

# MANSFIELD-ASHFORD LITTLE LEAGUE (M-ALL) 2024 ASAP SAFETY PLAN

LEAGUE ID: 207-11-17

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## MANSFIELD ASHFORD LITTLE LEAGUE (M-ALL) 2024 ASAP SAFETY PLAN

### REQUIREMENT 1: HAVE AN ACTIVE SAFETY OFFICER ON FILE WITH LITTLE LEAGUE INTERNATIONAL

Andrew Campbell is the acting Safety Officer for the 2024 Season and is on file with Little League International.

### REQUIREMENT 2: MAKE SAFETY PLAN ACCESSIBLE TO COACHES, MANAGERS, BOARD MEMBERS AND ANY OTHER VOLUNTEER IN THE LEAGUE

The 2024 Mansfield-Ashford Little League Safety Code (reference Appendix A) will be published on the league's website and provided to all coaches in paper-copy form prior to 4/1/2024. Copies of the safety code will also be posted in common areas for all league volunteers.

### REQUIREMENT 3: POST AND DISTRIBUTE EMERGENCY AND KEY OFFICIAL'S PHONE NUMBERS

#### EMERGENCY – 911

Position	Name	Cell Phone	Home Phone
President	Jonathon Drasdis	(860) 462-9931	
VP – Baseball	David Harbec		
VP – Softball	Gene-Marie Nelson		
Secretary	Andrea Lathrop		
Safety Officer	Andrew Campbell	(860) 933-4196	
Umpire in Chief	Dudley Hamlin	(860) 208-6165	(860) 423-1227
Field Maintenance	Bryan Barkley	(860) 500-3319	

*Any incidents must be reported to the Safety Officer*

### REQUIREMENT 4: REQUIRE VOLUNTEERS TO COMPLETE AND SUBMIT THE OFFICIAL LITTLE LEAGUE VOLUNTEER APPLICATION

THE FOLLOWING INFORMATION IS FURTHER DESCRIBED IN THE M-ALL SAFETY CODE REFERENCED IN APPENDIX A.

All adult volunteers must complete a 2024 Volunteer Application Form as well as provide a government-issued photo identification card for ID verification. Name spellings and numbers will be checked for accuracy. The M-ALL League President and/or Vice President will conduct required Little League International volunteer background checks, as well as a search of the Department of Justice's national sex offender registry,

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prior to the individual assuming their duties for the current season. Any person who refuses to fill out the Application Form will be ineligible to be a volunteer or league member. Additionally, if a background check shows that there has been a conviction for a child related issue in accordance with the Little League regulations, that individual will be immediately removed from that position and prohibited from participating in the League's programs. Our League President will retain these confidential forms for the year of service. Forms are to be shredded at the completion of the playing season(s).

1. As a minimum, the following will be required to complete this form:
2. All League Board of Directors
3. All Managers and Coaches
4. All Volunteers
5. Any other person, volunteer, or hired worker who provides regular service to the league and/or has repetitive access to, or contact with, players or teams.

### REQUIREMENT 5: PROVIDE FUNDAMENTALS TRAINING

A required manager/coach meeting will be held on by the 3<sup>rd</sup> week of March either virtually on Microsoft Teams, or in person. Also, a required manager/coach fundamentals training will be provided at Southeast fields prior to Opening Day in April, as weather and field conditions allow. A makeup date for fundamentals training will be arranged if necessary. Both the manager coach/meeting and fundamentals training will include league safety information.

All managers will be provided with a division specific hard copy of the 2024 Little League rule book at the manager/coach meeting. All managers and coaches will be strongly encouraged to purchase the Little League International online rulebook and strongly encouraged to review the "Coach Resource Center" on this site periodically. <https://www.littleleague.org/university/coaches/>.

### REQUIREMENT 6: PROVIDE FIRST-AID TRAINING

THE FOLLOWING INFORMATION IS FURTHER DESCRIBED IN THE M-ALL SAFETY CODE REFERENCED IN APPENDIX A.

Formal Little League International and M-ALL specific first-aid information will be provided to managers/coaches at the required manager/coach meeting. A CT Certified Emergency Medical Services instructor or a Medical Officer from the Mansfield Fire Department along with the Safety Officer will conduct a review of essential procedures to be followed in case of an injury. This training will occur at the Mansfield Community Center, Mansfield, CT or Virtually. Mansfield-Ashford Little League does not offer CPR training, but all coaches and volunteers are encouraged to attend an appropriate

training course. Local and online opportunities for CPR/First Aid training will be shared at the meeting.

#### **REQUIREMENT 7: REQUIRE FIELD INSPECTIONS BEFORE GAMES AND PRACTICES**

THE FOLLOWING INFORMATION IS FURTHER DESCRIBED IN THE M-ALL SAFETY CODE REFERENCED IN APPENDIX A.

All coaches and umpires are required to walk the fields for hazard before each use. A field safety checklist will be posted in each dugout as a reminder to ensure safe playing conditions before play begins. Each coach will also have a checklist in their scorebook to mark this requirement as complete before each practice/game. Should a concern arise that does not immediately impact play, the Field Safety Checklist form should be completed and forwarded to the League's Safety Officer or Field Maintenance Officer within 24 hours, whenever any discrepancies are noted. If possible, the inspector should try to correct the condition immediately to ensure a safe playing area.

#### **REQUIREMENT 8: COMPLETE THE ANNUAL FACILITY SURVEY**

The annual Little League Facility Survey will be completed and submitted online by April 1, 2023.

#### **REQUIREMENT 9: POST AND UTILIZE CONCESSION STAND PROCEDURES**

THE FOLLOWING INFORMATION IS FURTHER DESCRIBED IN THE M-ALL CONCESSIONS PROCEDURES DOCUMENT REFERENCED IN APPENDIX B.

Training for concession safety procedures will be conducted prior to opening day and as needed throughout the season, this training will be announced via email by the concession manager. All concessions volunteers will also receive a paper copy of our written concessions' safety procedures. It is important that all individuals who work the concession stand are familiar with proper food handling procedures, even though we have a minimum number of foods that have to be cooked. Most of what we stock is prepackaged candies, snacks, and soft drinks. The concession manager will be responsible for the training of all those who work at the concession stand.

