for practices and games for emergency telephone calls. At no time should anyone administering First-Aid go beyond his or her capabilities. Know your limits!

In some cities the average response time on **9-1-1** calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital, 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 ELL Safety Officer's name and phone number can be taped on the inside lid of the kits to make it easier to report any incidents.

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 ELL Little League event where children's safety is at risk.

To replenish materials in the Team First Aid Kit, the Manager, designated coaches or the appointed Team Safety Officer must contact the ELL Safety Officer. First Aid Kits and this Safety Manual must be returned at the end of the season, along with your equipment bag.

The First Aid Kit will come in a plastic box and include items such as:

- Ø Instant Ice Packs
- Ø Antiseptic Wipes
- Ø Roll of Gauze
- Ø Large Bandages 2"x4"
- Ø Large Non-stick Bandages
- Ø Band-Aids 1"x3"
- Ø Antiseptic Cream Packs
- Ø Cloth Athletic Tape
- Ø Eye Pads
- Ø Roll of Gauze
- Ø Burn Cream Packs
- Ø Scissors
- Ø Pair of Latex Gloves
- Ø Tweezers
- Ø Sterile Gauze Pads

If you require additional First Aid Kits / supplies, contact the safety officer immediately.

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 liable 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 911

- ✓ Continue to provide care until more highly trained personnel arrive
- ✓ Use common sense and a reasonable level of skill, not to exceed the scope of the individual’s training in emergency situations
- ✓ Do your best to save a life or prevent further injury
- ✓ Make use of an Automatic External Defibrillator (AED).

The AED is located on the clubhouse wall by the restrooms

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 you can assume that, if the person could respond, he or she would agree to care.

Treatment On Site

Do . . .

- ✓ Assess the injury. If the victim is conscious, use common sense to find out what happened and where it hurts
- ✓ Know your limitations.
- ✓ Call 911 immediately if person is unconscious or seriously injured
- ✓ Look for signs of injury (bleeding, bruising, deformity, etc.)
- ✓ Listen to the injured player describe what happened and what hurts, if possible
- ✓ Feel gently and carefully the injured area for signs of swelling or fracture
- ✓ Talk to your team afterwards about the situation if they are involved. 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
- ✓ Transport injured individual except in extreme emergencies.

Emergency Numbers

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.

- ✓ 911
- ✓ Greenburgh Police Department (GPD): 914-989-1700.

Unconscious Victims

If the victim does not respond to you in any way, assume the victim is unconscious. Call (GPD) 914-989-1700 or 9-1-1 and report the emergency immediately.

Checking an Unconscious Victim:

- ✓ Tap and shout to see if the person responds. If no response -
- ✓ Look, listen and feel for breathing for about 5 seconds.
- ✓ If there is no response, position victim on back, while supporting head and neck.
- ✓ Tilt head back, lift chin and pinch nose shut. (See breathing section to follow)
- ✓ Look, listen, and feel for breathing for about 5 seconds.
- ✓ If the victim is not breathing, give 2 slow breaths into the victim's mouth.
- ✓ Check pulse for 5 to 10 seconds.
- ✓ Check for severe bleeding. Finger sweep maneuver administered to an unconscious victim of foreign body airway obstruction

When treating an injury, remember:

Protection
Rest
Ice
Compression
Elevation
Support

Muscle, Bone, or Joint Injuries

Symptoms of Serious Muscle, Bone, or Joint Injuries: Always suspect a serious injury when the following signs are present:

- ✓ Significant deformity Ø Bruising and swelling
- ✓ Inability to use the affected part normally Ø Bone fragments sticking out of a wound Ø Victim feels bones grating; victim felt or heard a snap or pop at the time of injury
- ✓ The injured area is cold and/or numb
- ✓ Cause of the injury suggests that the injury may be severe.

If any of these conditions exists, call (GPD) 914-989-1700 or 9-1-1 immediately and administer care to the victim until the paramedics arrive.

Treatment for muscle or joint injuries:

- ✓ If ankle or knee is affected, do not allow victim to walk. Loosen or remove shoe; elevate leg.
- ✓ Protect skin with thin towel or cloth. Then apply cold, wet compresses or cold packs to affected area. Never pack a joint in ice or immerse in icy water.
- ✓ If a twisted ankle, do not remove the shoe -- this will limit swelling.
- ✓ Consult professional medical assistance for further treatment if necessary.

