



Southside

2021 ASAP Safety Plan

District Administrator: Marlin Culp
District Safety Officer: Dorinda Jones

Park President: Janet Million
Park Safety Officer: Liana Legus

ASAP Safety Program Introduction

The purpose of this manual is to reduce the risk of injury for all members and spectators of **Southside Little League**. The *Safety Officer* is a dedicated individual that will be on file with Little League International and shall be updated on the Little League Data Center annually. The *Safety Program* will exceed the minimum requirements for a "Qualified Safety Program," as specified by Little League Baseball®. In addition, the *Safety Program* will attempt to implement highly recommended items identified for a "Qualified Safety Program" by Little League Baseball®.

Members of **Southside Little League** and spectators will be actively involved with the league *Safety Program*. Suggestions and observations are welcomed. With everyone working together, players will be safer.

ASAP – What is it?

Little League Baseball® created the position of safety officer in the 1960's, but in many leagues it never achieved its potential. Often, the safety officer was the person responsible for filling out insurance forms. In 1995, ASAP was introduced with the goal of re-emphasizing the position of safety officer. ASAP was created from the "grassroots" of Little League. The safety officer's mission: *"To create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball."*

Safety & Security Officer's Safety Responsibilities

The main safety responsibility of the Safety & Security Officer is to develop and implement the League's safety program. The Safety Officer's responsibilities include:

- Submit a qualified annual ASAP plan and registration with Little League.
- Submit league player registration, coach and manager data annually online.
- Perform background checks on all Volunteers using the Little League Volunteer Application.
- Assist parents and individuals with insurance claims.
- Explain insurance benefits to the parents and assist with filing the correct paperwork.
- Keep track of all Activities/Reporting injury-tracking reports.
- Distribute the Safety Manual and train the necessary people at the beginning of the season.
- Maintain First-Aid Kits in the concession stands and dugouts.
- Inspect concession stands and fire extinguishers.
- Instruct concession stand workers on the use of fire extinguishers.
- Check fields with the Field Managers and listing areas needing attention.
- Schedule a First-Aid Clinic and CPR training class for all managers, designated coaches, umpires, player agents and team safety officers during the preseason.
- Act immediately in resolving unsafe or hazardous conditions.

PUBLISH and DISTRIBUTE a paper copy of the applicable safety manual to volunteers

- The intent is to print and distribute the safety plan to all staff: concession manual to concession workers, equipment policies to facilities crew, first aid to managers and coaches, etc. Keep copies in common areas for all volunteers.
- While safety plans may be posted on the internet, individuals must be provided with printed copies to carry with them to the areas where their duties are performed.
- Include all relevant material for coaches, including these minimum standards.
- Keep a copy for your league. Send a copy to your DA or District Safety Officer. Little League International does not keep copies for leagues' future use.

Important Do's and Don'ts

Do...

- Provide, or assist in obtaining, medical attention for those who require it.
- Have your First Aid Kit at all games and practices.
- Assist those who require medical attention -- and when administering aid, remember to ...
 - ✓ **LOOK** for signs of injury (Blood, Black-and-blue deformity of the joint, etc.).
 - ✓ **LISTEN** to the injured to describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
 - ✓ Gently and carefully **FEEL** the injured areas for swelling, or grating of broken bone.
- Have your players' Medical Release Forms with you at all games and practices.
- Make arrangements to have a cellular phone available at your game or practice when at a facility that does not have access to public phones.
- File an Accident Report when an injury or accident occurs.

Don't...

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedures (i.e., CPR, etc.).
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Hesitate to report potential safety hazard to the Safety and Security Officer.

Code of Conduct

- No Alcohol permitted at any Little League practice or game.**
- No Profanity** permitted.
- No Swinging Bats or throwing baseballs** within the walkways and spectator areas.
- No Throwing balls** against dugouts or backstop. Catcher must be used for batting practice.
- Players and spectators should **be alert at all times for foul balls and errant throws.**
- During game, players must remain in the dugout area in an orderly fashion at all times.
- After each game, each team must clean up trash in the dugout and around the stands.
- All gates to the field must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.