#### **REQUIREMENT 10: REGULARLY INSPECT AND REPLACE EQUIPMENT AS NEEDED**

THE FOLLOWING INFORMATION IS FURTHER DESCRIBED IN THE M-ALL SAFETY CODE REFERENCED IN APPENDIX A.

##### **Player Equipment**

All equipment will be inspected for defects and proper fit by the team manager and/or coach prior to play. 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".

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League officials, managers, coaches, umpires, and volunteers must pay special attention to the equipment that the players are using. Most of the team equipment is provided by the League. It is the responsibility of the manager and coach to regularly inspect this equipment to ensure that it is in safe, playable condition. Also, managers and coaches must ensure that any items that are personal property of a player conform to the rules and specifications set forth by Little League Baseball. All umpires must inspect playing equipment prior to the start of any game. Any item that is found to be defective must be taken out of play and removed from the dugout. The Equipment Manager will replace league equipment as appropriate.

Of special concern is the equipment used by the catchers. Any catcher warming up a pitcher MUST have an approved helmet, facemask with dangling throat protector, glove, and cup. During a game, the catcher will also have an approved chest protector and leg protectors when behind the plate.

### Equipment Boxes:

The following applies to all of the equipment boxes used by the League and applies to anyone who has been issued a key by the League to use those equipment boxes:

1. All individuals with keys to the League equipment sheds (i.e., managers, umpires, etc.) are aware of their responsibilities for the orderly and safe storage of rakes, shovels, bases, etc.
2. All chemicals or organic materials stored in League sheds shall be properly marked and labeled as to their contents.
3. 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.
4. Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and properly disposed of as soon as possible, to prevent accidental poisoning.
5. No perishable materials or player equipment shall be stored in the equipment boxes or field sheds for any reason.

## REQUIREMENT 11: HAVE A PROCEDURE FOR REPORTING ACCIDENTS/INJURIES

THE FOLLOWING INFORMATION IS FURTHER DESCRIBED IN THE M-ALL SAFETY CODE REFERENCED IN APPENDIX A.

### WHAT TO REPORT:

Any incident that causes a player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the M-ALL Safety Officer. This

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includes passive treatments, such as the evaluation and diagnosis of the extent of the injury or periods of rest.

### WHEN TO REPORT:

Such incidents described above must be reported to the Safety Officer within 48 hours of the incident. The acting Safety Officer for 2024 is Andrew Campbell; he can be reached at 860-933-4196 or via e-mail at [andrewcamp828@gmail.com](mailto:andrewcamp828@gmail.com)

### HOW TO MAKE THE REPORT:

Reporting incidents to the Safety Officer can come in a variety of ways.

Typically, they are telephone conversations. At a minimum, the following information must be provided:

1. The name and phone number of the individual involved.
2. The date, time, and location of the incident, and as detailed a description of the incident as possible.
3. The estimation of the extent of any injuries and any first-aid rendered.
4. The name and phone number of the person reporting the incident.
5. Manager must complete a Little League Baseball Accident Notification Form. This form must be submitted to the Safety Officer within 48 hours of the incident.

*DO NOT SEND THE FORM DIRECTLY TO LITTLE LEAGUE.*

Safety Officer'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 (i.e. Emergency Room visit, doctor's visit, etc.).
4. Will advise the parent or guardian of the League's insurance coverage and the provisions for submitting any claims.

If the extent of the injuries is more than minor in nature, the Safety Officer shall periodically call the injured party's family 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 "closed" (i.e.; no further claims are expected and/or the individual is participating in the league again).

### Insurance Claim Forms:

The Little League Baseball Accident Notification Form MUST be completed for ALL injuries, whether or not the individual requires additional medical assistance. Form fields can be filled in on the computer then printed or written in on paper form and then sent to the Safety Officer.

<https://www.littleleague.org/downloads/accident-claim-form/>

*DO NOT SEND THE FORM DIRECTLY TO LITTLE LEAGUE.*

The League needs completed information on the form, but it may not necessarily need to be sent in. It may be an informational copy for the League use only, but that will be based on the judgment of the Safety Officer and the Board of Directors. Questions re: whether or not the form needs to be completed will be responded to by the acting League Safety Officer, Andrew Campbell.

## REQUIREMENT 12: REQUIRE FIRST AID KITS (MED-KITS) AT ALL LEAGUE EVENTS

THE FOLLOWING INFORMATION IS FURTHER DESCRIBED IN THE M-ALL SAFETY CODE REFERENCED IN APPENDIX A.

### MED-KITS and AED

All managers must bring, AND HAVE READILY AVAILABLE, a First Aid Kit (med-kit) specifically provided by Mansfield-Ashford Little League to all games and practices. Med-kits will be distributed to all managers when they receive their team's equipment. Contact Andrew Campbell, to restock as items are used during the season. A fully stocked med-kit and functioning AED (Automated Electronic Defibrillator) are located in the concession building.

### MEDICAL CARE

All league volunteers are made aware of the League mandate to ensure that timely care is provided to those individuals who require it, when visiting or participating in play at our fields. It is the home team Manager's responsibility to ensure that emergency medical care is provided at each game if necessary. This does not mean that the manager must be the caregiver, but he or she must know some basics.

These basics include the following:

1. Reassure and aid children who are injured, frightened, or lost.
2. Provide or assist in obtaining medical attention for those who require it.
3. KNOW YOUR LIMITATIONS.
4. Ensure a league supplied first aid kit is readily available at all games and practices.
5. Ensure player's "Medical Information Forms" are readily available to you at all games and practices.
6. It is a league mandate that all volunteers have a fully functioning cellular phone readily available for use should there be an emergency while at the field.

All league volunteers are prohibited from:

1. Administer any medications to players, including off the shelf topical ointments or sprays, unless provided in league provided med-kits.