Treatment for fractures:

Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, twigs, bats, etc...

Treatment for broken bones:

Once you have established that the victim has a broken bone, and you have called **(GPD) 914-989-1700 or 9-1-1**, all you can do is comfort the victim, keep him/her warm

Giving CPR and Use of AED

- ∅ Position victim on back on a flat surface.
- ∅ Retrieve yourself or by sending someone the AED
- ∅ Place the leads on the patient by following the instructions
- ∅ Turn AED on and follow voice commands
- ∅ In the event that the AED does not shock patient, prepare to commence CPR upon commands from the AED
- ∅ Position yourself so that you can give rescue breaths and chest compression without having to move (usually to one side of the victim).
- ∅ Find hand position on breastbone.
- ∅ Position shoulders over hands. Compress chest 15 times. (For small children only 5 times)

- ∅ With victim's head tilted back and chin lifted, pinch the nose shut.
- ∅ Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises. (For small children only 1 time)
- ∅ Do 3 more sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)
- ∅ Recheck pulse and breathing for about 5 seconds.

It is possible that you will break the victim's ribs while administering CPR. Do not be concerned about this. The victim is clinically dead without your help. You are protected under the "Good Samaritan" laws.

- ∅ If there is no pulse continue sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)
- ∅ When giving CPR to small children only use one hand for compressions to avoid breaking ribs.



When to stop CPR

- ∅ If another trained person takes over CPR for you.
- ∅ If Paramedics arrive and take over care of the victim.
- ∅ If commanded by the AED machine
- ∅ If you are exhausted and unable to continue.

Choking

Partial Obstruction with Good Air Exchange:

Symptoms may include forceful cough with wheezing sounds between coughs.

Treatment: Encourage victim to cough as long as good air exchange continues. DO NOT interfere with attempts to expel object.

Partial or Complete Airway Obstruction in Conscious Victim

Symptoms may include: Weak cough; high-pitched crowing noises during inhalation; inability to breathe, cough or speak; gesture of clutching neck between thumb and index finger; exaggerated breathing efforts; dusky or bluish skin color.

Treatment - The Heimlich Maneuver:

- ∅ Stand behind the victim.
- ∅ Reach around victim with both arms under the victim's arms.
- ∅ Place thumb side of fist against middle of abdomen just above the navel. Grasp fist with other hand.
- ∅ Give quick, upward thrusts.
- ∅ Repeat until object is coughed up.

Bleeding

Before initiating any First Aid to control bleeding, be sure to wear the **latex gloves** included in your First-Aid Kit in order to avoid contact of the victim's blood with your skin. If a victim is bleeding,

∅ **Act quickly.** Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.

∅ **Control bleeding** by applying direct pressure on the wound with a sterile pad or clean cloth.



∅ If bleeding is controlled by direct pressure, **bandage firmly** to protect wound. Check pulse to be sure bandage is not too tight.

∅ If bleeding is not controlled by use of direct pressure, **apply a tourniquet** only as a last resort and **call (GPD) 914-989-1700 or 9-1-1** immediately.

Nose Bleed

To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops.

Bleeding On the Inside and Outside of the Mouth

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

Infection

To prevent infection when treating open wounds you must:

∅ **CLEANSE**... the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.

∅ **TREAT**... to protect against contamination with ointment supplied in your First-Aid Kit.

∅ **COVER**... to absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads supplied in your First-Aid Kit. (Handle only the edges of sterile pads or dressings)

∅ **TAPE**... to secure with First-Aid tape (included in your First-Aid Kit) to help keep out dirt and germs.

Deep Cuts

If the cut is deep, stop bleeding, bandage, and encourage the victim to get to a hospital so he/she can be stitched up. **Stitches prevent scars.**

Splinters

Splinters are defined as slender pieces of wood, bone, glass or metal objects that lodge in or under the skin. If splinter is in eye, **DO NOT** attempt to remove it.

Symptoms: May include: Pain, redness and/or swelling.

Treatment:

∅ First wash your hands thoroughly, then gently wash affected area with mild soap and water.

∅ Sterilize needle or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use.



∅ Loosen skin around splinter with needle; use tweezers to remove splinter. If splinter breaks or is deeply lodged, consult professional medical help.

∅ Cover with adhesive bandage or sterile pad, if necessary.

