



Irondequoit Little League Safety Manual 2024

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Dear Managers and Coaches:

Welcome to another exciting season of Irondequoit Little League! IRLLE is beginning its 73rd year in 2023 and it has come a long way. Today IRLLE finds itself as one of the largest little leagues in the area.

The IRLLE Board of Directors has continued to succeed with its goals by increasing the number of volunteers, making the board more efficient, and working with the town to complete our first fields.

- Recently updated playing fields with scoreboards were finished and construction is complete on a concession stand with bathrooms. Installed a netted batting cage.
- Established parking area with handicap parking and access.
- Improved the reporting and documenting of injuries via injury reporting forms to Safety Officer.
- Implemented a notification system of all board members, managers and coaches of safety issues during the season.
- 4 fields were completely renovated with new backstops and sod installed.
- Continue campaign to raise money for additional field maintenance.

This year our Safety Goals include:

- Insure that only those managers and coaches that have had a background check completed by our league are allowed on the field during games. Discussion of implementation of using ILL issued lanyards and badges for all teams.
- Continue CPR/AED training for all board members, managers, and coaches.
- Expand CPR/AED training to community program to train parents and kids. Want to reach at least 25% of families participating at IRLLE.
- Continue to update Safety Manual with important information to help managers and coaches.
- Continue to increase the number of new safety signs around the fields to include ASAP field signage.
- Continue to improve the filling out and turning in of injury report forms.
- Continue to grow community awareness for safety by all participating in the league by having parents receive a copy of the code of conduct and safety rules from their managers.
- Have each manager turn in a pre-game safety checklist at the end of each game, which will be collected by the umpires.
- Continue to require each manager to have a first aid kit and cell phones at practices and games.
- Institute a recycling program for plastic drink bottles. Recycling containers are by each dugout.

In the effort to help our managers and coaches comply with our safety standards, the Board of Directors has put forth a mandate of the Safety Rules be followed as outlined in this manual.

Each manager will appoint a Team Safety Officer (or Team Parent) who will assist the manager and coaches of the team with the safety guidelines at practice and games.

Have all managers and coaches required to sign the code of conduct and safety code prior to the first games. Remember that safety awareness includes the volunteers, parents, and the players at IRLLE. Safety First!!

Let's Play Ball!!!!

EMERGENCY PHONE NUMBERS ---/LL PHONE NUMBERS

Address: P.O. Box 17962 Rochester, NY 14617

Email: irondequoitlittleleague@gmail.com

Safety Officer: Vince Badali 585-678-1717 (cell)

Email: vincent.badali@gmail.com

Irondequoit Police Department:	585-336-6000
Monroe County Sheriff's Department:	585-753-4178
Fire (Non-Emergency) Ridge Culver	585-467-4241
Fire (Non-Emergency) St Paul	585-266-4645
Rochester General Hospital	585-922-4000
Strong Memorial Hospital	585-271-2100

Always have a cell phone with you or someone on your team at all practices and games.

Safety Mission Statement

“Irondequoit Little League is a Non-Profit Organization run by volunteers whose mission is to provide an opportunity for our community’s children to learn the games of baseball and softball in a safe, friendly, and fun environment.”

Code Of Conduct

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

- Harass, threaten, or abuse an official or umpire in any way demonstrate any unsportsmanlike conduct.
- Use rough tactics (“win at all cost attitude”) in the playing of a game of baseball and softball.
- At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of verbal and/or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official’s decision by throwing gloves, helmets, hats, bats, balls, or any other forceful unpartisan-like action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical and or verbal attack upon any board member, official manager, coach, player, or spectator.
- Be guilty of the use of profane, obscene, or vulgar language in any manner at anytime.
- Appear on the field of play, stands, or anywhere on the IRLLE fields while in an intoxicated state any anytime. Intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at anytime.
- No smoking while in the stands or on the playing field or in any dugout at any time. Smoking will only be permitted in parking lots.
- Be guilty of discussing publicity with spectators in a derogatory or abusive manner any play, decision, or a personal opinion on any players during the game.
- Speak disrespectfully to any manager, coach, official, or representative of the league.
- Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records, or procedures.
- Shall not challenge an umpire’s authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

“Infractions can result in exclusion from a game or in extreme situations, expulsion from the league.

Safety Procedures

A copy of the safety manual will be distributed to all volunteers and is available online.

- Emergency numbers will be posted on backstops and concession stands.
- Volunteers must complete a Volunteer Form.
- Volunteers will undergo a criminal record check and a sex offender check
- Irondequoit Little League will provide fundamentals training for all coaches and managers.
- Each coach will attend a preseason meeting to review rules and mission of Irondequoit Little League.
- All coaches will receive first aid kits.
- All coaches will be required to inspect the field before and after each activity for safety issues.
- Each coach should attend an online CPR training and PCA coach training during the preseason. (possibly mandatory soon)
- There will be a regular inspection and replacement of all league provided equipment.
- All accidents and injuries will be reported to the Safety Officer and tracked after the injury. An incident report form may be required.
- The Safety Officer will enforce rules regarding the proper use of equipment. The rules will be enforced for all practices and games. (i.e. There are **NO** on-deck batters allowed in little league)
- The league budget will include items for safety, such as ice-packs and first aid kits for all teams.
- Coaches will encourage all players to use protective equipment. (cups, helmets, faceguards and other protective gear)

- Safety Plan will be submitted to the District Administrator for review.
- Irondequoit Little League and board member emails are available and parents are encouraged to contact the League with concerns, suggestions, and questions.

Safety First

- Be alert at all times
- Pitchers must wear a batting helmet during warmups.
- Coaches are NOT allowed to catch for warmup pitches, only properly equipped catchers.
- No one shall climb on or over any of the fencing on the baseball fields.
- Players must wear proper equipment. All equipment will meet NOCSAE regulations.
- Ensure equipment is in good working condition.
- Be organized
- Know players' limits and don't exceed them. This is especially important with pitch counts.
- Make it fun!!!
- Consider weather conditions.
- Stop play if the playing conditions become unsafe. If you hear thunder or see lightning, suspend all play.
- Ensure that players drink plenty of water on extremely hot days.
- Limit exposure to ultraviolet rays and suggest the use of sunscreen.

Safe Baserunning

We will explain and define whether, or not, a base runner is required to slide into a base if a play at that base is imminent. The situation described below is applicable in all levels of Little League Baseball® and Little League Softball®.

Situation In the bottom of the third inning, with a runner on second base, the batter hits a ball to right field for a clean single. The third-base coach waves the runner toward home plate. The throw from the right fielder is received by the catcher in plenty of time. The base runner, choosing not to slide, steps over the catcher's tag attempt. After the run is scored, and the batter-runner advanced to second base on the throw home, the defensive team's manager asks for, and is granted, "time." The manager approaches the home plate umpire and asks him/her to call the base runner "out" for not sliding. Is the manager correct to claim that because the base runner did not attempt to slide when the throw came to home plate, that he/she should disallow the run, and call the base runner "out?"

Outcome The runner is not called "out." The run is counted.

Explanation To explain the ruling, we reference Rule 7.08(a)(3) in the current Little League Baseball® and Little League Softball® Rulebooks, which states:

A runner is out when ...

The runner does not slide, or attempt to get around a fielder, who has the ball and is waiting to make a tag.

Comment: There is no "must slide rule." The rule is, "slide, or attempt to get around." The key in this situation is, "the fielder has the ball and is waiting to make a tag." If the fielder (any fielder, not just the catcher) does not have the ball, and there is a collision, you CANNOT call the runner out. However, if the umpire determines that the runner deliberately attempted to injure the fielder, the umpire could eject the runner for unsportsmanlike conduct.

Accident Reporting Procedure

- Report all injuries to the Safety Officer.
- 2023 Safety Officer: Rick Roche 585-734-9218, rickroche27@gmail.com
- Complete a local and a LLB USA injury report. Notify the parent or guardian of any injury.
- Check on the status of the player after the injury.
- Review with the team any steps necessary to prevent a future injury.

Irondequoit Little League Officials

Dewey Lawrence – President

Paul Irwin – Baseball Vice President

Tony Chadwick – President Softball

Vince Badali - Secretary

Skye Sims – Treasurer

Adam Smith- Webmaster

Rick Roche – Equipment Manager/Safety Officer

Little League -- Baseball Game Pitch Log

Team _____ Opponent _____ Date _____

Pitcher's Name	Uniform Number	League Age	X Cross out the number as that pitch is thrown. O Circle the number for the last pitch thrown in each half-inning.																																		
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
			36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
			71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
			36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
			71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
			36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
			71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105

Pitching eligibility varies by the league age of the pitcher, which is the pitcher's age as of May 1 of the current year. The pitching eligibility regulation is Regulation VI (see current rule book for details). A blank electronic version of this form is available for free download at www.littleleague.org.

Sport Parent Code of Conduct

We, the _____ Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these “six pillars of character.”

7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one’s best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower



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

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE® INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by an employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area. A \$50 deductible applies for all claims, up to the maximum stated benefits.

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

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

1. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/ Letter of Denial for each charge directly to Little League International, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:
 - (a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.
 - (b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment.

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

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

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

Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



WARNING — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time — and speed your payment of claims.

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League® contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer.



**LITTLE LEAGUE® BASEBALL AND SOFTBALL
ACCIDENT NOTIFICATION FORM
INSTRUCTIONS**

Send Completed Form To:
Little League International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485
Accident Claim Contact Numbers:
Phone: 570-327-1674 Fax: 570-328-9280

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. *Limited* deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name			League I.D.			
Name of Injured Person/Claimant		SSN	PART 1	Date of Birth (MM/DD/YY)	Age	Sex
						<input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)		Bus. Phone (Inc. Area Code)	
			() ()		() ()	
Address of Claimant			Address of Parent/Guardian, if different			

The Little League Master Accident Policy provides benefits in excess of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Accident	Time of Accident	Type of Injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

Describe exactly how accident happened, including playing position at the time of accident:

Check all applicable responses in each column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	(Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	
	<input type="checkbox"/> BIG (14-18)			

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)
Date	Claimant/Parent/Guardian Signature

For Residents of California:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of All Other States:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()

Were you a witness to the accident? Yes No
Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use batting helmets with attached face guards? YES NO
If YES, are they Mandatory or Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date	League Official Signature
------	---------------------------

For Local League Use Only

Activities/Reporting

**A Safety Awareness Program's
Incident/Injury Tracking Report**

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____
 Field Name/Location: _____ Incident Time: _____
 Injured Person's Name: _____ Date of Birth: _____
 Address: _____ Age: _____ Sex: Male Female
 City: _____ State _____ ZIP: _____ Home Phone: () _____
 Parent's Name (If Player): _____ Work Phone: () _____

 Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

A.) Baseball Softball Challenger TAD
 B.) Challenger T-Ball Minor Major Intermediate (50/70)
 Junior Senior Big League
 C.) Tryout Practice Game Tournament Special Event
 Travel to Travel from Other (Describe): _____

Position/Role of person(s) involved in incident:

D.) Batter Baserunner Pitcher Catcher First Base Second
 Third Short Stop Left Field Center Field Right Field Dugout
 Umpire Coach/Manager Spectator Volunteer Other: _____

Type of injury: _____

Was first aid required? Yes No If yes, what: _____

Was professional medical treatment required? Yes No If yes, what: _____
 (If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)

Type of incident and location:

A.) On Primary Playing Field
 Base Path: Running or Sliding
 Hit by Ball: Pitched or Thrown or Batted
 Collision with: Player or Structure
 Grounds Defect
 Other: _____
 B.) Adjacent to Playing Field
 Seating Area
 Parking Area
 C.) Concession Area
 Volunteer Worker
 Customer/Bystander
 D.) Off Ball Field
 Travel:
 Car or Bike or
 Walking
 League Activity
 Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

Prepared By/Position: _____ Phone Number: (____) _____
 Signature: _____ Date: _____



Little League. Baseball and Softball MEDICAL RELEASE



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR GUARDIAN AUTHORIZATION:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/guardian cannot be reached in case of emergency, contact:

Name _____ Phone _____ Relationship to Player _____

Name _____ Phone _____ Relationship to Player _____

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature
Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
 Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

Don't Swing It

...Until You're Up to the Plate!



(Photos from North Scott, Iowa, Little League)

Don't let this happen to you, or to a teammate.

REMEMBER:

Don't pick up your bat until you leave the dugout, to approach the plate.

RULE 1.08, Notes

"1. The on-deck position is not permitted in Tee Ball, Minor League or Little League (Majors) Division. 2. Only the first batter of each half-inning will be allowed outside the dugout between the half-innings in Tee Ball, Minor League or Little League (Majors) Division."

Coach, Please Let Players Catch!



REMEMBER:

Coaches and managers must not warm up pitchers. Let Players Catch.

RULE 3.09

"...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen."