2. Provide any food or beverage to players, except for fluids provided to prevent/mitigate heat related injury or illness.
3. Hesitating or refusing to provide basic first aid care to players when necessary.
4. Leaving an unattended child at the field.
5. Hesitating to remedy and/or report any present or potential safety hazard to the League Safety Officer, League President, or other available League Board member immediately.
6. Transport an injured individual, get an ambulance if needed.

*Any incidents must be reported to the Safety Officer – See Requirement #11.*

**CONCUSSION:**

A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Coaches are reminded, even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other, or with obstacles, such as a backstop or fence.

Signs and symptoms of concussion:

**SIGNS OBSERVED BY COACHES**

- Appears dazed or stunned
- Is confused about assignment
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Groggy/answers questions slowly
- Loses consciousness (even briefly)
- Behavior or personality changes
- Can't recall events after hit or fall

**SYMPTOMS REPORTED BY ATHLETE**

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light, double/blurry vision
- Sensitivity to noise
- Feeling sluggish, hazy, foggy
- Confusion
- Concentration or memory problems
- Does not “feel right”

**The Facts**

A concussion is a brain injury.

- All concussions are serious.
- Concussions can occur without loss of consciousness.
- Concussions can occur in any sport.
- Recognition and proper management of concussions when they first occur can help prevent further injury or even death.

If a manager/coach suspects that a player has a concussion, follow the M-ALL Concussion Action Plan:

1. Remove player from game/practice.

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2. Ensure player is evaluated by an appropriate health care professional/ Do not try to judge the seriousness of the injury yourself. When in doubt-call 911.
3. Inform the player's parent/guardian about the possible concussion and ask them to seek medical evaluation.
4. Allow players to return to play (including practice) only with written permission from a health care professional.

*Remember to contact Andrew Campbell, the League President, and complete an accident notification form.*

To help ensure the health and safety of young athletes, the CDC developed the Heads-Up: Concussion in Youth Sports program. The Heads-Up initiative provides important information on preventing, recognizing, and responding to a concussion. All M-ALL managers and coaches are encouraged to complete the CDC online training program for coaches @ <https://www.cdc.gov/headsup/youthsports/training/index.html>

### COMMUNICABLE DISEASES:

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

Players exhibiting cold/flu symptoms are expected to stay home and not return to the field until the child is symptom free for 24 hours. Players arriving at the field actively presenting cold/flu systems will be returned to their parent/guardian for care. Parents will be advised of this policy prior to the beginning of the season.

Managers are expected to follow this policy:

- Use of gloves to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
- Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves or use hand sanitizer.
- Clean all blood contaminated surfaces and equipment with a League approved germicide before competition resumes. These will be in the equipment boxes behind home plate.
- For emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or face shield will be available for use and located in your first aid kit.
- Contaminated towels and bandages should be disposed of by placing them in the red biohazard bag in your first aid kit.
- For an athlete to resume play, bleeding must be stopped, and any open wound covered. If there is any excessive amount of blood on the uniform, it must be changed.

Additional information will be provided at the annual coaches meeting.

### **REQUIREMENT 13: ENFORCE LITTLE LEAGUE RULES & REGULATIONS**

THE FOLLOWING INFORMATION IS FURTHER DESCRIBED IN THE M-ALL SAFETY CODE REFERENCED IN APPENDIX A.

1. No games or practices should be held when weather or field conditions are not playable, particularly when field lighting is inadequate. All games and practices will end at official sunset times – NO EXCEPTIONS.
2. Only players, managers, coaches, and umpires are permitted on the playing field during games and practice sessions. No spectators, parents, or siblings are allowed on the playing fields without a completed background check and prior approval by the M-ALL coach coordinator.
3. 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”. All identified defective equipment, provided by the league or player’s personal equipment must be removed from the field of play and removed from the dugout.
4. All players should be alert and watch the batter on each pitch during practice and games.
5. Inspect equipment regularly and make sure it fits properly.
6. During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
7. 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., laying catch, pepper, swinging bats, etc.)
8. Catchers must wear catcher’s helmet, mask, throat protector, shin guards, long model chest protector, and protective supporter (boys) always during games, practices, and pitcher warm-ups.
9. Managers and coaches may not warm up pitchers before or during a game. NO EXCEPTIONS.
10. Headfirst sliding is prohibited while advancing, except at Senior and Big-League levels of play.
11. During sliding practice, bases should not be strapped down.
12. Horseplay is not permitted on the playing field at any time.
13. Parents of players who wear glasses should be encouraged to provide their children with safety glasses.
14. Metal cleats are not permitted except for the “Big-League Division” only.
15. Players may not wear watches, rings, pins, or metallic items during games and practices.
16. Use of mouth guards is strongly encouraged, especially for pitchers.

### LIGHTNING POLICY

All volunteers are reminded throughout the season, during a thunderstorm, **IF YOU CAN HEAR THUNDER, YOU CAN BE HIT BY LIGHTNING!**

A manager, coach, league official and/or umpire who identifies an approaching thunderstorm must confer and stop play; advising players and parents/guardians to seek safe shelter, regardless of whether lightning has been sighted. Do not resume activities until 30 minutes after the last thunder was heard.

At M-ALL fields, the best area for players and parents/guardians to seek shelter is in a fully enclosed vehicle with the windows rolled up. Open areas, isolated trees, unprotected gazebos, dugouts, flagpoles, light poles, bleachers, metal fences, are not safe refuge during a thunderstorm.

League volunteers will be pointed to <https://www.littleleague.org/university/articles/staying-safe-from-lightning-at-the-field/> for information.

### VIOLENCE AT OR ON THE FIELD

Recent events from around the country have indicated that the threat of violence against sports officials, coaches, and managers from spectators is an all too real possibility. The League does not condone this type of activity in any manner and the following guidelines are established to try to prevent any unfortunate situations:

If a spectator is becoming excessively loud and unruly, or it is felt that they might threaten or act in a violent manner, the umpire of the game will immediately stop play. After play is stopped, the umpire will consult with the team managers to try and determine if the spectator is affiliated with either team. If this is the case, the manager will be asked to speak with the offending individual to try and calm them down. If this does not work, at the umpire's discretion, the game will be called, and the incident referred to the Executive Board of the League for possible action, up to and including forfeiture.