Insect Stings

In highly sensitive persons, do not wait for allergic symptoms to appear. Seek professional medical help immediately. **Call (GPD) 914-989-1700 or 9-1-1.** If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

Symptoms: Signs of allergic reaction may include: nausea; severe swelling; difficulty breathing; bluish face, lips and fingernails; shock or unconsciousness..

Treatment:

∅ For mild or moderate symptoms, wash with soap and cold water.

∅ Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.

∅ For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.

∅ If victim has gone into shock, treat accordingly (see section, "Care for Shock")

Emergency Treatment of Dental Injuries

AVULSION (Entire Tooth Knocked Out)

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down. Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

∅ Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not brush** or scrub the tooth. **Do Not** sterilize the tooth.

∅ If debris is on tooth, gently rinse with water.

∅ If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. **Do only** if athlete is alert and conscious.

∅ If unable to re-implant:

Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."

2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2 % milk.

3rd best - Wrap tooth in saline soaked gauze.

4th best - Place tooth under victim's tongue. **Do so only if athlete is conscious and alert.**

5th best - Place tooth in cup of water.

LUXATION (Tooth in Socket, but Wrong Position)



EXTRUDED TOOTH - Upper tooth hangs down and/or lower tooth raised up.

∅ Reposition tooth in socket using firm finger pressure.

∅ Stabilize tooth by gently biting on towel or handkerchief.

∅ **TRANSPORT IMMEDIATELY TO DENTIST.**

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

∅ Try to reposition tooth using finger pressure.

∅ Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.

∅ **TRANSPORT IMMEDIATELY TO DENTIST.**

INTRUDED TOOTH - Tooth pushed into gum - looks short.

∅ Do nothing - avoid any repositioning of tooth.

FRACTURE (Broken Tooth)

∅ **TRANSPORT PATIENT AND TOOTH**

FRAGMENTS TO DENTIST. If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding.

∅ Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.

∅ **IMMEDIATELY** save all fragments of fractured tooth in the plastic baggie supplied in your First-Aid kit, as described under Avulsion, Item 4.

Burns

The care for burns involves the following 3 basic steps.

Stop the Burning -- Put out flames or remove the victim from the source of the burn.

Cool the Burn -- Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available- tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the cloths cool by adding more water.

Cover the Burn -- Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain. Covering the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

Chemical Burns

If a person suffers a chemical burn,

1. Remove contaminated clothing.
2. Flush burned area with cool water for at least 5 minutes.
3. Treat as you would any major burn (see above).



If an eye has been burned:

1. Immediately flood face, inside of eyelid and eye with cool running water for at least 15 minutes. Turn head so water does not drain into uninjured eye. Lift eyelid away from eye so the inside of the lid can also be washed.
2. If eye has been burned by a dry chemical, lift any loose particles off the eye with the corner of a sterile pad or clean cloth.
3. Cover both eyes with dry sterile pads, clean cloths, or eye pads; bandage in place.

Sunburn

If victim has been sunburned,

1. Treat as you would any major burn (see above).
2. Treat for shock if necessary (see section on "Caring for Shock")
3. Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water.
 - 4 Give victim fluids to drink.
5. Get professional medical help immediately for severe cases.



Dismemberment

If part of the body has been torn or cut off, try to find the part and wrap it in sterile gauze or any clean material, such as a washcloth. Put the wrapped part in a plastic bag. Keep the part cool by placing the bag on ice, if possible, but do not freeze. Be sure the part is taken to the hospital with the victim. Doctors may be able to reattach it.

Penetrating Objects

If an object, such as a knife or a piece of glass or metal, is impaled in a wound:

1. **Do not remove the item!**
2. Place several dressings around object to keep it from moving.
3. Bandage the dressings in place around the object.
4. If object penetrates chest and victim complains of discomfort or, pressure, quickly loosen bandage on one side and reseal. Watch carefully for recurrence. Repeat procedure if necessary.
5. Treat for shock if needed (see "Care for Shock" section).

6. Call **(GPD) 914-989-1700** or 9-1-1 for professional medical care.

Poisoning

Call **(GPD) 914-989-1700** or 9-1-1 immediately before administering First Aid then:

1. **Do not** give any First Aid if victim is unconscious or is having convulsions. Begin rescue breathing techniques or CPR if necessary. If victim is convulsing, protect from further injury; loosen tight clothing if possible.
2. If professional medical help does not arrive immediately:

Ø DO NOT induce vomiting if poison is unknown, a corrosive substance (i.e., acid, cleaning fluid, lye, drain cleaner), or a petroleum product (i.e., gasoline, turpentine, paint thinner, lighter fluid).

