



2020

ASAP Safety Manual



250 League Lane

Porter, Indiana 46304

www.stateparklittleleague.com

State Park LL 2020 ASAP Safety Manual

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LETTER FROM SAFETY OFFICER

In 1994, Little League® International introduced A Safety Awareness Program (ASAP) to create awareness, through education and information, of the opportunities to provide a safer environment for Little League participants, volunteers, spectators and guests. The creation of ASAP re-emphasizes the primary importance of safety to local little leagues around the United States. In order to be an ASAP compliant league, an approved safety manual that meets certain acceptance criteria must be filed with Little League® International before the start of each season. State Park Little League (SPLL) annually fulfills this requirement.

The purpose of the SPLL ASAP SAFETY MANUAL is to develop guidelines for increasing the safety of activities, equipment, instruction and facilities through education, compliance, and reporting. In support of this goal, SPLL also commits itself to providing the necessary organizational structure and focus to develop, monitor, and enforce compliance with all aspects of the plan.

The SPLL ASAP SAFETY MANUAL includes the safety code adopted by the State Park Little League Board of Directors. These documents outline specific safety related policies and procedures of the League. All participants, volunteers, employees, spectators, and guests are bound by the guidelines set forth in this document.

The safety of SPLL participants, volunteers, spectators and guests is our highest priority and our goal is to provide a safe environment for all. In order for this goal to be executed successfully, 100% participation and adherence is required. Each Manager, Board Member and Volunteer receives a copy of the ASAP Safety Manual and is expected to review the manual in its entirety. Additionally, they are required to confirm they have read and understand the policies by signing and returning the SPLL ASAP Safety Manual receipt located on the last page of the Safety Manual.

While specifically written for Managers and Coaches, the information contained in this document can be a useful resource for all participants of State Park Little League. Managers and Coaches should feel free to share the SPLL ASAP Safety Manual with their teams.

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LITTLE LEAGUE MISSION STATEMENT

Little League Baseball, Incorporated is a non-profit organization whose mission is to “promote, develop, supervise, and voluntarily assist in all lawful ways, the interest of those who will participate in Little League Baseball and Softball.”

Through proper guidance and exemplary leadership, the Little League program assists children in developing the qualities of citizenship, discipline, teamwork and physical well-being. By espousing the virtues of character, courage and loyalty, the Little League Baseball and Softball program is designed to develop superior citizens rather than superior athletes.



Founded in 1939; granted Federal Charter July 16, 1964, by unanimous act of the Senate and House of Representatives of the Congress of the United States of America and signed by President Lyndon B. Johnson as Public Law 88-378, 88th Congress H.R. 9234, and amended December 26, 1974, Public Law 93-551, 93rd Congress, H.R. 8864. Little League is tax exempt.

Parents are strongly encouraged to become involved in Little League. After completing a Little League volunteer application and passing a required national background check, parents may become involved in practices, and be eligible as coaches, managers, umpires, local league board members and other volunteer positions within the league.

For more information on Little League’s divisions of baseball and softball, contact the League Development Department at 570-326-1921 or email: LLInternational@LittleLeague.org

STATE PARK LITTLE LEAGUE MISSION STATEMENT

We are committed to providing an opportunity for our community’s children to learn the game of baseball and softball in a safe, structured, friendly and positive environment. This commitment supports the children in our community by developing their ideals of sportsmanship, honesty, discipline, teamwork and physical well-being – fundamental skills that will help them develop into good, decent, healthy and trustworthy citizens and will be used throughout their lives.

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LEAGUE SAFETY INFORMATION

- **Joel Sheets** [joelsheets@gmail.com or (219) 771-6404] is the active Safety Officer Board Member on file with Little League International.
- SPLL follows all Little League rules and standards, and they will be enforced at all games and practices. SPLL Board of Directors, league volunteers, managers, coaches, and umpires must be thoroughly familiar with the current Little League Rule Book. Enforcement of Little League rules is the responsibility of every participant.
- SPLL will also submit a player registration data or player roster data and coach and manager data via the Little League Data Center at www.LittleLeague.org.
- SPLL allocates a portion of its annual budget for safety.
- Each Manager, Board Member and Volunteer receives a copy of the ASAP Safety Manual and is required by return receipt to confirm they have read and understand the policies.
- The ASAP Safety Manual includes phone numbers for Board Members and key District personnel. ASAP Safety Manual is kept in the press box, all satellite fields, the concession stand, and posted online.
- The ASAP Safety Manual will be reviewed by the District Administrator prior to its submission to Little League.
- SPLL uses the 2020 Little League International Volunteer Application Form and checks for sex abuse history as well as criminal background. SPLL requires all managers, coaches, board members and any others, volunteers or hired workers, who provide regular services to the league and/or have repetitive access to or contact with players or teams must fill out an application form as well as provide a government-issued photo identification card for ID verification. SPLL conducts a search of the appropriate governmental entity of the nationwide sex offender registry on all volunteer applications received through First Advantage National Criminal File. When using First Advantage for background checks, Social Security numbers must be submitted and are required to be entered on the application form. Anyone refusing to fill out a volunteer application completely is ineligible to be a league member or volunteer. The league Safety Officer is required to retain these confidential forms for one year of service.
- All volunteer applications must be presented to a SPLL board member in paper form and having all fields of the application completed. SPLL board members are required to turn all completed application to the SPLL Safety Officer.
- Emergency telephone numbers are included in the appendix of the ASAP Safety Manual and are always posted in the press boxes, all satellite fields and in the concession stand.
- SPLL continuously notifies coaches of local coaches' clinics provided by private vendors, high schools and local universities. ALL Managers, Coaches and League Umpires will participate in fundamentals training on **March 9, 2020**. Fundamental training qualifies a

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volunteer for 3 years; but one team representative is still required each year to attend the training. The items reviewed during the fundamentals training include, but are not limited to hitting, pitching, catching, fielding, running, and sliding.

