



Continuing the Little League tradition of making it "safer for the kids."

Real-World Examples

Planning for Safety?

Focus on Activities, Equipment and Facilities for safety plan

What goes into a good safety plan?

It's more than preparing for injuries. It's locating and solving potential problems, whether for players, volunteers or spectators. The best safety plans address areas of facilities, equipment and activities, making everyone involved as safe as possible. **The safety plan deadline is May 1.**

During games, are your coaches keeping the rules and safety issues in mind? Look at your facilities, equipment and activities for potential concerns.

Here are some actual examples:

- A child waiting to bat swings a bat with an illegal "doughnut" weight on the end, hitting another player. Are coaches maintaining the "no on-deck position" rule for Little League division and younger, and looking for illegal equipment?
- At home plate, a player breaks his ankle sliding because the black edge of the plate caught his rubber cleat, instead of being buried — which would have allowed his foot to pass over the plate. Do your umpires know not to sweep off the black section?
- At dusk, a coach breaks out a new ball to help his players to see the ball. A player can't see a fast-moving line drive, narrowly avoiding a serious injury. Do you have policies on when to stop playing for darkness?
- Driving a player home after a practice, the coach stops in the street, rather than pulling into the drive. A passing car hits the player getting out of the vehicle. Reminding coaches and managers about safety, on and off the field, will help prevent needless tragedies.
- A volunteer mows a field, allowing a child to ride with him on the tractor. The child loses their balance and falls under the wheels, and is run over. A serious injury results.
- A concession stand worker turns on the gas grill for the first time, and a corroded gas valve causes a fire ball to

seriously burn the volunteer. Before use, are you inspecting your facilities', as well as players', equipment?

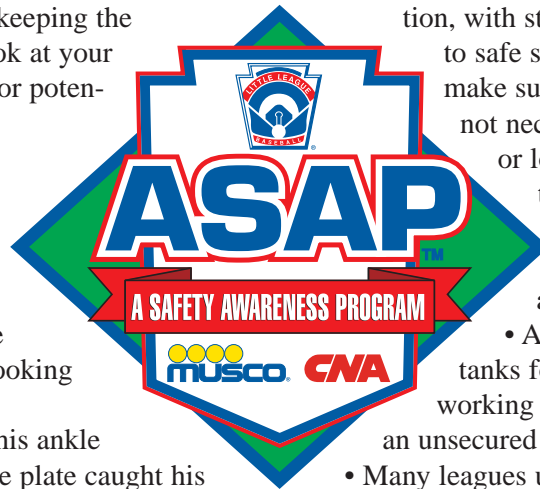
- Climbing the steps of the bleachers, a mother's foot goes through a broken slat, severely injuring her leg.
- Another spectator falls off the back of a bleacher, onto a cement slab below. Keeping your stands in good condition, with strong rails and back supports, is critical to safe seating. If you put in new bleachers, make sure you don't place them on cement if not necessary, or put a protective layer of sand or loose material down to lessen an injury to anyone who might fall.
- A golf cart is left with the key in the ignition; a child starts it, drives it and turns it over.
- A concession stand uses carbon-dioxide tanks for carbonated soda. A volunteer working in the concession stand is killed when an unsecured CO2 tank falls over, and erupts.

• Many leagues use cables to support older lighting poles, or to enclose areas such as the concession stand. But injuries occur every year due to people walking into gray, unmarked cables, and being seriously injured, or tripping over low cables intended to keep cars out. If the cables are necessary, properly and clearly mark them. If they aren't needed, remove them.

But safety planning doesn't have to be just during the season. Safety for your league needs to be year-round.

- A league prepared a slab of concrete for a dugout for the coming year, but put no warning signs or indicators of the addition resting at the base of a hill next to the field. During the winter, a child sleds down the hill, and is injured when he crashes into the snow-hidden concrete.

These are just examples to get you thinking about how to improve safety and safety awareness. As you work through the areas of activities, equipment and facilities, remember you are helping make it "safer for the kids."



Keep It Clean: Concession Stand Tips

'12 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. This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County Department of Health.

