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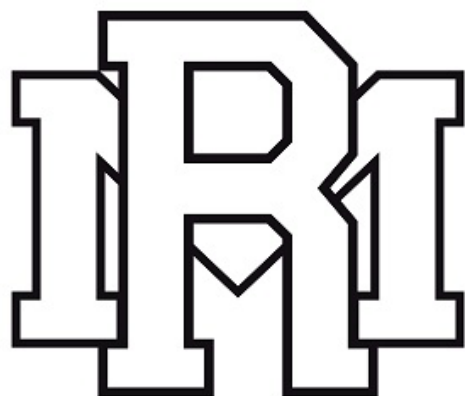
To Whom It May Concern:

Attached is a copy of the Rocky Mountain Little League 2022 Safety Plan. The plan has been and continues to be a work in progress. Rocky Mountain Little League has always maintained a safety-first philosophy in regards to the members of our league and will continue to strive to maintain the highest level of safety possible, including the goal of incorporating of all requirements to have an ASAP qualified safety plan for RMLL.

Should you have any questions or input regarding this program or others, feel free to contact me directly.

Regards,

Greg McFeetors



# SAFETY PROGRAM

2022



## **IMPORTANT PHONE NUMBERS**

**Emergency Services**  
(Police, Fire, Ambulance)

911

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Police – Non Emergency

403-266-1234

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## **LEAGUE PHONE NUMBERS**

**Safety Officer**

Name

Greg McFeetors

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Home Phone

403-681-9439

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Cell Phone

403-681-9439

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E-mail

safety@rockymountainlittleleague.com

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A complete Board of Directors Executive listing is on following page.

For the most up to date contact information for these and other Administrator and Coordinator positions, please refer to our website at [www.rockymountainlittleleague.com](http://www.rockymountainlittleleague.com)



<b>Title</b>	<b>Name</b>	<b>Phone</b>	<b>Email</b>
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Past President	Josh Matthews		pastpresident@rockymountainlittleleague.com
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Vice President - Majors	Judd Clifford		vpmajors@rockymountainlittleleague.com
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Coach and Player Development Director	Vacant		coachplayerdev@rockymountainlittleleague.com
Treasurer	Mark Mandel		treasurer@rockymountainlittleleague.com
Registrar	Daniel Bassin		registrar@rockymountainlittleleague.com
Safety Director	Greg McFeetors	403-681-9439	safety@rockymountainlittleleague.com
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SAFETY PROGRAM FOR  
ROCKY MOUNTAIN LITTLE LEAGUE  
League ID #551-08-11

### **The Mission**

The intent of this safety program is to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Rocky Mountain Little League.

### **The Future**

Our efforts will collectively raise safety awareness among participants of Rocky Mountain Little League. Safety will become a habit, and activities will become “safer for the kids” through our incorporation of an ASAP Qualified Safety Program. Our safety program will survive transitions in leadership, and our league will gain control over injury and liability concerns that may come about.

## **COMMITMENT TO SAFETY**

Before the start of each season each manager and coach will be directed to this Safety Plan which contains important safety and first aid information with which all volunteers should be familiar. All managers and coaches should be familiar with this Safety Plan and review it annually.

<b>FOR DISTRICT USE ONLY</b>	
The District Safety Officer has reviewed this Safety Plan.	
_____ <b>Date</b>	_____ <b>Initials</b>



## **ASAP - Qualified Safety Plan Requirements**

### **Requirement 1:**

- Have an active Safety Officer on file with Little League International.

### **Requirement 2:**

- Develop, maintain and post an electronic version of the Safety Plan.

### **Requirement 3:**

- Post and distribute emergency and key officials' phone numbers.

### **Requirement 4:**

- Use the Little League official Volunteer Application Form and screen volunteers through the Calgary Police Services' Electronic Police Information Check (EPIC) .

### **Requirement 5:**

- Provide and require fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.).

### **Requirement 6:**

- Require that each team identify coaches and parents with first-aid training.

### **Requirement 7:**

- Require coaches/umpires to walk fields for hazards before use.

### **Requirement 8:**

- Have written safety procedures for concession stand; concession manager trained in safe food handling/prep and procedures.
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### **Requirement 9:**

- Require regular inspection and replacement of equipment.

### **Requirement 10:**

- Implement prompt accident reporting and tracking procedures.

### **Requirement 11:**

- Require a first-aid kit at each game and practice.

### **Requirement 12:**

- Enforce Little League rules including proper equipment.





## **SAFETY OFFICER RESPONSIBILITIES**

- Annual update and issuance of Safety Plan.
- Supporting safety program by facilitating league mandated safety classes
- Inspecting the fields before and during playing season.
- Acting immediately to resolve any safety violation once it has been brought to his/her attention.
- Making sure that all first aid kits are fully stocked and kept in the designated areas.
- Keeping a log of all injury reports.
- Supplying the Board of Directors, at season end, with a recap of all safety related incidents, near misses and corrective actions taken.
- Following up on injury reports, if necessary, by getting all pertinent information needed from managers, players and parents so insurance claims may be filled out in correct fashion.
- Working with the Board of Directors to ensure that all safety concerns are resolved in a timely fashion.
- Posting an electronic copy a copy of the League's Safety Plan for the requisite volunteers.
- Keeping the District Safety Officer informed whenever an accident or near miss occurs – this will help all leagues improve their safety program.
- Providing the District Safety Officer a copy of every *Activities/Reporting ASAP Incident/Injury Tracking Report* (attached to this Safety Plan). These reports can be sent via any means: at District Administrator League President meetings, email, fax etc.



## **CODE OF CONDUCT**

The board of directors of Rocky Mountain Little League has mandated the following Code of Conduct. All coaches and managers are required to read this Code of Conduct, understand and agrees to comply with the Code of Conduct. In addition, each Manager commits to sharing this formally with the team and parents at the onset of each season

### ***Little League Code of Conduct***

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

- At any time lay a hand upon, push, shove, strike or threaten to strike an official.
- Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- 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, unsportsmanlike action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands or anywhere on the league complex while in an intoxicated state at any time. Intoxicated will be defined as any alcohol odor or behavior issue.
- Smoke while on the playing field or in any dugout at any time. Smoking will only be permitted in designated areas, which will be at least 20 feet from dugouts.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- 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.

### **Expectations of Parents (In addition to above):**

- Respect, be considerate of, and support the Managers and Coaches
- Remember that the Coaching staff are all volunteers and are committing a lot of their time!
- They are committed to help the players develop and have fun playing baseball.
- Managers are at differing levels and will be developing their skills at varying degrees.
- Respect the umpires and refrain from negative remarks in response to umpiring decisions.
- Commit to having your kids at the diamonds on time.
- Address concerns through your Parent Rep, Manager, Division Coordinator or Division VP/President.
- Share any safety concerns with coach, i.e. unsafe playing environment/equipment.
- Take responsibility for the care and return of your child's jersey and any league



equipment.