SAFETY CODE

- The Board of Directors of our Little League has mandated the following Safety Code. All managers and coaches will read this Safety Code and then discuss it with the players on their team.
- Responsibility for safety procedures belongs to every adult member of our Little League.
- Each player, manager, designated coach and umpire shall use proper reasoning and care to prevent injury to him/herself and to others.
- No games or practices will be held when weather or field conditions are poor, or when lighting is inadequate.
- Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.
- Only league approved managers and/or coaches are allowed to practice teams.
- Only players and league approved managers, coaches, and umpires are permitted on the playing field during play and practice sessions. No more than three adults in total are allowed in the dugout or on the field.
- No batboys or batgirls are allowed in the dugout or on the field.
- Managers, designated coaches and umpires will have access to first aid training.
- First aid kits are issued to each team manager during the pre-season. Contact the Safety Officer for re-supply.
- Managers and coaches will never leave an unattended child at a practice or game.
- Managers are to report ALL injuries to the State Park Little League Safety Officer. Including, but not limited to: the use of bandages, ice packs, the exposure of blood, or a player loses consciousness.
- Managers must ensure that team equipment is stored within the dugout and not within the area defined by the umpires as “in play.”
- Managers must record pitches for each pitcher in the pitcher’s record log located in the concession stand.
- Except when a runner is returning to a base, headfirst slides are not permitted.
- During sliding practice, bases should not be strapped down.
- The use of sliding shorts with genital protection is encouraged for all participants.
- Parents of players who wear glasses should be encouraged to provide safety glasses with an elastic retaining strap.

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- Absolutely NO on-deck batters. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat.
- Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.
- Do not allow players to throw bats or helmets.
- Do not allow players to visit the restroom alone, have the child's parent or volunteer escort the player to and from the restroom and back to the field of play. Reduced impact balls will be used at all levels below the Single "A" Division, including the Challenger Division.
- Disengage-able bases are mandatory for ALL league fields.
- ALL equipment (league and personal) must meet Little League standards.
- Managers and parents are to inspect league and player's equipment regularly in order to ensure it fits properly.
- Batters must wear protective NOCSAE helmets during batting practice, as well as during games.
- Baseball shoes with rubber cleats molded to the sole, tennis, or gym shoes are authorized. Shoes with metal spikes or cleats are not permitted.
- Players will not wear 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.)
- Catchers must wear a catcher's helmet (with face mask and throat guard), chest protector, and shin guards during practice, pitcher warm-up, and games. Male catchers must wear long-model chest protector, protective supporter, and cup at all times.
- Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size or weight consistent with protecting the hand.
- Speed Limit is 5 miles per hour in roadways and parking lots surrounding our fields.
- NO ALCOHOL OR DRUGS ALLOWED AT ANY OF OUR FACILITIES OR FIELDS, AT ANY TIME.
- No medication will be taken at the facility unless administered directly by the child's parent. This includes aspirin and Tylenol.
- No playing in the parking lots at any time.
- No playing in construction areas at any time. This includes the sand bins.
- No playing on and around lawn equipment, machinery at any time.
- NO SMOKING ALLOWED AT ANY OF OUR FACILITIES OR FIELDS.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
- No throwing rocks.
- No climbing fences.

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- No swinging on dugout roofs.
- No pets are permitted on the premises at any time. This includes dogs, cats, horses, etc.
- Observe all posted signs.
- Players and spectators should be alert at all times for foul balls and errant throws.
- No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.
- There is no running allowed in the bleachers.

SAFETY RESPONSIBILITIES

LEAGUE PRESIDENT is responsible for ensuring that the policies and regulations of the League's Safety Officer are carried out by the entire membership to the best of his or her abilities.

LEAGUE SAFETY OFFICER is responsible for developing and implementing our League's safety program. The Safety Officer is the link between the Board of Directors of our Little League and its managers, coaches, umpires, team safety officers, players, spectators, and any other third parties on the complex in regard to safety matters, rules and regulations. The Safety Officer's responsibilities include:

- Preparing and updating the League's ASAP Safety Manual.
- Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Keeping the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions, at what times, and under what supervision.
- Correlating and summarizing the data in the First aid Log to determine proper accident prevention in the future.
- Ensuring that each team receives its Safety Manual and First aid Kit at the beginning of the season.
- Installing First aid Kits in all concession stands and re-stocking the kits as needed.
- Make Little League's "no tolerance with child abuse" clear to all.
- Inspecting concession stands and checking fire extinguishers.
- Instructing concession stand workers on the use of fire extinguishers.
- Checking fields with the Field Managers and listing areas needing attention.
- Scheduling and attending First aid and CPR/AED training classes for managers, coaches, umpires, and team safety officers during the pre-season.
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been

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brought to his/her attention.

- Making spot checks at practices and games to make sure all managers have their First aid Kits and Safety Manuals.
- Making sure that safety is a monthly Board Meeting topic, and allowing experienced people to share ideas on improving safety.

MANAGERS AND COACHES are responsible for the team's actions on the field, and represent the team in communications with the umpire and the opposing team.

- The Manager is responsible for the team's conduct, observance of the official rules and deference to the umpires. Remember coaches are Role Models.
- The Manager is responsible for the safety of the players. He/She is also ultimately responsible for the actions of designated coaches.
- If a Manager leaves the field, that Manager will designate a Coach as a substitute and such Substitute Manager shall have the duties, rights and responsibilities of the Manager.

PRE-SEASON

- Take possession of the first aid kit and review the SPLL ASAP Safety Manual.
- Strongly encouraged to complete the online CDC Concussion Training at: <http://www.cdc.gov/concussion/headsup/training/index.html>
- Have a team meeting to discuss Little League philosophy and safety issues.
- Cover the basics of safe play with his/her team before starting the first practice.
- Teach players the fundamentals of the game while advocating safety.
- Teach players how to slide before the season starts. A coach coordinator can be available to teach these fundamentals if the Manager or designated coaches do not know them.
- Inform parents that if a child was injured and sought medical care, he or she cannot return to play or practice unless they have a note from their doctor. This medical release protects you if that child should become further injured or ill. There are no exceptions to this rule.
- Encourage players to bring water bottles to practices and games.
- Tell parents to bring sunscreen for themselves and their child.
- Encourage your players to wear mouth protection.