EMERGENCY PHONE NUMBER

911

NON EMERGENCY PHONE NUMBERS

DISTRICT PRESIDENT – Marlin Culp

PHONE 574-264-3144

DISTRICT SAFETY OFFICER – Dorinda Jones

PHONE 574-254-6906

PARK PRESIDENT – Janet Million

PHONE 574-250-1190

PARK SAFETY OFFICER – Liana Legus

PHONE 574-444-8979

LOCAL POLICE 574-235-9201

LOCAL FIRE DEPT 574-235-9255 (Prairie Street Fire Station)

574-235-9255 (Michigan Street Fire Station)

Report all accidents to ASAP OFFICER within 48 hours.

ACCIDENTS NEEDING MEDICAL ATTENTION WILL NEED TO HAVE A LITTLE LEAGUE BASEBALL ACCIDENT NOTIFICATION FORM FILLED OUT. REQUEST LITTLE LEAGUE BASEBALL & SOFTBALL CLAIM FORM INSTRUCTIONS FROM EITHER LEAGUE PRESIDENT OR ASAP OFFICER.

ACCIDENT REPORTING PROCEDURES

What to Report

An incident that causes any player, manager, coach, umpire, volunteer or spectator to receive medical treatment and/or First Aid must be reported to the *Safety & Security Officer*. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or period of rest.

When to Report

All such incidents described above must be reported to the Safety & Security Officer within 48 hours of the incident.

Safety and Security Officer

Liana Legus.....574-444-8979

How to Make the Report

Reporting incidents can come in a variety of forms. If possible, fill out an *Activities/Reporting* injury tracking report. At minimum, the following information must be provided:

- Name and phone number of the individual(s) involved in the accident.
- Date, time, and location of the incident.
- A detailed description of the incident, as possible.
- Preliminary estimation of the extent of injuries.
- Name and phone number of the person reporting the incident.
- Track "near-misses" as a proactive tool to evaluate practices and avoid future injuries.
- Share information on accidents and "near-misses" with District staff.

Safety & Security Officer's Responsibilities

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

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

How to handle an emergency situation

Keep Calm. Remaining calm while helping the victim will help him/her to keep calm and cooperate. If the victim becomes anxious or excited the extent of the damage from the injury could be increased.

Plan quickly what you need to do. Learn basic procedures, or have a First Aid manual available, so you can care for the victim.

Send for professional help. Reaching help quickly could save a life. Know your local emergency telephone numbers.

Be an encouragement to the injured person. Let the victim know that help is on the way and try to make them as comfortable as possible. Showing care and concern for the victim can give them hope during their circumstances.

Asthma

Asthma is a condition in which the muscles of the air passages go into spasm, making breathing difficult and resulting in a wheeze. Attacks may be triggered off by an allergy to dust, pollen, many other common substances, by over exercise or by nervous tension. Regular asthma sufferers usually carry their own medication in case of attack.

Treatment:

- Reassure and calm the player.
- Advise the player to sit down, lean slightly forward, resting on elbows on a support such as a table.
- Ensure a good supply of fresh air.
- Allow the player to take their own medication as prescribed by doctors.
- If the symptoms persist, seek medical aid, i.e.. Call an Ambulance.

Bee Stings

A stinger that is not removed continues to release venom into the body for as long as 20 minutes. Do not remove a stinger with tweezers. Squeezing releases more of the poison into your body. The swelling should be gone within 24 hours.

Treatment

1. Remove the stinger by scraping with your fingernail or the blade of a knife.
2. Wash the area thoroughly with soap and water
3. Apply ice, calamine lotion, or baking soda-and-water mixture to relieve the swelling and pain

Signs of an allergic reaction

Immediate medical attention is needed if an allergic reaction develops.