- Help your team and /or “our” league by volunteering your time.
- Support and encourage all players as they develop and compete.
- Respect the “fair play” philosophy (fair play = a relatively balanced play time for each player throughout the season).

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

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## SAFETY CODE

The Board of Directors of Rocky Mountain Little League has mandated the following *Safety Code*. All managers and coaches will read this *Safety Code* and when necessary share with the players on their team.

- Arrangements should be made in advance of all games and practices for emergency medical services. Parents should be encouraged to personally attend/be present at all practices and games.
- Responsibility for safety procedures belongs to every adult member of the local league. It is the responsibility the Manager to report ALL injuries that occur during sanctioned practices or games.
- Each player, manager, designated coach and umpire shall use proper reasoning and care to prevent injury to him/her and to others.
- Only league approved managers and/or coaches are allowed to practice teams.
- Only league-approved managers and/or coaches will supervise batting cages.
- It is recommended that will all managers and coaches attend a coach/safety fundamentals training clinic.
- First-aid kits will be available at every field site.
- No games or practices will be held when weather or field conditions are poor, particularly when lightning is in the area. Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.
- Team equipment should be stored within the team dugout or behind screens and not within the area defined by the umpires as live ball territory.
- Only managers and coaches must operate pitching machines.
- Responsibility for keeping bats and loose equipment off the field of play should be that of the team’s manager and designated coaches.
- During practice and games, all players should be alert and watching the batter on each pitch. Managers should inform parents to stay away from the dugout area, so that the children remain focused forward towards the field for safety reasons.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- Managers are responsible for ensuring all players (particularly pitchers) are properly warmed up before playing (practices and games).
- 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 endangering spectators, (i.e., playing catch, pepper, swinging bats, etc.)

- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit. Managers and Coaches should check bats. NO illegal (as designated by Little League International) bats shall be allowed for use in practice or games for safety reasons. Coaches should go through the list of approved bats with parents before starting each season.
- Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games.
- Except when a runner is returning to a base, headfirst slides are not permitted. This does not apply to ages 13 and above.
- During sliding practice, bases should not be strapped down or anchored.
- At no time should "horse play" be permitted on the playing field or in the dugouts.
- Parents of players who wear glasses should be encouraged to provide "safety glasses" for their children.
- On-deck batters are not permitted, except in Junior division and above.
- All male players will wear athletic supporters during games and practices. Catchers must wear a cup.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector. Junior and above baseball and all softball catcher's may wear either the long or short model chest protector.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up and games. Note: Skullcaps are not permitted.
- Players will not wear bands, watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)
- Managers will never leave an unattended child at a practice or game.
- Never hesitate to report any present or potential safety hazard to the Safety Officer immediately.
- Arrange to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- Speed Limit should be observed while driving around the facility.
- No alcohol or drugs are allowed on the premises at any time.
- No playing in the parking lots at any time.
- No playing in construction areas at any time
- No playing on and around lawn equipment, machinery at any time.
- No smoking within 5 meters of sports field as of 2013. [PDF Smoking Bylaw 57M92](#)
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
- No throwing rocks.
- No climbing fences.
- No swinging on dugout roofs.
- Managers and coaches must remember they are not permitted to warm up pitchers.
- 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.



- Use crosswalks when crossing roadways. Always be alert for traffic.
- There is no running or climbing allowed on the bleachers.

## WEATHER

In Calgary weather changes quickly and can create unsafe playing conditions.

### Rain

If it begins to rain:

1. Evaluate the intensity of the rain. Is it a light drizzle or is it pouring?
2. Determine the direction the storm is moving.
3. Evaluate the playing field as it becomes more saturated.
4. 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.



### Lightning



- The average lightning strike is 5-6 miles long with up to **30 million volts** at 100,000 amps flow in less than a tenth of a second.
- The average thunderstorm is 6-10 miles wide and moves 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 strikes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.
- On average, the thunder from a lightning strike can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you.

- **Make it Easy – “If you can see it, flee it; if you hear it, clear it”!**
- **By the time you can hear the thunder, the storm has already approached to within 3-4 miles!**

When halting activities due to lightning, seek shelter immediately and stay away from windows, doors, and anything that conducts electricity such as corded phones, wiring, plumbing. Safe shelter is:

- ideally a substantial building with wiring and plumbing
- failing that, a hard topped metal vehicle with windows rolled up

Small buildings, including dugouts, rain shelters, sheds, etc are NOT SAFE.



## **INJURY REPORTING AND MONITORING**

Rocky Mountain Little League requires that all injury accidents be reported to the Safety Officer. Information should include players name, date of injury, division, diamond and description of injury.

The Manager (or, if absent, coach) of the injured player/coach/volunteer is responsible for reporting the incident to the Safety Officer within 48 hours of the incident. In the event, that the injury is sustained by a neutral party (eg. Umpire, spectator, etc), the home team Manager shall file the Injury Report.

Per the guidance of Little League Canada, a player must have the written consent of a doctor before being allowed to return to games or practices if he/she

- Has been diagnosed with a concussion, or
- Sustains an injury during a game or practice that results in a loss of consciousness, no matter how brief, or
- Following contact of any nature, exhibits signs of a possible head injury such as blurred/double vision, dizziness, headaches, etc.

The Safety Officer will keep an injury tracking report for the season that will be turned in to the Board of Directors at the end of the season so the board may be aware of the recurrence of injury types.

## **FIRST AID KITS**



First aid kits will be available at all playing fields.

The Safety Officer will replenish all kits at the start of each season and be sure they are fully stocked throughout the playing season.

## **CLINICS**

There will be a Coach/Safety Clinic for managers and coaches each season. The Fundamental Clinic is an annual requirement for one manager or coach from each team, who will then be qualified for three years. Each season there must be one representative from each team even if they have previously attended during the last three years. This clinic will be an overview of the rules and guidelines in the safety plan, as well as any rule and League issues and information.

Use the *Safety Tracking Form for Little League ASAP* to ensure all managers and coaches are compliant with mandatory training

The District Staff and/or Canadian Region will hold umpire clinics that you are encouraged to attend in addition to the coach/safety meeting that is mandatory.



## **EQUIPMENT**

At the start of each season, all teams of Rocky Mountain Little League will be provided with equipment that has been examined by the Equipment Manager **and** Safety Officer to be sure that it complies with the Little League Rules and Regulations.

Any equipment that falls below the standards outlined in the Little League rulebook during the playing season will be immediately turned in to the Equipment Manager for replacement. The below standard equipment will then be destroyed so that no child may use it in the future.

No chemicals or potentially dangerous materials will be stored in or by the equipment room.

Managers and/or coaches will inspect equipment before practices and games. The umpires will also inspect all equipment before the game begins. Inspections will include all bats, batting helmets and catcher's gear, whether league supplied or a player's personal property. All equipment not meeting safety requirements or little league mandates will be removed from the playing field and dugouts.

The manager or coach will inspect all batting cage equipment and machines before use by his/her team. An adult will supervise the players using the batting cages at all times.