SEASON PLAY

- Make sure equipment is in first-rate working order.
- Make sure that telephone access is available at all activities including practices. It is suggested that a cellular phone always be on hand.
- Not expect more from their players than what the players are capable of.
- Teach the fundamentals of the game to players such as catching fly balls, sliding correctly,

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- proper fielding of ground balls, simple pitching motion for balance
- Be open to ideas, suggestions or help.
- Enforce that prevention is the key to reducing accidents to a minimum.
- Have players wear sliding pads if they have cuts or scrapes on their legs.
- Always have First aid Kit and Safety Manual on hand.
- Use common sense

PRE-GAME AND PRACTICE

- Make sure that players are healthy, rested and alert.
- Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they can't play.
- Make sure players are wearing the proper uniform and catchers are wearing a cup.
- Make sure that the equipment is in good working order and is safe.
- Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, a duly delegated representative shall make the determination.

DURING THE GAME

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat.
- No equipment shall be left lying on the field, either in fair or foul territory.
- Keep players alert.
- Maintain discipline at all times.
- Be organized.
- Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the proper equipment.
- Encourage everyone to think Safety First.
- Observe the "no on-deck" rule for batters and keep players behind the screens at all times.
- No player should handle a bat in the dugouts at any time.
- Keep players off fences.
- Keep players out of bullpen unless they are pitcher and catcher in the proper gear getting warmed up to enter the game.
- Get players to drink often so they do not dehydrate.
- Not play children that are ill or injured.
- Attend to children that become injured in a game.
- Not lose focus by engaging in conversation with parents and passersby.

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POST GAME

- Do cool down exercises with the players.
- Not leave the field until every team member has been picked up by a known family member or designated driver.
- Notify parents if their child has been injured no matter how insignificant the injury is. There are no exceptions to this rule. This protects you, Little League Baseball, Inc. and our local league.
- Discuss any safety problems with the League Safety Officer that occurred before, during or after the game.
- If there was an injury, ensure an accident report was filled out and given to the League Safety Officer.

UMPIRE is responsible for:

PRE-GAME

- Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.
- Make sure catchers are wearing helmets when warming up pitchers.
- Run hands along bats to make sure there are no splinters.
- Make sure that bats have grips.
- Make sure there are foam inserts in helmets and that helmets meet Little League NOCSAE specifications and have the Little League's seal of approval.
- Inspect helmets for cracks.
- Walk the field for hazards and obstructions (e.g. rocks and glass).
- Check players to see if they are wearing jewelry.
- Check players to see if they are wearing metal cleats.
- Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.
- Secure official Little League balls for play from home team.
- Use the FIELD SAFETY CHECK LIST (included in the appendix of this safety manual) to document that all of the above was carried out.

DURING THE GAME

- Govern the game as mandated by Little League rules and regulations.
- Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field;

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as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.

- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.
- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment.
- Continue to monitor the field for safety and playability.
- Make the calls loud and clear, signaling each call properly.
- Make sure players and spectators keep their fingers out of the fencing.

POST GAME

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

PARENTS OF SPILL PLAYERS can help by setting a good example for all the players. It is important to follow the rules for the safety of everyone involved. The managers and coaches are or will be trained in first aid fundamentals and common-sense safety. Please take the time to listen to the manager and coaches, learn these rules and make them common practice any time you practice baseball with your children.

- **COMPLETE A MEDICAL RELEASE** – This enables emergency crews to perform needed medical attention, if parent or guardian is not in attendance, and also informs managers, coaches and medical providers of allergies or other medical problems. It is important that you share any medical information that may affect your child during games and practice. If you have concerns or questions, please contact the manager or League Safety Officer.
- **NO ALCOHOL OR TOBACCO ON THE FIELD** – If volunteers must smoke or chew tobacco, please do it away from the players in designated areas. If the players can see you smoke or chew, you are too close!
- **PARKING LOT SAFETY** – Speed limit in all parking lots is 5 MPH! Please be extra cautious when entering and leaving the parking lots. Pedestrians may not always look for you, it is important to be aware of your surroundings.
- **PLAYER STAMINA** – Have your child eat a meal or snack before practice or games; hungry ball players don't concentrate well. Be sure that your child is also able to stay well hydrated. Arrive to practice and games early to allow for proper warmups to prevent injury during your child's participation.
- **EQUIPMENT** – Routinely check your child's equipment for safety concerns.

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FIRST AID

First aid is an important part of any safety program. Like insurance coverage, it is a form of protection that must be available in case of an emergency involving any injury.

First aid is the immediate, necessary, temporary, emergency care given for injuries. First aid means exactly what the term implies – it is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrives.

At no time should anyone administering First aid go beyond his or her capabilities. This includes, but is not limited to, distributing medications not prescribed to the intended recipient or providing other medications not authorized by the parent or guardian on site.

At least one coach per team will receive first aid training prior to the start of the season. It is always impractical to have a completely trained and experienced first aid person on duty. However, our league will make every effort should be made to have several alternate first aid trained persons available. These persons will be trained in the basic requirements of first aid treatment, and their duties will keep them at the league's fields.

Ideally, this training should be from an accredited agency such as the American Red Cross. The alternative is to have first aid trained individual briefly and specifically for this purpose by a medical doctor or a registered nurse who is familiar with Little League operations. Minimum first aid training should include the handling of extreme emergencies such as the usage of mouth-to-mouth resuscitation and external cardiac massage.

FIRST AID-KITS

First Aid Kits will be furnished to each team at the beginning of the season. The League's Safety Officer's name and phone number are taped on the inside lid of all First aid Kits. The First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or post-season) and any other Little League event where children's safety is at risk.