- Difficulty breathing.
- Begin to cough.
- Complain of headache.
- Possibly become unconscious.

Bleeding

The principle of controlling blood loss is to restrict the flow of blood to the injured

part by pressure and elevation.

Treatment

1. Apply direct pressure. Place a clean, folded cloth over the injured area and firmly apply pressure. If blood soaks through, do not remove it. Instead, cover that cloth with another one and continue to apply pressure to the wound for 7-10 minutes. If the bleeding is from the ear, place a clean bandage over the ear, lay the victim on his side, and allow the blood to drain out through the bandage.
2. Elevate the injury. Position the wounded part of the body above the level of the heart if possible while you apply direct pressure.
3. Know the pressure points. If direct pressure and elevation do not sufficiently slow the blood flow, find a pressure point. Large arteries found close to the skin's surface supply blood to the head and to each arm and leg. The most common pressure points used during first aid are located in the upper arms and in the creases above the upper legs. Apply pressure to the closest pressure point to the wound so that the artery is pressed between your fingers and the bone directly behind the artery. If using the pressure point on a leg, you may need to use the heel of your hand instead of your finger.
4. Resort to a tourniquet. On very rare occasions everything listed above may fail. To prevent the victim from dying, you should apply a tourniquet. Once a tourniquet is applied, it should not be loosened or removed until the victim has reached medical help. Use a tourniquet **ONLY** if everything listed above has failed. If you use a tourniquet, write down somewhere on the victim the time it was applied, so medical personnel will know how long it has been in place.

Cuts and Abrasions

Cuts

1. Cleanse area thoroughly with soap and warm water, carefully washing away any dirt.
2. Apply direct pressure to wound until bleeding stops.
3. Put sterile bandage on wound.
4. If cut is deep, get to a doctor as quickly as possible.

Abrasions (scratches)

1. Wash thoroughly with soap and warm water.
2. If it bleeds or oozes, bandage it to protect it from infection.

Diabetes

Juvenile diabetes is a disease in which the body's blood sugar level is abnormally high. Diabetics are unable to produce and regulate insulin, a hormone that controls the blood sugar level. If the diabetic does not have enough insulin, the blood sugar level will be too much (hyperglycemia) and if there is too much insulin, the blood sugar level will be too low (hypoglycemia). Exercise and diet change the amount of insulin needed to maintain normal blood sugar levels. If

they closely watch and treat the blood sugar level, diabetics should be able to play any sport.

What to watch for

- ☑ Too much blood sugar (hyperglycemia) - dry mouth, headache, stomach pain, sweet smelling breath, too much urinating, very thirsty, and a weak, fast pulse.
- ☑ Too low blood sugar (hypoglycemia) - cold, pale skin, dizzy, headache, hunger, rapid pulse, and sweating.

How to avoid trouble

- ☑ Start exercise with the blood sugar levels just above normal (exercise will lower the blood sugar level without insulin).
- ☑ Eat before exercise and take a glucose supplement hourly during activity.

What to do if trouble occurs

- ☑ Remain calm (self and athlete).
- ☑ Check breathing, pulse, and alertness.
- ☑ Treat for shock (if needed).
- ☑ If blood sugar is too high, ask athlete if insulin medication is on hand. Help athlete take insulin shot.
- ☑ If blood sugar is too low, give athlete a sweet, sugary food (candy, juice, soda, etc.).
- ☑ Closely watch player until medical care arrives.
- ☑ See a doctor immediately for a proper diagnosis and treatment plan.

Epilepsy

Epilepsy is a disease that affects the nervous system, causing abnormal spasms of the body. Exercise is good for athletes affected with epilepsy because the focus needed to participate keeps the nervous system busy and deters epileptic attacks. Although new medications are decreasing the threat of attacks, extreme or adventure sports should be avoided.

What to watch for

- ☑ Bluish-tinted skin (possibly), dazed, difficulty breathing, out like a light (possibly), muscle spasms, and trouble speaking.

