***(League Name)***

**Little League**

**2017**

**Safety Manual**

# Play Hard - Play Safe

League ID Number

***xxx*-16-*xx***

***(Enter League Name)* Little League**

**2017**

At ***(League Name)***Little League, safety of the players and volunteers is of first and foremost concern. Only through safe participation will everyone have an enjoyable Little League experience.

To that end, ***(League Name)*** has developed this Safety Manual to be used by all board members, managers, coaches, players and all other volunteers. It is the responsibility of all, to become familiar with and utilize the information in this manual in all league activities.

Should anyone have any safety suggestions they wish to include in this manual, please contact the Safety Director or any other member of the Board of Directors.

To assist the league with its requirement to ensure that we have properly trained managers and coaches, the league has paid the registration fee for the Little League Big Al coach’s clinic on Sunday, April 3, 2017. This clinic will be held at the Beverly High School Field House. At this clinic there will be a discussion regarding the managers’ and coach’s responsibilities, hitting and fielding techniques, running practices, proper warm-up and stretching exercises, proper sliding techniques, etc. There will be two sessions, the first for T-Ball and Coach Pitch and the second for coaches of children 9 through 12.

On or before April 24, 2017 there will be a series of mandatory managers/coaches meetings at the clubhouse. At these meetings the safety manuals will be distributed and first aid training will be conducted. A member of the ***(City/Town)*** Fire Department emergency medical response unit will conduct this first aid training for the Major and Upper Minor levels. We will also have one of the team mothers who is a nurse, conduct the first aid training for the Lower Minor levels and T-Ball managers/coaches.

We owe it to ourselves and to the children, to do our part to ensure that we have a safe successful season.

Thank you.

*(enter Name)*

2017 Safety Director

*(enter Name)*

2017 President

|  |  |  |
| --- | --- | --- |
| 2017 Board of Directors | | |
|  | | |
| Position | Name | Telephone # |
| President |  |  |
| Vice President |  |  |
| Treasurer |  |  |
| Secretary |  |  |
| Player’s Agent |  |  |
| Director, Major & Minor A Baseball |  |  |
| Director, Minor B, C & T-Ball Baseball |  |  |
| Director, Softball |  |  |
| Purchasing Director |  |  |
| Umpire-In-Chief |  |  |
| Safety Officer |  |  |
| Fields |  |  |
| Concession |  |  |
| Fundraising |  |  |
| Equipment Director |  |  |
| Information Officer |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

#### *(League Name)* L. L. Telephone Numbers

*(Field Name)* Field Concession: . . . . . . . . . . . . . . . *xxx-xxx-xxxx*

### *(City/Town)* Police, Fire, Ambulance - Emergency . . . . . 9-1-1

*(City/Town)* Police, Alternate Emergency . . . . . . .*xxx-xxx-xxxx*

*(City/Town)* Police - Non-Emergency .. . . . . . . . . *xxx-xxx-xxxx*

*(City/Town)* Fire – Alternate business . . .. . . . .. . *xxx-xxx-xxxx*

### SAFETY

**VOLUNTEER BACKGROUND CHECKS**

All people who wish to volunteer for a position of manager, coach, board member and any others who provide regular services to the league and/or have repetitive access to or contact with players or teams within the league must fill out a “Little League Volunteer Application” and a “MA CORI Request Form”, as well as provide a government-issued identification card for ID verification. *(League Name)* Little League will be conducting a national background check through LexisNexis, as well as a Massachusetts Criminal Offender Record Information request on all volunteers. Anyone refusing to fill out these forms is ineligible to participate in any capacity. These confidential records will be retained by the league president for the year of service.

Insert copies of Little League Volunteer Application and MA CORI Request Form here. **SAFETY CODE**

*Dedicated to Injury Prevention*

• Responsibility for Safety procedures should be that of an adult member of ***(League Name)*** Little League.

● Managers are responsible for the safety of all of their team members. Managers and Coaches should be familiar with the contents and requirements of the Safety Manual.

• Arrangements should be made in advance of all games and practices for emergency medical services

• Managers, coaches and umpires should have training in first-aid. First-aid kits are issued to each team manager and are located at each concession stand.