Responsibilities

Managers and Coaches:

The Manager is a person appointed by the president of IRLI to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

1. The Manager shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
2. The Manager is also responsible for the safety of his players. He /She is also ultimately responsible for the actions of designated coaches and the Team Safety Officer (TSO).
3. If a Manager leaves the field, the Manager shall designate a Coach as a substitute and such Substitute Manager shall have the duties, rights and responsibilities of the Manager.

Managers will:

- *Take possession of this Safety Manual* supplied by IRLI.
- Appoint a volunteer parent as *Team Safety Officer (T S O)*. The TSO must be able to be present at all games and must own or have access to a cell phone for emergencies if games or practices take place off the complex.
- Attend a *mandatory training session* on First Aid and fundamentals given by IRLI with his/her designated coaches and TSO.
- Meet with all parents to discuss Little League philosophy and safety issues.
- Cover the basics of safe play with his/her team before starting the first practice.
- Return the signed IRLI Code of Conduct and the IRLI Safety Code to the IRLI Safety Officer before the first game.

Managers will:

- Notify parents that if a child is injured or ill, he or she cannot return to 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:

Managers will

- Work closely with the IRLI Safety Officer to make sure equipment is in first rate working order.
- Make sure that telephone access is available at all activities including practices. It is mandatory that a cellular phone always be on hand.
- Not expect more from their players than what the players are capable of.

Pre-Game and Practice:

Managers will:

- 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, the President or a duty delegated representative shall make the determination.
- Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching.

During the Game:

Managers will:

- 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*.

Manager will:

- Observe the "no on-deck" rule for batters and keep players behind the screens at all times. No players should handle a bat in the dugouts at anytime.
- Keep player's off fences.
- Get players to drink a little a lot!
- 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 passerby's

Post Game:

Managers will:

- Do cooldown exercises with the players.
- Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows.
- Catchers should ice their knees.
- Discuss any safety problems with the Team Safety Officer that occurred before, during or after the game.
- If there was an injury, make sure an accident report was filled out and given to the IRLLE Safety Officer.
- Return the field to its pre-game condition, per IRLLE policy.
- *Notify parents if their child has been injured. (There are no exceptions to this rule)*

Team Safety Officer/Team Parent:

Season

During the season, the TSO will:

- Keep a Safety Log of all injuries that occur on his or her team.
- *Inspect players' equipment* for cracks or broken straps on a routine basis.
- *Communicate* any safety infractions to the IRLLE Safety Officer or any other

- Board Member.
 - Help managers and designated coaches give *First-Aid* if needed.
 - Act as a *conduit* between parents, managers, the IRL Safety Officer and the kids.
 - Fill out *accident report* if an injury occurs.
 - Report an *injury* to the IRL Safety Officer within 24 hours of the occurrence.
- Track the *First-Aid Kit* inventory and ask the IRL Safety Officer for replacements when needed. **Pre-Game**

Before the game starts the TSO will:

- Make sure that this *Safety Manual* and the *First-Aid Kit* are present.
- Greet the players as they arrive and make sure everyone is feeling all right.
- Watch the players when they stretch and do *warm up exercises* signs for signs of stress injury.
- *Check equipment* for cracks and broken straps.
- *Walk the field*, remove broken glass and other hazardous materials.
- Fill out the pre-game safety checklist and hand to the umpire.
- *Be ready to go into action if anyone should get hurt.*

Game;

During the game the TSO will:

- *Watch players* to see that they are alert at all time.
- In case of injury, *help the team manager* treat the child until professional help arrives.
- Act as the *conduit* between the IRL Safety Officer, the team manager, the child and his or her parents.

Post-Game;

After the game the TSO will:

- *Record* any safety infractions or injuries in his/her Safety Log.
- *Report any injuries* to the IRL Safety Officer within 24 hours of the occurrence.
- Fill out an accident investigation report and send a copy to the IRL Safety Officer if there is an injury requiring medical attention.
- Assist parents if child must go to a hospital or to see a doctor.
- Provide *insurance documentation* to the hospital if necessary.
- Follow-up with parents to make sure the child is all right.
- ****If a Manager has not appointed a TSO, then he or she must assume those responsibilities.**

CODE OF CONDUCT

The Board of Directors of IRLI has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and sign in the space provided below acknowledging that he or she understands and agrees to comply with the Code of Conduct.

Irondequoit Little League Code of Conduct

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

- At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
Be guilty of an objectionable demonstration of dissent at an official's decision by throwing gloves, helmets, hats, bats, balls, or any other forceful unpartisan-like action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manager, coach, player, or spectator.
- Be guilty of the use of profane, obscene, or vulgar language in any manner at anytime.
- Appear on the field of play, stands, or anywhere on the IRLI fields while in an intoxicated state anytime. Intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at anytime.
No Smoking while in the stands or on the playing field or in any dugout at anytime. Smoking will only be permitted in parking lots.
- Be guilty of discussing publicity with spectators in a derogatory or abusive manner any play, decision, or a personal opinion on any players during the game.
- Speak disrespectfully to any manager, coach, official, or representative of the league.
- Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records, or procedures.
- Shall not challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

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

Managers and coaches are encouraged to visit www.littleleague.org and view the ASAP newsletters to keep up with Little League Safety issues.

I have read the Irondequoit Little League **Code of Conduct** and promise to adhere to its rules and regulations.

Print Name of Team Manager

Team Name and Division

Signature of Team Manager

Date

Coach #1

Coach #2

Remember Your Character Counts

What is Character:

1. The combination of qualities or features that makes one person, group or thing different from another.
2. The combined moral or ethical structure of a person or group.
3. Moral or ethical strength, integrity, fortitude.

Show your players your Character on and off the field.

- **Respect**
- **Fairness**
- **Caring**
- **Trustworthiness**
- **Responsibility**
- **Citizenship**





Frequently Asked Questions

How big is IRLL?

- Our expectation for the Spring season is to have approximately 350 players in the League.
- Little League Baseball encourages boys and girls to become part of the Little League experience. The League is comprised entirely of volunteers that freely give their time to help our IRLL youth learn the game of baseball and embrace the Little League Baseball motto: Loyalty, Character, and Courage.
- Thanks in advance to all of the volunteers that will help this Spring be a successful endeavor for everyone!
- Our website is irondequoittleleague.org which is updated daily for upcoming events and information about our league.
- Please sign up to receive the Little League E-News at www.littleleague.org which gives you update information about changes in Little League.

Are Credit and Debit cards accepted at In-Person Registration Sessions?

- Yes. We accept Visa, Discover and MasterCard for all registrations. Cash and checks are welcome at In Person registration as well.

How are registration fees used?

- IRLL is a 100 % non-profit volunteer organization.
- Our budget addresses equipment, uniforms, field improvements, field maintenance, utilities, insurance, and administrative expenses. In addition, IRLL is committed to providing umpires for all games from age 7 and up.
- The registration fees are reviewed each year by the league Board of Directors and modified as expenses go up.

Do IRLL Directors get paid?

- No. Unlike some other Youth Sports Organizations, the Board of Directors for IRLL is 100% volunteer. No Director receives any financial compensation for their services to the League.

How are revenues generated?

- In addition to registration fees, IRLL actively pursues donations from Corporations, local businesses, and private sources. As an active non-profit organization, IRLL also requires all our Spring teams to seek and obtain a team sponsor. The IRLL Board of Directors actively sponsors fundraising.

How is the league organized?

- IRLI is chartered by Little League Baseball and must follow their rules, regulations, and guidelines.
- There are 9 divisions based on age (as of April 30th of the playing year) which are: K-Ball - age 4 & 5; T-Ball - age 6; Machine Pitch -age 7 and 8; Kid Pitch - age 9 and 10; Little League Minors age - 11; Little League Majors age - 11, 12;

Intermediate League age 11- 13; Junior /Senior League - age 13, 14, 15, 16; Big League - up to age 18. Each Division has an assigned Player Agent (Division Director).

- IRLI is part of the Little League International, which is broken down by regions (5 in the U.S. & 4 international), sections, and districts. IRLI is part of the Little League Mid-Atlantic Region, and District 4.
- IRLI is run under one board of directors.

If I have issue with my child's manager?

- Speak with the manager about your concerns. 99% of the time this will take care of the issue.
- If you still are not satisfied, your next contact would be the Player Agent (Division Director) for your division.
- If you feel the issue is critical, you are always free to contact the VP of Operations or the President directly.

Can I become a IRLI Board member?

- Each year in April, the Board of Directors must be re-elected. Any adult resident living in the IRLI boundaries can apply to become a board member. In April, email irondequoitlittleleague@gmail.com you would like to put your name on the board of director ballot.
- All applicants must undergo and pass a background check.

What are the Boundaries of IRLI?

- The Boundary Map is in the League Documents Section of the Website.

Registration Questions

When Do I register my Child for IRLI Baseball?

- Online registration is held a few times a year prior to the Fall and Spring Seasons. Generally, Fall registration is early to mid- August and Spring registration is December-January.
- Registration Dates are placed on the IRLI Calendar.
- Online Registration is available through the IRLI website.

What Documentation do I need for Registration?

- All Players are required to submit a Birth Certificate for Age Verification and Proof of Residency.
- Proof of residency requirements can be found in the League Documents.

What age group can my child play?

- A Player's "League Age" is determined by their age on or before April 30th of that year's Spring Season.
- Fall "League Age" is determined by the "League Age" in the Following Spring Season.
- League Age Charts are also posted in the League Documents Section of the IRLI web site.
- Age (4-5) - TBall with no Scoring / Age (6) T-Ball with Scoring and Post Season / Age (7-8) Machine Pitch / Age (9-12) Kid pitch with 46' Pitchers Mound / Age (13-16) Kid Pitch with a 60' Pitchers Mound
- Players are not Permitted to play in any age group lower than their "League Age".
- "Playing Up" or playing in an age group higher than their league age is permitted in the Fall . In certain cases in the Spring season, a Player may be permitted to "Play Up" provided they are drafted to a AAA team prior to the 6th round of the draft. The Player must try out in both their age group and the group they wish to "Play Up" to. In order to do this, the Division Director must be consulted.

How do I request a Refund?

- Refunds can only be requested prior to the first day of player drafts. For more information please consult the League Refund Policy in [League Documents](#).

Team Selection and Draft Questions

How are Managers/Coaches Selected?

- Managers / Coaches are selected immediately following the last Online Registration at IRLLL.
- Managers / Coaches are required to fill out an IRLLL application as well as a Volunteer Background Check form prior to the selection process.
- The Elected Board of Directors of IRLLL votes on and appoints coaches based on previous experience in both IRLLL and other Volunteer Organizations, Parent Reviews if they have previously coached at IRLLL and experiences/records in prior seasons.
- If you are interested in Managing / Coaching a team please email irondequoitlittleleague@gmail.com

Are there Tryouts for the Teams and What is involved?

- Tryouts are held based on adult and field availability as set up by the IRLLL leadership.
- Tryout format will include (4) Stations... Ground Balls, Catching a throw from a player, pop flies and batting. All Players will be given (3) opportunities at each position to display their talent level for the Managers/Coaches.
- All players are required to tryout in order to qualify for the AAA or Majors draft.
- There are no try-outs for Thall (League ages 4-6). Thall teams are formed based on neighborhood. IRLLL will try to honor "friend requests" for team placement, but cannot guarantee placement.

How Does the Draft Work?

- The draft for each division will be held on separate days. All managers will draw numbers to determine their position in the draft.
- The draft will be conducted in a snake format, i.e. 1-2-3-4, 4-3-2-1, then 1-2-3-4, etc.
- The only "player freezes" are the Managers son(s) and are determined by the Little League "Green Book".
- In the event there is a player who is registered but cannot attend one of the designated try-outs, that player will then be eligible ONLY for a AA team. The player will be assigned to a AA team via a "hat pick" after all players who have tried out have been selected.
- Trades between teams will be allowed immediately after the draft, during a specified time period, with both Coaches' agreement and the approval of the Division Director.

What if my Child ends up on a team without a Coach?

- IRLLL is a 100% Volunteer Organization.
- As an organization, we do our best to recruit the best that the area has to offer in volunteer coaches. In some instances, we do end up with teams without volunteer coaches. When this does occur, IRLLL does not want to take away the chance for players to get in the game. Instead, the Division Director will schedule a meeting with the team and either has one of the parents step up and offer to coach the team or find a way for Parents to assume the duties of coaching the team. In most cases, 2-3 parents on the team take the opportunity and the results have been very positive.

Does Little League get a list of the player's and coaches?

- Yes. IRLLL sends a list of all players and managers to the Little League data center at www.littleleague.org.

Does your Little League have a Challenger League?

- Yes, we do have a Challenger League, we partner with the Webster league You can register at waabaseball.org. The Challenger League plays on Sunday afternoons.

If you have other questions you feel should be answered on this page, please email them to irondequoitlittleleague@gmail.com and put "FAQ" in the Subject Line.



QUESTIONS AND ANSWERS ABOUT THE CHILD PROTECTION PROGRAM

What do we, as a league, have to do to comply so that we can be chartered for the next season?