Inventory your kit weekly. To replenish materials in the Team First Aid Kit, the Manager, designated coaches must contact the League's Safety Officer.

SPLL has a master first aid kit available in the concession stand.

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FIRST AID KITS MUST BE TURNED IN AT THE END OF THE SEASON ALONG WITH YOUR EQUIPMENT PACKAGE.

The first aid kit will include the following items:

- 2 Instant Ice Packs
- 6 Antiseptic Wipes
- 4 Antibiotic Ointment Packs
- 8 Gauze Pads (2x2)
- 5 Flexible Fabric Adhesive Bandages (1x3)
- 10 Flexible Fabric Adhesive Bandages (3/4x3)
- 15 Flexible Fabric Adhesive Bandages (2 1/4x5/8)
- 21 Sheer Strips Adhesive Bandages (3/4x3)

PERMISSION TO GIVE CARE

If the victim is conscious, you must have his/her permission before giving first aid. To get permission you must tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

KNOW YOUR LIMITS!

The average response time on 911 calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital, at all times, preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever first aid you can and wait for the paramedics to arrive.

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TREATMENT AT SITE

DO . . .

- ACCESS the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- KNOW your limitations.
- CALL 911 immediately if person is unconscious or seriously injured.
- LOOK for signs of injury (blood, black-and-blue, deformity of joint etc.)
- LISTEN to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- FEEL gently and carefully the injured area for signs of swelling or grating of broken bone.
- TALK to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

DO NOT...

- ADMINISTER any medications.
- PROVIDE any food or beverages (other than water).
- HESITATE in giving aid when needed.
- BE AFRAID to ask for help if you're not sure of the proper procedure (e.g., CPR)
- TRANSPORT injured individual except in extreme emergencies.

NOTIFICATION OF FAMILY

It is extremely important that, as soon as provision has been made for the care of injured or ill people who require outside treatment, their family be notified as soon as possible. Each coach will have with them at each practice and game a copy of each player's medical release form which contains with emergency phone numbers, doctor and hospital information.

FOLLOW-UP ON FIRST AID CASES

A thorough investigation will be made to find the cause(s) of an accident and action started to prevent reoccurrence.

An insurance claim should be filed when outside medical attention is required. Do not wait for medical bills to arrive. They can be submitted as they become available. They must be identified by including the person's name, league name and number, date of injury, and city and state of residence. Bills should be itemized to show dates and type of treatments.

Any player under the care of a doctor is required to bring a note from the doctor to the manager releasing the player to play ball before being allowed to return to the lineup.

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911 EMERGENCIES

The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these steps.

1. First Dial 911.
2. Give the dispatcher the necessary information. Answer any questions that s/he might ask.
Most dispatchers will ask:
 - a. The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc.
 - b. The telephone number from which the call is being made.
 - c. The caller's name.
 - d. What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
 - e. How many people are involved.
 - f. The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
 - g. What help (first aid) is being given.
3. Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
4. Continue to care for the victim until professional help arrives.
5. Appoint somebody to go to the street and look for the ambulance and fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

WHEN TO CALL – IF YOU HAVE ANY DOUBT AT ALL, CALL 911 AND REQUEST PARAMEDICS

If the injured person is unconscious, call 911 immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call 911 anyway and request paramedics if the victim:

- Is or becomes unconscious.
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Is bleeding severely.
- Has pressure or pain in the abdomen that does not go away.
- Is their vomiting or passing blood?

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- Has seizures, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has injuries to the head, neck or back.
- Has possible broken bones?

ALSO CALL 911 FOR ANY OF THESE SITUATIONS:

- Fire or explosion
- Downed electrical wires
- Swiftly moving or rapidly rising water
- Presence of poisonous gas
- Vehicle Collisions
- Vehicle/Bicycle Collisions
- Victims who cannot be moved easily

GOOD SAMARITAN LAW

There are laws to protect you when you help someone in an emergency – Indiana Code Title 34. Civil Law and Procedure § 34-30-12-1. The “Good Samaritan Law” gives legal protection to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a reasonable and prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim’s injury. For example, a reasonable and prudent person would:

- Move a victim only if the victim’s life was endangered.
- Ask a conscious victim for permission before giving care.
- Check the victim for life-threatening emergencies before providing further care.
- Summon professional help to the scene by calling 911.
- Continue to provide care until more highly trained personnel arrive.
-

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the Good Samaritan use common sense and a reasonable level of skill, not to exceed the scope of the individual’s training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury. People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer’s response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

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COMMON INJURIES AND ACCIDENTS PROCEDURES

All managers receive SPLI Injury Report Forms and are responsible for submitting such to the Safety Officer within 24 hours of incident. Forms are provided in the appendix of this safety manual.

IMPORTANT: ALWAYS Keep your original medical release forms with teams.

EMERGENCY PROCEDURE

- Administer first aid to the level of your training. Call 911 immediately if an ambulance is necessary (i.e., severe injury, not breathing). Err on the side of caution.
- Notify parents immediately if they are not at the scene.
- Reassure the injured party and spectators.
- Control the crowd.
- Notify league safety officer by phone within 24 hours.
- Fill out the SPLI Injury Report Form provided in this manual and email League Rep/Safety Officer within 1 day of incident.
- Talk to your team about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.
- Talk to anyone in SPLI you feel will be helpful (i.e. - League Safety Officer, League Rep, etc.).
- SPLI insurance is supplemental to player's own insurance policy. Claims must be filed with the League Safety Officer.
- Any injury requiring professional medical care will need a physician's clearance prior to returning to play. Contact your league Safety Officer by phone within 24 hours of the incident.