• No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.

• Managers are responsible for inspecting the field prior to each game or practice. Play area should be inspected for holes, damage, stones, glass and other foreign objects.

• All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as “in play”.

• Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.

• Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team’s manager and coaches.

• Procedure should be established for retrieving foul balls batted out of playing area.

• During practice and games, all players should be alert and watching the batter on each pitch.

• During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.

• All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (i.e., playing catch, pepper, swinging bats, etc.)

• Managers are responsible to inspect all team equipment regularly for the condition of the equipment as well as for proper fit.

• Batters must wear NOCSAE approved protective helmets during batting practice and games.

• Catcher must wear catcher’s helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter at all times (males) for all practices and games. **NO EXCEPTIONS.** Managers should encourage all male players to wear protective cups and supporters for practices and games.

• Except when runner is returning to a base, headfirst slides are not permitted.

• During sliding practice, bases should not be strapped down or anchored.

• At no time should “horse play” be permitted on the playing field

• Parents of players who wear glasses should be encouraged to provide “safety glasses”

• Player must not wear watches, rings, pins or metallic items during games and practices.

• The Catcher must wear catcher’s helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bullpen during a game and also during practices.

• Managers and Coaches may not warm up pitchers before or during a game.

• On-deck batters are not permitted.

• Managers and Coaches must follow the Pitch Count regulation, 85 pitches for 11-12 year olds and 75 pitches for 9-10 year olds and 50 pitches for 7-8 year olds.

See a need to add to the safety code? Contact:

Contact ***( Safety Officer name) xxx-xxx-xxxx or (President name) xxx-xxx-xxxx***

**ASAP** - **What is It?** In 1995, ASAP (A Safety Awareness Program) was introduced with the goal of re-emphasizing the position of Safety Officer “to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball”. This manual is offered as a tool to place some important information at the manager’s and coach’s fingertips.

## *Some Important Do’s and Don’ts*

**Do ...**

• Reassure and aid children who are injured, frightened, or lost.

• Provide, or assist in obtaining, medical attention for those who require it.

• Know your limitations.

• Carry your first-aid kit to all games and practices.

• Assist those who require medical attention - and when administering aid, remember to ...

• **LOOK** for signs of injury *(Blood, Black-and-blue deformity of joint etc.).*

• **LISTEN** to the injured describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.

• **FEEL** gently and carefully the injured area for signs of swelling, or grating of broken bone.

• Have your players’ Medical Clearance Forms with you at all games and practices.

• Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

**Don’t ...**

• Administer any medications

• Provide any food or beverages (other than water).

• Hesitate in giving aid when needed.

• Be afraid to ask for help if you’re not sure of the proper procedures (i.e., CPR, etc.)

• Transport injured individuals except in extreme emergencies.

• Leave an unattended child at a practice or game.

• Hesitate to report any present or potential safety hazard to the Director of Safety immediately.

**Remember, safety is everyone’s job.**

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

**Whenever possible, make sure someone at your practice or game has a cellular phone to use (especially on those fields where no public phone is available !!!**

### Insert copies of Little League safety posters here.

### (Warm Up Drills, Asthma Emergency Signs, Use Your Head, Spit Tobacco, Don’t Get Caught in Rundown, Coach Please Let Players Catch, Catchers Face Mask/Throat Protector, Hey Coach, Fight The Bite, Drinking Guidelines, Don’t Swing It, Treatment of Dental Injuries, Kids Aren’t Cargo, Bicycle Safety)Lightning Facts and Safety Procedures

**Consider the following facts:**

• The average lightning stroke is 6 - 8 miles long.

• The average thunderstorm is 6 -10 miles wide and travels at a rate of 25 miles per hour.

• Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm’s overhanging anvil cloud (for example, the lightning that injured 13 people during a concert at RFK last summer occurred while it was sunny and dry).