Induce vomiting if poison is known and is not a corrosive substance or petroleum product. To induce vomiting: Give adult one ounce of syrup of ipecac (1/2 ounce



Ø for child) followed by four or five glasses of water. If victim has vomited, follow with one ounce of powdered, activated charcoal in water, if available.

Ø Take poison container, (or vomitus if poison is unknown) with victim to hospital.

Heat Exhaustion

Symptoms may include: fatigue; irritability; headache; faintness; weak, rapid pulse; shallow breathing; cold, clammy skin; profuse perspiration.

Treatment:

1. Instruct victim to lie down in a cool, shaded area or an air-conditioned room. Elevate feet.
2. Massage legs toward heart
3. Only if victim is conscious, give cool water or electrolyte solution every 15 minutes.
4. Use caution when letting victim first sit up, even after feeling recovered.



Sunstroke (Heat Stroke)

Symptoms may include: extremely high body temperature (106F or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.

Treatment:

1. **Call (GPD) 914-989-1700 or 9-1-1 immediately.**
2. Lower body temperature quickly by placing victim in partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold, wet sheets or towels in well ventilated room or use fans and air conditioners until body temperature is reduced.
3. **DO NOT** give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

Transporting an Injured Person

If injury involves neck or back, DO NOT move victim unless it is absolutely necessary. Wait for paramedics.

If victim must be pulled to safety, move body lengthwise, not sideways. If possible, slide a coat or blanket under the victim:

- Ø Carefully turn victim toward you and slip a half-rolled blanket under back.
- Ø Turn victim on side over blanket, unroll, and return victim onto back.
- Ø Drag victim head first, keeping back as straight as possible.

If victim must be lifted:

Support each part of the body. Position a person at victim's head to provide additional stability. Use a board, shutter, tabletop or other firm surface to keep body as level as possible.

Communicable Disease Procedures

While risk of one athlete infecting another with HIV/AIDS or the hepatitis B or C virus during competition is close to non-existent, there is a remote risk other blood borne infectious disease can be transmitted. Procedures for guarding against transmission of infectious agents should include, but not be limited to the following:



∅ A bleeding player should be removed from competition as soon as possible.

∅ Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game.

∅ Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid are anticipated (latex gloves are provided in First Aid Kit).

∅ Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap (Lever 2000).

∅ Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach (supplied in the concession stands and club house). A 1:1 solution can be made by using a cap full of Clorox (2.5cc) and 8 ounces of water (250cc).

∅ CPR Masks will be available in the concession stands and club house.

∅ Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.

∅ Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids

Facts about AIDS and hepatitis

AIDS stand for acquired immune deficiency syndrome. It is caused by the human immunodeficiency virus (HIV). When the virus gets into the body, it damages the immune system, the body system that fights infection. Once the virus enters the body, it can grow quietly in the body for months or even years. People infected with HIV might not feel or appear sick. Eventually, the weakened immune system gives way to certain types of infections.

The virus enters the body in 3 basic ways:

1. Through direct contact with the bloodstream. Example: Sharing a non sterilized needle with an HIV-positive person -- male or female.

2. Through the mucous membranes lining the eyes, mouth, throat, rectum, and vagina. Example: Having unprotected sex with an HIV positive person -- male or female.

3. Through the womb, birth canal, or breast milk. Example: Being infected as an unborn child or shortly after birth by an infected mother.

The virus cannot enter through the skin unless there is 1. cut or break in the skin. Even then, the possibility of infection is very low unless there is direct contact for a lengthy period of time. Currently, it is believed that saliva is not capable of transmitting HIV. The likelihood of HIV transmission during a First-Aid situation is very low. Always give care in ways that protect you and the victim from disease transmission.

∅ If possible, wash your hands before and after giving care, even if you wear gloves.

∅ Avoid touching or being splashed by another person's body fluids, especially blood.

∅ Wear disposable gloves during treatment.

Asthma and Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening.

Parents are required to complete a medical history forms at registration. It is their responsibility to make ELL aware of any pre-existing medical conditions. (the form is included in the appendix of this safety manual). Study their comments and know which children on your team have any medical concerns.

Likewise, a child with asthma needs to be watched carefully. If a child starts to have an asthma attack, have him stop playing immediately and calm him down until he/she is able to breathe normally. If the asthma attack persists, dial **(GPD) 914-989-1700 or 9-1-1** and request emergency assistance.