The local league has been required to have all board members, managers, coaches, and other volunteers or hired workers who provide regular service to the league or/and who have repetitive access to or contact with players or teams fill out the official Little League Volunteer Application. Additionally, the league has been and is required to conduct a background check on each of these individuals. The local league has been required to conduct a nationwide search that contains the applicable government sex offender registry data as opposed to conducting statewide sex offense registry search. Little League Baseball and Softball will require each league to sign an agreement on the charter application that they will comply with Regulation I (b) and I(c) 8 & 9. The leagues are also required to sign a statement on the tournament enrollment form verifying that the process under the regulation has been completed and implemented. Failure to sign the agreement on the charter application will result in the league not being chartered and failure to fulfill the requirement of the regulations will result in the league's status being referred to the Charter/Tournament committee for action to revoke the league's charter and all privileges.

What type of background check is required by the new regulations?

The local league must annually conduct a nationwide search that contains the applicable government sex offender registry data. In addition, Little League strongly encourages all leagues to also utilize the national criminal records search available through the Little League website. This additional criminal records check may provide additional important information regarding the criminal records of individuals whose crimes do not require that they be listed on a sex offender registry. More information can be obtained by going to <http://www.littleleague.org/learn/programs/childprotection.htm>. The first 125 supplemental checks through LexisNexis are paid for by Little League International and are free to each chartered Little League. If additional checks are necessary, they will cost the league only \$1.00 per background check conducted.

What type of offenses are we screening for when we conduct a background check?

Local leagues are conducting a search of the nationwide sex offender registry for anyone who has committed sexual offenses involving minors. An individual who has been convicted or plead guilty to charges involving or against a minor, no matter when the offense occurred, must not be permitted to work or volunteer.

Who in the local league should be responsible to process the background check information?

Little League Baseball recommends the board of directors appoint the local league president and two other individuals to handle the background checks. These individuals may be from the board or individuals outside the board. For instance, the board of directors may appoint individuals who have significant professional background in this area, such as law enforcement officers or individuals with a legal background. Remember to never let those assigned for this process to also do the background checks on themselves.

What if an individual has previously had a background check?

Each league must conduct its own background check on the appropriate individuals annually.

What will result in termination of a volunteer under these regulations?

Any background check that reveals a conviction of any crime involving or against a minor must result in immediate termination from the league. Additionally, volunteers who refuse to submit a fully completed Little

League Volunteer Application, along with a government issued photo ID, must be immediately terminated or eliminated from consideration for any position. This includes individuals with many years of service to your league.

What if offenses involving or against minors are pending prior to or after appointment to a position in the local league?

We suggest the individual not be appointed or should be suspended from his/her current position pending the outcome of the charges.

What if there are convictions or other offenses NOT involving or against minors?

Even though convictions or other offenses may not be against a minor, the local league board of directors may still may deem these individuals as inappropriate and/or unfit and may prohibit him/her from working as a hired worker or volunteer within the league.

Who is to be made aware of the information found on the background check?

The local league president shall only share personal information contained in the volunteer application, background check or other information obtained through the screening process with other members of the board of directors in order to make personnel decisions. If the information obtained through the background check is public record and causes an individual to not be appointed or to be terminated, Little League Baseball recommends this information be shared with the parents/guardians of the children who have had contact with the individual previously.

Where should these records be maintained and for how long?

The local league president shall retain each volunteer application, background check information, and any other documents obtained on file for the current year of service of that individual. After the local league has completed operation for the current season, the league president should maintain the record of a volunteer for at least 2 years after the volunteer is no longer in the league. When it comes time to dispose of these records, they should be shredded as they contain sensitive information. All actions concerning these records must comply with any applicable laws. Leagues should also maintain records in the case that the league has taken action or made a decision based upon the information contained in the records. The records should be maintained in a locked and secure area, such as the league president's home and not in a club house or similar facility.

What is the timetable for completing the screening of each individual?

The league must complete the annual screening process prior to the individual assuming his/her duties for the current season. This would include the individual submitting a completed volunteer application and the league completing an appropriate background check. The applicant must also submit a government issued photo ID, usually a driver's license, in order for the league to verify that the information on his/her volunteer application is correct, i.e. spelling of name, address, date of birth, etc.

What resources are available through Little League Baseball to assist this process?

The current Little League Official Volunteer application is available at http://www.littleleague.org/Assets/forms_pubs/volunteer-app.pdf. In addition to meeting the minimum requirement of checking the United States Department of Justice National Sex Offender Registry, (www.nsopr.gov) Little League strongly encourages all leagues to also utilize the national criminal records search available through the Little League website. This additional criminal records check may provide additional important information regarding the criminal records of individuals whose crimes do not require that they be listed on a sex offender registry.

What will it cost my league to implement this initiative?

There is no fee required for the Department of Justice Sex Offender Public Registry website, which checks sex offender registries in all fifty states. In addition, Little League strongly encourages all leagues to also utilize the national criminal records check may provide additional important information regarding the criminal records of individuals whose crimes do not require that they be listed on a sex offender registry. More information can be obtained by going to: http://littleleague/learn_more/programs/childprotection.htm

When should local leagues begin to conduct background checks on volunteers and hired workers? In accordance with Little League Regulation I(c) (8 & 9), local leagues must conduct background checks on all volunteers and hired workers prior to the applicant assuming his or her duties for the season.

Background checks must be completed on all individuals who are required to complete the official "Little League Volunteer Application" and who provide a regular service to the league and/or have repetitive access to, or contact with, players and teams. This includes, but is not limited to, managers, coaches, Board of Director members and other persons or hired workers.

Does this initiative also apply to those individuals that assist the manager and coaches at practices or games?

Yes. Any individual who provides regular service to the league or/and who has repetitive access to or contact with players or teams must fill out the Volunteer Application, provide a copy of a government issued photo ID, and go through the background check process.

Who is going to coach the team if a screened manager or coach is no longer able to fulfill his/her duties? Any permanent replacement cannot assume their duties until the volunteer application and background check has been completed. The league may temporarily assign a board member or another screened individual to fill the vacancy until the proper process and appointment has been *made*:

Should our league wait until the entire screening process has been completed to submit our Charter Application and Insurance Enrollment Form?

No. The appropriate league officers must sign the statement on the form agreeing to adhere to the new regulations requiring the use of the new volunteer application and background screening process as outlined in Regulations 1(b) and 1(c) 8 & 9. Once this section is completed the balance of the charter application can be completed and submitted to Little League Baseball.

As the league president or an official of the local league, how do I explain the need for this initiative?

These requirements were implemented in 2002 by Little League and your local league to:
Protect our children and maintain Little League as a hostile environment for those who would seek to do them harm.
Protect individuals and leagues from possible loss of personal or league assets because of litigation.
Take advantage of current technology and laws that have made background check information accessible to your local league.

A Parent's Guide to the Little League Child Protection Program

Introduction

The backbone of Little League® is the adult volunteer. One million strong, it is this corps of dedicated people who coach the teams, umpire the games, work in the concession stands, serve on the local board of directors, and serve at the District level. These people, who live in every U.S. state and more than 100 other countries, make Little League the world's largest and most respected youth sports organization.

We know that the greatest treasure we have is children. As adults, we must ensure that these young people are able to grow up happy, healthy and, above all, safe. Whether they are our children, or the children of others, each of us has a responsibility to protect them.

The Little League Child Protection Program seeks to educate children and volunteers in ways to prevent child abusers from becoming involved in the local league. Part of that education has been to assist local Little League volunteers in finding effective and inexpensive ways to conduct background checks. Little League regulations now say: "No local league shall permit any person to participate in any manner, whose background check reveals a conviction for any crime involving or against a minor." (Reg. I [c] 9.)

Background checks were optional until the 2003 season. Effective in 2007, the local league must conduct a nationwide search that contains the applicable government sex offender registry data. Advances in computer

technology – allowing greater access to public records – make it possible for background checks (at a minimum, to see if an individual is a registered sex offender in any given state) to be conducted in every U.S. state. Local Little League programs are now **required** to annually conduct a background check of Managers, Coaches, Board of Directors members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams. (Reg. I [b], Reg. I [c] 9.)

The purpose of these background checks is, first and foremost, to protect children. Second, they maintain Little League as a hostile environment for those who would seek to harm children. Third, they will help to protect individuals and leagues from possible loss of personal or league assets because of litigation.

The United States Department of Justice National Sex Offender Public Registry is free and available at www.nsopr.gov.

What Can Parents Do?

Most children have been warned about the dangers of talking to strangers. But for many children, sexual molestation is committed by someone they know. In fact, 80 to 85 percent of all sexual abuse cases in the U.S. are committed by an individual familiar to the victim, according to statistics compiled by Big Brothers & Big Sisters of America.

The truth is, child sex offenders can come from every background, every occupation, every race, and every level of education. They may be married, and they may have children of their own. It is dangerous to believe that the only threat is the stranger in a long raincoat, lurking behind a tree.

In fact, the promotion of this myth may contribute to the problem. Sometimes, a child who is molested by a known and “trusted” person will feel so guilty about not reacting the “right” way that he or she never reports the problem.

Sadly, we have all seen too many reports in which teachers, police officers, clergy, youth sports volunteers, etc., trusted by all, have violated that trust and molested children in their care. Of course, this must never be tolerated in Little League or anywhere else.

In many of these situations, the young victims are actually seduced, sometimes over a period of months or even years. The child’s family is lulled into believing the unusual attention being lavished is a bond of friendship between the adult and the child. In fact, the adult abuser often uses gifts, trips, attention and affection as part of a courtship process. Sometimes, the courtship process extends to the child’s parent(s), but the real target is the child.

Often, but not always, the victim of this type of child sex offender is the child of a single parent. In these cases, the single parent sees the child’s adult friend as a surrogate parent – a Godsend. The very opposite is true.

Two good rules of thumb for all local Little Leagues and parents - Generally, a person involved in a local Little League program should not put himself or herself in a one-on-one situation involving a child who is not their own. Of course, some isolated situations may arise where one-on-one situations could take place. However, a one-on-one situation should not be actively *sought out* by the adult, and should not be an ongoing occurrence. Generally, a person involved in a local Little League program should not provide unwarranted gifts, trips, attention and affection to individual children who are not their own. The key word is *unwarranted*.

Warning Signs of a Seducer

While it remains important to teach young children about the dangers of accepting items from strangers, or talking to them, we should all beware of the danger posed by the “seducer-type” child sex offender.

Each of the individual signs below means very little. Taken as a group, however, the signs ***MAY*** point to this type of child sex offender, and should be applied to anyone who has repetitive access to, or contact with, children.

- Provides unwarranted gifts, trips, affection and attention to a specific child or small group of children
- Seeks access to children
- Gets along with children better than adults
- “Hangs around” children more than adults
- Has items at home or in vehicle specifically appealing to children of the ages they intend to molest, such as posters, music, videos, toys, and even alcohol or drugs
- Displays excessive interest in children (may include inviting children on camping trips or sleepovers)
- Single, over 25 years old (but could be married, sometimes as a “cover,” and could be any age)
- Photographs or videotapes children specifically
- Lives alone, or with parents
- Refers to children as objects (“angel,” “pure,” “innocent,” etc.)
- Manipulates children easily

Again, each of these items, by themselves, is relatively meaningless. Taken together, however, they may indicate a problem.

What to Watch For in Your Child

We’ve seen the signs that could point to a child sex offender, but what about the signs a child might display when he or she has been sexually abused or exploited? Some of these symptoms may be present in a child who has been or is being sexually abused, when such symptoms are not otherwise explainable: sudden mood swings, excessive crying, withdrawal, nightmares, bed-wetting, rebellious behavior, fear of particular people or places, infantile behavior, aggressive behavior, and physical signs such as pain, itch, bleeding, fluid or rawness in private areas.

Getting More Information

These items are meant solely as a general guide, and should not be used as the only means for rooting out child sex offenders. Parents can access more information on child abuse through the National Center for Missing and Exploited Children (a non-profit organization founded by John Walsh, <http://www.missingkids.com/>) and the National Clearinghouse on Child Abuse and Neglect Information (part of a service of the Children’s Bureau, within the Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, <http://www.calib.com/nccanch/>).

How to Report Suspected Child Maltreatment

The National Clearinghouse on Child Abuse and Neglect Information advises this: If you suspect a child is being maltreated, or if you are a child who is being maltreated, call the Child help USA National Child Abuse Hotline at 1-800-4-A-CHILD (1-800-422-4453; TDD [text telephone] 1-800- 2-A-CHILD). This hotline is available 24 hours a day, seven days a week. The Hotline can tell you where to file your report and can help you make the report.

Or, for a list of states' toll-free telephone numbers for reporting suspected child abuse, visit the "Resource Listings" section at this site:

<http://www.calib.com/nccanch/pubs/prevenres/organizations/tollfree.cfm>, or call the Clearinghouse at 1-800-FYI-3366.

Talk to Your Kids; Listen to Your Kids

It is important that you as a parent talk frankly to your children. If a child reports sexual abuse, statistics show he or she is probably telling the truth.