## **FIELD HAZARDS**

The Safety Officer will check each field before the start of each season to ensure that it is a safe playing environment; if not, he will notify the proper authority to have the problems resolved before the season starts.

Managers, coaches and umpires will walk the field before the start of their game checking for any safety violations on the field, such as glass, rocks, sharp objects and standing water. Anything that is considered a hazard or risk will be resolved before the start of the game or before the game continues if any hazard is noticed during play. Any hazards found shall be reported to the league Safety Officer





## **BEST SAFETY PRACTICES**

### **Checklist for Managers, Coaches and Umpires**

The following checklists can serve as reminders to managers, coaches, umpires and volunteers before practices or games to help prevent an accident.

#### **A. Safe Playing Areas**

Regular safety inspection of the field, practice fields, structures and dugouts is the best way to eliminate conditions that cause accidents.

Managers, coaches and umpires should routinely check playing areas for:

- Holes, damage, rough or uneven spots, slippery areas and long grass;
- Glass, rocks and other debris and foreign objects;
- Damage to screens or fences, including holes, sharp edges or loose edges;
- Unsafe conditions around the backstop, pitcher's mound or warning track;
- Catchers must wear catcher's helmet, facemask and throat guard in warming up pitchers. This applies between innings and in bullpen practice.

Keep dugouts clean and free of debris.

#### **B. Safe Equipment**

All equipment should be inspected before each use. Regular safety inspection of equipment is essential.

Managers, coaches and umpires should:

- Be sure that all equipment is Little League approved;
- Inspect bats and other equipment on a regular basis. Cracked or broken bats should never be used;
- Check to see that all personal protective equipment fits players properly. This includes helmets, masks, catcher's pads and shoes. A plastic cup supporter is required for all catchers and is recommended for all male players in addition to a regular athletic supporter;
- Keep loose equipment such as bats, gloves, masks, balls, helmets, etc. properly stored;
- Have players remove personal jewelry, watches, pins, rings or other metallic items;
- Parents of players who wear glasses should be encouraged to provide "safety glasses;"
- Repair or replace all defective equipment.

## C. Safe Procedures

Managers and coaches must:

- Have a first aid kit at all practices. The league provides first aid kits. Have access to a telephone at all games and practices in case of an emergency (cell phone, neighbor, etc.) No fewer than two coaches should be present at a game or practice in case of an emergency;
- Know where an appropriate shelter is in case of severe weather;
- Stress the importance of being alert and attentive during all activities;
- Ensure that appropriate warm-up for players has been completed before each game and practice;
- Stress "no horseplay" with players;
- Check to see that all jewelry, watches, rings, etc. have been removed prior to a game or practice;
- Instruct players on the proper fundamentals of the game to ensure safe participation.

Unsafe acts are far more difficult to control than hazardous conditions. They are challenging to managers and coaches because they are involved almost entirely with the human element. It has been estimated that unsafe acts account for 80% of all accidents. Definite steps must be taken to counteract them.

The following section of this manual offers coaching and training techniques that will foster safe and positive action on the baseball field.

### Attitude



1. An attitude of alertness, hustle and enthusiasm that has been recommended as a guideline for good coaching should be carried down to all players to spark them in the development of better skills.
2. Good sportsmanship and courtesy, which are necessary for a harmonious and safe environment, can be taught best through the good example set by all adults on and off the field.
3. Your most effective tool to inspire an attitude of self-confidence and a desire to excel is the use of much PRAISE and RECOGNITION. Of course, this must be given when deserved so it is not cheapened by too much repetition. After all, a good try rewarded by a word of encouragement may be a good play on the next attempt.
4. Guidance on the most constructive attitude or point of view for both adults and youngsters can be summarized by recommending a POSITIVE APPROACH to all training techniques. Good training is the most effective weapon against accidents caused by unsafe acts.



## **Warm Up Drills**

Use of the term "warm up drills," in connection with safety, refers to ball handling practice rather than calisthenics. Misdirected balls can result in serious accident exposure. The following practices will help reduce the danger of being struck by a misdirected ball:

1. All unauthorized people should remain off the field during drills.
2. After the number of targets has been reduced to a minimum, one of the best preventive measures is to stress that the eye must be kept on the ball. This safe practice should be drilled so continuously that it becomes a reflex action.
3. Throwing and catching drills should be set up with players in two lines facing one another.

## **Safe Ball Handling**

1. Misjudging the flight of a batted ball may be corrected by drilling with fly balls that begin easy and are made more difficult as a player's judgment and skill improves. Everyone should eventually be able to handle balls that go overhead.
2. In addition to a player never losing sight of a ball from the time it leaves the bat, the player should keep the glove positioned and the body relaxed for a last split-second move, if needed.
3. An infielder can best be protected by an aggressive short-hop fielding play by always keeping the "nose pointed at the ball" and the eyes glued on it. In addition, by moving forward, the player is in a better position to make a throw.
4. It is safer for a player to knock a ball down and re-handle it than to let the ball determine the play.

## **Collisions**

Collisions result in more injuries than is the case with most other types of accidents. They are usually caused by errors in judgment or lack of teamwork between fielders. It is important to establish zones of defense to avoid collisions. It is particularly important when players are chasing high fly balls. Once the zones are established, play situation drills should be held until these moves and patterns become familiar to the players. The responsible player should call out his/her intentions in a loud voice to warn others away. Here are some general rules to follow:

1. The fielder at third base should catch all balls that are reachable and are hit between third and the catcher.
2. The fielder at first base should catch all balls that are reachable and are hit between first base and the catcher.
3. The shortstop should call all balls reachable that are hit behind third base.
4. The fielder at second base should call all balls reachable that are hit behind first base.
5. The shortstop has the responsibility for fly balls hit in the center of the diamond and in the area of second base. Since the glove is on the left hand, it is easier for the shortstop than the fielder at second to catch fly balls over second base.
6. The center fielder has the right of way in the outfield and should catch all balls that are reachable. Another player should take the ball if it is seen to be unreachable by the center fielder.



7. Outfielders should have priority over infielders for fly balls hit between them.
8. Priorities are not so easy to establish on ground balls, but most managers expect their third base player to field all ground balls they can reach, including cutting in front of the shortstop on slow hit grounders.
9. The catcher is expected to field all topped and bunted balls that can be reached except when there is a force play or a squeeze play at home plate.

### **Sliding Safety**

As is the case with other baseball fundamentals, a correct slide is also a safe one. It is well to guard against the accident of a collision and the possibility of a player being struck by a thrown ball as the player "hits the dirt".

1. Long grass has been shown to be better than sand or a sawdust pit for teaching sliding.
2. The bases must not be anchored down.
3. Sliding pads are recommended, given our all dirt/gravel infields.
4. The player should keep in mind that on approach hands and feet should be in the air. Once committed to slide, the player must not change strategy. Last minute hesitation causes most sliding injuries.
5. Tennis shoes are suggested for beginning sliding and tagging practice to avoid injury to the defensive player.
6. If the ground along the baselines becomes soft on a rainy day, such weather offers an excellent opportunity to have sliding drills. Base runners should have on long pants.
7. Keep in mind that head first sliding has been eliminated for ages 12 and under, except when returning to a base.