• On the average, thunder can only be heard over a distance of 3 - 4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

##### “Flash-Bang” Method

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

##### Rule of Thumb

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

***WHEN YOU HEAR IT - CLEAR IT***

***WHEN YOU SEE IT - FLEE IT***

##### Where to Go?

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

##### Where NOT to Go !!

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

**Insert copies of Little League lightning safety posters here**.

**ACCIDENT REPORTING**

**&**

**FIRST AID**

**Reminder: Managers must carry a “Medical Release” form for each of their players at all times. Should there be an accident and the child needs immediate medical attention, this form may be the difference between a minor and major incident.**

**Accident Reporting Procedures**

**What to report**

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

**When to report**

All such incidents described above must be reported to the Safety Officer *within 48 hours* of the incident. The Safety Director for 2011 is ***(enter name) – (xxx) xxx-xxxx*** and the President is ***(enter name), (xxx) xxx-xxxx***

**How to make the report**

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

The name and phone number of the individual involved

The date, time, and location of the incident

As detailed a description of the incident as possible

The preliminary estimation of the extent of any injuries

The name and phone number of the person reporting the incident.

**Safety Director’s Responsibilities**

Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party’s parents and (1) verify the information received; (2) obtain any other information deemed necessary; (3) check on the status of the injured party; and (4) in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor’s visit, etc.) will advise the parent or guardian of the Little League’s insurance coverages and the provisions for submitting any claims.

If the extent of the injuries are more than minor in nature, the Safety Director shall periodically call the injured party to (1) check on the status of any injuries, and (2) to check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered “close” (i.e., no further claims are expected and/or the individual is participating in the league again).

**When treating an injury, remember:**

**P**rotection

**R**est

**I**ce

**C**ompression

**E**levation

##### Support *(enter league’s name)* Little League

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

##### What Parents Should Know About Little League Insurance.

##### The Little League Insurance program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent’s employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a $50.00 deductible per claim, up to the maximum stated benefits.

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

##### If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

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

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

##### When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.

##### Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and exclusion provisions of the plan.

##### Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:

* 1. Deferred medical benefits apply when necessary treatment requiring the removal of a pin/plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy’s maximum limit of $100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
  2. If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of $1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment.

Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured’s 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs.

No payment will be made for deferred treatment unless the physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons.

Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the policy.

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

Sincerely,

***(enter name)***

2017 Safety Director

***(enter name)***

2017 President

##### How to Prevent Injuries

Managers and coaches should consider the following to prevent injuries:

1. Check medical release form for health concerns and medications.

2. Proper maintenance of the playing site (game and practice facilities).

3. Play close attention to playing conditions (heat and humidity as well as severe weather).

4. Make sure players know basics of good nutrition (especially water replacement on hot days).

5. Proper athletic conditioning (stretching, strengthening, and endurance, as well as agility and coordination drills.

6. Avoid over use (pay special attention to activities outside of Little League, to allow rest to avoid over-use injuries.

7. Consistent and proper use of all protective equipment.

8. Close supervision and organization of warm-ups, practices and games.

9. Careful compliance with all Little League rules, especially those having to do with safety.

##### Evaluating Fresh Injuries

In evaluating fresh injuries, remember the three types of motion:

1. **Active Motion** – Player is able to move the part themselves,

2. **Active Assistance Motion** – Player is able to move with a little help from you; (watch the warning signs like the player telling you it hurts to move), and

3. **Passive Motion** – the player’s injured part is moved by someone else; be especially cautious with passive motion that you do not make the injury worse.

Look for disability (the player can’t use the injured part); this is the most serious injury. If a player sprains his/her ankle, but can still limp around, it may be mild or moderate; if he/she can’t get up, it is probably severe. Look for swelling, the more immediate and large the swelling, the more serious the injury, because swelling on outside means bleeding on inside. Also, a noticeable deformity means a serious injury. If the body part doesn’t look the way it did before the accident, something’s wrong. Consider unconsciousness or an eye injury as a serious situation, in the category of severe injuries, until you are assured otherwise by a medical professional.

Carefully evaluate all injuries and ensure the child does not require professional care. It’s not worth risking a child’s health just to continue the game.

##### Communicable Disease Procedures

While risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is a remote risk that other blood born infectious diseases can be transmitted.

For example, Hepatitis B can be present in blood as well as in other body fluids.