Unfortunately, the sexually molested child often sees himself or herself as the one "at fault" for allowing abuse to happen. Your children MUST know that they can come to you with this information, and that you will support them, love them, and *believe* them.

If there is an allegation of sexual abuse of a minor, the crime should be reported immediately. These criminals who steal childhood MUST BE STOPPED.

This brochure was produced by Little League Baseball, Incorporated; P.O. Box 3485; Williamsport, PA 17701 Little League Baseball and Softball does not limit participation in its activities on the basis of disability, race, creed, color, national origin, gender, sexual preference or religious preference.

SAFETY FIRST - FOR EVERYONE!

IRLL SAFETY CODE

The Board of Directors of IRLL has mandated the *following Safety Code*. All managers and coaches will read this *Safety Code* and then read it to the players on their team. Signatures are required in the spaces provided below acknowledging that the manager and coaches understand and agree to comply with the *Safety Code*. Place it in the IRLL Safety Officer's mailbox.

CATCHERS;

- Male catchers must wear the fiber or plastic type cup and a long- model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet
- 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.
- Catchers may not catch, whether warming up a pitcher, in practices or games without wearing full catcher's gear and an athletic cup as described above.

EQUIPMENT;

- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and designated coaches.
- Equipment should be inspected at each use for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets during batting practice and games. Players are encouraged to wear helmets with faceguards.
- Parents of players who wear glasses should be encouraged to provide "safety glasses" for their children.
- Managers will only use official Little League balls (T-ball, LLJ and Senior baseballs).
- All male players will wear athletic supporters and cups during games/practices. Catchers must wear a cup. Managers should encourage that cups be worn by all players.
- Players are encouraged to wear mouth pieces.
- All fields have break-away bases.

RULES;

- Foul ball batted out of playing area will be returned to the umpire and not thrown over the fence during a game.
- Except when a runner is returning to a base, head first slides are not permitted.
- During sliding practice, bases should not be strapped down or anchored.
- On-deck batters are not permitted.
- Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible.
- 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.)
- No food or drink, at any time, in the dugouts. (Exception: bottled water, Gatorade and water from drinking fountains)
- Managers will never leave an unattended child at a practice or game.
- Never hesitate to report any present and potential safety hazard to the IRL Safety Officer immediately.
- Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- Speed Limit is 5 miles per hour in roadways and parking lots.
- No alcohol or drugs allowed on the premises at any time.
- No medication will be taken at the facility unless administered directly by the child's parent this includes aspirin, Advil, and Tylenol.
- No playing in the parking lots at any time.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
- No throwing rocks.
- No climbing fences on fields and around complex.
- No swinging on dug out roofs.
- No pets are permitted on the premises at any time. This includes dogs, cats, etc.
- Observe all posted signs.
- Players and spectators should be alert at all times for foul balls.
- All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- Bicycle helmets must be worn at all times when riding bicycles on the premises as well as to and from the premises.
- There is no running allowed in the bleachers.

SAFETY

- Responsibility for safety procedures belong to every adult member of IRL.
- Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/herself and to others.
- Only league approved managers and/or coaches are allowed to practice with teams.
- Only league approved managers and/or coaches will supervise batting cages.
- Arrangement should be made in advance of all games and practices for emergency medical services.
- Managers, designated coaches, and umpires will have mandatory training in First Aid.
- First-aid kits are mandatory for each team manager to have available at all games and practices.
- No games or practices will be held when weather or field conditions are poor -- particularly when lightening is present.
- The play area will be inspected before games and practices for holes, stones, glass, and other foreign objects.
- Team equipment should be stored within the team dugout or behind fences--not within the area defined by the umpires as "in play".
- Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.

WARM - UP

- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators, (i.e., playing catch, pepper, swinging bats etc.)

Stretching, etc.

The purpose of stretching is to increase flexibility within the various muscles groups and prevent tearing from overexertion. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility.

Stretching

- Stretch necks, backs, arms, thighs, legs, and calves.
- Don't ask the child to stretch more than he or she is capable of.
- Hold the stretch for at least 10 seconds.
- Don't allow bouncing while stretching. This tears down the muscle rather than stretching it.
- Have one of the players lead the stretching exercises.

PITCHING

PITCH COUNT

Pitch count does matter. Every year, there are lectures by sports doctors that lectures focuses on warning future managers and coaches about pitching injuries and how to prevent them.

Little League International has instituted a pitch count program.

Remember, in the major leagues, a pitcher is removed after approximately 85 pitches. *A child cannot be expected to perform like an adult!*

Little League managers and coaches are usually quick to teach their pitchers how to get movement on the ball. Unfortunately, the technique that older players use is not appropriate for children (13) years and younger. The snapping of the arm used to develop this technique will most probably lead to serious injuries to the child as he/she matures.

PRELIMINARY DATA HAVE DEMONSTRATED THE FOLLOWING:

- 1) A significantly higher risk of elbow injury occurs after pitchers reach 50 pitches/outing.
- 2) A significantly higher risk of shoulder injury occurs after pitchers reach 75 pitches/outing.
- 3) In one season, a total of 450 pitches or more led to cumulative injury to the elbow and the shoulder.
- 4) The mechanics, whether good or bad, did not lead to an increased incidence of arm injuries.
- 5) The preliminary data suggest that throwing curveballs increase risk of injury to the shoulder more so than the elbow; however, subset analysis is being undertaken to investigate whether or not the older children were the pitchers throwing the curve.
- 6) The pitchers who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury to their throwing arm.
- 7) A slider increased the risk of both elbow and shoulder problems.
 - (a) Manager and Coaches should look to their players' future and make an effort to protect their elbows against the tragedy of a vascular Necrosis.

Regular Season Pitching Rules Baseball

VI- PITCHERS

(a) Any player on a regular season team may pitch. (NOTE: There is no limit to the number of pitchers a team may use in a game.)

(b) A pitcher once removed from the mound cannot return as a pitcher. Junior, Senior, and Big league Divisions only: A pitcher remaining in the game, but moving to a different position, can return as a pitcher anytime in the remainder of the game, but only once per game.

(c) The manager must remove the pitcher when said pitcher reaches the limit for his/her age group as noted below, but the pitcher may remain in the game at another position:

League Age	17-18	105 pitches per day
	13 -16	95 pitches per day
	11 -12	85 pitches per day
	9-10	75 pitches per day
	7-8	50 pitches per day

Exception: Exception: If a pitcher reaches the limit imposed in Regulation VI (c) for his/her league age while facing a batter, the pitcher may continue to pitch until anyone of the following conditions occurs: 1. That batter reaches base; 2. That batter is put out; 3. The third out is made to complete the half-inning.

Note 1: A pitcher who delivers 41 or more pitches in a game cannot play the position of catcher for the remainder of that day.

Pitchers league age 14 and under must adhere to the following rest requirements:

- If a player pitches 66 or more pitches in a day, four (4) calendar days of rest must be observed.
- If a player pitches 51- 65 pitches in a day, three (3) calendar days of rest must be observed.
- If a player pitches 36 - 50 pitches in a day, two (2) calendar days of rest must be observed.

- If a player pitches 21-35 pitches in a day, one (1) calendar days of rest must be observed.
- If a player pitches 1-20 pitches in a day, no (0) calendar day of rest is required.

Pitchers league age 15-18 must adhere to the following rest requirements:

- If a player pitches 76 or more pitches in a day, four (4) calendar days of rest must be observed.
- If a player pitches 61- 75 pitches in a day, three (3) calendar days of rest must be observed.
- If a player pitches 46 - 60 pitches in a day, two (2) calendar days of rest must be observed.
- If a player pitches 31 -45 pitches in a day, one (1) calendar days of rest must be observed. '
- If a player pitches 1-30 pitches in a day, no '(0) calendar day of *rest* is required.

(d) Each league must designate the scorekeeper or another game official as the official pitch count recorder.

(e) The pitch count recorder must provide the current pitch count for any pitcher when requested by either manager or any umpire. However, the manager is responsible for knowing when his/her pitcher must be removed.

(f) The official pitch count recorder should inform the umpire-in-chief when a pitcher has delivered his/her maximum limit of pitches for the game, as noted in Regulation VI (c).

The umpire-in-chief will inform the pitcher's manager that the pitcher must be removed in accordance with Regulation VJ (e). However, the failure by the pitch count recorder to notify the umpire-in-chief, and/or the failure of the umpire-in-chief to notify the manager, does not relieve the manager of his/her responsibility to remove a pitcher when that pitcher is no longer eligible.

(g) Violation of any section of this regulation can result in protest of the game in which it occurs. Protest shall be made in accordance with Playing Rule 4.19.

U) A player who has attained the league age of twelve (12) is no! eligible to pitch in the Minor League. (Sec Regulation V - Selection of Players)

(k) A player may not pitch in more than one game in a day. (Exception: In the Big-League Division, a player may be used as a pitcher in up to two games in a day.)

NOTES:

1. The withdrawal of an ineligible pitcher after that pitcher is announced, or after a warm-up pitch is delivered, but before that pitcher has pitched a ball to a batter, shall not be considered a violation. Little League officials are urged to take precautions to prevent protests. When a protest situation is imminent, the potential offender should be notified immediately.

2. Pitches delivered in games declared "Regulation Tie Games" or "Suspended Games" shall be charged against pitcher's eligibility.

3. In suspended games resumed on another day, the pitchers of record at the time the game was halted may continue to pitch to the extent of their eligibility for that day, provided said pitcher has observed the required days of rest.

Example 1 :A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on the following Thursday. The pitcher is not eligible to pitch in the resumption of the game because he/she has not observed the required days of rest.

Example 2: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes on Saturday. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game because he/she has observed the required days of rest.

Example 3: A league age 12 pitcher delivers 70 pitches in a game on Monday when the game is suspended. The game resumes two weeks later. The pitcher is eligible to pitch up to 85 more pitches in the resumption of the game, provided he/she is eligible based on his/her pitching record during the previous four days.

Note: The use of this regulation negates the concept of the "calendar week" with regard to pitching eligibility.

IRLL

Protocol for Pitch Count Regulation

Per Little Leagues new pitch count regulation, regulation VI -Pitchers. IRLL will follow the following protocol:

1. Each game will follow the pitch count established by Regulation VI for pitchers.
2. Each game will have an official scorekeeper that the home team will provide, and be present in the score box.
3. Each game will have an official pitch counter that the visiting team will provide, and be present in the score box. The individual will have a counter, which the league will provide in each score box. This official pitch log will be kept in with the official scorebook.
4. Each game will require that both the home and visiting teams have a pitch counter, recording the pitches for all pitchers.
5. Between each inning both the home and visiting teams pitch counters will go to the official pitch counter in the score box and verify pitch counts. The umpire deferring to the official pitch counter will make any discrepancies official.
6. No inning will be delayed by disputes of pitch counts after the umpire has declared the pitch count for that inning. Protest can be filed after the game, per league rules.
7. Pitch count logs can be found at www.orwallbaseball.com or [www.littleleague.org/media/pitch count publication.pdf](http://www.littleleague.org/media/pitch%20count%20publication.pdf). Each team is required to have copies for recording pitches, including the official pitch counter.
8. After each game the home team manager will post the final game score along with the pitchers of record and their pitch counts.

HYDRATION

Good nutrition is important for children. Sometimes, the most important nutrient children need is water- especially when they're physically active. When children are physically active, their muscles generate heat thereby increasing their body temperature. As their body temperature rises, their cooling mechanism, sweat, kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become overheated.

We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly.

It does not matter if it's January or July, thirst is not an indicator of fluid needs. Therefore, *children must be encouraged to drink fluids even when they don't feel thirsty.*

Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days and should encourage players to drink between every inning.

During any activity water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink.

Caffeinated beverages (tea, coffee and sodas) should be avoided because they are diuretics and can dehydrate the body further. Avoid carbonated drinks which can cause gastrointestinal distress and may decrease fluid volume.



Heat Exhaustion

Symptoms may include fatigue; irritability; headache; faintness; weak, rapid pulse; shallow breathing; cold clammy skin; profuse perspiration.

Treatment:

1. Instruct victim to lie down in a cold shaded area or an air-conditioned room (Board Room). Elevate feet.
2. Massage legs toward heart.
3. Only if victim is conscious, give cool water or electrolyte solution every 15 minutes.
4. Use caution when letting victim first sit up, even after feeling recovered.



Sunstroke (Heat Stroke)

Symptoms may include extremely high body temperature (106 degrees or higher); hot, red, dry skin, absence of sweating; rapid pulse; convulsions; unconsciousness

Treatment:

1. Call 911 immediately
2. Lower body temperature with cool wet towels or sheets in a well-ventilated room or use fans and air conditioners until body temperature is reduced.
3. DO NOT give stimulating beverages (caffeine beverages) such as coffee, tea or soda.

Mosquitoes

Due to the heat, mosquitoes are part of playing baseball. Please remind your players to apply mosquito spray with the ingredient (Deet) before your practices and games.