If the individual cannot be identified with a team, or the officials at the game feel that the individual poses a real threat to the safety of any player, official, or spectator, a Mansfield/Ashford Resident State Police officer will be immediately notified to deal with this person. Under no circumstance should any League official attempt to restrain or get into a confrontation with an unruly individual.

Our goal is to ensure a safe and enjoyable environment for everyone.

### PLAYER WARM UP

Simply having a team show up and throw the ball around prior to a game does not prepare them to play. Baseball is a classic example of short bursts of energy that take maximum effort. All too often, players are injured, not from being struck by a ball or bat, but from muscle pulls, strains, or sprains. These are the most preventable injuries by simply doing some pre-game warm-ups.

Each coach or manager is responsible for the safety of each player, and that includes minimizing the risk of injury. The warm-up should be an aerobic activity, such as jogging, for at least 5 to 10 minutes. Stretching routines should combine static (stretch and hold position for 10-20 seconds) with dynamic stretches (movement involved). Warm up best practices will be shared at the annual fundamentals training.

### DIET AND HYDRATION

Water, which is the best source of hydration, or a sports drink should be consumed during a practice or game. During hot and/or humid weather, all players, coaches, managers, and umpires are strongly encouraged to drink often.

Catchers and umpires tend to be more prone to heat related illness because of the extra equipment that is required for their positions. Drinks with caffeine are discouraged. Caffeine can help to dehydrate a player faster. Also, many caffeinated beverages are high in sugar.

### REQUIREMENT 14: SUBMIT LEAGUE REGISTRATION DATA FOR PLAYERS, COACHES AND MANAGERS

League registration data will be provided to Little League International upon the completion of the team draft prior to April 1.

### REQUIREMENT 15: COMPLETE SURVEY QUESTION IN LL DATA CENTER

The League survey question was completed at the time of submission of this ASAP plan.

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## **APPENDIX A: MANSFIELD-ASHFORD LITTLE LEAGUE 2024 SAFETY CODE**

THIS DOCUMENT IS A SUPPLEMENT TO THE SAFETY REQUIREMENTS OUTLINED IN THE 2023 LITTLE LEAGUE INTERNATIONAL BASEBALL AND SOFTBALL RULE BOOKS. IT CONTAINS SAFETY GUIDELINES AND REMINDERS SPECIFIC TO OUR LEAGUE'S OPERATIONS AND IS APPLICABLE TO ALL MANAGERS, COACHES AND VOLUNTEERS.

*Contact: Andrew Campbell, League Safety Officer, [andrewcamp828@gmail.com](mailto:andrewcamp828@gmail.com)*

### ***PLAYER SAFETY BEGINS WITH YOU.***

Ensuring player (and spectator) safety requires an ongoing commitment to being safety minded – each one of us, every time we step onto the field.

- First and foremost, we must be vigilant in identifying and removing potential risks to player and spectator safety, on the playing field, in practice areas and the spectator environment.
- Second, as a Mansfield-Ashford Little League Volunteer, you have the authority (and responsibility) to take action to prevent an injury from occurring to any player or spectator. If you see something, say something!
- Third, managers and coaches have a special responsibility to “lead by example,” demonstrating to players what it means to always be alert and play safe.

Unfortunately, injuries do happen each season. Please take the time to be prepared should an injury happen “on your watch”.

Please note the following abbreviated terms used throughout this document:

- “M-ALL” and the “League” are synonymous with Mansfield-Ashford Little League.
- “M-ALL volunteer” or “volunteer” encompasses all individuals who have expressed a desire to participate in M-ALL activities, agree to - and successfully pass - a “background check” conducted by the League and have completed all Little League International and M-ALL training requirements associated with their volunteer role with the League.
- “League Officers” encompasses all elected members of the M-ALL Board of Directors.
- “Team Manager” or “Manager” represents a M-ALL volunteer, selected by the League President, who is accountable for ensuring all team activities adhere to, and comply with Little International and M-ALL rules and regulations.
- The term “Coach” refers to a M-ALL volunteer, selected by the team manager, to be in a support role facilitating team activities. A coach also must adhere to the same rules, regulations, and safety guidelines as the manager.

## SECTION 1: KEY SAFETY RESPONSIBILITIES

### Key Safety Responsibilities for League Officers:

1. The League President or Safety Officer shall provide the Town of Mansfield Emergency Services a schedule of practices and games for the 2024 season, as this information becomes available.
2. The Safety Officer shall ensure a first aid kit and AED (located in the concessions stand) are available and accessible to team managers, coaches, and volunteers during all on-field activities.
3. The Safety Officer will provide all team managers with a first aid kit prior to the first practice, or as soon as practical thereafter. Managers are required to ensure the first aid kit is available and accessible during all on-field activities.
4. The Safety Officer will post appropriate signs in public areas around fields to facilitate communication and enforcement of the Safety Code guidelines prior to opening day.
5. The League President shall take measures to mitigate the hazards that may relate to special events such as picnics, fund-raising projects, etc.
6. The League President and Safety Officer will identify and address potential hazards that may impact the safety of spectators, including parking facilities.
7. The League President and Concessions Coordinator will obtain appropriate operating permits and ensure the safe handling of food and drinks at the concession stand.

### Key Safety Responsibilities for Managers and Coaches:

1. Managers have the authority and responsibility to stop any on-field activities should an identifiable safety concern become evident, which may impact the safety of any player or individual on the field.
  - a. Examples of safety concerns include poor field conditions, inclement weather, lack of adequate light for play, improper player equipment, spectator disturbance.
2. It is the team manager's responsibility to ensure that first aid and/or emergency medical care is provided on the field, should it become necessary.
  - a. Should an on-field injury occur with a player, coach, parent, or spectator, beyond "bumps and bruises" outlined in Section 7 of this document, contact the League Safety Officer, Andrew Campbell as soon as practical for guidance on injury follow-up procedures.
3. Managers and coaches should inspect and remedy the play area of holes, water damage, stones, glass, and other evident foreign objects prior to on-field activities.