## **Batter Safety**

A batter's greatest accident exposure is from the unsafe acts of others, namely wild pitches, which account for a major portion of all accidents. The best defense is an alert, confident concentration on the ball. This type of injury is more prevalent in Major rather than in Minor League play. Since the danger is increased as pitchers learn to throw with greater force and as more games are played, it is doubly important to take whatever countermeasures are necessary.

1. A well-fitted NOCSAE approved helmet is the first requirement.
2. The development of the novice batter's ability to take evasive action can be improved by getting the player to relax and concentrate on the ball from the time the pitcher starts his/her delivery until it lands in the catcher's mitt. Players with slow reflexes can also be helped by simulated batting and ducking practice with a tennis ball.
3. The unsportsmanlike practice of crowding the plate or jumping around to rally the pitcher should not occur. This could endanger the batter if it causes the pitcher to lose control.
4. Making sure the batter holds the bat correctly when bunting can reduce painful finger and hand injuries. Youngsters have a tendency to lean too far over the plate and not keep the ball well out toward the end of the bat.
5. When the batter becomes a base runner, the player should be taught to run outside the foul lines when going from home plate to first base and from third base to home plate to reduce the risk of being hit by a thrown ball.





### **Safe Handling of Bats**

The most easily prevented type of accident is the too frequent fault of beginners throwing the bat while running to first base. This unthinking act may be corrected through individual instruction to drop the bat safely by:

1. Having the player drop the bat in a marked-off circle near where running starts;
2. Counting the player "out" in practice whenever the player fails to drop the bat correctly;
3. Providing bats with grips that are not slippery.
4. Ensuring bats are Little League approved.

Managers, coaches and umpires should be on the alert to correct batters who have a tendency to step into the catcher as they swing.

A more serious injury that might occur is when a player inadvertently walks into the swing of a coach's bat when the coach is hitting fly balls or when the player inadvertently walks into the swing of a player swinging a bat. These situations demonstrate the need for everyone to become safety-minded, for their own good and the safety of others. The following precautions are suggested:

1. The player, usually a catcher, assigned to catch balls for the coach hitting fly balls, should also be given the specific assignment of warning away anyone who comes too close.
2. All players and adults should be trained to walk around batters swinging a bat. The ingrained safety habit of keeping clear may save someone a painful injury.



### **Catcher Safety**

The catcher, as might be expected from the amount of action involved, has more accidents than any other player. Statistics show that the severity of injuries is less in Major League play than in Minor League play. This bears out the fact that the more proficient the player the less chance of injury.

1. Assuming the catcher is wearing the required protection, the greatest exposure is to the ungloved hand. The catcher must learn to:
  - A. relax
  - B. always have the back of the throwing hand toward the pitcher when in position to catch;
  - C. hold all fingers in a cupped position near the mitt, ready to trap the ball and throw it when runners are on base.
2. The catcher should be taught to throw the mask and catcher's helmet in the direction opposite the approach in going for a high fly. The catcher should hold the mask and flip it away at the last moment
3. As the catcher learns to play this difficult position, a good habit is to keep a safe distance back from the swinging bat. Estimate this distance as one foot farther from the batter than the ends of the outstretched fingers.
4. The best protection is keeping the eye on the ball.

### **General Inattention**

Going back to the "why" of most ball handling accidents, it appears that inattention due to inaction or boredom is an underlying accident cause with which we must deal. This situation can be partly offset by using idle time to practice the basics of skillful and safe play, such as:

1. Encourage otherwise idle fielders to "talk it up." Plenty of chatter encourages hustle and enthusiasm.
2. Players waiting for a game or practice to start can pair off and play catch to improve their basic eye-on- the-ball technique.
3. Practice should include plenty of variety in the drill work.
4. Put a time limit on each drill and do not hold the total practice for more than two hours, or less, if interest begins to lag.
5. Idle players along the sideline can be given the job of studying the form of other players to improve their own techniques. They may then report on what they have learned to improve their own form on running, ball handling, throwing, batting, defense and sliding.
6. Our open dugouts create a safety issue. Parents should be discouraged from hanging around the dugouts. Players should be encouraged to sit down on the bench to remove their upper bodies and heads from the direct flight of foul balls.

### **Control of Horseplay**

Horseplay includes any type of youthful, distracting behavior that could even remotely be the cause of an accident. Team play requires 100% cooperation among players. If showoffs and smart-alecks cannot find sufficient outlet for their high spirits in a game, then quick and impartial disciplinary action must be taken.



## **FIRST AID**

### **Emergency Plan**

Serious injuries, which could be considered life threatening, occur infrequently. However, a manager or coach must be prepared. An adequate emergency plan must be developed to assist in handling an emergency. The following should be included in your emergency plan.



Always have with you at games and practices:

- Players' Medical release forms
- First Aid Kit
- A cell phone

Maintain a complete team roster, which includes the following:

- Players' names
- Parents' home ,cell and work numbers.
- Emergency contact person and phone number (try and get two)
- Doctor's name and telephone number
- Any religious restrictions, if known
- Any disabilities, medications or allergic conditions, if known
- CPR certified coaches or parents on each team.
- Any special conditions



## **Emergency Action**

### **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
- Look for signs of injury: bleeding, fractures, deformities, shock
- Follow Infectious Disease Procedures if blood is present.
- Listen to the injured describe what happened and what hurts
- Feel the injured area gently and carefully for signs of swelling or broken bones
- Contact Professional medical help quickly (9-1-1)
- Contact parents as soon as possible
- Keep the player calm, warm, still and comfortable

### **DO NOT**

- Administer any medication
- Allow the player to move if a neck or back injury is suspected (wait for professional help to arrive)
- Provide food or beverages other than water
- Hesitate to give aid when it is needed
- Be afraid to ask for help if you are not sure of the proper procedures
- Transport injured individuals except in extreme emergencies
- Leave an unattended child at a practice or a game
- Hesitate to report any present or potential safety hazard to the League Safety Officer



## Bites and Stings

Bites or stings can be received from a number of different circumstances. Bees and other bugs usually cause stings. Bites can come from cats, dogs, spiders, ants or mosquitoes. All of these should be evaluated and treated when a player complains of a bite or sting. Many individuals are highly sensitive to stings that can cause them to develop breathing difficulties and very rapidly go into shock. This condition can be life threatening if not detected and treated as soon as possible. It is important that coaches and managers are aware of any members on their team that have reactions to stings and that the proper emergency equipment is available at all times.