Mosquitoes are the worst at dusk.

Treatment:

1. Apply ice to insect bites to help with swelling.
2. Apply topical cream for itching.



EQUIPMENT FOR TEAMS

The Equipment Manager is an elected IRL Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but it is the Manager 's responsibility to maintain it. Managers should inspect equipment before each game and each practice.

The IRL Equipment Manager will promptly replace damaged and ill-fitting equipment.

Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

At the end of the season, all equipment must be returned to the IRL Equipment Manager. Safety Manuals must be turned in with the equipment.

- Each team, at all times in the dugout, shall have four (4) protective helmets which must meet NOCSAE specifications and standards. These helmets will be provided by IRL at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.
- Each helmet shall have an exterior warning label. **NOTE:** the warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.
- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player/base coach is mandatory.
- Use of a helmet by an adult base coach is optional.
- All male players must wear athletic supporters.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet. All of the above must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. Note: Skullcaps are not permitted.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats that are fractured in anyway, must be discarded. Bats with dents are not to be used.
- Only Official Little League balls will be used during practices and games. (T-ball LL, Senior)
- Only approved Wood bats.
- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the IRL Equipment Manager.
- Make sure helmets fit properly.
- Replace questionable equipment immediately by notifying the IRL Equipment Manager.
- Make sure that players respect the equipment that is issued.
- Multi-colored gloves can no longer be worn by pitchers.
- All fields have break-way bases.
- Yellow safety caps on outfield fences.
- Backstop padding behind home plate fence.



INCLEMENT WEATHER SAFETY

RAIN

If it begins to rain

1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
2. Determine the direction of the storm is moving.
3. Evaluate the playing field as it becomes more saturated.
4. Stop practice if the playing conditions become unsafe--use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.

LIGHTNING

The average lightening stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second.

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

Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightening strokes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightening deaths and injuries occur with clear skies overhead.

On average, the thunder from a lightening stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time

you can hear the thunder; the storm has already approached to within 3-4 miles!

The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

If you can **HEAR, SEE OR FEEL A THUNDERSTORM:**

- 1 *Suspend all games and practices immediately.*
- 2 Stay away from metal including fencing and bleachers.
- 3 Do not hold metal bats.
- 4 Get players to walk, not run to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.

- 5 The NFHS/NYSPHSAA policy calls for play to be suspended when lightning is seen or thunder heard. Play is suspended for 30 minutes. If thunder or lightning occurs again during this 30 minute period, another 30 minutes must start. Depending on the duration of the game suspension, the officials, coaches and league administrator may decide to reschedule the contest.

HOT WEATHER:

During the summer, precautions must be taken to make sure the players on your team do not **dehydrate or hyperventilate**.

1. Suggest players take drinks of water when coming on and going off the field between innings.
2. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout.
3. If a player should collapse as a result of heat exhaustion, call **9-1-1 immediately**. Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives.

ULTRA-VIOLET RAY EXPOSURE:

The kind of exposure increases and athlete's risk of developing a specific type of skin cancer known as **melanoma**.

The American Academy of Dermatology estimates that the children receive 80% of their lifetime sun exposure by the time they are 18 years old.

Therefore, IRLI will recommend the use of sunscreen with a SPF (sun protection factor) of at least 30 as a means of protection from damaging ultra-violet light.

Accident Reporting Procedures

When to Report:

The IRL Safety Officer's contact information will be posted at all times within the safety binder.

How to Make a Report:

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

- The name and phone number of the individual involved.
- The date, time, and location of the incident.
- As detailed a description of the incident as possible
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.

Team Safety Officer's Responsibility:

The TSO will fill out the IRL *Accident Investigation Form* and submit it to the IRL Safety Officer *within 24 hours of the incident*. If the team does not have a safety officer, then the Team Manager will be responsible for filling out the form and turning it in to the IRL Safety Officer.

Accidents occurring outside the team (i.e., spectator injuries, concession stand injuries and third party injuries) shall be handled directly by the IRL Safety Officer.

MEDICAL - Giving First-Aid

First-Aid

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 medical help arrives, (9-1-1 paramedics). At no time, should anyone administering First aid go beyond his or her capabilities. ***Know your limits.***

The average response time on 9-1-1 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. Perform whatever First Aid you can and wait for the paramedics to arrive.

First Aid Kits

Basic First Aid Kits should be kept by each Manager for all team activities.

Managers are to have a cell phone available during all games and practices in case of an emergency.

Additional Ice Packs are available from the league Equipment Managers, just email or call them for more.

Individual Team First Aid Kits

The First Aid Kit will come in a plastic first responder kit and include the following items:



Description

An extensive first aid kit developed for treating a wide variety of sports related injuries. Includes 4 cold packs perfect for icing a swollen ankle or pulled muscle.

Supply Assortment

40 Plastic Bandages 3/4" x 3"

8 Plastic Bandages 2" x 4.5"

6 Gauze Pads 4" x 4"

1 Roll Gauze 2"

1 Roll Gauze 4"

1 Elastic Bandage 3" x 5yds.

20 Antiseptic Wipes

6 Sting Relief Wipes

1 Tape 1/2" x 5 yds.

1 Tape 1" x 5 yds.

4 Cold Packs

1 Scissors

4 Gloves

10 Triple Antibiotic Ointment Packets

Each Manager is responsible for the team's First Aid Kit

Sample First Responder Kit



1CPR Micro shield

Bum: 1BurnPad(4"x4")

1Burn Gel

Dressings& Bandages:

16Band-aids(1"x3")

4 Large Square Band-Aids

25 Assorted Bandages

1Abdominal Pad (5" x 9")(This is a pressure dressing for severe trauma) 10GauzePads(4"x4")

1Blood Stopper (for severe bleeding)

2GauzeRoll(3")

2Gauze Roll (4")

1Waterproofrape(1 ")

1Waterp roof Tape (1/2") 2

Elastic Bandage (3")

2Triangular Bandages

4EyePads

10 pkg Antibiotic Ointment

10AlcoholWipes

10 Antimicrobial Wipes

1SterlieSaline1BP/Stethoscope Kit

1Instrument Pack (shears, bandage scissors and penlight)

Equipment & Supplies:

2Small Cold Packs 8Large

Cold Packs 1Space

Blanket

2Pairs Latex Gloves

1EyeWash(4oz) 1First

Aid Book

Treatment at Site -

DO'S AND DON'TS

Do's

Assess the injury. If the victim is conscious, find out what happened where it hurts, watch for shock

Know your limitations

Call 9-1-1 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.

Feel the injured area for signs of swelling or broken bone.

Talk about the situation. Often players are upset, and they need to feel safe.

Don'ts

Administer any medications.

Provide any food or beverage (other than water). Hesitate in giving aid when needed.

Be afraid to ask for help if you're not sure of the proper procedure, (i.e. CPR, etc.). Transport injured individual except in extreme emergencies.

911 EMERGENCY NUMBER

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 four steps.

- => First Dial 9-1-1
- => Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
 - => The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc.
 - => The telephone number from which the call is being made.
 - => The caller's name
 - => What happened - for example, a baseball related injury.
 - => How many people are involved.

- => The condition of the injured person - unconsciousness, chest pains, or severe bleeding.
- => What first aid is being given.
- => 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.
- => Continue to care for the victim till professional help arrives.
- => 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 the injured person is unconscious, call 9-1-1 immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do.

Call 9-1-1 anyway and request paramedics if the victim is/has:

Unconscious Trouble breathing Chest Pain Bleeding Severely
Pain in the abdomen that continues Has broken bones

Vomiting or passing blood Seizures, a severe headache, or slurred speech
Appears to have been poisoned Has injuries to the Head, Neck or Back

If you have any doubt at all *call 9-1-1* and request a paramedic. Also call 9-1-1 for any of these situations:

Fire or Explosion

Presence of Poisonous Gas

Vehicle Collisions

Snakes Bites

Downed Electrical Wires

Muscle, Bone or Joint injuries

Deformity Bruising Swelling
Inability to use the affected
part

Bone Fragments sticking out of a wound

Victim feels bones grating; victim felt or heard a snap or pop
The injured area is cold and numb

Cause of the injury suggests that the injury may be severe.

If any of these conditions exists, call **9-1-1** immediately and administer care to the victim until the paramedics arrive.

Treatment for muscle or joint injuries:

- If ankle or knee is hurt, do not allow victim to walk.
- Apply cold packs to affected area.
- Consult professional medical assistance for further treatment if necessary

Treatment for fractures:

Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from anything; rolled up magazines, twigs, bats, etc.

Treatment for broken bones:

Once you have established that the victim has a broken bone, and you called **9-1-1**, all you can do is comfort the victim, keep him/her warm and still treat for shock if necessary (see "Caring for Shock" section).

CONCUSSION

Concussions are defined as any blow to the head. They can be fatal if proper precautions are not taken.

- 1 Remove player from the game.
- 2 See that the victim gets adequate rest.
- 3 Note any symptoms and see if they change within a short period of time.
- 4 Tell the parents about the injury and have them monitor the child after the game.
- 5 Urge parents to take the child to a doctor.
- 6 If the victim is unconscious after the blow to the head, diagnose head & neck injury, DO NOT MOVE the victim. Call 9-1-1 immediately.

Head and Spine Injuries

When to suspect head and spine injuries:

- A fall from a height greater than the victim's height.
- A person found unconscious for unknown reasons.
- Any injury involving severe blunt force to the head or trunk such as from a bat or line drive baseball.
- Any person thrown from a motor vehicle.
- Any person struck by a motor vehicle.
- Any injury in which a victim's helmet is broken, including a motorcycle and batting helmet.
- Any incident involving a lightning strike.

Signals of Head and Spine Injuries

- Changes in consciousness
- Severe pain or pressure in the head, neck, or back
- Tingling or loss of sensation in the hands, fingers, feet, and toes
- Partial or complete loss of movement of any body part
- Unusual bumps or depressions on the head or over the spine
- Blood or other fluids in the ears or nose
- Heavy external bleeding of the head, neck, or back
- Seizures
- Impaired breathing or vision because of injury
- Nausea or vomiting
- Persistent headache
- Loss of balance
- Bruising of the head, especially around the eyes and behind the ears

General Care for Head and Spine Injuries

1. Call 9-1-1 immediately
2. Minimize movement of the head and spine
3. Maintain an open airway
4. Check consciousness and breathing
5. Control any external bleeding
6. Keep the victim from getting chilled or overheated till paramedics arrive

Contusion to Sternum:

Contusions to the Sternum are usually the result of a line drive that hit's a player in the chest. These injuries can be extremely dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed, and the victim dies. Do not downplay the seriousness of this injury.

1. If a player is hit in the chest and appears to be all right, urge the parent to take their child to the hospital.
 2. If a player complains of pain in his chest after being struck, immediately call 9-1-1 and treat the player until professional medical help arrives.
-

Caring for Shock

Shock is likely to develop to any severe injury or illness. Signals of shock include:

- Restlessness or irritability
- Altered consciousness
- Pale, cool, moist skin
- Rapid breathing
- Rapid pulse

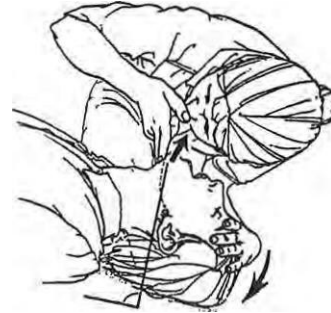
Caring for shock involves the following simple steps:

- 1) Call 9-1-1 immediately. Shock cannot be managed effectively by first aid alone. A Victim of shock requires advanced medical care as soon as possible.
- 2) Control any external bleeding.
- 3) Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
- 4) Elevate the legs about twelve inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.
- 5) Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
- 6) Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
- 7) Try to reassure the victim

Breathing Problems/Emergency Breathing

If victim is not Breathing:

- 1) Position victim on back while supporting head and neck.
- 2) With victim's head tilted back and chin lifted, pinch the nose shut.
- 3) Give two (2) slow breaths into victim's mouth. Breathe in until the chest gently rises.
- 4) Check for a pulse at the carotid artery (Use fingers instead of thumb).
- 5) If pulse is present but person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).
- 6) Continue rescue breathing as long as pulse is present but person is not breathing.



If victim is not Breathing and Air Won 't Go in:

- 1) Re-tilt person's head.
- 2) Give breaths again.
- 3) If air still will not go in, place the heel of one hand against the middle of the victim's abdomen just above the navel.
- 4) Give up to five abdominal thrusts
- 5) Lift jaw and tongue and sweep out mouth with Your fingers to free any obstructions.
- 6) Tilt head back, lift chin, and give breaths again.
- 7) Repeat breaths, thrust, and sweeps



until breaths go in.