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- a. Should any field-related safety concerns arise in which a manager is unable to reasonably remedy using available field equipment, contact the League Field Coordinator, Bryan Barkley or Equipment Gary Leach as soon as practical.
4. Managers are accountable for ensuring only rostered players and approved M-ALL volunteers are permitted access to the playing field, dugout, or areas restricted for safety by the League.
  - a. EXCEPTION: In the event of a player injury, the manager may permit emergency services personnel to enter the field of play and/or dugout area to attend to the player.
5. The manager may only release the player to a parent, an emergency contact designated by the parent, or emergency services personnel (if necessary).
6. Managers should establish a control procedure to ensure players do not leave the dugout or field of play without permission, especially in the case of players attempting to retrieve foul balls or using bathrooms out of sight line of a coach and/or parent.
7. Managers and coaches are responsible for ensuring all players are off the field and in a safe location in the event of an imminent thunderstorm.

### ADDITIONAL REMINDERS:

- Have your player's "Medical Information Forms" readily available to you during all on field activities.
- Ensure your M-ALL provided first aid kit is readily accessible to you during all on field activities.
- Ensure a parent of a player who may require medication at the field (e.g., asthma inhaler) is available to administer it to the child, should it become necessary.
- Ensure a reliable and functioning cellular phone available to you for emergency use during all practices and games.
- Know your limitations regarding providing first aid and/or emergency medical care.

### DO NOT:

- Administer any medications to a player, including over the counter medications, insect repellent, suntan lotion, or other cosmetics.
- Leave an unattended child at a practice or game.
- Provide any food or beverage to an injured player, except for water if it is a heat related injury or illness.

- Transport an injured player. Only the parent, emergency contact designated by the parent, or emergency services personnel may transport an injured player. Use your judgement, call an ambulance if necessary.

### SECTION 2: EQUIPMENT SAFETY

#### Safe Equipment Guidelines:

1. Inspect all equipment regularly, regardless of whether it is provided by the League or a parent.
2. Remove any broken equipment, illegal bats, overly worn baseballs, softballs or other non-baseball/softball related items from the field and dugout.
3. Advise parents of equipment standards and regulations as appropriate, as per the Little League Rule Book.
4. Ensure “break-away” bases are in good order and operating as designed (e.g., clean dirt out of base posts so the base sits properly on the playing surface.)
5. Ensure all players are wearing gender appropriate athletic supporters and safety gear (cup or gel), particularly pitchers and infielders prior to practices or games.
6. On-field defensive face masks are allowable and encouraged for use by infielders.
7. Little League approved batting helmets must be worn whenever a player is at bat, waiting to bat, or running the bases. Helmets should always fit properly and be worn correctly. Eye shield or other faceguard must be in good condition and securely attached to the helmet.
8. The catcher must always wear a helmet, facemask, throat guard, full-length chest protector, athletic supporter with a cup, shin guards and use a catcher’s mitt whenever they are catching pitches - in the game, in the bullpen or during warm-ups.
9. A player “warming up” a pitcher between innings must wear a catcher’s helmet, with full mask and throat protector.
10. Team managers and coaches are prohibited from warming up a pitcher.
11. Only molded plastic baseball cleats are allowed for practice or play.
12. Additional allowable gear includes sliding shorts, batting gloves, shin and foot guards, and mouth guards.
13. Parents of players who wear glasses should be encouraged to purchase “safety glasses” for on-field activities.
14. Players cannot wear watches, rings, pins, wristbands, neckbands, or any other visible “accessory” items during practice or games.
15. Pitchers cannot wear sunglasses unless it is a safety issue – (e. g. sun in the pitchers’ eyes on field B at Southeast Park). An opposing team manager should be consulted prior to the pitcher wearing sunglasses.

### SECTION 3: LIGHTNING / INCLEMENT WEATHER SAFETY

#### Lightning Safety

Every coach, parent, official and administrator should be aware of the dangers lightning presents during a youth sports event. In the United States alone there are an average of 54 deaths and countless other injuries every year from lightning strikes.

As a manager or coach, you are responsible for ensuring all players are off the field and in a safe location in the event of an imminent thunderstorm. Additionally, on-field activities should be suspended for at least 30 minutes after the last observed lightning or hearing thunder.

*Here are some common storm safety tips to keep in mind:*

- Review weather reports before each practice or game.
- A dugout is not a safe location to ride out a thunderstorm.
- With a threat of thunderstorms forecasted for practices or games, ask parents not to leave the field area in the event their child needs to quickly seek shelter from a thunderstorm.
- When you can hear thunder, you usually are no longer safe and need to take shelter.
- Immediately find a safe building or vehicle to take shelter for you and your team.
- Lightning often precedes rain, so do not wait for rain to begin before suspending on-field activities.

*Unsafe places to ride out a thunderstorm include:*

Underneath canopies, small picnic areas, dugouts, rain shelters or near trees. Where possible, find shelter in a substantial building or in a fully enclosed metal vehicle such as a car, truck, or van with a metal roof - and make sure all the windows are completely shut.

#### *Inclement Weather Procedures – To Play or Not to Play*

In the event of thunderstorm, rain, wind or cold weather, the condition of the playing field in relationship to player safety are deciding factors regarding whether play can occur. M-ALL has procedures in place for inclement weather-related field closings and/or when play must be postponed. The following are guidelines and are subject to change as the season progresses. When in doubt, managers should contact the League President for guidance.