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DENTAL INJURIES *(adopted from the Academy for Sports Dentistry)*

Avulsion (Entire Tooth Knocked Out)

1. Avoid additional trauma to tooth while handling. Do not handle tooth by the root. Do not brush or scrub tooth. Do not sterilize tooth.
2. If debris is on tooth, gently rinse with water.
3. If possible, reimplant tooth and stabilize by biting down gently on the towel or handkerchief. Do only if athlete is alert and conscious.
4. If unable to reimplant:
 - a. Best - Place tooth in a physiologic transport medium (e.g. Hank's Balanced Saline Solution)
 - b. 2nd best - Place tooth in milk.
 - c. 3rd best - Wrap tooth in saline-soaked gauze.
 - d. 4th best - Place tooth under athlete's tongue. Do this ONLY if athlete is conscious and alert.
5. Time is very important. Reimplant within 30 minutes has the highest degree of success rate. Transport Immediately to Dentist.

Luxation (Tooth in socket, but wrong position)

1. Extruded Tooth - Upper tooth hangs down and/or lower tooth raised up.
 - a. Reposition tooth in socket using firm finger pressure.
 - b. Stabilize tooth by gently biting on towel or handkerchief.
 - c. Transport Immediately to Dentist.
2. Lateral Displacement - Tooth pushed back or pulled forward.
 - a. Try to reposition tooth using finger pressure.
 - b. Athlete may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
 - c. Transport Immediately to Dentist.
3. Intuded Tooth - Tooth pushed into gum - looks short.
 - a. Do nothing - avoid any repositioning of tooth.
 - b. Transport Immediately to Dentist

Fracture (Broken Tooth)

1. If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on towel or handkerchief to control bleeding.
2. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete
3. Immediately Transport Patient and Tooth Fragments to Dentist.

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BLOODY NOSE

Steps to stop a bloody nose *(adopted from the University of Michigan Health Blog)*

1. Keep calm. Bloody noses can be scary, but they are rarely dangerous.
2. Lean forward. If there is blood in your mouth, spit it out; do not swallow it.
3. Stay upright. Do not tilt your head back or lie flat. This may cause you to choke on blood. Blood in the stomach can make you sick to your stomach and cause vomiting.
4. Skip foreign objects. Do not pack the nose with tissues or other household items like tampons. This can make the bleeding worse.
5. Use a pinch. Pinch the soft part of your nose shut for 10 minutes. Use a clock to keep track of time. Resist the urge to peek after a few minutes to see if your nose has stopped bleeding.
6. Observe and react. After 10 minutes, let go of your nose. If it is still bleeding, soak a cotton ball with the nose spray. Place the cotton ball into the bleeding nostril and pinch for 10 minutes. Again, use a clock to time it.
7. Take it easy. Once bleeding has stopped, do not blow your nose for two days.
8. Avoid exertion. It can take up to two full weeks to heal after a nosebleed. Do not lift anything heavy, such as groceries, or perform physical activities or household chores. Do not pick up young children and babies

Seek immediate medical help if you have:

- Bleeding that does not stop in 30 minutes
- Bleeding that is very heavy, pouring down the back of your throat and out the front of your nose
- Bleeding accompanied by other symptoms, such as very high blood pressure, light-headedness, chest pain and/or rapid heart rate
- Bleeding that occurs three to four times weekly or greater than six times per month

CONCUSSION *(adopted from the Center for Disease Control and Prevention)*

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

Sports are a great way for children and teens to stay healthy and can help them do well in school. As a youth sports coach, your actions create the culture for safety and can help lower an athlete's chance of getting a concussion or other serious injury. Aggressive and/or unsportsmanlike behavior among athletes can increase their chances of getting a concussion or other serious injury. Here are some ways you can help keep your athletes safe:

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Talk with athletes about the importance of reporting a concussion.

- Talk with athletes about any concerns they might have about reporting their concussion symptoms. Make sure to tell them that safety comes first and you expect them to tell you and their parent(s) if they think they have a concussion.

Create a culture of safety at games and practices.

- Teach athletes ways to lower the chances of getting a concussion.
- Enforce the rules of the sport for fair play, safety, and sportsmanship.
- Ensure athletes avoid unsafe actions such as:
 - Striking another athlete in the head;
 - Using their head or helmet to contact another athlete;
 - Making illegal contacts or checking, tackling, or colliding with an unprotected opponent; and/or
 - Trying to injure or put another athlete at risk for injury.
- Tell athletes that you expect good sportsmanship at all times, both on and off the playing field.

Keep up to date on concussion information.

- Review your state, league and/or organizations concussion guidelines and protocols.
- Take a training course on concussion. CDC offers concussion training at no cost at www.cdc.gov/HEADSUP.
- Download CDC's HEADS UP app or a list of concussion signs and symptoms that you can keep on hand.

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How can I spot a possible concussion?

Athletes who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs observed by coaches and parents	Symptoms reported by athletes
<ul style="list-style-type: none">● Appears dazed or stunned.● Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.● Moves clumsily.● Answers questions slowly.● Loses consciousness (even briefly).● Shows mood, behavior, or personality changes.● Can’t recall events prior to or after a hit or fall.	<ul style="list-style-type: none">● Headache or “pressure” in head.● Nausea or vomiting.● Balance problems or dizziness, or double or blurry vision.● Bothered by light or noise.● Feeling sluggish, hazy, foggy, or groggy.● Confusion, or concentration or memory problems.● Just not “feeling right,” or “feeling down”

NOTE: Concussion signs and symptoms often show up soon after the injury, but it can be hard to tell how serious the concussion is at first. Some symptoms may not be noticed or may not show up for hours or days.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or ensure an athlete is taken to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

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What Should I Do If I Think an Athlete Has a Possible Concussion?

As a coach, if you think an athlete may have a concussion, you should:

Remove the athlete from play. When in doubt, sit them out!

Keep an athlete with a possible concussion out of play on the same day of the injury and until cleared by a health care provider. Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion. After you remove an athlete with a possible concussion from practice or play, the decision about return to practice or play is a medical decision that should be made by a health care provider. As a coach, recording the following information can help a health care provider in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body.
- Any loss of consciousness (passed out/knocked out) and if so, for how long.
- Any memory loss right after the injury.
- Any seizures right after the injury.
- Number of previous concussions (if any).