Heart Attack

Signals of a Heart Attack

Heart attack pain is most often felt in

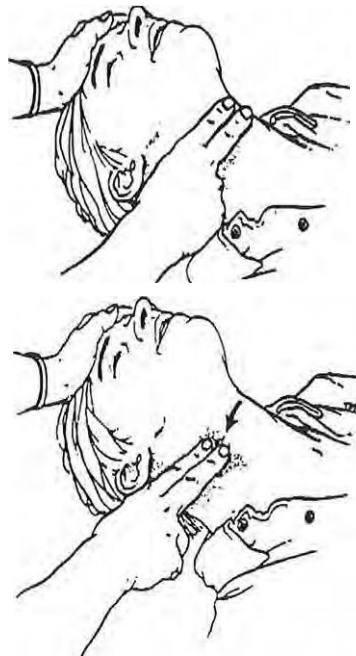
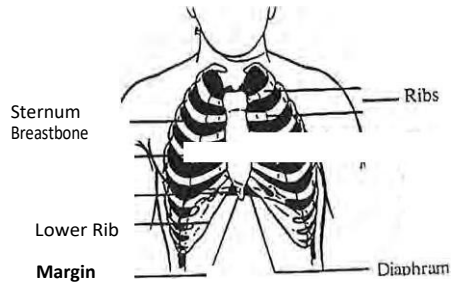
the center of the chest, behind the breastbone. It may spread to the shoulder, arm, or jaw. Signals of a heart attack include:

- 1) Persistent chest pain or discomfort -
Victim has persistent pain or pressure

in the chest that is not relieved by resting
changing position, or oral medication. Pain
may range from discomfort to an
unbearable crushing sensation.
- 2) Breathing difficulty-
 - a) Victim's breathing is noisy.
 - b) Victim feels short of breath.
 - c) Victim breathes faster than normal.
- 3) Change in pulse rate -
 - a) Pulse may be faster or slower than normal.
 - b) Pulse may be irregular.
- 4) Skin appearance -
 - a) Victim's skin may be pale or bluish in color.
 - b) Victim's face may be moist.
 - c) Victim may perspire profusely.
- 5) Absence of pulse -
 - a) the absence of a pulse is the main signal of a cardiac arrest.

The number one indicator that someone is having a heart attack is that he or she will be in denial. A heart attack means certain

death to most people. People do not wish to acknowledge death therefore they will deny that they are having a heart attack.



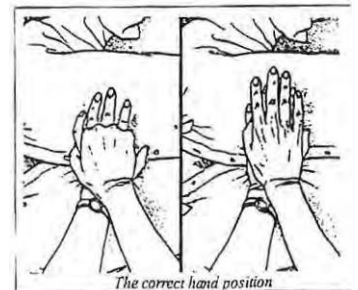
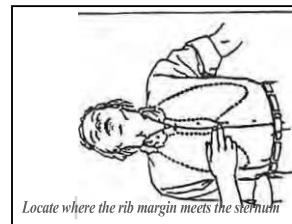
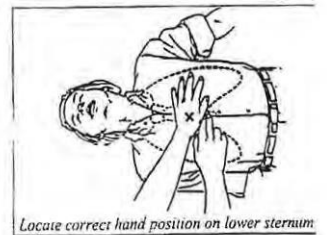
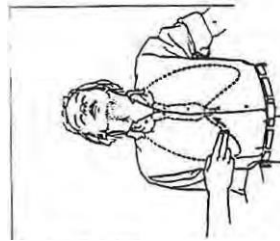
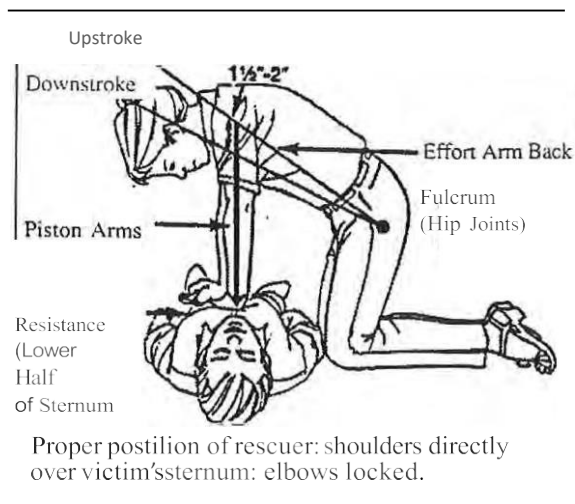
Care for a Heart Attack

- 1) Recognize the signals of a heart attack.
- 2) Convince the victim to stop activity and rest.
- 3) Help the victim to rest comfortably.
- 4) Try to obtain information about the victim's condition.
- 5) Comfort the victim.
- 6) Call 9-1-1 and report the emergency.
- 7) Assist with medication, if prescribed.
- 8) Monitor the victim's condition
- 9) Be prepared to give CPR if the victim's heart stops beating

GIVING CPR

Position victim on back on a flat surface.

- 2) Position yourself so that you can give rescue breaths and chest compression without having to move (usually to one side of the victim).
- 3) Find hand position on breastbone. (See figure above)
- 4) Position shoulders over hands. Compress chest 15 times. (For small children, only 5 times)
- 5) With victim's head tilted back and chin lifted, pinch the nose shut.
- 6) Give two (2) slow breaths into victims' mouth. Breathe in until chest gently rises. (For small children, only one time)
- 7) Do three more sets of 15 compressions and 2 breaths.
- 8) (For small children, five compressions and 1 breath)
- 9) Recheck pulse and breathing for about 5 seconds.
- 10) If there is no pulse continue sets of fifteen compressions and 2 breaths. (For small children, five compressions and 1 breath)
- 11) When giving CPR to small children only use one hand for compressions to avoid breaking ribs.



Note: The sternum should be compressed to a depth of one 1/2 - 2 inches.

It is possible that you will break the victim's ribs while administering CPR. Do not be concerned about this. The victim is clinically dead without your help. You are protected under the "Good Samaritan" laws.

When to stop CPR

- 1) If another trained person takes over CPR for you.
- 2) If Paramedics arrive and take over care of the victim.
- 3) If you are exhausted and unable to continue.
- 4) If the scene become unsafe.

BLEEDING IN GENERAL

Before initiating any First Aid to control bleeding, be sure to wear the **latex gloves** included in your First-Aid Kit to avoid contact of the victim's blood with your skin.

If a victim is bleeding:

- 1) **Act quickly** -Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
 - 2) **Control bleeding** by applying direct pressure on the wound with a sterile pad or clean cloth.
 - 3) If bleeding is controlled by direct pressure, **bandage firmly** to protect the wound. Check pulse to be sure bandage is not too tight.
 - 4) If bleeding is not controlled by use of direct pressure, **apply** a tourniquet only as a last resort and call **9-1-1** immediately.
-

Nose Bleed

To control a nosebleed, have the victim lean forward and pinch the nostrils together until the bleeding stops.

Bleeding on The Inside and Outside of the Mouth

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

Infection

To prevent infection when treating open wounds, you must:

Cleanse...the wound and surrounding area gently with mild soap and water or antiseptic pad: rinse and blot dry with a sterile pad or clean dressing.

Treat...to protect against contamination apply ointment in your first aid kit

Cover...to absorb fluids and protect wound from further contamination with Band-Aid, gauze or sterile pad. (Handle only the edges of sterile pads and dressing)

Tape...to secure with First-Aid tape to help keep out dirt and germs.

Emergency Treatment of Dental Injuries

Professionally made, properly fitted Custom Mouthguards greatly reduce the risk and severity of mouth injuries. Mouthguards are recommended injury prevention equipment for all at-risk sports

Avulsion (Entire Tooth Knocked Out)

If a tooth is knocked out, place a sterile dressing in the space left by the tooth. Tell the victim to bite down.

Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

1. Avoid additional trauma to tooth while handling. Do not handle tooth by the root. Do not brush or scrub tooth.
2. If debris is on tooth, gently rinse with water.
3. If possible, re-plant and stabilize by biting down on a towel. Do only if the athlete is alert and conscious.
4. If unable to re-plant, place tooth in a cup of milk, or wrap tooth in saline-soaked gauze or a cup of water.

Time is especially important. Re-implantation within 30 minutes has the highest success rate. TAKE ATHLETE AND TOOTH TO DENTIST IMMEDIATELY.

Prescription Medication

Do not, at any time, administer any kind of prescription medicine. This is the parent's responsibility and IRLI does not want to be held liable, nor do you, in case the child has an adverse reaction to the medication.

Asthma and Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a tough time breathing when they become active.

Allergies are usually treated with prescription medication. If a child is allergic to insect/stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to fill out the medical history forms. Study their comments and know which children on your team need to be watched.

Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she can breathe normally. If the asthma attack persists, dial **9-1-1** and request emergency service.

IMPROVE SAFETY AT IRL

Do you have a Safety Idea????

IRLL welcomes all ideas to help make our fields safer for our players and their families.

Submit your idea to IRL by giving it to a Board Member to put in the Safety Manager's box or by e-mailing it to the Safety Manager at rickroche27@gmail.com.

So, get with your team and send some ideas...

Thank you for your support in making our Little League SAFER!

Concession Stand Tips

SAFETY FIRST

13 Steps to Safe and Sanitary Food Service

Events: The following information is intended to help you run a healthful concession stand.

Following these simple guidelines will help minimize the risk of foodborne illness.

1. Menu.

Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum.

Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

2. Cooking.

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

3. Reheating.

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

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

4. Cooling and Cold Storage.

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

Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of foodborne illness.

5. Hand Washing.

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

6. Health and Hygiene.

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

7. Food Handling.

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

8. Dishwashing.

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

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

9. Ice.

Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately.

Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

10. Wiping Cloths.

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and $\frac{1}{2}$ teaspoon of chlorine bleach).

Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

11. Insect Control and Waste.

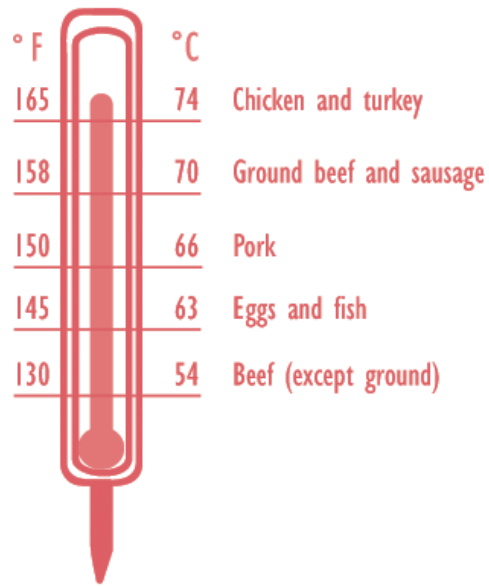
Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

12. Food Storage and Cleanliness. Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

13. Set a Minimum Worker Age. Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

Keep food at proper temperature to slow the growth of bacteria

Minimum Cooking Temperatures



Reheat all foods to 165°F/74°C

- Cold holding: Food in refrigerators or coolers must be below 41° F / 5 ° C.
- Hot holding: Hot foods that are being held for service must be above 135 ° F / 57 ° C.
- Some foods must be cooked to certain temperatures before they can be served. See Minimum Cooking Temperatures above.
- Check cooking and holding temperatures often. A probe thermometer is required!

Other important points to remember

DO	DO NOT
Use only potable (drinkable) water for cleaning and cooking.	Do not use water from unapproved sources.
Keep raw food preparation areas separate from areas with cooked or ready- to-eat foods.	Do not use equipment or containers that have contacted raw food for cooked or ready-to-eat foods.
Use only food grade equipment in your operation.	Do not use buckets from a hardware store, for example.

DO NOT FORGET

Do not accept or use foods that come from unknown sources or that are home-prepared. Use foods that come from an approved source.



State of New York
Department of
Health



FOOD SAFETY for the Volunteer Worker



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Foodborne illness can be prevented

Foodborne illness happens when someone eats food that is contaminated. Some of the common organisms or pathogens that cause foodborne illnesses are

- bacteria – Salmonella, E. coli
- viruses – Hepatitis A, Norovirus
- parasites – Cryptosporidium, Giardia

This brochure describes how you can prevent foodborne illnesses by properly handling and cooking food.

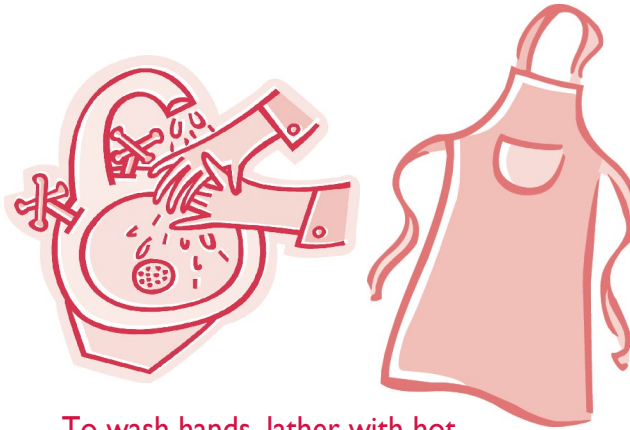
All foods can become contaminated and cause illness. However, some foods spoil rapidly at room temperature and need special handling to keep them safe. These are called potentially hazardous foods.