These procedures are listed below:

- Monday – Friday Prior to 3:30 PM

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- The M-ALL President (or delegate) will visit the fields to make a PLAY/NO PLAY determination.
  - NO PLAY: M-ALL President contacts managers scheduled to use the field to relay no play decision. Manager contacts parents/coaches.
  - PLAY: No action required; play proceeds as scheduled.
- Monday – Friday After 3:30 PM
  - The team manager will visit the fields to make a “GAME TIME” PLAY/NO PLAY determination.
  - NO PLAY: Manager contacts coaches & parents.
    - Contact M-ALL President to relay you will not be using the field.
  - PLAY: Play proceeds as scheduled.
    - Contact M-ALL President to relay you will be using the field.
- Saturday – Sunday
  - Prior to 8:00 AM For Morning Play
  - Prior to 11:00 AM For Afternoon Play
    - The M-ALL President (or delegate) will visit the fields to make a PLAY/NO PLAY determination.
      - NO PLAY: M-ALL President contacts managers scheduled to use the field to relay no play decision. Manager contacts parents/coaches.
      - NO PLAY: Play proceeds as scheduled. Contact M-ALL President to relay you will be using the field.

### SECTION 4

#### MANAGING SPECTATOR BEHAVIOR

What Can (and has) Happened:

If a spectator is becoming excessively loud and unruly, or it is felt that they might threaten or act in a violent manner, the umpire of the game should immediately stop play. After play is stopped, the umpire will consult with the team managers to try and determine if the spectator is affiliated with either team. If this is the case and the spectator is merely loud and/or unruly, the manager, at his/her discretion may speak with the offending individual in an attempt to remedy the situation. If this does not work, at the umpire's discretion, the game may be suspended until support from a Police Officer can be obtained to remove the individual from the field.

Should a team manager or League Official perceive that a disruptive individual poses a threat to the safety of any player, official, or other spectator, the manager or League Official should contact the Mansfield Police and/or State Police immediately.

Under no circumstance should any League official, manager, or coach attempt to restrain or get into a confrontation with a disruptive individual on or off the field.

### SECTION 5: PLAYER SAFETY BASICS

#### Warm-Ups:

Warming up and stretching before each practice and game is important to helping to prevent player overuse injuries. In baseball and softball, throwing mechanics and conditioning of the throwing arm are especially important.

#### Before each practice and game:

Managers should include throwing drills focusing on mechanics into warm-up routines. While supervising throwing drills, pay particular attention to teaching proper throwing mechanics and slowly building strength of the player's throwing arm. The idea is to start with short, soft throws meant to stretch muscles and loosen up joints. As the arm warms up, the distance and intensity of throws can gradually increase until the player is throwing as they would during a game situation.

Encourage players to "speak up" if they feel any pain in their arm or elbow. Should a player communicate to you they feel pain, or if you notice body language suggesting the player is experiencing pain, have the player immediately back off the intensity of their throwing, or in the case of significant pain, stop throwing altogether.

Although baseball and softball are not contact sports, collisions can and do occur. With attention focused on the ball, it is easy for young players to lose track of where their teammates are on the field.

If there's any doubt as to who should field a ball, one player should call for it as loudly as he or she can to let the others know to back away. Players should practice doing this with teammates to get used to listening to each other's voices.

#### While batting:

It is important for kids to stand confidently in the batter's box and not be afraid of the ball. That being said, players know getting hit with a pitch hurts! Ensure players know how to safely get away from wild pitch.

Managers should ensure players know how to safely get out of the way if a pitch is headed toward them. The best way to do this is to duck and turn away from the pitcher, exposing the back and rear end to the pitch instead of the face and midsection. Practice this move during batting practice as you would practice bunting.

#### On the base paths:

Players should practice running the bases with their heads up, looking out for other players and batted balls.

Players need to be reminded that despite what they see on MLB, sliding headfirst is not allowed, as this can lead to head injuries and facial cuts. Managers should consistently emphasize and reinforce proper base running and sliding mechanics during practice and games. Also, it is helpful for players to practice base running scenarios you expect to occur during games.

### Excessive pitching:

Particularly for adolescent arms that are still growing, puts an enormous amount of strain on joints and tendons. Overuse Injuries can result from excessive pitching but can be largely avoided.

Injuries to wrists, elbows, rotator cuffs, ligaments, and tendons can result from excessive pitching but can be largely avoided if players and coaches follow a few simple guidelines. Managers are required to adhere to Little League rules regarding pitch counts. Pitch count and days' rest limits are outlined in the official 2023 Little League Rule Book.

## SECTION 6: FIRST AID

### Team First Aid Kit

Know what is in it and how to use it.

Managers and coaches are the first line of action following an injury. Parents will not always be present at every game and practice, so you oversee the player safety. It is your No. 1 responsibility to be looking out for the safety of all your players, whether the injury seems to be minor or major. The first aid you administer can often make a huge difference in preventing the injury from getting worse or infected before help arrives. Take time to review basic First Aid prior to the start of the season.

As stated previously in this document, the League provides each manager with a first aid kit for use during the season. Managers are required to make the first aid kit readily available and accessible during all on-field activities, both home and away.

Your first aid kit should include:

- Non-sterile gloves – if you are dealing with blood. This also protects the athlete from possible infection from your unwashed hands.
- Antiseptic spray or wipes – to clean out cuts or abrasions.
- Assorted Band Aids/gauze pads – to assist in stopping any bleeding, to clean the area and to protect the area.
- Ace bandages – used to hold ice in place over the injured area and to provide compression to aid in reducing swelling.
- Athletic tape – used to hold a flexible splint or ace bandage in place
- Sling – immobilizes injuries to the shoulder and arm

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- Ice or cold packs – used to reduce swelling and pain. Tip: freeze water in small paper cups and then tear off the top of the cup when needed to massage the injured area.
- Scissors – to cut bandages, athletic tape, or clothing if necessary.

**CONTACT ANDREW CAMPBELL SHOULD YOU NEED REPLACEMENT FOR ANY ITEMS IN YOUR KIT**

### SECTION 7: COMMON PLAYER INJURIES

Bumps, Bruises, Strains or Sprains (includes overuse injuries)

- Localized pain.
- Possible limited range of motion.
- Swelling and possible skin discoloration.