How to avoid trouble

- ☑ Closely supervise epileptic.
- ☑ Make sure athlete takes medication.

How to handle a seizure

- ☑ Keep area clear.
- ☑ DO NOT restrain.
- ☑ Check alertness, breathing, and pulse after spasms stop.
- ☑ Give lifesaving care and call for an ambulance (E.M.S.), if needed.
- ☑ Check for other injuries.
- ☑ Lay athlete down on side if a head or spinal injury is unlikely.
- ☑ Treat for shock (if needed).
- ☑ See a doctor immediately for a proper diagnosis and treatment plan.

Eye Injuries

Be extremely careful and gentle when treating eye injuries. Eyes are delicate and sight is precious! Prompt professional attention to eye injuries is required to preserve sight! Never attempt to remove objects embedded in the eye.

Treatment

- Floating objects in the eye, which can be visualized, may be flushed from the eye with water. If the object cannot be removed in this manner, the victim should seek medical attention.
- First Aid care for these injuries consists of bandaging BOTH eyes and seeking professional care promptly! An inverted paper cup covered with a bandage is appropriate for serious eye injuries while the victim is transported to the hospital.

Nosebleeds

1. Sit down
2. Lean slightly forward to prevent blood from running into your throat.
3. Place cold, wet cloths on your nose to constrict the blood vessels in your nose and stop the bleeding.
4. If blood is coming from only one nostril, press firmly at the top of that nostril.
5. If both nostrils are bleeding, pinch your nostrils together for at least 10 minutes.
6. If bleeding continues, apply pressure for another 10 minutes.
7. If the bleeding is the result of direct injury to the nose, only gentle pressure should be applied.
8. If heavy bleeding persists or if nosebleeds recur frequently, consult a physician.

Heatstroke or Sunstroke

The underlying cause of heat stroke is connected to the sometimes-sudden inability to dissipate body heat through perspiration, especially after strenuous physical activity. This accounts for the excessive rise in body temperature and it is the high fever that can cause permanent damage to internal organs, and can result in death if not treated immediately. Recovery depends on heat duration and intensity. The goal of emergency treatment is to maintain circulation and lower body temperature as quickly as possible.

Signs of Heatstroke or Sunstroke

- Headache, nausea, dizziness

- ☑ Red, dry, very hot skin (sweating has ceased)
- ☑ Pulse-strong & rapid
- ☑ Small pupils
- ☑ Very high fever
- ☑ May become extremely disoriented
- ☑ Unconsciousness and possible convulsions

Treatment

HEATSROKE IS LIFE THREATENING!

1. Remove victim to cooler location, out of the sun
2. Loosen or remove clothing and immerse victim in very cool water if possible
3. If immersion isn't possible, cool victim with water, or wrap in wet sheets and fan for quick evaporation
4. Use cold compresses-especially to the head & neck area, also to armpits and groin.
5. Seek medical attention immediately--continue first aid to lower temperature until medical help takes over
6. Do NOT give any medication to lower fever--it will not be effective and may cause further harm
7. Do NOT use an alcohol rub
8. It is not advisable to give the victim anything by mouth (even water) until the condition has been stabilized.

Shock

Shock is common with many injuries, regardless of their severity. The first hour after an injury is most important because it is during this period that symptoms of shock appear. Shock is failure of the cardiovascular system to keep adequate blood circulating to the vital organs of the body, namely the heart, lungs and brain. A good rule to follow is to anticipate that shock will follow an injury and to take measures to prevent it before it happens.

A variety of symptoms appear in a person experiencing shock:

- ☑ The skin may appear pale or gray, and is cool and clammy to the touch.
- ☑ The heartbeat is weak and rapid, and breathing is slow and shallow. The blood pressure is reduced.
- ☑ The eyes lack shine and seem to stare. Sometimes the pupils are dilated.
- ☑ The person may be conscious or unconscious. If conscious, the person may faint or be very weak or confused. On the other hand, shock sometimes causes a person to become overly excited and anxious.