Procedures for reducing the potential for transmission of these infectious agents should include, but not be limited to, the following:

1. The bleeding must be stopped, the open wound covered and if there is an excessive amount of blood on the uniform it must be changed before the athlete may participate.

2. Routine use of gloves or other precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids is anticipated.

3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.

4. Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.

5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.

6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.

7. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition resolves.

8. Contaminated towels should be properly disposed of/disinfected.

9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.

Additional information is available from your state high school association and from the National Federation TARGET program.

##### First Aid to a Lightning Victim

Typically, the lightning victim exhibits similar symptoms as that of someone suffering from a heart attack. In addition to calling 911, the rescuer should consider the following:

• The first tenet of emergency care is “make no more casualties”. If the victim is in a high-risk area (open field, isolated tree, etc.) the rescuer should determine if movement from that area is necessary - lightning can and does strike the same place twice. If the rescuer is at risk, and movement of the victim is a viable option, it should be done.

• If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving them.

• Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

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

**The Heimlich Maneuver**

*The Heimlich Maneuver is an emergency method of removing food or foreign objects from the airway to prevent suffocation.*

*When approaching a choking person, one who is still conscious, ask: “Can you cough? Can you speak?”*

*If the person can speak or cough, do not perform the Heimlich Maneuver or pat them on the back. Encourage them to cough.*

**To perform the Heimlich:**

• Grasp the choking person from behind;

• Place a fist, thumb side in, just below the person’s breastbone (sternum), but above the naval;

• Wrap second hand firmly over this fist;

• Pull the fist firmly and abruptly into the top of the stomach. It is important to keep the fist below the chest bones and above the naval (belly button).

The procedure should be repeated until the airway is free from obstruction or until the person who is choking loses consciousness (goes limp).

These will be violent thrusts, as many times as it takes.

**For a child:**

• Place your hands at the top of the pelvis;

• Put the thumb of you hand at the pelvis line;

• Put the other hand on top of the first hand;

• Pull forcefully back as many times as needed to get object out or the child becomes limp.

*Most individuals are fine after the object is removed from the airway. However, occasionally the object will go into one of the lungs. If there is a possibility that the foreign object was not expelled, medical care should be sought. If the object cannot be removed completely by performing the Heimlich, immediate medical care should be sought by calling 911 or going to the local emergency room.*

**Insert copies of all accident related Little League forms here**.

(Accident Notification Form, Claim Form Instructions, Liability Claim Form, Accident/Injury Tracking Report and Medical Release Form)

**CODE OF CONDUCT*(Enter League’s Name)* Little League**

**Code of Conduct**

No Board Member, Manager, Coach, Player or Spectator shall:

1. At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
2. Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
3. Be guilty of an objectionable demonstration of dissent at an official’s decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsman-like action.
4. Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
5. Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
6. Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
7. Appear on the field of play, stands, or anywhere on the league’s complex while in an intoxicated state at any time. Intoxicated will be defined as an odor or behavior issue.
8. Be guilty of gambling upon any play or outcome of any game with anyone at any time.
9. Smoke while on the playing field or in any dugout at any time.
10. Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
11. Speak disrespectfully to any manager, coach, official or representative of the league.
12. Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
13. Shall challenge an umpire’s authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.
14. No swinging batsor throwing baseballsat any time within the walkways and common areas of a *(enter name)* Little League complex.
15. No throwingrocks.
16. No petsare permitted at *(enter name)* Little League games or practices.
17. After each game, each team must clean up trashin dugout and around stands.
18. All gates to the field must remain closedat all times. After players have entered or left the playing field, gates should be closed and secured.
19. No children under the age of 16are to be permitted in the Snack Bars.

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

***Are your “expectations” reasonable and consistent?***

**What Do I Expect From My Players?**

• to be on time for all practices and games.

• to always do their best whether in the field or on the bench.

• to be cooperative at all times and share team duties.

• to respect not only others, but themselves as well.

• to be positive with teammates at all times.

• to try not to become upset at their own mistakes or those of others ... we will all make our share this year and we must support one another.

• to understand that winning is only important if you can accept losing, as both are important parts of any sport.

**What Can You And Your Child Expect From Me?**

• to be on time for all practices and games.