- 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 the temperature periodically to see if the food is cooling properly. *Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of 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. *Ideally*, dishes and utensils should be washed in a four-step process:
 1. Washing in hot soapy water;
 2. Rinsing in clean water;
 3. Chemical or heat sanitizing; and
 4. Air drying.
- 9. Ice.** Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. *Ice can become contaminated with bacteria 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 ½ teaspoon of chlorine bleach). Change the solution every two hours. *Well sanitized work surfaces prevent cross-contamination and discourage flies.*
- 11. Insect Control and Waste.** Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.
- 12. Food Storage and Cleanliness.** Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

(Remember: Training your concession stand volunteers is one of the 12 requirements for a qualified safety plan. Safety plans must be postmarked by May 1, 2000.)

Clean Hands for Clean Foods

Since the staff at concession stands may not be professional food workers, it is important that they be thoroughly instructed in the proper method of washing their hands. The following may serve as a guide:

- **Use soap and warm water.**
- **Rub your hands vigorously as you wash them.**
- **Wash all surfaces including the backs of hands, wrists, between fingers and under fingernails.**
- **Rinse your hands well.**
- **Dry hands with a paper towel.**
- **Turn off the water using a paper towel, instead of your bare hands.**

Wash your hands in this fashion before you begin work and frequently during the day, especially after performing any of these activities:

- After touching bare human body parts other than clean hands and clean, exposed portions of arms.
- After using the restroom.
- After caring for or handling animals.
- After coughing, sneezing, using a handkerchief or disposable tissue.
- After handling soiled surfaces, equipment or utensils.
- After drinking, using tobacco, or eating.
- During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks.
- When switching between working with raw food and working with ready-to-eat food.
- Directly before touching ready-to-eat food or food-contact surfaces.
- After engaging in activities that contaminate hands.

Top Six Causes

From past experience, the US Centers for Disease Control and Prevention (CDC) list these circumstances as the most likely to lead to illness. Check this list to make sure your concession stand has covered these common causes of foodborne illness.

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

Timely Heimlich saves player life

“It was an exciting time at a local restaurant on Saturday, March 4. While munching on chicken wings, Jim Woods and I were having an in-depth conversation about our last baseball game. We were discussing the number of pitches a young ballplayer could throw without damaging the pitching arm. Jim and I had seen a young pitcher from another team walk off the field holding his arm in pain. We decided from now on to count each pitch.

“The ballplayers from our Major League team were having a great time playing video games, talking and laughing together. Suddenly from my right side I heard someone choking. It was one of our team members. I jumped out of my chair and rushed over to him. His face was red and turning blue. He could not breathe, and was choking on something. I had to do something real quick, or this child could die.

“My mind raced back to the ASAP News flyer that was sent to me. In fact I had just looked it over that Saturday morning for the second time since I received it in the mail several months earlier. I don’t know why I read it again, but I immediately put myself in a position with the child to perform the Heimlich maneuver. The first time it didn’t work, so I tried again. Nothing. The child was panicked. I put my fingers in his mouth to see if I could pull whatever was choking him out. I found nothing.

“I performed the Heimlich maneuver for the third time. I didn’t want to hurt the child, by squeezing, but I wasn’t going to let the kid die from choking. I squeezed harder; it worked. The player took a long breath, and sat down smiling.

“Doing a simple act like this can mean the difference between life and death. I will follow up to be sure that this will work the first time, if there is a next time.”

“I have to thank Little League headquarters in Williamsport, PA, for showing me how to save a child’s life. Let’s all learn how to do the Heimlich maneuver!”



John Monti, safety officer

Duneden, Fla., National Little League

(Editor’s Note: Thanks for the praise, but ASAP can’t take credit. This is the first we’ve written about the Heimlich.)

The Heimlich Maneuver

The Heimlich Maneuver is an emergency method of removing food or foreign objects from the airway to prevent suffocation.

When approaching a choking person, one who is still conscious, ask: "Can you cough? Can you speak?"

If the person can speak or cough, do not perform the Heimlich Maneuver or pat them on the back. Encourage them to cough.

To perform the Heimlich:

- Grasp the choking person from behind;
- Place a fist, thumb side in, just below the person's breastbone (sternum), but above the naval;
- Wrap second hand firmly over this fist;
- Pull the fist firmly and abruptly into the top of the stomach.

It is important to keep the fist below the chest bones and above the naval (belly button).