#### WHAT TO DO

1. Ask player to walk off the field if possible.
2. Carefully compress ice to the injured area and elevate it above the level of the heart to help reduce swelling and provide an anesthetic effect.
3. Inform parents as soon as practical

#### P.R.I.C.E. TREATMENT

**P - PROTECTION:** The injured area must be wrapped, splinted, and protected.

**R - REST:** The injured area must be immobilized and rested.

**I - ICE:** The use of ice has two basic purposes. The cooling effect is an anesthetic and provides some relief from discomfort. It also provides a constriction of the blood vessels and reduces swelling to the injured area. Apply ice for 20 to 30 minutes, and then remove for 1-2 hours before reapplied.

**C - COMPRESSION:** Compression should be applied to the area that is injured to minimize the swelling and to provide comfort along with rest and immobilization.

**E - ELEVATION:** The injured area should be elevated higher than the heart level to minimize the addition of swelling to that area.

### SECTION 8: HEAT RELATED MEDICAL ISSUES

How Do I Protect My Players from The Sun?

*Exposure to the sun is an often-overlooked health risk when it comes to youth sports. Available shade, water and sunscreen are basic defenses against sun and heat related medical issues.*

**HEAT CRAMPS**

*Sudden, painful muscle contractions often caused by loss of body fluids and mineral depletion through sweating or as the result of an acute blow.*

What to do, gently stretch and massage the affected muscle area and have the player drink fluids.

**HEAT EXHAUSTION**

*Weakness, dizziness, profuse sweating, or rapid pulse.*

What to do, call for emergency medical assistance; have the player rest in the shade with their legs elevated and replenish fluids.

**HEAT STROKE**

*High body temperature, red hot but dry skin; also, a rapid pulse, difficulty in breathing, convulsions, collapsing.*

***HEAT STROKE IS A MEDICAL EMERGENCY AND CAN BE FATAL. IMMEDIATELY CALL FOR MEDICAL ASSISTANCE.***

What to do, Move the player to shade and cool the body by removing layers of clothing; massage the lower body with ice.

**SECTION 9: MUSCLE, LIGAMENT AND BONE RELATED INJURIES**

**Severity of Strains & Sprains**

*Localized pain, limited range of motion, swelling and possible skin discoloration.*

***1st DEGREE INJURY***

*Stretching in a ligament or muscle tightness – able to move muscle with some discomfort, minimal swelling. The player should not return to the game.*

Ask the player to walk off the field if possible. Carefully compress ice to the injured area and elevate it above the level of the heart to help reduce swelling and provide an anesthetic effect.

***2nd DEGREE INJURY***

*More extensive tearing of ligaments and/or muscle fibers – pressure or weight increases pain, sudden twinges during movement, may notice swelling. Player cannot return to game.*

Support player in walking off the field. Carefully compress ice to the injured area and elevate it above the level of the heart to help reduce swelling and provide an anesthetic effect. Encourage parents to seek medical advice.

*3rd DEGREE INJURY*

*More than 90% rupture of a muscle, tendon, or ligament – movement severely affected, noticeable swelling, usually bruising.*

Support or carry player off the field, if safe to do so. Carefully compress ice to the injured area and elevate it above the level of the heart to help reduce swelling and provide an anesthetic effect. Advise parents to seek immediate medical attention.

*DISLOCATION OR FRACTURES*

*Pain, deformity, and loss of function.*

Do not move the player unless it can safely be done. Call for immediate emergency medical assistance.

*How Do I Identify If the Injury Is Severe?*

When you are approaching an injured child, be sure to keep the following sequence in mind:

1. Look at their lip color, feel their chest or put your cheek next to their nose to see if they are breathing.
2. If the child is not breathing and there is no palpable pulse in their neck or wrist, you must immediately initiate Cardiopulmonary Resuscitation (CPR) (if you are trained to do so) and have someone call for immediate medical assistance.
3. If the injury sustained is to the head or neck, the athlete must be calmed and restrained in the position found until emergency medical assistance arrives.

*How Do I Deal with A Severely Injured Child?*

Assessing sports injuries is an integral part of coaching youth sports. Managers and coaches must be prepared for ANY type of injury, including when a child goes down and may have lost consciousness. The acronym C.O.A.C.H. is a handy reminder of how to respond.

C – ARE THEY CONSCIOUS?

O – ARE THEY OXYGENATING (BREATHING)? If yes to these two questions, move on...

A – ASK where does it hurt?

C – CONTROL the area that is painful.

H – DO THEY NEED A HOSPITAL?

You make the decision, in consultation with the parent if available, whether to call for immediate medical assistance and have the child taken to the hospital.

SECTION 10: CONCUSSION IDENTIFICATION & TREATMENT PROCEDURES

*A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a backstop or fence.*

The Facts:

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without loss of consciousness.
- Concussions can occur in any sport.

Recognition and proper management of concussions when they first occur can help prevent further injury or even death.

**SIGNS OBSERVED BY COACHES**

- Appears dazed or stunned
- Is confused about assignment
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Groggy/answers questions slowly
- Loses consciousness (even briefly)
- Behavior or personality changes
- Cannot recall events after hit or fall

**SYMPTOMS REPORTED BY ATHLETE**

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light, double/blurry vision
- Sensitivity to noise
- Feeling sluggish, hazy, foggy
- Confusion
- Concentration or memory problems
- Does not “feel right”

Concussion Action Plan

IF YOU SUSPECT A PLAYER HAS A CONCUSSION, FOLLOW THIS ACTION PLAN:

1. Remove the player from game/practice.
2. Do not try to judge the seriousness of the injury yourself. When in doubt-call 911.
3. If the player loses consciousness (even briefly) immediately call 911.
4. Contact the M-ALL Safety Officer Andrew Campbell, (860)933-4196 and M-ALL President immediately to report the incident.
5. Inform the player’s parent/guardian about the possible concussion and encourage them to seek medical evaluation.
6. Allow the player to return to play (including practice) only with written permission from a health care professional.