Inform the athlete's parent(s) about the possible concussion. Let them know about the possible concussion and give them the HEADS UP fact sheet for parents. This fact sheet can help parents watch the athlete for concussion signs or symptoms that may show up or get worse once the athlete is at home or returns to school.

Ask for written instructions from the athlete's health care provider on return to play. These instructions should include information about when they can return to play and what steps you should take to help them safely return to play.

Why Should I Remove an Athlete With a Possible Concussion from Play?

The brain needs time to heal after a concussion. An athlete who continues to play with concussion has a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect an athlete for a lifetime. It can even be fatal.

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COMMUNICABLE DISEASES

A communicable disease is one that is spread from one person to another through a variety of ways that include: contact with blood and bodily fluids; breathing in an airborne virus; or by being bitten by an insect. Procedures for reducing the potential for transmission of infectious agents should include, but not be limited to the following:

1. Bleeding must be stopped, the open wound covered, and, if there is any excessive amount of blood on the uniform, it must be changed before the athlete may' participate. Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
2. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves.
3. Clean all blood contaminated surfaces and equipment with a solution made from a proper dilution of household bleach (CDC recommends 1-100 or other disinfectant before competition resumes).
4. Practice proper disposal procedures to prevent injuries caused by needles, scalpels, and other sharp instruments or devices.
5. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
6. Coaches with bleeding or oozing skin should refrain from all direct athletic care until condition resolved.
7. Contaminated towels should be disposed of and disinfected properly.
8. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards, and other articles containing body fluids.

AED (Automatic External Defibrillator)

State Park Little League has an AED (Automatic External Defibrillator) available in case of cardiac emergency. The unit is located in the concession stand and board members and other volunteer staff are trained in its use.

FIRST AID TRAINING

SPLL continuously notifies coaches of local first aid training provided by private vendors, high schools and local universities. All Managers, Coaches and League Umpires are encouraged to participate in first aid and CPR training as available. First aid training qualifies a volunteer for 3 years, but one team representative is still required each year to attend the training.

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WEATHER RELATED SAFETY CONCERNS

LIGHTNING SAFETY – "If you can see it, flee it; if you can hear it, clear it."

Basic Lightning Facts

- All thunderstorms produce lightning.
- Lightning strikes can cause death or permanent disability.
- If you can hear thunder, the storm is close enough for lightning to strike.
- It does not have to be raining for lightning to strike.

Precautions for Outdoor Activities/Sports events

- Be prepared to postpone outdoor activity if thunderstorms are imminent.
- Plan ahead and create a lightning safety plan. Know where people will seek shelter. Have guidelines for suspending the activity and for restarting. Always follow the plan despite pressure to continue the event
- Keep watching the conditions. Watch the sky for darkness, flashes, and progressing wind. Listen for thunder. Consider using a weather radio or smartphone for accurate weather conditions.
- Avoid open areas.
- Stay away from tall objects, which are higher risk for strike. This includes trees, poles, towers or similar objects.
- Do not go near metal (bleachers, fences, posts etc.). Lightning can travel long distances through metal.
- Suspend activity until 30 minutes after the last thunder.

Storm Safety Steps

- Seek shelter as soon as possible! A substantial building is best. A car/vehicle can protect you. Be sure to close all windows and do not lean against metal in the car.
- Avoid small structures, such as rain coverings or stand-alone bathrooms, which are not protective and attract lightning.
- If you feel your hair standing on end, lightning is about to strike and there may not be time to seek shelter. When this happens, assume the "lightning crouch":
- Crouch down on the balls of your feet and lean over with your hands over your ears.
- Make yourself as small a target as possible, with as little contact to ground as you can manage.
- Do not lie flat on the ground.

Lightning First Aid

- Call 9-1-1 for help. Victims do not carry electrical charge and need immediate attention.
- Give first aid. Cardiac arrest is the cause of fatality. Begin CPR if necessary.
- Move the victim to a safer place. Contrary to what you've heard, lightning can strike the same location twice

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HEAT RELATED ILLNESSES

- **Hydration** – When it’s hot, drink before you are thirsty!
- **Before:** Drink 8 oz. immediately before exercise
- **During:** Drink at least 4 oz. every 20 minutes
- **After:** Drink at least 16 oz. for every pound of weight lost
- **Heat Exhaustion** starts slowly and if not quickly treated can progress to heatstroke. In heatstroke, a child’s temperature reaches 105°F (40.5°C) or higher. **Heatstroke** requires immediate emergency medical care and can be fatal.

Signs and Symptoms	
<p>Of heat exhaustion:</p> <ul style="list-style-type: none"> ● Increased thirst ● Weakness ● Fainting ● Muscle cramps ● Nausea and vomiting ● Irritability ● Headache ● Increased sweating ● Cool, clammy skin ● Elevation of body temperature to less than 105oF (40.5oC) 	<p>Of heatstroke:</p> <ul style="list-style-type: none"> ● Severe headache ● Weakness, dizziness ● Confusion ● Rapid breathing and heartbeat ● Loss of consciousness leading to coma ● Seizures ● May not be sweating ● Flushed, hot, dry skin ● Elevation of body temperature to 105oF (40.5oC) or higher
What to Do	
<p>For a child with symptoms of heatstroke, seek emergency medical care immediately. In case of heat exhaustion or while waiting for a child with possible heat stroke:</p>	
<ul style="list-style-type: none"> ● Bring the child indoors or into the shade immediately ● Undress the child ● Have the child lie down, elevate feet slightly 	<ul style="list-style-type: none"> ● If the child is alert, place in cool bath water. If outside, spray the child with mist from a garden hose. ● If the child is alert and coherent, give frequent sips of cool, clear fluids. ● If the child is vomiting, turn onto his/her side to prevent choking
Think Prevention!	
<ul style="list-style-type: none"> ● Teach kids to always drink plenty of fluids before and during any activity in hot, sunny weather – even if they aren’t thirsty! ● Make sure kids wear light-colored, loose clothing ● Do not have your child participate in heavy activity outdoors during the hottest hours of the day. ● Teach kids to come indoors immediately whenever they feel overheated. 	