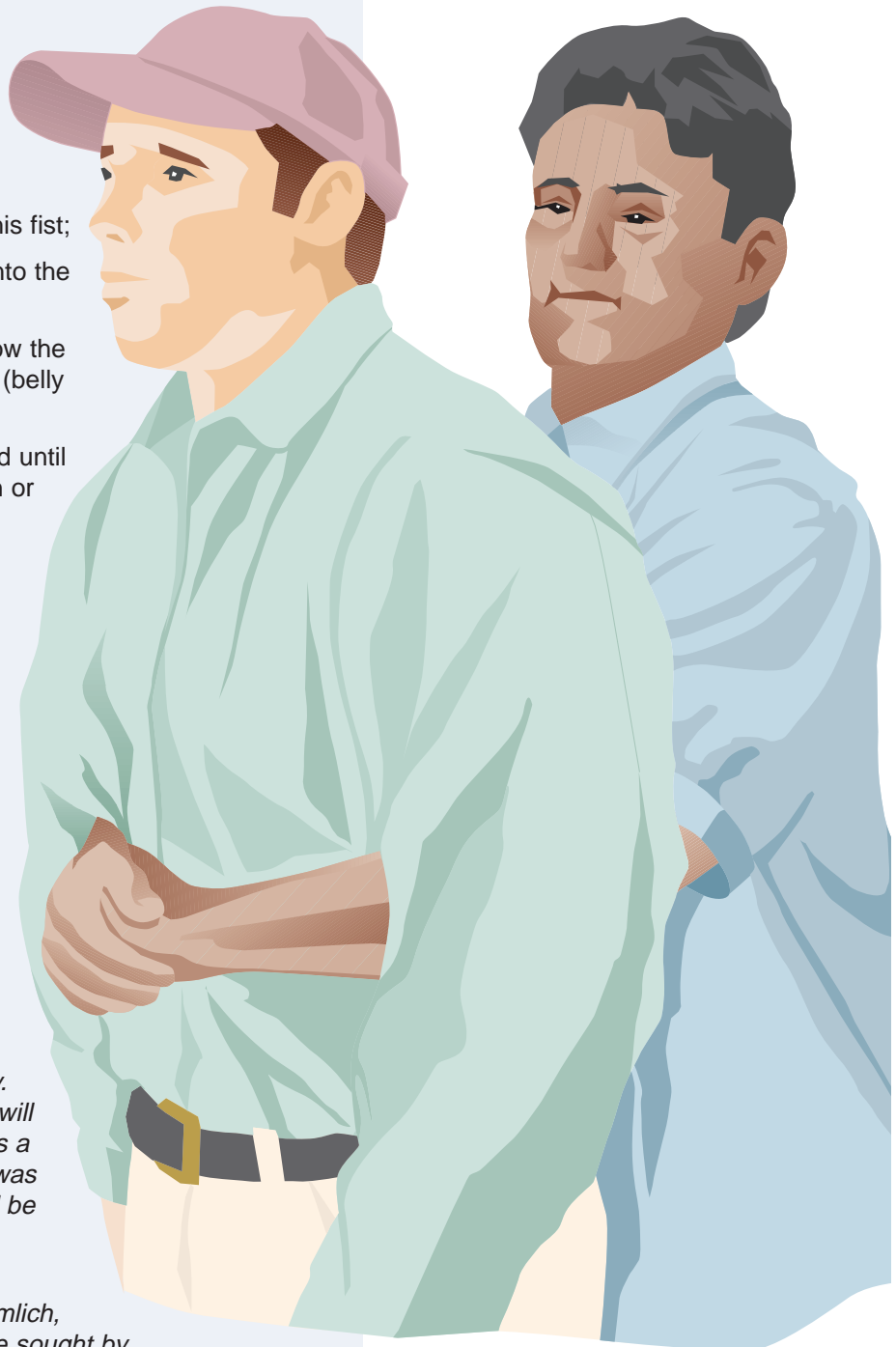
The procedure should be repeated until the airway is free from obstruction or until the person who is choking loses consciousness (goes limp). These will be violent thrusts, as many times as it takes.

For a child:

- Place your hands at the top of the pelvis;
- Put the thumb of you hand at the pelvis line;
- Put the other hand on top of the first hand;
- Pull forcefully back as many times as needed to get object out or the child becomes limp.

Most individuals are fine after the object is removed from the airway. However, occasionally the object will go into one of the lungs. If there is a possibility that the foreign object was not expelled, medical care should be sought.

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





'Must volunteers be certified?'