Treatment

- ☑ Get the person to lie down on his or her back and elevate the feet higher than the person's head. Keep the person from moving unnecessarily.
- ☑ Keep the person warm and comfortable. Loosen tight clothing and cover the person with a blanket. Do not give the person anything to drink.
- ☑ If the person is vomiting or bleeding from the mouth, place the person on his or her side to prevent choking.
- ☑ Treat any injuries appropriately (bleeding, broken bones, etc.).
- ☑ Summon emergency medical assistance immediately.

Sprains

This is an injury where the ligaments and tissues around a joint are wrenched or torn. It will show itself in pain, tenderness, swelling and bruising.

Treatment

- ☑ Rest and support the injured part in a comfortable position.
- ☑ Carefully expose the joint and apply a cold compress.
- ☑ If the ankle is sprained, apply figure of eight bandage over the foot and seek medical help.
- ☑ If in doubt about the injury, treat as fracture, and seek medical aid

Strain

A strain occurs when muscles are over stretched or torn by violent or sudden movement. The player will experience sudden sharp pain at the place of injury, followed by stiffness and/or cramp.

Treatment

- ☑ Place the player in a comfortable position.
- ☑ Steady and support the injured part. Raise an injured limb.
- ☑ Apply a cold compress.
- ☑ If in doubt, treat as fracture and seek medical attention

Tooth Injuries

If a permanent tooth is knocked out:

- ☑ Hold the tooth by the top, not the root.
- ☑ Rinse the tooth immediately with milk.
- ☑ Don't scrub the tooth.
- ☑ Replace the tooth gently in its socket. (Only if the player co-operates).
- ☑ Have the player bite down gently on gauze to keep the tooth in place.
- ☑ If the tooth cannot be re-inserted, put it in milk.
- ☑ If you have no milk, placed the tooth in the player's mouth between their teeth and cheek. (Only do this if the player is old enough not to swallow the tooth).
- ☑ Give the player a piece of gauze or a clean handkerchief to gently bite down on, this will help control bleeding in the gum.
- ☑ See a dentist right away, (within 20 minutes).
- ☑ Don't replace the tooth or place gauze in the mouth of a player who is unconscious, or drowsy.

If the tooth cannot be re-implanted, control bleeding by

- ☑ Place gauze in the tooth socket..
- ☑ Get the player to bite gently down on the gauze, keep firm pressure and hold for at least 45 minutes.
- ☑ Don't rinse out the mouth because this can interfere with blood clotting.
- ☑ Go see your Dentist.
- ☑ If the gums are bleeding, put cold water on a piece of gauze and push it between the lips and gums.
- ☑ Have the player keep pressure on the wound or tooth socket.

2019 VOLUNTEER APPLICATION FORM

- *Managers, coaches, board members and any other persons, 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 application form as well as provide a government-issued photo identification card for ID verification. Check name spellings and numbers for accuracy.*
- *Must conduct a search of the Department of Justice's nationwide sex offender registry, using 2018 Volunteer Application Forms, on all applicable volunteers.*
- *Information on running background checks that contain not only those on a sex offender registry, but other crimes of a sexual and non-sexual nature, can be found on the Little League website.*
- *May conduct a supplemental criminal background check using resources such as First Advantage.*
- *Anyone refusing to fill out Volunteer Application is ineligible to be a league member.*
- *League president must retain these confidential forms for the year of service.*
- *Do not send in volunteers' forms; blank copy of league's application form from correct year should be sent.*
- *When using First Advantage for background checks, Social Security numbers are required. You must enter these numbers into the database and then redact the social security number and/or other personal information from the paper copy for added protection.*

This volunteer form can be found at :

http://www.littleleague.org/Assets/forms_pubs/volunteer-app.pdf

Fundamentals Training

- Provide and require fundamentals training, with at least one coach or manager from each team attending (fundamentals including hitting, sliding, fielding, pitching, etc.)
- Document date, location, who is required to attend and who did attend. Save copies of attendees to track their participation for future use. Intent is to provide training to ALL coaches and managers; minimum of one participant per team.
- Training qualifies volunteer for 3 years; but one team representative still required each year. *INDIVIDUALS WHO ATTEND OUTSIDE FIRST AID TRAINING AND COURSE ARE **NOT** EXEMPT.*
- High school, college or experienced league coaches can be great resources.
- Districts can assist by providing training sessions on a district-wide basis.
- Training should be modified annually to meet the local needs of players and their facilities.