Storing, cooling and holding potentially hazardous foods properly will slow bacterial growth.



Some examples of potentially hazardous foods are meat, poultry, seafood, eggs, dairy products, cooked vegetables, cooked pasta, rice and potatoes.

Good health and hygiene are critical for food safety



To wash hands, lather with hot water and soap for 20 seconds, rinse and dry on single-use paper towels.

Sick food workers are the leading cause of foodborne illness. To prevent the spread of disease, don't come to work if you ...

- are sick with vomiting or diarrhea.
- have infected wounds, sores or boils.
- think you may have any illness that could be spread by handling food.

Even when you are healthy, it is important to practice good hygiene when working with food:

- Wash hands before work and after using the toilet, smoking, sneezing, coughing, eating, drinking or otherwise soiling your hands.
- Wear gloves when working with ready-to-eat foods, such as sandwiches and salads.
- Keep hair restrained by a hat or other method.
- Wear clean clothing or aprons.

Food preparation areas must be clean and sanitary

Empty and remove trash frequently.

Keep all food preparation and service areas clean and free of debris. Take these three steps to clean equipment and service areas:

- Wash in hot, soapy water.
- Rinse in hot clean water.
- Sanitize food contact surfaces.

Sanitize equipment that is used for food preparation, such as pans, knives, spoons, cutting boards or countertops. Sanitizing means killing bacteria and other organisms that cause illness.

To sanitize surfaces after cleaning, wipe them with a sanitizing solution safe for food-contact surfaces, such as bleach and water.



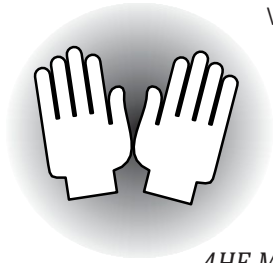
To make a bleach and water sanitizing solution, add one tablespoon of unscented household bleach into one gallon of water. Change solution every few hours or when it looks dirty.

Hand Washing and Glove Use for

FOOD WORKERS



questions and answers



What is the main reason for washing hands

and not touching ready-to-eat food with bare hands?

THE MAIN REASON FOR NOT TOUCHING READY-TO-EAT FOODS WITH BARE HANDS IS TO PREVENT VIRUSES AND BACTERIA WHICH ARE PRESENT IN YOUR BODY FROM CONTAMINATING THE FOOD. VIRUSES AND BACTERIA ARE INVISIBLE TO THE NAKED EYE, BUT MAY BE PRESENT ON YOUR HANDS IF YOU DO NOT WASH THEM THOROUGHLY, PARTICULARLY AFTER USING THE BATHROOM. THE LAW PROHIBITS BARE HAND CONTACT WITH READY-TO-EAT FOODS AND REQUIRES GOOD HAND WASHING BY FOOD SERVICE WORKERS.

When am I required to wash my hands?

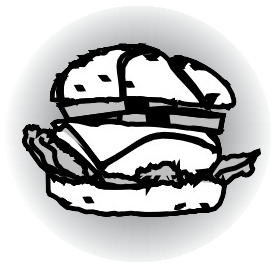
*s BEFORE STARTING WORK;
s BEFORE PUTTING ON SINGLE*

SERVICE GLOVES;

s AFTER TOUCHING RAW, FRESH OR FROZEN BEEF, POULTRY, Fish OR MEAT;

s AFTER MOPPING, SWEEPING, REMOVING GARBAGE OR USING THE TELEPHONE.

s AFTER USING THE BATHROOM;

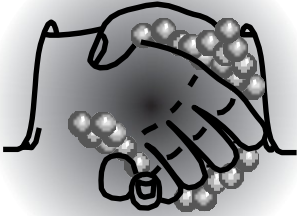


*s AFTER SMOKING, EATING, SNEEZING OR DRINKING;
s AFTER TOUCHING ANYTHING THAT MIGHT RESULT
IN
CONTAMINATION OF HANDS.*

What is good hand washing?

ALL EMPLOYEES INVOLVED WITH FOOD PREPARATION MUST WASH THEIR HANDS AND EXPOSED PORTIONS OF THEIR ARMS WITH SOAP

AND WATER. 4THOROUGH HAND WASHING IS DONE BY VIGOROUSLY RUBBING TOGETHER THE SURFACES OF LATHERED HANDS AND ARMS



FOR AT LEAST 20 SECONDS FOLLOWED BY A THOROUGH RINSE WITH CLEAN WATER. 5USE A SINGLE-SERVICE TOWEL OR HOT AIR DRYER TO DRY HANDS. 6NO SPECIAL SOAPS ARE NEEDED.

Am I required to wear disposable sanitary gloves?

3TATE LAW DOES NOT REQUIRE GLOVES TO BE WORN, BUT DOES REQUIRE THAT READY-TO-EAT FOOD BE PREPARED AND SERVED WITHOUT BARE HAND CONTACT. 7EARING DISPOSABLE SANITARY GLOVES IS ONE OF SEVERAL ACCEPTABLE WAYS TO COMPLY WITH THIS LAW.



How can I prepare or serve ready-to-eat food to avoid contact with my bare hands?

YOU MAY USE ANY OF THE FOLLOWING TO PREPARE OR SERVE FOODS WITHOUT BARE HAND CONTACT:



s TONGS;

s FORKS & SPOONS; s DELI PAPER;

s DISPOSABLE GLOVES; s WAXED PAPER;

s NAPKINS;

s SPATULAS.

What kinds of foods may not be touched with bare hands?

s PREPARED FRESH FRUITS AND VEGETABLES SERVED RAW;

s SALADS AND SALAD INGREDIENTS; s COLD MEATS AND SANDWICHES;

s BREAD, TOAST, ROLLS AND BAKED GOODS;

s GARNISHES SUCH AS LETTUCE, PARSLEY,

LEMON WEDGES, POTATO CHIPS OR PICKLES ON PLATES; s FRUIT OR VEGETABLES FOR MIXED DRINKS;



s ICE SERVED TO THE CUSTOMER;

*s ANY FOOD THAT WILL NOT BE THOROUGHLY
COOKED OR REHEATED AFTER IT IS PREPARED.*

What can I do with a ready-to-eat food item if it was touched with bare hands?



YOU CAN EITHER HEAT THE FOOD THOROUGHLY TO THE TEMPERATURE REQUIRED FOR COOKING OR REHEATING,

OR DISCARD THE FOOD, IF IT WAS TOUCHED WITH BARE HANDS.

Must I change my gloves after touching money with gloves on?

- O. & OOD OUTBREAK INVESTIGATIONS HAVE NOT IDENTIFIED THE HANDLING OF MONEY



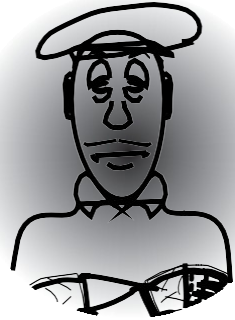
AS A CAUSE OF ILLNESS. "UT IT IS A GOOD IDEA TO CHANGE YOUR GLOVES AND WASH YOUR HANDS BETWEEN TOUCHING MONEY AND PREPARING FOOD.

-ANY PATRONS COMPLAIN TO THE LOCAL HEALTH DEPARTMENT IF THEY SEE FOOD WORKERS USING THE SAME GLOVES TO PREPARE FOOD AND HANDLE MONEY.

Is a short order cook required to wear gloves?

THE SHORT ORDER COOK MAY NOT TOUCH READY-TO-EAT FOODS WITH BARE HANDS.

DISPOSABLE GLOVES ARE ONE POSSIBLE WAY TO PREVENT BARE HAND CONTACT WITH READY-TO-EAT FOODS. !NOTHER WAY IS TO USE FORKS, TONGS OR SPATULAS.



When do I have to replace or change gloves?

!WAYS CHANGE GLOVES IF THE GLOVES GET RIPPED, TORN OR CONTAMINATED. #ONTAMINATION CAN OCCUR AFTER USING THE BATHROOM,

SMOKING, COUGHING, SNEEZING AND IN BETWEEN PREPARING RAW AND COOKED FOODS. &OOD WORKER

HANDS MUST BE WASHED THOROUGHLY AND BE CLEANED BEFORE WEARING NEW GLOVES.



Where can I learn more about hand washing and glove use?

YOUR LOCAL HEALTH DEPARTMENT CAN ANSWER YOUR QUESTIONS OR GIVE YOU MORE INFORMATION ABOUT HAND WASHING AND GLOVE USE AND ABOUT THE IMPORTANCE OF GLOVE USE IN PREVENTING ILLNESSES.



State of New York
Department of
Health

General Requirements for Food Service Establishments

See the NYS State Sanitary Code Subpart 14-1 for more details

___1. Valid permit (Submit completed application form)

___ Include Worker's Compensation & Disability Insurance verification (see details on application)

___ Pay permit fee

___ Complete food worker certification class or provide required documentation of certification

___2. Plan Approval (New or Remodeled Establishments only)

___ Submit drawings of plans prior to construction

___ Complete Plan Approval Form

___ Pay plan approval fee

___3. Schedule an opening inspection with inspector _____

___4. Sinks

Three bay stainless steel sink with drain boards

Stainless steel vegetable prep sink with indirect/open drain

Separate hand sink with soap and paper towels

Mop sink with back flow prevention valve at water source

___5. Refrigeration

Commercial refrigeration only, no home type coolers

Shelves must be rust free, no painted shelves

Thermometers in each unit

___6. Storage

No bare wood

Shelving units must be six" off floor or sealed to floor

All cleaning chemicals must be stored away from food storage

___7. Lighting

Bright lighting (30-foot candles) in washing, preparation, storage and coolers

Properly shielded or rough coated bulbs

___8. Walls and floors

Walls must be washable, no bare wood or unfinished drywall

Floors must be smooth and cleanable, concrete surfaces must be sealed

___9. Bathrooms

Soap & paper towels at hand sink

Doors must be self closing

Ventilation required

___10. Plumbing and water supply

Indirect/ open drains on vegetable prep sinks, bar ice sinks, ice machines, and coolers
Potable water must be directly plumbed into facility

Private water (wells) must be approved by the Health Department and tested quarterly
Onsite sewage disposal (septic systems) must be approved by the Health Department

- ___ 11. Salad bars or other displays of food for service require a sneeze guard
- ___ 12. Ice cream cabinet require a properly plumbed dip well
- ___ 13. Garbage dumpster must be adequate, leak proof, non-absorbent, vermin proof and covered
- ___ 14. Doors to the outside must have a screen or be kept closed
- ___ 15. Other

Bleach or approved sanitizer must be available for use
Stem thermometer (0-220°F)

CHECK WITH YOUR LOCAL TOWN OR CITY BUILDING DEPARTMENT AND FIRE DEPARTMENTS FOR
ADDITIONAL REQUIREMENTS

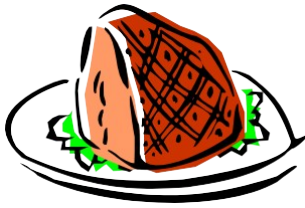
www.monroecounty.gov/eh-food.php

Minimum Safe Internal Cooking Temperatures

NYS TEMPS

FEDERAL TEMPS

(Maintained for 112 minutes)



Pork, Ham and Bacon

150°F

(For 15 seconds)



Poultry, stuffed meats, and stuffed pastas

165°F

*(For 15 seconds)
with no interruption
in the cooking
process.*



Ground Beef, Ground Pork, and Sausage

158°F

(For 1 second)



Fish, eggs and all other potentially hazardous foods not listed on this page

145°F

Fish & Eggs



Beef Roasts

140° F

all other foods not listed on this page

130°F

145°F

(For 15 seconds)

145°F

(For 15 seconds)

155°F

*(For 15
seconds)*

165°F

*(For 15 seconds)
cook stuffing and
meat first, then
stuff the food*

145°F for 3 mins;
140°F maintained for
12 minutes; or
130°F maintained for
112 minutes.