### Stings

If a player complains of a sting, the manager or coach should look for:

1. Swelling in the area
2. Signs of allergic reactions (if any condition exists, call 9-1-1)
  - Nausea
  - Severe swelling
  - Breathing difficulties, including coughing and wheezing
  - Bluish face, lips, fingernails
  - Signs of shock
  - Unconsciousness
3. The stinger or venom sac still in the skin

### Treatment

#### Bee Stings

1. Remove the stinger or venom sac with tweezers or by gently scraping with the fingernail or a knife. Do not squeeze the stinger or venom sac.
2. Wash the area and apply a Band-Aid to cover the area.
3. For multiple stings, soak area in cool water.
4. Check for allergic reactions (if any condition exists, call 9-1-1).

#### Ant Bites

1. Wash area thoroughly with clean water.
2. Apply sting lotion or a paste made of baking soda and water.
3. Cover the bite with very cold water to avoid swelling.
4. Watch for any signs of an allergic reaction.

#### Animal Bites

1. Control any bleeding that may occur.
2. Flush the area with cool clean water.
3. Cover the area with a sterile pad or clean cloth.
4. Contact parents and notify police.

## Contusions

A contusion is commonly called a bruise and can be identified by a dark discoloration of the skin. The area in which the injury has occurred will become black and blue due to small blood vessels in the area rupturing and bleeding into the tissue around the injury. The bleeding may cause swelling, which is the second sign of a contusion.



The most common cause of a contusion for Little League players is being hit with the ball. Contusions can also be caused by being hit with the bat, a player falling and hitting the ground, sliding into another player or running into a hard object.

If a player complains of pain over an area after a hard blow, the manager or coach should:

1. Look for swelling in the area and/or discoloration of the body tissue in the area.
2. Feel the area for tenderness.
3. Have the player try to move the injured area. Try to determine how much pain is associated with the movement. Extreme pain could indicate a severe injury.
4. Pull a player from the game or practice if the contusion produces moderate to severe pain on movement.

### Treatment

1. Apply ice or a cold pack to the area.
2. Notify parents.
3. Recommend to the parent that a physician be contacted if the contusion is moderate or severe.

## External Bleeding

External bleeding from a player can be caused by many sources in Little League Baseball and Softball. A player being hit by a pitched ball, taking a bad hop in the infield or sliding into a base, may cause bleeding. Communicable diseases are a major concern. Refer to the Infectious Disease Policy in this Safety Manual for policies established by the league which detail minimum requirements for disease control.

Bleeding must be stopped as soon as possible. These instructions describe how to control or stop external bleeding. Managers and coaches should also observe the league's Infectious Disease Policy and utilize the first aid kits supplied by the league to each team.

### Treatment

1. Act quickly. Have the player lie down, if needed. Elevate the injured area higher than the heart, if possible.
2. Control bleeding by applying direct pressure on the wound with a sterile pad or cloth. Wear latex gloves and follow the league's Infectious Disease Policy.
3. Once bleeding is controlled, bandage the area firmly with clean bandages. Do not make them too tight.



4. If pressure is ineffective in stopping the bleeding – CALL 9-1-1. Applying strong finger pressure to one of the following pressure points can usually control the bleeding:
  - Scalp: press thumb against the bone in front of the ear (pressure may be needed on both sides).
  - Face: press fingers against hollow area of the jaw (pressure may be needed on both sides).
  - Neck: place thumb against the back of the neck against the vertebrae, slide three fingers to the side of the airway where the injury is located. Locate the pulsating artery, and then squeeze it toward the thumb. Do not compress both sides of the neck.
  - Arm: Place flat side of finger in groove between muscles on the inner side of the arm. Place thumb on the outside of the arm, press toward bone at a point halfway between the shoulder and elbow.
  - Hand: Place your thumb on the inner side of the wrist, press toward bone.
  - Leg: At the groin area where the legs and torso meet, press inner thigh against the bone with the fist or heel of the hand
5. Apply a tourniquet as a last resort.
6. Call 9-1-1 if it is an emergency.

## Shock

Shock occurs when the body's organs and tissues do not receive an adequate flow of blood. Inadequate blood flow deprives the organs and tissues of oxygen and allows the buildup of waste products. When the circulatory system is unable to get enough blood to the vital organs, the body goes into shock. Sometimes even a mild injury will lead to shock. The body starts shutting down. **Shock is a life-threatening medical emergency** and can result in serious damage or even death. If a person develops signs of shock, **CALL 911** or other emergency services and begin treatment immediately.

Signs of shock include:

- Cool, pale, clammy skin.
- Shallow, rapid breathing.
- Thirst, nausea or vomiting.
- Weak, rapid pulse.
- Low blood pressure.
- Confusion, anxiety, restlessness, irritability.
- Faintness, weakness, dizziness or loss of consciousness.

## Treatment

Prompt treatment can save the life of a person who is in shock. Try the following:

- Have the person lie down and elevate his or her legs 12 inches or more. If there is an injury to the head, necks, or chest, keep the legs flat. If the person vomits, roll the person to one side to let fluids drain from the mouth. Use care if there could be a spinal injury.
- Control any bleeding and splint any fractures.
- Keep the person warm but not hot. Place a blanket underneath the person, and cover him or her with a sheet or blanket, depending on the weather. If the person is in a hot place, try to keep the person cool.
- Take and record the person's pulse every 5 minutes.
- Comfort and reassure the person to relieve anxiety.
- Give victim no food or drink, even though he/she is likely to be thirsty.

## Fractures

Fractures (broken bones) are not a frequent injury in Little League Baseball and Softball. Many circumstances can cause a player to fracture a bone. A batter being hit by a pitched ball, an improper slide, a collision with another player or a fall while attempting a play are just a few of the situations that could cause a fracture. A fracture must be treated as a major injury mostly because the injured player will probably be in a great deal of discomfort and could go into shock.



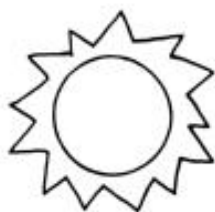
### Treatment

1. Act quickly; treat for shock, if necessary.
2. Have someone notify parents.
3. Call 9-1-1 and get professional help immediately if the injury is in the back or neck. Keep the player still until EMT personnel arrive.
4. If the bone is suspected to be broken, but does not pierce the skin, place the limb in as natural a position as possible without causing discomfort to the player.
5. If the bone is piercing the skin (compound fracture), apply pressure to the appropriate pressure point to stop any bleeding that might occur. Do not straighten the limb, return to a natural position or replace bone fragments. Do not touch or attempt to clean the injury. Place a sterile pad or cloth firmly in place to cover the injury.
6. If the player must be moved, apply a splint or stabilize the area to prevent further damage. Use anything that will keep the bone from moving (broomsticks, boards, etc.). Pad splints with cotton, clothes or anything soft and clean. Tie the splints firmly, but not tightly. If the victim complains about numbness, the splint may be too tight.

## Heat Illness

The following measures should be taken to reduce the risk of heat illness during competition or practice:

1. Before the activity begins, drink 8 ounces of fluids.
2. During the activity, drink at least 4 ounces of fluids every 20 minutes.
3. After the activity, drink 16 ounces for every pound of weight lost.