DATE: **March 20, 2021** PLACE: **Southside Little League**

First-Aid Training

- First-aid training for coaches and managers, **with at least one coach or manager** from each team attending.
- Due to their training and education, it is not necessary for licensed medical doctors, licensed registered nurses, licensed practical nurses and paramedics to attend first aid training in order to meet requirement; however, it is recommended that leagues utilize these professionals from their league/community to present the training.
- Other individuals who attend various outside first aid training and courses are not exempt.
- Document date, location, who is required to attend and who did attend. Save copies of attendees to track their participation for future use to show that they have had training in past three years. Again, the intent is to provide training to ALL coaches/managers; minimum of one participant per team.
- Training qualifies volunteer for 3 years, but one team representative still needed each year.

DATE: **March 20, 2021** PLACE: **Southside Little League**

Require coaches/umpires to walk fields for hazards before use

- Recommend leagues use form to track and document any facility issues needing to be fixed.
- Common sense activity — look for rocks, glass, holes, etc.
- Specify who is responsible for doing this — home coach, visitors, umpire, or all?

Complete the ANNUAL Little League Facility Survey

- A requirement each year, can help leagues find and correct facility concerns.
- This form is provided and can be completed & submitted in the ASAP section on the Little League Data Center website.
- DO NOT simply make copy of past year's facility survey; physically review fields for changes and needs from prior year's survey, and record changes/needs on 2018 form.
- Keep a copy on file for future needs; Little League does not maintain copies of surveys.

Written safety procedures for concession stand

All volunteers share in the responsibility to use safe food handling practices that reduce the potential for food borne illness. The food code requires that there be a designated "person-in-charge" at the concession during all hours of operation. The person-in-charge shall be able to identify and take corrective action to eliminate high-risk practices that increase the potential for food borne illness. When applicable, the person-in-charge of the concession shall ensure the following:

- Volunteers are effectively cleaning their hands, by routinely monitoring the Volunteers hand washing.
- Concession manager trained in safe food handling/prep and procedures
- Ill Volunteers are restricted or excluded as appropriate.
- Volunteers are visibly observing foods as they are received to determine if they are from approved sources, delivered at the required temperatures, protected from contamination, unadulterated, and accurately presented, by routinely monitoring the employees' observations and periodically evaluating foods upon their receipt.
- Volunteers are properly cooking food, being particularly careful in cooking those foods known to cause severe food borne illness and death, such as eggs and meats, through daily oversight of volunteers' routine monitoring of the cooking temperatures using appropriate temperature measuring devices properly scaled and calibrated.
- Volunteers are preventing contamination of ready-to-eat food from unwashed hands and are properly using suitable utensils such as deli tissue, single-use gloves, or dispensing equipment, when such items can be used.
- Volunteers are properly trained in food safety as it relates to their assigned duties.
- Volunteers are properly sanitizing cleaned multiuse equipment and utensils before they are reused.
- No one below the age of **16** is permitted to work in the concession stand.
- Cooking equipment will be inspected periodically and repaired or replaced if needed.
- Cooking grease will be stored safely in containers away from open flames.
- Carbon Dioxide tanks will be secured with chains so they stand upright and can't fall over. Report damaged tanks or valves to the supplier and discontinue use.
- Cleaning chemicals must be stored away from the food prep area.
- 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 each Concession Stand.
- The Concession Stand main entrance door will not be locked or blocked while people are inside.