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DOS AND DON'TS FOR MANAGERS/COACHES

DO....

- Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.
- Have your players' Medical Release Forms with you at all games and practices.
- Carry your first aid kit to all games and practices.
- 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.
- Assist those who require medical attention and, when administering aid, remember to:
 - LOOK for signs of injury (Blood, Black-and-blue deformity of joint, etc.).
 - LISTEN to the injured describe what happened and what hurts if conscious.
 - Before questioning, you may have to calm and soothe an excited child.
 - FEEL gently and carefully the injured area for signs of swelling or grating of broken bone.

DO NOT....

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedures.
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Allow players to visit the restroom alone, have the child's parent or volunteer escort the player to and from the restroom and back to the field of play.
- Hesitate to report any present or potential safety hazard to the Safety Officer immediately.

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EQUIPMENT SAFETY

All equipment meets Little League standards. All equipment is inspected regularly. Any equipment deemed unsafe or deficient by Equipment Manager or Safety Officer will be scrapped and rendered unusable and replaced.

- Managers are to inspect equipment regularly and make sure it fits properly.
- Catchers must wear catcher's helmet, mask, throat protector, shin guards, long model chest protector, and protective cup at all times.
- When warming up a pitcher, catchers must wear catcher's helmet, mask, throat protector, and protective cup when warming up pitchers. Only players can warm-up a pitcher.
- Parents of players who wear glasses are encouraged to provide safety glasses with an elastic retaining strap.
- Parents are encouraged to provide mouth and face guards and protective cups for their children.
- All coaches must use the disengage-able "safety" bases located in equipment boxes at each field. First base is a double (safety) base.
- All bats must comply with Little League International Regulations.
<http://www.littleleague.org/learn/equipment/baseballbatinfo.htm>
- The use of sliding shorts with genital protection is encouraged for all participants.
- Tee-ball divisions are to use reduced impact (i.e., "safety") balls.

FACILITIES SAFETY

The home team manager is required to inspect and prepare the field for play prior to all games and practices. This inspection includes removal of loose impediments, trash, debris, and assure fencing is intact with no loose edges or breakdown. A SPLL field inspection form may be completed and turned into the designated area in the concession stand upon inspection of the fields.

To help SPLL find and correct facility concerns, an annual Little League Online Survey is completed and submitted to Little League International.

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CONCESSION STAND SAFETY

- Concession stand safety procedures are posted and established by Concession Manager.
- Concession stand will be open during all games days and when volunteers are available.
- Concession stand will close at 9pm or earlier, depending on the game schedule for the day.
- Concessions Manager must be trained in safe food handling/prep and procedures.
- No person under the age of fifteen will be allowed behind the counter in the concession stands.
- People working in the concession stands will be trained in safe food preparation. Training will cover safe use of the equipment.
- Cooking equipment will be inspected periodically and repaired or replaced if need be.
- Propane tanks will be turned off at the grill and at the tank after use (if applicable).
- Food not purchased by the League to sell in its concession stands will not be cooked, prepared, or sold in the concession stands.
- Cleaning chemicals must be stored in a locked container.
- A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.
- All concession stand workers are to be instructed on the use of fire extinguishers.
- A fully stocked first aid kit will be placed in the concession stand.
- The concession stand main entrance door will not be locked or blocked while people are inside.

CONCESSION STAND OPERATIONS

Operating Procedures

ARRIVAL: Volunteers must arrive 15 minutes before your shift. If you are helping to open for the first game of the day, you are requested to arrive earlier. Service window should be open fifteen (15) minutes before the game.

WASH HANDS: Hand cleanliness cannot be stressed enough! Wash with soap and water before your shift, after eating, and after you use the restroom. Wash hands before and after preparing food items. Wash hands after cleaning and emptying garbage cans.

NO FREE FOOD: When purchasing food, give your money to another worker to place in the drawer. They will make change, if necessary. Try to eat by the door, one at a time, and only during slow periods.

KEEP STAND CLEAN: Always wipe counter, tidy up work areas, pick up trash, and sweep when necessary.

GARBAGE: Empty when needed! When can is near full, remove and place bag in dumpster, replace bag.

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RESTOCK FREQUENTLY: Keep the shelves and supplies full, don't wait for someone else to fill.

ONE KITCHEN WORKER AT ALL TIMES: The workers can decide who starts in the kitchen, then switch so everyone gets a turn. Keep time if necessary, for equality.

NO CHECKS: Cash only, no checks accepted. No tabs.

CUSTOMER SERVICE: Be friendly, helpful and courteous to everyone, especially customers.

HONESTY: If caught stealing, you will be immediately removed, and possibly face prosecution.

CALL OFF: If you cannot work your scheduled shift, you must notify the Concessions Manager as soon as possible. If s/he is not available, contact the President.

Food Safety

1. Workers must wash hands and utensils prior to preparing food.
2. Workers must wash hands after handling any/all meat products.
3. Cutting boards and counters must be washed with hot, soapy water.
4. Paper towels rather than sponges must be used for cleaning, and disposed of properly when finished.
5. Refrigerator must be cleaned daily.
6. Refrigerator must be occasionally checked to insure the temperature does not rise above forty (40) degrees Fahrenheit.
7. Freezer must be occasionally checked to insure the temperature does not go above zero (0) degrees Fahrenheit.

Equipment Set-Up

HOT DOG ROASTER: Begin the day with twelve (12) hot dogs. Place roaster on high. Turn on the warmer underneath the hot dog rotisserie to 200 degrees and add ½ cup of water in each side. Once hot dogs are fully cooked they are placed in hot dog buns, wrapped in aluminum foil and placed in steamer.

COFFEE MACHINE: Start cold days with two (2) pots of coffee. Use ¼ cup of coffee per pot. Filters and coffee grounds are located above the coffee machine.