### EARLY SIGNS OF DEHYDRATION

- Fatigue
- Loss of appetite
- Flushed skin
- Light-headedness
- Dark urine with strong odor

### SEVERE SIGNS OF DEHYDRATION

- Muscle spasms
- Clumsiness
- Sunken eyes/dim vision
- Delirium



## Prevention

As temperature and humidity go up, managers and coaches must encourage their players to drink adequate amounts of fluids. Plain water is best, but one of the salt-containing sports drinks is acceptable. Recommend to players that they get plenty of salt in their diet. Managers and coaches must pay attention to weather conditions. The danger zone is present whenever the temperature is above 90F or the humidity is above 95%. Give the players plenty of rest time in a cool area. Under these extreme conditions, no player should be allowed to catch more than three innings.

## Report any cases of heat illness to the League President or the Safety Officer.

Most severe heat illness can be divided into three categories depending on its severity: heat cramps, heat exhaustion and heat stroke. A summarization of these conditions appears below.

Type	Symptoms	Physical Findings
Heat Cramps	Muscle tightening and spasm with intense pain, usually in lower leg, but may be abdominal or rib cage.	Muscle spasms, either seen or felt, that usually does not respond to kneading or massage.
Heat Exhaustion	Severe fatigue, weakness, light headedness; may also include flu-like symptoms: headache, muscle aches, nausea, vomiting, diarrhea	<ul style="list-style-type: none"><li>• Elevated temperature (98.6 to 103 F)</li><li>• Elevated pulse rate</li><li>• Loss of consciousness is rare</li></ul>
Heat Stroke	Confusion, disorientation, some agitation in milder cases; there may be delirious behavior or coma, if severe.	<ul style="list-style-type: none"><li>• Temperature of at least 105F</li><li>• Hot, flushed, dry</li></ul>

Look and listen for any of the complaints noted on the chart above. Determine if there is a history of recent illness, especially if the player is taking medication. Feel for:

- Cool and damp skin, which might indicate heat exhaustion
- Warm and dry skin, which might indicate heat stroke
- Pulse



## **Heat Illness (con't)**

### **Treatment**

Move the player immediately out of the sun and into a shady area. If for some reason this is not possible, adults should stand close to the player to provide shade with their bodies.

### **For heat cramps**

- Rest, cooling
- Gentle stretching
- Diluted salt solution (1 teaspoon salt to one quart water) by mouth

### **For heat exhaustion**

- Have the player lie down in a cool, shaded area, elevate feet and massage legs toward heart
- Diluted salt solution (1 teaspoon salt to one quart water) by mouth if the player is awake
- Call 9-1-1 for emergency medical assistance
- Notify parents
- Be alert for progression to heat stroke

### **For heat stroke**

### **HEAT STROKE IS A LIFE-THREATENING EMERGENCY**

- Call 9-1-1 for emergency medical assistance
- Cool the body; remove clothing, pack in ice; wet and fan the victim
- Do not give beverages such as coffee, tea or soda
- Notify parents and league President or Safety Officer
- Do not try to force a player to drink fluids unless you are sure he/she is conscious.
- Allow the player to drink only if his eyes are open and he/she can hold the cup.

Children are more susceptible to heat illness than adults are, so managers and coaches need to be especially alert in the younger age groups. Heat exhaustion may lead to heat stroke, so it is important to treat heat exhaustion as quickly as possible. Heat stroke can be fatal. The outcome for the player is related to how quickly the body temperature can be brought down to a safe level.

## **Protection from the Sun**

The FDA has new labeling requirements; sunscreens cannot claim to have an **SPF (Sun Protection Factor)** greater than 30. Anything higher has little more UV protection. Not all sunscreens completely protect against UVA rays, even if the front of the label says so. The only way to know you are completely protected is to check the back of the label. Look for one of these three active ingredients: titanium dioxide, zinc oxide or parsol 1789 -- also known as avobenzone.

Sunscreens, Tanning Products and Sun Safety Skin damage from sunlight builds up with continued exposure, whether sunburn occurs or not. In addition to skin cancer and sunburn, effects related to premature aging can include wrinkling and, in time, an almost leathery appearance of the skin. Research also suggests that excessive exposure to UV radiation may interfere with the body's immune system.

Sunburn is associated with the shorter ultraviolet wavelengths, known as ultraviolet B (UVB). The longer wavelengths, known as ultraviolet A (UVA), however, can penetrate the skin



and damage connective tissue at deeper levels, even if the skin's surface feels cool. It is important to limit exposure to both UVA and UVB.

Sunscreens play an important role as one part of a total program to reduce the harmful effects of the sun that first includes limiting sun exposure and wearing protective clothing. Sunscreens are labeled with SPF numbers. SPF stands for "Sun Protection Factor." The higher the SPF number, the more sunburn protection the product provides. Experts recommend using sunscreens with an SPF number of 15 or higher that also provide protection from UVA rays. Remember, sunscreen use alone will not prevent all of the possible harmful effects of the sun.

The effectiveness of a sunscreen is reduced if it is not applied in adequate amounts or if it is washed off, rubbed off, sweated off or otherwise removed. For maximum effectiveness, apply a sunscreen liberally before going outside and reapply it frequently on all sun-exposed skin. Unless otherwise stated on the label, a general rule of thumb is to apply 30 minutes before going outside and to reapply at least every two hours thereafter.

Remember that the sun's rays are the strongest from 10:00 a.m. to 4:00 p.m., especially during the late spring and summer. It is equally important to protect your eyes from the sun. Too much UV radiation can damage the cornea and lead to cataracts, a clouding of the lens of the eye that can cause blindness. Not all tinted glasses - even very dark ones - protect against UV radiation. The UV filtration results from an invisible chemical applied to the sunglasses. Check the label when choosing sunglasses in order to make sure that they provide protection against UV radiation.



Further information can be found on the FDA web site: <http://www.cfsan.fda.gov/~dms/cos-220.html>



## **COMMUNICABLE DISEASE PROCEDURES**

While the risk of one athlete infecting another with HIV /AIDS during competition is close to non-existent, there is a remote risk that other blood borne 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. This disinfectant is available in the concession stand.
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, a barrier shield for CPR use is available in the First Aid kit located in the concession stand,
7. Athletic trainers/coaches with bleeding or oozing skin conditions should refrain from all direct athlete care until the condition resolves.
8. Contaminated towels should be properly disposed of or disinfected.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.





# CHILD ABUSE POLICY



## **Suspicion of Abuse**

Any suspicion that a child has suffered an incident of child abuse, including sexual abuse, must be reported to authorities within 24 hours of the incident. Regardless of how long ago the suspicious behavior occurred, it must still be reported, even if it is in the past.

If a minor discloses abuse, a report must be filed with authorities immediately. This can include, but is not limited to, the minor confiding in you that they have been:

- Touched inappropriately.
- Propositioned inappropriately.
- Asked to send or have received sexual photos.
- Asked to engage in inappropriate electronic communications.