Microwave cooking: Heat to a temperature of 165°F in all parts of the food and let sit 2 minutes
When meat or fish is served raw, (i.e.. steak tartar or sushi) the consumer is to be notified. <CMc2012>

Temperatures, Times and Numbers to Remember

Match the correct answer from column B with column A

Column A

- _____ 1. Bi-metallic thermometer range
- _____ 2. The temperature danger zone
- _____ 3. pH range that bacteria grows well in
- _____ 4. Receiving and storing temp. for most (cold) potentially hazardous foods
- _____ 5. Ideal temperature for dry storage
- _____ 6. Cook temperature for poultry, stuffed meats or foods cooked in microwave
- _____ 7. Cook temperature for ground meat, eggs that will be held for service later, or injected meats
- _____ 8. Cook temperature for pork, beef, veal, lamb, fish, and eggs for cooked immediate service
- _____ 9. Hot holding temperature
- _____ 10. Final rinse temperature for a high temp. dish machine
- _____ 11. Water temperature for hot-water immersion sanitizing (3-bay sink)
- _____ 12. Body temperature (ideal for bacteria growth)
- _____ 13. Cold hold temperature
- _____ 14. Sushi grade fish parasite destruction temperature (held one week)
- _____ 15. Minimum time to be spent on scrubbing hands and nails during hand washing

Column B

- A. 180 °F
- B. 98.6 °F
- C. 41° F or less
- D. 0-220°F
- E. 4.6 -7.5
- F. 41-135°F
- G. -4°F
- H. 90 days
- I. 155°F (for 15 seconds)
- J. 41°F or less
- K. 15 seconds
- L. 50-70°F
- M. 171°F
- N. 145°F
- O. 135°F
- P. 50 ppm
- Q. 6 inches
- R. .85 or greater
- S. 165°F

- _____ 16. Number of days to keep clam tags
- _____ 17. Distance off the floor that food should be stored
- _____ 18. Water activity that supports bacterial growth
- _____ 19. Recommended amount of chlorine necessary for sanitizing

Answers: D, F, E, C, L, S, I, N, O, A, M, B, J, G, K, H, Q, R, P

Agents that Cause Foodborne illness

BACTERIAL INFECTIONS

<i>Pathogen</i>	<i>Foods commonly involved</i>	<i>Typical symptoms</i>	<i>Onset</i>
Salmonella*	Raw poultry, eggs, raw meat, untreated milk and dairy products, fresh fruit	<i>abdominal pain, diarrhea, nausea, vomiting, fever</i>	12-36 hrs
Campylobacter	Raw poultry, raw meat, untreated milk	<i>diarrhea (often bloody), abdominal pain, nausea, fever</i>	48-60 hrs
Listeria	Untreated milk, dairy products such as soft cheeses, cooked luncheon meats and hotdogs, raw vegetables, protein based salads	<i>flu like symptoms, complications in pregnancy, stillbirths</i>	1 day to 3 wks.

Shigella*	Foods prepared with human contact: ready to eat salads, raw vegetables, milk and dairy products, non-potable water	<i>bacillary dysentery, diarrhea, fever, abdominal cramps, dehydration</i>	1 to 7 days
Vibrio	Raw or improperly cooked fish and shellfish	<i>headache, fever, chills, diarrhea, vomiting, dehydration</i>	2– 48 hrs.

BACTERIAL INTOXICATION

Bacillus cereus	Rice, starchy foods, grains, cereals	<i>abdominal cramps, diarrhea, vomiting</i>	8-16hr (diarrhea) 30 mins. – 6 hrs.
Clostridium botulinum (botulism)	Improperly canned food, vacuum-packed fish, garlic or onions stored in oil	<i>Double vision, difficulty breathing, and swallowing, paralysis</i>	12-36 hrs.
Staphylococcus aureus	Foods prepared with human contact: ready to eat luncheon meats, deli salads, ham, poultry, milk, cheese	<i>nausea, vomiting, abdominal cramps, headache</i>	1-6 hrs.

BACTERIAL TOXIN-MEDIATED INFECTION

Clostridium perfringens	Improperly cooled foods, especially gravy and meats	<i>abdominal pain and severe diarrhea</i>	12-18 hrs.
Escherichia coli* (E.coli 0157)	Raw or undercooked red meat (especially ground beef), improperly pasteurized milk, unpasteurized apple cider, lettuce and other leafy greens	<i>bloody diarrhea followed by kidney failure and hemolytic uremic syndrome (HUS) in severe cases</i>	12-72 hrs.

VIRUSES

Hepatitis A*	Raw or lightly cooked seafood harvested from polluted waters, ready to eat foods prepared by bare hands	<i>fever, nausea, vomiting, jaundice, liver disease, fatigue</i>	15 to 50 days
Norovirus* (Cruise Ship Illness)	Contaminated water, salad, raw clams, oysters; foods contaminated by infected food workers	<i>nausea, projectile vomiting, diarrhea, low grade fever, headache</i>	24-48 hrs.
Rotavirus	Contaminated water, raw vegetables, salads, seafood	<i>vomiting, diarrhea, dehydration</i>	24-36 hrs.

PARASITES

Anisakis	Raw or undercooked seafood	<i>coughing, vomiting, pain, fever</i>	1hr to 2 weeks
Cryptosporidium parvum	Contaminated water or food	<i>diarrhea</i>	Within 1 week
Giardia lamblia	Contaminated water or food	<i>watery diarrhea</i>	Within 1 week
Trichina Spiralis	Pork and wild game meat	<i>nausea, abdominal pain, vomiting diarrhea, muscle pain, fever</i>	2-28 days

TOXINS

Ciguatoxin	Warm-water fish	<i>vertigo, nausea, hot/cold flashes, diarrhea, vomiting, shortness of breath</i>	30 min. to 6hrs.
Shellfish toxins PSD, DSP DAP, NSP	Contaminated mussels, oysters, clams, scallops	<i>numbness of lips, tongue, arms, legs neck; lack of muscle coordination</i>	10 to 60 mins.
Mycotoxins	Moldy grains: corn, corn products, peanuts, pecans walnuts, and milk	Acute onset: severe bleeding, fluid <i>build-up, possible death</i> Chronic: cancer from small doses over time	Varies

* denotes reportable diagnosis

The person in charge (owner or manager) shall notify the Regulatory Agency (local or state Health Department) when a food employee is

- (1) Jaundice
- (2) Diagnosis with a reportable disease



Technical Word Review

1. **Sanitize:** reduce microbes to a safe level (99% destruction)
2. **Sterilize:** is a term referring to any process that eliminates (removes) or kills all forms of life, including transmissible agents (such as [fungi](#), [bacteria](#), [viruses](#), spore forms, etc.) present on a surface.
3. **Pasteurize:** a heat treatment used to destroy disease causing organisms (milk, liquid eggs, juices)
4. **Botulism** (toxin): a type of food intoxication caused by C. Botulinum (canned or sealed foods)
5. **Chlorine** (bleach): chemical sanitizer
6. **Quaternary ammonium** (quat): a chemical sanitizer that is relatively safe for contact with skin
7. **Iodine:** a water soluble disinfectant, non-corrosive, kills microbes quickly, may stain equipment
8. **Antiseptic:** (hand sanitizers) any substance that prevents or decreases the growth of microorganisms
9. **Spore:** an inactive or dormant state of some rod-shaped bacteria
10. **Microbes/ Microorganisms:** bacteria, viruses, molds and other tiny organisms that are too small to be seen without a microscope
11. **Aerobic:** requiring oxygen
12. **Anerobic:** no oxygen required or can only live without oxygen
13. **Toxins :** a poisonous substance that is capable of causing disease (not killed by cooking)
14. **Allergens:** a substance that causes the human body to produce histamines/ an allergic reaction. (milk, peanuts, shellfish, tree nuts, eggs, fish, soy, wheat)
15. **Cross Connections :** any physical link that can cause contamination to the potable water supply
16. **Cross Contamination :** transfer of harmful organisms between items by direct or indirect contact
17. **Cross Contact :** refers to crossing allergens from one surface to another
18. **Aseptic:** a method in which food is sterilized and then placed in a sterilized container
19. **Hermetically sealed:** a container completely sealed by heat against the entry of bacteria, molds, yeast and other filth as long as the seal stays intact
20. **Sewage :** liquid waste matter
21. **Hept. A Virus :** a foodborne virus that causes a foodborne illness (causes jaundice and affects the liver)
22. **Noro Virus:** a common foodborne virus. "Cruise Ship Illness"
23. **Rodent :** mouse or rat
24. **Thaw:** to change from a frozen solid state to a cold state; melt
25. **Potable:** fit to drink; drinkable water



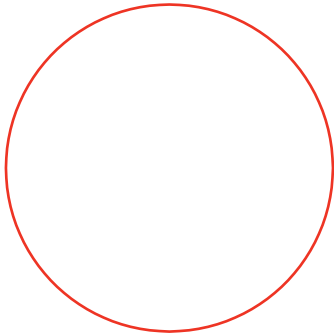
FOOD SAFETY ACRONYMS

- HACCP** Hazard Analysis Critical Control Point
- CCP** Critical Control Point
- PHF** Potentially Hazardous Food
- TCS** Time & Temperature Controlled for Safety
- RTE** Ready to Eat
- IPM** Integrated Pest Management
- FIFO** First in First Out
- MSDS** Material Safety Data Sheets
- PPM** Parts per Million
- MAP** Modified Atmosphere
- Packaging **ROP** Reduced Oxygen
- Packaging **NSF** National Safety
- Foundation **FDA** Food and Drug
Administration

USDA United States Department of Agriculture

FAT TOM Food Acidity Time Temperature Oxygen Moisture

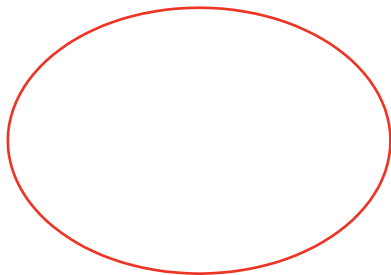
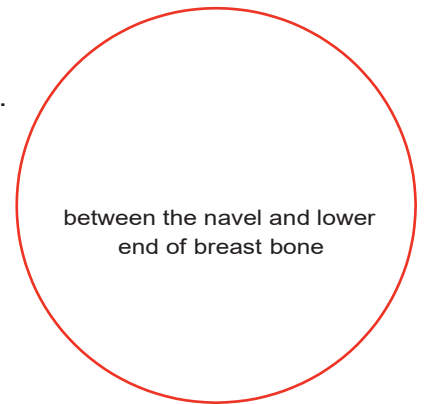
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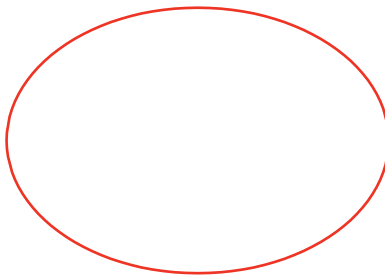
You must act if there are any signs that a person can't speak, breathe or cough.

- SIGNS**
- Universal choking sign
 - Person cannot breathe, cough or speak
 - Person makes high pitched sounds when breathing
 - Lips and finger nails may become blue

Ask, "Are you choking?" If the person gestures yes, stand behind the person, wrapping your arms around the person's waist.



Make a fist with one hand



hold it with the other hand against the person's abdomen

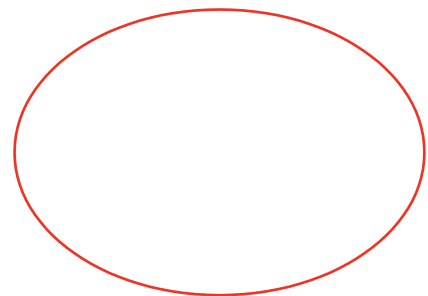
Provide quick, upward and inward abdominal thrusts {Heimlich maneuver} until the food or object is forced out.

If the person becomes unresponsive,

CHOKING

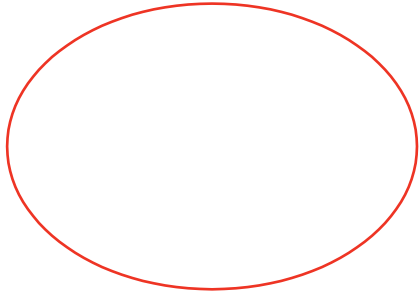
-
- Call 911 or local EMS
Telephone _____
- Return to the person
- Lay the person flat on his or her back
- Open his or her mouth
- Remove the object if you see it

 Department
of Health



If the object is not seen:

- Tilt his or her head back
- Begin CPR
- Look for the object each time you open the airway



- Continue rescue breaths and chest compressions until rescue personnel arrive.

LITTLE LEAGUE® BASEBALL & SOFTBALL NATIONAL FACILITY SURVEY



League Name: Irondequoit Little League
 District #: 04
 ID #: _____
 (if needed) ID #: _____
 (if needed) ID #: _____
 City: Rochester State: N

Matthew Green

President: _____
 Address: 94 Oakridge Dr
 City: Rochester
 State: NY ZIP: 14617
 Phone (work): _____
 Phone (home): 585-509-4534
 Email: green.matthew@hotmail.com

Safety Officer: Rick Roche
 Address: _____
 City: 52 Cranbrooke
 State: Irondequoit ZIP: _____
 Phone (work): NY
 Phone (home): _____
 Email: _____

rickroche27@gmail.com

PLANS FOR FUTURE NEEDS

What are league's plans for improvements?	Indicate number of fields in boxes below.		
	Next 12 mons.	1-2 yrs.	2+ yrs.
a. New fields			
b. Basepath/infield			
c. Bases			
d. Scoreboards			
e. Pressbox			
f. Concession stand			
g. Restrooms			
h. Field lighting			
i. Warning track			
j. Bleachers			
k. Fencing			
l. Bull pens			
m. Dugouts			
n. Other (specify):			

Irondequoit Little League

League Name

04

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232-04-11

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Submit this page with your hardcopy ASAP plan rather than the completed 2020 Facility Survey