NACHO CHEESE: When dispensing cheese push button in carefully as the product will come out fast! To change an empty bag, open machine and unscrew cap. Thoroughly wash and rinse cap and place on new bag. Replace in the machine. There should be two (2) bags of cheese in the machine at all times.

POPCORN: Turn both switches on when beginning and place entire contents of popcorn packet in kettle. Once it completes popping, flip handle on kettle and dump popped corn. Begin the day with three (3) batches. Turn off heater and kettle once all popcorn has been popped.

POP/SODA MACHINE: Make sure the ice bin portion is full of ice at all times-especially at the end of the night. Fill machine using ice scoop only.

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Closing

When you close down the concession stand for the night you must:

1. Restock all items.
2. Dispose of any unused food items that you do not sell.
3. Clean all countertops.
4. Clean popcorn machine.
5. Clean coffee pot (if applicable).
6. Unscrew plastic beverage knobs from soda fountain and soak overnight in soapy water and clean out bottom spill tray.
7. Put anything that will melt or spoil in the refrigerator.
8. Sweep, mop floor and take all trash out.

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ASAP SAFETY MANUAL ACKNOWLEDGEMENT

I, _____, Manager of the team in the _____ Division of State Park Little League, acknowledge that I have received the 2020 State Park Little League ASAP Safety Manual. I have read and understand the policies contained therein and will uphold and execute stated policies.

Team Manager: _____ Date: _____

Name (printed): _____



LEAGUE CONTACT INFORMATION

EMERGENCY

Porter Police/Fire/EMT	911
PMH Ambulance	911
Poison Control Center	(800) 222-1222

NON-EMERGENCY

Porter Police	(219) 926-7611
Porter Fire	(219) 926-1226
Porter County Sheriff	(219) 477-3000

UTILITIES – EMERGENCY

Indiana American Water	(800) 492-8373
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UTILITIES – NON-EMERGENCY

NIPSCO	(800) 464-7226
Indiana American Water	(800) 492-8373
Chesterton Sewer	(219) 926-1032

AREA HOSPITALS

Porter Regional Hospital 85 E. US Hwy 6 Valparaiso, IN 46385	(219) 983-8300
St. Anthony Memorial 810 Michael Drive Chesterton, IN 46304	(219) 395-2197

STATE PARK LITTLE LEAGUE

250 League Lane Porter, IN 46304 www.stateparklittleleague.com

BOARD OF DIRECTORS

President	Kathleen Tatone	(702) 485-8219	ktatonebaseball@gmail.com
Vice President	Seth Schugars	(313) 720-9642	snschugars@gmail.com
Treasurer	Pat Jarosak	(219) 793-3853	pjj@tft.com
Secretary/Info	TBD	TBD	TBD
BB Player Agent	John McCaw	(312) 933-1441	john.mccaw@gmail.com
Coaching Coord	Casey Ballas	(219) 728-7183	casey_ballas82@yahoo.com
Equipment Manager	Gregg Kobe	(219) 252-5357	greggkobe@gmail.com
Safety Officer	Joel Sheets	(219) 771-6404	joelsheets@gmail.com
Umpire in Chief	Joel Sheets	(219) 771-6404	joeslsheets@gmail.com
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Groundskeeper	Erik Kozuszek	(219) 309-0751	Ekozuszek395@gmail.com
Sponsorship Chair	Drew Tibbs	(219) 851-8758	drewsyodaddybbq@gmail.com
Inform. Officer(s)	Doug Finck	(312) 972-0098	finckde@gmail.com
	Michelle Finck	(312) 972-0098	fincks@outlook.com

LITTLE LEAGUE DISTRICT ONE STAFF

District Administrator	Rich Arndt	(773) 551-1185	cubsrich@msn.com
Asst District Administrator	Ryan Westman	(219) 898-7409	
Safety Officer	Beverly Vild	(219) 331-4405	



FIELD INSPECTION FORM

Date of Game: _____ Field Location: _____

Team Name: _____ Manager Name: _____

Items for Inspection	Completed
Fences <ul style="list-style-type: none">● Outfield tops covered● Outfield structure intact (no holes)● On deck area secure● Dugout fences secure	
Field Area <ul style="list-style-type: none">● Bases secure● Pitcher's plate filled● No loose impediments	
Miscellaneous <ul style="list-style-type: none">● Trash cans out and lined● Bleachers secure● Field equipment (drag, tarp, stored outside fence)	

Team Manager: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO CONCESSION STAND

League Safety Officer: _____ Date _____



INJURY REPORT FORM

FORM MUST BE COMPLETED AND TURNED INTO SAFETY OFFICER WITHIN 24 HOURS OF INJURY

Athlete Information

Name: _____ Date/Time of Injury: _____
Parent Name(s): _____ Phone: (H) _____ (C) _____
Insurance: _____

Injury Details

Injury occurred during: ___ Game ___ Practice ___ Other: _____

Circumstances which led to injury: _____

Body part injured:	Ankle – R or L	Arm – R or L	Back	Elbow – R or L	Eye – R or L
	Finger(s)	Foot – R or L	Head	Hip – R or L	Leg – R or L
	Lip/Mouth	Neck	Nose	Ribs	Shoulder – R or L
	Stomach	Teeth	Wrist – R or L		

Mechanism of injury: _____

Severity of injury:	1 (mild)	2	3 (moderate)	4	5 (severe)	
Nature of Injury:	Acute		Chronic	Overuse	Preventable?:	_____
	Abrasion	Avulsion	Cartilage Tear	Concussion	Contusion	Dislocation
	Internal	Laceration	Sprain	Strain	Subluxation	Tendinitis
Other:	_____					

Comments (Positive Findings/Special Tests): _____

Was First Aid necessary? Yes No If so, what was administered? _____

Was EMS called? Yes No

Was parent/guardian notified? Yes No If so, how and by whom? _____

Was parent/guardian instructed to take participant to hospital/physician? Yes No

Person completing this form: _____

Team Manager: _____ Date: _____

League Safety Officer: _____ Date: _____