It can also be common for children to share information of abuse with each other, usually asking the friend to keep the information a secret. If a minor tells you that a friend has reported being abused, report it to authorities.

## **Reporting of Abuse**

Upon suspicion or disclosure of abuse, there must be an immediate referral of the report to a law enforcement agency with authority to take emergency action to protect the child. When reporting a child abuse situation, authorities will ask to provide some basic information. Try to be prepared with as much basic information as possible. Some of the information that should be provided to authorities includes:

- Your name and contact information.
- The victim's name, parents' names, and parents contact information.
- What you were told or observed about the abuse.
- The offender's name and contact information.
- Whether the victim is or will be around the offender.

## **Misconduct and Maltreatment**

Rocky Mountain Little League has a zero-tolerance policy regarding:

- Bullying and Cyber bullying
- Hazing
- Harassment
- Physical Misconduct
- Emotional Misconduct
- Sexual Misconduct



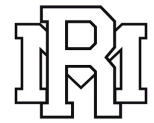
All forms of maltreatment must be reported immediately so appropriate disciplinary and supportive actions can be taken.

## **Resources**

Safesport Canada  
<https://safesport.coach.ca>

Canadian Sport HELpline  
1-888-83SPORT(77678) or [abuse-free-sport.ca/](https://abuse-free-sport.ca/)

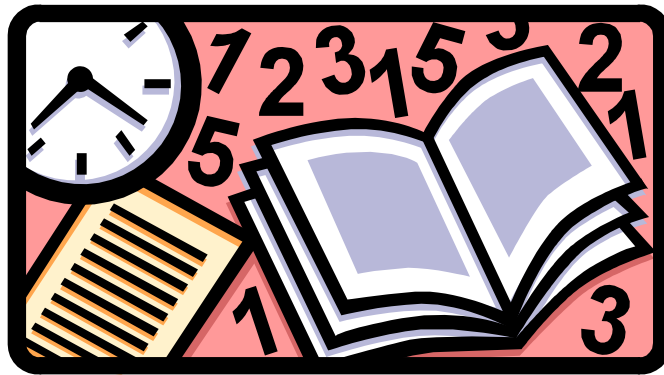
Canadian Centre for Child Protection  
[protectchildren.ca/](https://protectchildren.ca/)



# CONCESSION STAND POLICIES AND PROCEDURES

## Concession Stand Guidelines (As Required)

- Signs will be posted in concession stands regarding hand washing.
- Signs will be posted in concession stand listing location of first aid kit.
- A listing of all important phone numbers, including board member list, will be posted in concession stand.
- 3 to 5 bags of ice will be prepared and kept ready in freezer for potential injury use.
- Operating procedures for safe handling of food will be posted in concession stand.
- Communicable disease procedure list will be posted.
- The league Safety Officer will meet with concession manager at season start to ensure his/her understanding and compliance of the above conditions.





## Keep It Clean: Concession Stand Tips

# '12 Steps to Safe and Sanitary Food Service Events'

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

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

**3. Reheating.** Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices. *Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.*

**4. Cooling and Cold Storage.** Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. *Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of food borne illness.*

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

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

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

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

1. Washing in hot soapy water,
2. Rinsing in clean water,
3. Chemical or heat sanitizing, and
4. Air drying.

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

**10. Wiping Cloths.** Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 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 at least six inches off the floor. After your event is finished, clean the concession area and discard unusable food. *(Remember: Training your concession stand volunteers is one of the 13 requirements for a qualified safety plan.)*

### 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 food borne illness.

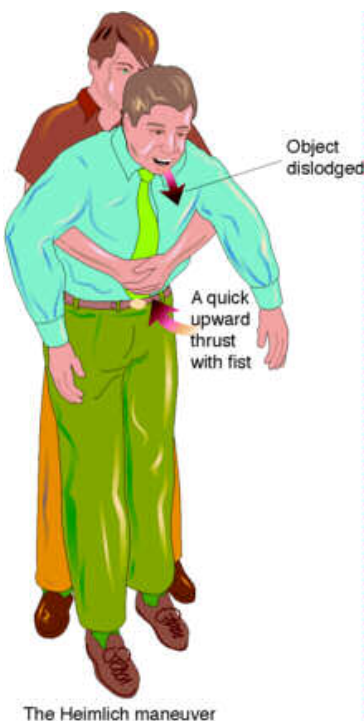
- **Inadequate cooling and cold holding.**
- **Preparing food too far in advance for service.**
- **Poor personal hygiene and infected personnel.**
- **Inadequate reheating.**
- **Inadequate hot holding.**
- **Contaminated raw foods and ingredients.**



## **The Heimlich Maneuver**

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 (bellybutton). 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 your 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.

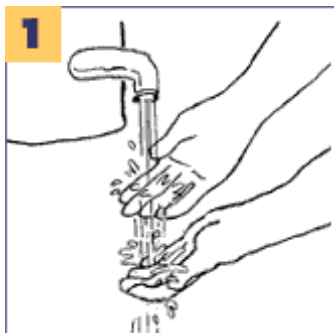


However, occasionally the object will go into one of the lungs. If there is a possibility that the foreign object was not expelled, medical care should be sought.

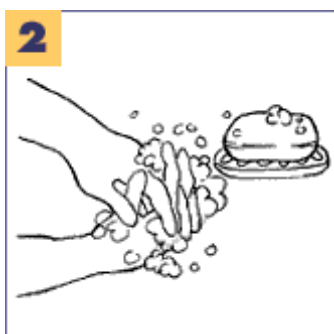
If the object cannot be removed completely by performing the Heimlich, immediate medical care should be sought by calling 911 or going to the local emergency room.



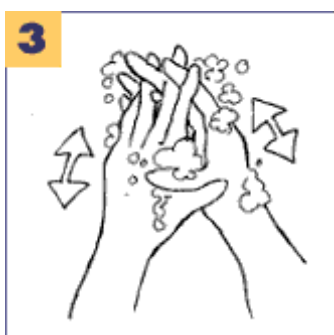
## Steps of Hand Washing



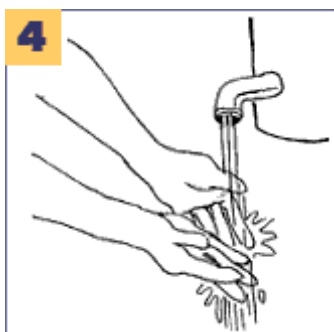
**1. Wet hands with running water.**



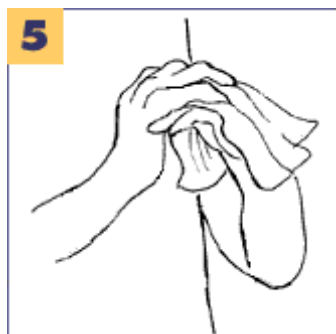
**2. Rub hands together with soap and lather well, covering all surfaces.**



**3. Weave fingers and thumbs together and slide them back and forth.**



**4. Rinse hands under a stream of clean, running water until all soap is gone.**



**5. Blot hands dry with a clean towel.**



## **VOLUNTEER APPLICATION FORMS**

All managers, coaches, board members, and any other volunteer who comes in repeated contact with the children of the Little League Program will fill out and return to the local league a volunteer application form.