"I am the District Safety Officer for California District 35. We have our managers and coaches learn CPR. Some are not certified, because of cost, but are taught by the fire, or sheriff departments in the area of the league. One of our leagues asked what the liability is to the league if they are not certified?"

**Buni Busse-Murphy, District Safety Officer
California District 35**



First, no one should ever do anything they are not properly trained to do. According to Dan Kirby, risk management director for Little League Baseball, the volunteers are covered by liability insurance, and should do only what they feel confident they can do in an emergency. People need to know and not exceed their training limitations. Remind them of the consequences of their actions. This works both ways since you are talking about CPR, where someone could die if you do nothing. Recently at a seminar a league president from Michigan had a similar question, because a doctor had told their league during training not to do anything more than flush out wounds with saline solution, apply a dressing and call an ambulance. While it stretches the point, Kirby said he would rather defend a lawsuit for a volunteer trying to do what they can to help someone than for doing nothing and having a worse situation. Again, this is a matter of conviction. If the volunteer isn't sure he or she knows how to do something, it's usually better to wait for trained help. Most states have Good Samaritan laws which help protect people making honest attempts to help, but sometimes doing nothing and calling for help is the best they can do. Or, they might need to intervene, because time is so precious when a heart stops beating.



"The rules state: 'All catchers must wear a mask, 'dangling' type throat protector and catcher's helmet during practice, pitcher warm-up and games.' First, during practice: Does this mean for infield practice?"

"And secondly, during pitcher warm-up: Does this mean the catcher does not have to wear other gear? During games can a player warm-up a pitcher between innings with only a helmet on while standing up? The pitcher could do just as well throwing to the third baseman to keep his arm loose and warm. I am a firm believer in the catcher wearing full gear when in the crouched position warming up a pitcher and not using another player to stand up and catch for him. Too many time I have seen catchers wearing only the mask during pitching warm-up. By not using the chest protector this exposes the chest area (heart) to a pitched ball and by not using shin guards exposes the knees and shins to injury...."

**Gary Burrmann, district safety officer
Florida District 4**



Dan Kirby notes that the catcher needs to have the helmet, mask and throat protector on whenever warming up the pitcher, or during infield practice. The helmet protects the fragile head from bats during infield practice, as well as errant throws. This also applies during warm-up between innings, when no batter is being faced. The other equipment, chest protector and shin guards, are primarily to protect against batted balls, which can come off a bat at any angle and hit the catcher before he/she can react. The catcher is at not much more risk than any other player making a catch from a player with a strong arm, until a batter steps in and introduces the risk of a changed trajectory on the ball.

Have a question or tip to share?
Call the ASAP Hotline:
800-811-7443,
or e-mail: asap@musco.com



Or write to us at:
ASAP
100 1st Ave. West
Oskaloosa, IA 52577



Little League Baseball, Inc.
P.O. Box 3485
Williamsport, PA 17701

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What's Inside

PAGE

1

SAFETY PLANS

Activities,
equipment and
facilities in focus



PAGE

2

CONCESSIONS

Follow these
tips for safe,
healthy stand



PAGE

4

THE HEIMLICH

Poster shows
correct way to
stop choking



HOTLINE IDEAS

FROM READERS

“Regarding children working the snack bar: We don’t feel anyone under the age of 16 should work the concession stand. If there is an emergency the child should not be responsible at 12 years of age to handle it. Also, we are concerned about young children working where there are hot stoves, grills and barbecues. I know when I go to World Series I see no one under 18 in the concession stand. I feel there are other ways the children can contribute to the league if need be. In California we have child labor laws that are very strict and I want to encourage the leagues to have more participation of the adults in the snack bar.”

**Buni Busse-Murphy, district safety officer
California District 35**

“Here’s something I do for our field inspections: I don’t just write down the information, I take along my video camera and tape it. That way, we don’t miss anything, and if a coach finds a problem, we can go back and show how the field looked pre-season.”

**Brian Seeley, safety officer
Southwest Youth Association Little League, Centreville, VA**

These safety officers will receive ASAP caps for calling in safety ideas. What is your league doing to become safer for the kids? Call the ASAP Hotline, or email asap@musco.com!

ASAP HOTLINE
24 HOUR TOLL-FREE
800-811-7443

The 2000 Safety Officer Manual
has been delivered! Didn't get it?
Call the ASAP Hotline!

ASAP News

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Hotline: 800/811-7443
Fax: 515/673-4852
E-mail address: asap@musco.com