TRANSPORTATION

Before any manager or designated coach can transport any ELL child, other than his/her own, anywhere, he or she must:

- ✓ Have a valid Driver's License
- ✓ Submit a Photostat copy of his or her Driver's License to the ELL Safety Officer so the driving record can be checked
- ✓ Submit a Photostat copy of proof of insurance to the ELL Safety Officer. (Must have Uninsured Motorist coverage)
- ✓ Have permission from parents before children are transported
- ✓ Have correct class of license for the vehicle he or she is driving
- ✓ Not carry more children in their vehicle than they have seat belts for
- ✓ Make sure that the vehicle is in good running order and that it would pass a vehicle safety inspection if spontaneously given
- ✓ Not drive in a careless or reckless manner
- ✓ Not drive under the influence of alcohol, drugs, or medication
- ✓ Obey all traffic laws and speed limits at all times
- ✓ Never transport a child without returning him/her to the point of origin

PARENTAL CONCERNS ABOUT SAFETY

Parents are encouraged to read this Safety Manual. If they have any questions that their child's coach/manager cannot answer, they should feel free to reach out to Daniel Fenster, MD, ELL Safety Officer at safety@elmsfordlittleleague.org or by phone at (607)621-9913. No manual can cover every medical or safety question and any specific healthcare concern should be discussed with the player's primary care physician.

If parents have complaints/concerns about the way my child is being treated by the manager, coach, or umpire, they should contact the ELL Player Agent or any ELL board member. Their names and telephone numbers are posted. The complaint will be brought to the ELL President's attention immediately and investigated.

FIELD AND GAME SAFETY CHECKLIST

Umpires, managers and coaches are responsible for checking field safety conditions before each game

CHECK PLAYING FIELD FOR HAZARDS

ENSURE EQUIPMENT IS IN GOOD SHAPE

REPORT ALL NEEDED REPAIRS

Field Condition ok? yes / no

- Backstop
- Home plate
- Bases secure
- Pitcher's mound
- Batter's box level
- Batter's box marked
- Grass surface (even)
- Gopher holes
- Infield fence repair
- Outfield fence repair

Players Equip. ok? yes / no

- Batting helmets
- Jewelry removed
- Bats inspected
- Shoes checked
- Uniforms checked
- Athletic cups (boys)
- Little League patch
- Heart guards for pitchers

Dugouts ok? yes / no

- Bench needs repair
- Roof needs repair
- Bat racks
- Helmet racks
- Trash cans
- Clean up needed

Catchers Equipment ok? – yes / no

- Shin guards
- Helmet
- Face mask
- Throat protector
- Catchers cup (boys)
- Chest protector
- Catcher mitt

Safety Equip. ok? yes / no

- First-aid Kit for each team
- Foul lines marked
- Sprinkler condition
- Ice packs for injuries
- Blanket for shock
- Coach's box marked
- Safety Manual
- Injury report forms

Spectator Areas ok? yes / no

- Bleachers need repair
- No Smoking
- Parking Area Safe
- Bleachers clean
- Fence gates closed
- Walkways clear



HAVE YOU:

- Walked field for debris/foreign objects**
- 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**



Little League® Volunteer Application - 2020

Do not use forms from past years. Use extra paper to complete if additional space is required.

This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meet the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/localBGcheck for more information.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience (including baseball/softball and year): _____

1. Do you have children in the program? Yes No
If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? Yes No If yes, list: _____

3. Do you have a valid driver's license? Yes No
Driver's License#: _____ State _____

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature? Yes No
If yes, describe each in full: _____
(If volunteer answered yes to Question 4, the local league must contact the Little League International Security Manager.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes No
If yes, describe each in full: _____
(Answering yes to question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No
If yes, describe each in full: _____
(Answering yes to question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs? Yes No
If yes, explain: _____

In which of the following would you like to participate? (Check one or more.)

- League Official Umpire Manager Concession Stand
- Coach Field Maintenance Scorekeeper Other _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone _____

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/BgStateLaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____
on _____

System(s) used for background check (minimum of one must be checked):
Regulation 1(c)9 Mandates all checks include criminal records and sex offender registry records

* JDP Sex Offender Registry Data and National Criminal
Records check, as mandated in the current season's
official regulations

*Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

Only attach to this application copies of background check reports that reveal convictions of this application.

Last Updated: 10/10/2019