To help ensure the health and safety of young athletes, the CDC developed the “Heads Up: Concussion in Youth Sports program”. The Heads-Up initiative provides

important information on preventing, recognizing, and responding to a concussion. All M-ALL Managers and coaches are encouraged to complete the CDC online training program. Information can be found at the following url:

<https://www.cdc.gov/headsup/youthsports/training/index.html>

#### SECTION 11: PREVENTING THE TRANSMISSION OF INFECTIOUS AGENTS

Procedures for reducing the potential for transmission of infectious agents among those attending to injured players should include, but not be limited to the following:

1. Players exhibiting cold/flu symptoms are expected to stay home and not return to the field until the child is symptom free for 24 hours. Players arriving at the field actively presenting cold/flu symptoms will be returned to their parent/guardian for care. Parents will be advised of this policy prior to the beginning of the season. Managers are expected to follow this policy.
2. Use of gloves 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 or use hand sanitizer.
4. Clean all blood contaminated surfaces and equipment with a League approved germicide before competition resumes. Germicidal wipes are in each M-ALL first aid kit.
5. Contaminated towels and bandages should be disposed of by placing them in the red biohazard bag in your first aid kit.
6. For an athlete to resume play, bleeding must be stopped, and any open wound covered. If there is any excessive amount of blood on the uniform, it must be changed.

#### SECTION 12: HOW TO OBTAIN FIRST AID / CPR TRAINING

##### *How Do I Obtain First Aid Training?*

The American Red Cross has been the leading provider of first aid training for many years and has trained thousands of individuals to properly provide aid for those around them. Training is valid for two years. To find a class near you, visit the CT Red Cross website at <http://www.redcross.org/local/connecticut>.

Cardiopulmonary Resuscitation (CPR)

*WHAT IS CPR?*

Cardiopulmonary Resuscitation (CPR) is a combination of rescue breathing and chest compressions delivered to victims thought to be in cardiac arrest. When cardiac arrest occurs, the heart stops pumping blood. CPR can support a small amount of blood flow to the heart and brain to “buy time” until normal heart function is restored.

*WHAT IS CPR CERTIFICATION?*

CPR certification teaches people to recognize and respond to breathing and cardiac emergencies. This certification is usually performed on a training dummy under strict supervision. Certification is often valid for two years from the date of completion. The most common organization associated with CPR training is the American Red Cross. However, several other organizations around the country provide CPR certification in local communities.

*HOW DO I OBTAIN CPR TRAINING?*

Certified CPR training courses are offered at every local American Red Cross. During one of our recent polls, 89% of parents said they would like CPR training to be a requirement for coaches. To find a class near you, visit the CT Red Cross website.

## APPENDIX B: MANSFIELD-ASHFORD LITTLE LEAGUE CONCESSIONS PROCEDURES

*THIS DOCUMENT CONTAINS SAFETY AWARENESS GUIDELINES AND REQUIREMENTS SPECIFIC TO CONCESSIONS OPERATED BY MANSFIELD-ASHFORD LITTLE LEAGUE.*

### Volunteer Requirements

1. One Mansfield-Ashford Little League approved adult volunteer (over the age of 18), trained for oversight of concessions, must be onsite, in the concessions building during operating hours.
2. Adult volunteers must complete a LL Volunteer application and background check.
3. Youth volunteers must be at least middle school age and have been trained by the concessions coordinator prior to entering and/or working within the building.
4. No more than two youth volunteers in concessions at a time. Youth volunteers must behave responsibly, and their behavior should always be friendly and polite.
5. A parent or guardian of a youth volunteer must remain at the field while their child is working the concession stand.

### Training

*All concession stand workers are required to participate in an annual concessions training program delivered by the Mansfield-Ashford Little League concessions coordinator.*

### Procedures Money Log

All volunteers must sign a "concessions money log" used to track money in the concessions till before and after working in the concession building. Till counts must be verified and signed by the Concessions coordinator or delegated adult volunteer. The concessions money log must include:

- Date
- Names of volunteers
- Starting dollar amount
- Final dollar amount
- Arrangements will be made by league officials regarding cash handoff

### Food and Beverage Items

- Perishable food items not purchased by M-ALL will not be cooked, prepared, or sold in the concession stand.

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- Non-alcoholic beverages and prepackaged foods may be donated to MLL for sale in the concessions stand. These items must be individually wrapped and not tampered with in any way.

### Opening Procedure

1. Count cash and complete paperwork-two people count and sign
2. Unlock bathrooms
3. Wipe counters
4. Hang flag and price list
5. Display candy and chips, etc. on front counter
6. Prepare hotdogs - as needed – start with a few and replenish as needed.
7. We feed our umpires at the end of each game. Hotdog, small beverage (soda, water, Gatorade) and chips.

### Closing Procedure

1. Return all food items to original location/shelves, fridge
2. Restock beverages and food displays
3. Put chocolate candy in fridge-once the weather gets hot
4. Clean hotdog roller and utensils
5. Wipe counter, sweep floor
6. Lock bathrooms-code is 3165
7. Empty trash and take to SE school dumpster
8. Turn over cash as arranged

### Health & Safety

- A fully stocked first aid kit will be in the concession stand at all times.
- The concession stand door will not be locked or blocked while people are inside.
- Only authorized volunteers will be given access to the concession building.
- No items may be added to the menu without the authorization of Mansfield-Ashford Little League Concessions Coordinator.
- All volunteers must wash their hands upon entering and exiting the concessions building.
- All volunteers must be free from illness (ex: fever, cough, cold, cramps, diarrhea) for 24 hours prior to entering and/or working in the concessions building.
- Only volunteers who can demonstrate they are free from open wounds or infections on their hands or feet may enter and/or work in the concessions building.
- Volunteers (adult and youth) must wear clean and appropriate clothing to work safely in the concession stand. The Concessions coordinator has the authority to determine the appropriateness of a volunteer's dress for work in the concession stand.

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- Volunteers must wear hair restraints, pulled back hair, or hat.
- Alcohol, tobacco and “Vape” products are not permitted as per Mansfield-Ashford Little League rules and Town of Mansfield ordinances.
- No food or beverages can be stored on the floor and must be at least 6 inches off the ground.
- In case of emergency, call 911.
- Report all incidents immediately (vandalism, theft, suspicious activity, injury, or illness) to the League President, Mansfield-Ashford Little League President.