• to be as fair as possible in giving playing time to all players.

• to do my best to teach the fundamentals of the game.

• to be positive and respect each child as an individual.

• to set reasonable expectations for each child and for the season.

• to teach the players the value of winning and losing.

• to be open to ideas, suggestions or help.

• to never holler at any member of my team, the opposing team or umpires. Any confrontation will be handled in a respectful, quiet and individual manner.

**What Do I Expect From You As Parents And Family?**

• to come out and enjoy the game. Cheer to make all players feel important.

• to allow me to coach and run the team.

• to try not to question my leadership. All players will make mistakes and so will I.

• do not holler at me, the players or the umpires. We are all responsible for setting examples for our children. We must be the role models in society today. If we eliminate negative comments, the children will have an opportunity to play without any unnecessary pressures and will learn the value of sportsmanship.

• if you wish to question my strategies or leadership, please do not do so in front of the players or fans. My phone number will be available for you to call at any time if you have a concern.

Finally, don’t expect the majority of children playing Little League baseball to have strong skills. We hear all our lives that we learn from our mistakes. Let’s allow them to make their mistakes, but always be there with positive support to lift their spirits!

###### STORAGE AREA PROCEDURESEquipment / Chemical Storage

The following applies to all of the storage areas/conex sheds used by ***(enter name)*** Little League and apply to anyone who has been issued a key by ***(enter name)*** Little League to use those areas.

• All individuals with keys to the League equipment sheds (i.e., Managers, Coaches, etc.) are aware of their responsibilities for the orderly and safe storage of rakes, shovels, bases, etc.

• Before you use any machinery located in the shed (i.e., lawn mowers, weed whackers, etc.) please locate and read the written operating procedures for that equipment.

• All chemicals or organic materials stored in League sheds shall be properly marked and labeled as to its contents.

• All chemicals or organic materials (i.e., lime, fertilizer, etc.) stored within these equipment sheds will be separated from the areas used to store machinery and gardening equipment (i.e., rakes, shovels, etc.) to minimize the risk of puncturing storage containers.

• Any witnessed “loose” chemicals or organic materials within these sheds should be cleaned up and disposed of as soon possible to prevent accidental poisoning.

**Insert a copy of the Little League “Mower/Equipment Safety Rules” poster here**.

**CONCESSION STAND GUIDELINESKeep It Clean: Concession Stand Tips**

*The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of foodborne illness.*

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

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

**3. Reheating.** Rapidly reheat potentially hazardous foods to 165º F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices.

*Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.*

**4. Cooling and Cold Storage.** Foods that require refrigeration must be cooled to 41º F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate.

Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly.

*Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.*

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

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

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

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

1. Washing in hot soapy water;

2. Rinsing in clean water;

3. Chemical or heat sanitizing; and

4. Air drying.

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

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

**11. Insect Control and Waste.** Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

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

Clean Hands for Clean Foods

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

**• Use soap and warm water.**

**• Rub your hands vigorously as you wash them.**

**• Wash all surfaces including the backs of hands, wrists, between fingers and under fingernails.**

**• Rinse your hands well.**

**• Dry hands with a paper towel.**

**• Turn off the water using a paper towel, instead of your bare hands.**

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

• After touching bare human body parts other than clean hands and clean, exposed portions of arms.

• After using the restroom.

• After caring for or handling animals.

• After coughing, sneezing, using a handkerchief or disposable tissue.

• After handling soiled surfaces, equipment or utensils.

• After drinking, using tobacco, or eating.

• During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks.

• When switching between working with raw food and working with ready-to-eat food.

• Directly before touching ready-to-eat food or food-contact surfaces.

• After engaging in activities that contaminate hands.

Top Six Causes

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

**• Inadequate cooling and cold holding.**

**• Preparing food too far in advance for service.**

**• Poor personal hygiene and infected personnel.**

**• Inadequate reheating.**

**• Inadequate hot holding.**

**• Contaminated raw foods and ingredients.**

**Insert copies of the Little League safety posters related to concession/food service here**.

(Wash Hands, Fight Bac!, and Fire Extinguisher Use)