Require regular inspection and replacement of equipment

- Inspect equipment before each use by coaches and umpires.
- Don't just discard bad equipment: destroy it or make it unusable to stop children from attempting to "save it" from waste.
- Recommend use form to remind coaches and to track equipment needs.

Require a first-aid kit at each game and practice

- Many leagues have a complex, but each team needs some form of first-aid kit for off-site practices or travel/tournament games.
- Local hospitals and medical supply companies are good sources.
- If necessary, fund through special drive.

Enforce Little League rules including proper equipment

- Most Little League rules have some basis in safety — follow them.
- Ensure players have required equipment at all times, even catchers warming up during infield.
- Make sure coaches and managers enforce rules at practices as well as games.
- Make sure all fields have all bases that disengage from their anchors, as required starting in 2008.
- Remind managers, coaches they are not allowed to catch pitchers (Rule 3.09); this includes standing at backstop during practice as informal catcher for batting practice.
- Responsibility for procedures should be that of an adult member of **Southside Little League**.
- Safety manual will be distributed to adult volunteers, including but not limited to concession workers, coaches/managers, equipment/facilities managers, first aid volunteers, etc.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, coaches and umpires must attend first aid training offered by **Southside Little League**. First Aid Kits will be present at all practices & games.
- No games or practices should occur when weather or field conditions are not good, particularly when lighting is inadequate.
- Playing field should be inspected frequently for holes, damage, stones, glass and other foreign objects.
- Only players, managers, coaches and umpires are permitted on the playing field and in the dugout during a game.
- All team equipment should be in the team dugout before the game's start time.
- During practice and games, all players should be alert and watching the batter on each pitch.
- All pregame warm-ups should be performed within the confines of the playing field.
- Equipment should be inspected regularly for damage and proper fit.

- Batters must wear approved protective helmets during batting practice and games.
- Catcher must wear catcher's mask with helmet and throat guard, chest protector, shin guards and male catchers must wear a protective cup with an athletic supporter.
- Managers/coaches should encourage all players, male or female, to wear protective cups and supporters for practice or games.
- Managers/coaches should encourage all players with braces to wear a mouth guard.
- Parents of players who wear glasses should be encouraged to provide "safety glasses."
- At no time should "horse play" be permitted on the playing field.
- Players cannot wear jewelry. Any required Medical bracelet must be taped.
- Managers or coaches may not warm up pitchers before or during a game.
- Water should be available at all practices and games.
- ALWAYS HAVE A WORKING TELEPHONE AT GAMES AND PRACTICES

Lightning Procedures

If it is determined that play should be stopped and/or the grounds evacuated due to lightning, an adult in charge and/or game umpire will make an announcement. If the adult in charge and/or game umpire determines play should continue, they are responsible for monitoring the storm.

If an announcement of a storm is made, the following actions should be followed:

Seek a safe shelter immediately!

Indoors

- Stand clear from windows, doors and electrical appliances.
- Avoid contact with piping including sinks, baths and faucets.
- Do not use the telephone except for emergencies.
- Air horn – Sound an air horn either two or three times in succession. The “blasts” will be repeated approximately every ten minutes.

Outdoors

- Get in a hard topped car.
- Never use a tree as a shelter.
- Avoid areas that are higher than the surrounding landscape.
- Keep away from metal objects including metal bats, fencing, scoreboards, etc.
- Avoid standing near tall objects.
- Spread out - don't stand in a crowd of people.
- If you are stranded in an open area crouch down and cover your ears. Do not lie down or place your hands on the ground.

At any time a manager, coach, or umpire feels threatened by an approaching storm, they should stop play and get the players to safety.

Tornado Procedures

If the Tornado Alarm sounds, the following actions should be followed:

- ☑ Stop the game or practice immediately!
- ☑ Seek a safe shelter immediately!
- ☑ Sound an air horn either two or three times in succession. The “blasts” will be repeated approximately every ten minutes.