The volunteer will be agreeing to a background check by signing the application.

The local league using the information supplied on the application form will do a background check to comply with the policy of Little League Baseball.

It is the responsibility of the Safety Officer or a board-approved individual to ensure that all forms have been turned into the local league.

**Rocky Mountain Little League uses the Calgary Police Service to verify ALL volunteers meet the requirements of Little League International's background check. And are done in compliance with the privacy act in effect. A Vulnerable Sector search is performed as part of the background check.**

The information obtained for these background checks is used solely for the purpose of confirming a volunteer's compliance with the rules and regulations of Little League and will not be disclosed to anyone for any purpose. Rocky Mountain Little League takes the safety of its members to be a serious issue and will not compromise on the standards set forth by Little League International and the Calgary Police Service.

Below is a link to the Little League Volunteer form, required annually for all volunteers in RMLL.

[https://cdn1.sportngin.com/attachments/document/0096/6138/2020\\_LLC\\_Volunteer\\_Application.pdf](https://cdn1.sportngin.com/attachments/document/0096/6138/2020_LLC_Volunteer_Application.pdf)



## 2022 Calgary RMLL Safety Program **2022 COVID-19 Safety Plan Addendum**

Updated: March 2022

This safety plan has been developed to align with current Alberta Health COVID-19 protocols, following best practices concerning COVID-19 to minimize risk of COVID-19 transmission.

This is based on the belief that it is fundamentally safe for participants to play outdoor sports in a controlled and supervised environment at fields and areas dedicated for that purpose. We are advocating, and thus supporting, a strong team effort that educates our members on the need for a safe operation plan.

### **SECTION 1 – Roles and Responsibilities**

#### **Parents, Guardians, and Spectators**

- If any player or member of the player's household is experiencing COVID-19 symptoms, that player cannot attend any RMLL event.
- Parents must perform a player health assessment before every event (see the RMLL COVID Checklist document).
- Temperature checks administered by parents is recommended as a personal initiative before coming to the field. Anyone showing a fever above 38.0 degrees Celsius is not permitted on the field and is asked to stay home.
- Player attendance will be communicated to coaches to facilitate contact tracing

#### **RMLL**

- To enable quick contact with participants and guardians, RMLL will maintain an up to date contact list including names and phone numbers.
- RMLL will update and maintain this COVID-19 safety addendum to align with Alberta Health recommendations and requirements.

#### **Coaches and Volunteers**

- If any coach or volunteer, or member of the volunteer's household is experiencing COVID-19 symptoms, that volunteer cannot attend any RMLL event.
- If a coach, volunteer, or players develops COVID-19 symptoms during the activity, they should be sent home immediately.
- For the purposes of tracing close contacts, coaches or volunteers should be able to indicate anyone who was on the field at a given time. Use of the SportsEngine app or TeamSnap is required to track player participation at each event.
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### **SECTION 2 - Health & Hygiene**

- RMLL will make hand sanitizers available to all coaches and/or volunteers.
- Participants are encouraged to wear clean clothing/uniforms to each event. Uniforms are encouraged to be cleaned after each event and prior to the next one.



- Users assume the risk of using shared equipment such as team bats. Personal equipment is not to be shared, and hats and helmets should be labelled to avoid mistakenly sharing. Players must provide their own helmet.
- In the event that a participant requires first aid, a family member is asked to attend to the injured. If not possible, the first aider should use appropriate Personal Protective Equipment, including medical mask and gloves. All RMLL diamonds will have gloves and masks in First Aid kits.
- RMLL will use hand sanitizers recommended by Health Canada

### **SECTION 3 - Administrative Considerations**

- At a large venue, such as an outdoor baseball park, we believe that social distancing can occur over a wide, spread out area.
- No sharing of water bottles or food of any kind. Water/beverages should be brought from home. Please ensure water bottles are labelled with participant name.
- RMLL will make every effort to encourage and educate coaches and players on respiratory etiquette (e.g., coughing or sneezing into a bent elbow, promptly disposing of used tissues in the trash, followed up with hand hygiene) is followed.
- Ride sharing (car pooling) is not recommended. Players should travel only with an immediate family member. If necessary, a pod of two families can be created (only includes immediate family members of two nearby families) to assist in getting each other's children to the game/practice, but group car pooling is not recommended or endorsed in any way.
- In the event where a positive COVID-19 case of a participant, coach, or volunteer is identified, RMLL will utilize contact tracing to inform all affected participants.



## Rocky Mountain Little League COVID-19 Screening Questions

### Screening Questions for Children under 18 (from Alberta Health Services):

1.	<b>Has the child traveled outside Canada in the last 14 days?</b>	YES	NO
2.	<b>Has the child had close contact with a case<sup>1</sup> of COVID-19 in the last 14 days?</b> Face-to-face contact within 2 metres for 15 minutes or longer or direct physical contact such as hugging	YES	NO
<b>Does the child have any new onset (or worsening) of the following core symptoms:</b>			
3.	<b>Fever.</b> Temperature of 38 degrees Celsius or higher	YES	NO
	<b>Cough.</b> Continuous, more than usual, not related to other known causes or conditions such as asthma	YES	NO
	<b>Shortness of breath.</b> Continuous, out of breath, unable to breathe deeply, not related to other known causes or conditions such as asthma	YES	NO
	<b>Loss of sense of smell or taste.</b> Not related to other known causes or conditions like allergies or neurological disorders	YES	NO

<b>Does the child have any new onset (or worsening) of the following other symptoms:</b>			
4.	<b>Chills.</b> Without fever, not related to being outside in cold weather	YES	NO
	<b>Sore throat/painful swallowing.</b> Not related to other known causes/conditions, such as seasonal allergies or reflux	YES	NO
	<b>Runny nose/congestion.</b> Not related to other known causes/conditions, such as seasonal allergies or being outside in cold weather	YES	NO
	<b>Feeling unwell/fatigued.</b> Lack of energy, poor feeding in infants, not related to other known causes or conditions, such as depression, insomnia, thyroid dysfunction	YES	NO
	<b>or sudden injury</b>		
	<b>Nausea, vomiting and/or diarrhea.</b> Not related to other known causes or conditions, such as anxiety, medication or irritable bowel syndrome	YES	NO
	<b>Unexplained loss of appetite.</b> Not related to other known causes or conditions, such as anxiety or medication	YES	NO
	<b>Muscle/joint aches.</b> Not related to other known causes or conditions, such as arthritis or injury	YES	NO
	<b>Headache.</b> Not related to other known causes or conditions, such as tension-type headaches or chronic migraines	YES	NO
	<b>Conjunctivitis</b> (commonly known as pink eye)	YES	NO

If any of the above questions were answered YES, the child cannot participate.