During a Tornado:

If indoors

- ☑ Stay away from windows
- ☑ Go to a low-lying area.
- ☑ Go to the middle of building. Kneel on the floor. Put your head on the ground facing an interior wall. Fold your arms over the back of your head.

If outdoors

- ☑ If possible, get inside a building.
- ☑ If shelter is not available or there is no time to get indoors, lie in a ditch or low-lying area or crouch near a strong building. Be aware of the potential for flooding.
- ☑ Use arms to protect head and neck.

If in a car

- ☑ Never try to out drive a tornado in a car or truck. Tornadoes can change direction quickly and can lift up a car or truck and toss it through the air.
- ☑ Get out of the car immediately and take shelter in a nearby building.
- ☑ If there is no time to get indoors, get out of the car and lie in a ditch or low-lying area away from the vehicle. Be aware of the potential for flooding.

The National Weather Service issues a tornado watch when tornadoes are possible in your area. Remain alert for approaching storms. This is time to remind family members where the safest places within your home are located, and listen to the radio or television for further developments.

A tornado warning is issued when a tornado has been sighted or indicated by weather radar.

SOUTHSIDE LITTLE LEAGUE COVID-19 GUIDELINES

Players, Managers, and Coaches

- Players and coaches should take measures to prevent all but the essential contact necessary to play the game. This includes refraining from handshakes, high fives, fist/elbow bumps, chest bumps, group celebrations, etc. After games, Southside Little League players shall line up outside the dugout and tip their caps to the opposing team as a sign of good sportsmanship.
- Players, managers/coaches, and umpires should bring their own drinks to all team activities. Southside Little League will have markers available to label drinks.
- If players bring reusable drink containers to the park, they will take them home daily for cleaning and sanitizing. Names must be on all containers.
- There will be no shared or team beverages.
- Teams will not share any snacks or food.
- Players and coaches are to refrain from spitting at all times, including in the dugout areas and on the playing field.
- Face masks may be worn, but it is personal preference to whether or not this is done.

Dugouts and Equipment

- Managers/coaches and players will be assigned spots on the outside of the dugout. The area from the bleachers to the dugout will be roped off so players can remain 6' apart.
- Players are to stay in their assigned spots while waiting for their turn at bat.
- No player bat bags/equipment bags are allowed in the dugout. Player equipment will be spaced accordingly outside the dugout to prevent direct contact by other players.
- Southside Little League will minimize equipment sharing as much as possible. If equipment is shared, it will be disinfected before use by another player.
- Baseballs and softballs will be disinfected on a regular basis, at least every two innings, to limit contact by multiple players.
- Balls used in infield/outfield warm-up will be isolated in a separate container from other balls.

Parents and Other Guests

- Parents and guests are asked to stand behind the outfield fences during the games.
- Parents and guests are asked to bring their own chairs as the bleachers will be closed to everyone but players, managers, and coaches.
- Player, parents or guests should not come to the park for a game or practice with:
 - Active COVID-19 infection
 - Known direct contact with an individual testing positive for COVID-19
 - Fever
 - Cough
- Please use social distancing and maintain at least six feet between individuals in all areas of the park. Face masks may be worn, but it is personal preference to whether or not this is done.

Bathrooms

- Bathrooms will be cleaned and disinfected after each use. Children will not be permitted in the bathrooms without a family member present. Adults are asked to disinfect the toilet, sinks and doorknobs after use so the area is sanitized for the next user. Southside Little League will supply the necessary cleaning supplies.
- Portable bathrooms will not be available this season.

Concession

- The concession stand will be open with a limited number of items to buy. All food will be prepackaged before sales.
- Neither sunflower seeds nor gum will not be allowed at Southside Little League at this time.
- No outside food will be permitted in the park.
- Social distancing guidelines should be maintained in the concession area.

Thank you to our Southside Little League families for adhering to these guidelines. Stay safe and healthy. We will get through this season and thank you for staying with us.