



Seneca Falls Community Little League

Safety Manual

2025 Edition



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Introduction

Welcome to the 2025 season of Seneca Falls Community Little League. We are looking forward to a great season focused on not only building the baseball and softball skills, but also providing the youth in our communities with opportunities to build character qualities like teamwork and good sportsmanship.

Our goal is to ensure a safe, healthy and fun environment for children, volunteers, and all Little League families and guests. This Safety Manual outlines our plan to accomplish this goal.

Key Reminders:

Safety is everyone's job.

Prevention is the key to keeping accidents to a minimum.

Report all hazardous conditions to the Safety Officer immediately.

Don't play on a field that is not safe or with unsafe playing equipment.

Ensure that players are fully equipped at all times, especially catchers and batters.

Check equipment often for any defects.

Together we can provide a fun and safe environment for all of our Little League participants and families.

Safety Manual Distribution

This Safety Manual will be reviewed and revised yearly. The current Edition will be distributed in digital format to the following:

- 1- League Officials
- 2- Managers and Umpires
- 3- District Administrator

The Safety Manual will be available for viewing on our website: www.senecafallslittleleague.com

Copies of the Safety Manual will be posted in the following locations:

- 1- Press Boxes
- 2- Concession Stand



Safety Officer

The main responsibility of our safety officer is to develop and implement the league’s safety program: providing a link between the board of directors and its managers, coaches, umpires, players and spectators in regards to safety matters, rules and regulations.

Job Description:

The safety officer coordinates all safety activities including supervision of ASAP (A Safety Awareness Program), ensures safety in player training, ensures safe playing conditions, coordinates reporting and prevention of injuries, solicits suggestions for making conditions safer, and reports suggestions to Little League International through the ASAP system.

Reports to:

League President

Responsibilities include:

- Update and obtain approval of league’s ASAP manual from Little League International prior to start of Spring season
- Provide safety training clinic for all coaches prior to start of Spring season
- Inspect all fields, including bleachers, fencing and concession stand before the Spring season begins, then on a weekly basis, communicating any safety hazards to the league President
- Prepare and distribute complete first aid kits for each team to the equipment manager to be included in the equipment bags
- Maintain adequate inventories of first aid supplies, including ice packs at each press box and the concession stand and arrange for replenishment of team first aid kit supplies as needed
- Maintain a log of all accidents and injuries and communicate to league President
- Follow up with any person injured during a league event and document recovery or complications

Contact Information for the Safety Officer

Josh Martin	2140 West Brook Road Seneca Falls, NY 13148	315-651-0804	kjtmad@gmail.com
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Seneca Falls Community Little League
Safety Manual 2025
Safety Code



1. Responsibility for safety procedures belongs to every adult member of our local league.
2. All Managers and Coaches will have knowledge of and enforce the Little League Rules as outlined in the Rulebook to ensure a safe, healthy and fun environment for all Little League players, families and guests.
3. Players must remain under the supervision of approved Managers, Coaches or other Volunteers at practices and games until they are picked up by a parent, guardian or another designated individual.
4. First Aid training is recommended for all coaches and managers. First Aid kits will be available in the baseball and softball press boxes as well as the concession stand.
5. Incident/Injury Tracking Reports must be completed and submitted when First Aid is administered.
6. Managers must have access to Medical Release Forms for all players at every practice and game.
7. No game or practice should be held when weather or field conditions are not good, particularly when field lighting is not adequate.
8. Play areas should be inspected frequently for holes, damage, stone, glass or other foreign objects.
9. Only players, managers, coaches, umpires and approved volunteers will be permitted on the playing field during practices and games, except in the case of an emergency.
10. Only the manager and up to two approved coaches are allowed in the dugout.
11. Players need to remain in the dugout area during games, except for restroom use or in the case of an emergency.
12. Equipment must be removed and kept out of any areas designated as "in play". Responsibility for keeping bats and loose equipment off of the field of play should be that of a regular player assigned for this purpose.
13. Procedures should be established for the retrieval of foul balls batted out of the playing area.
14. All players should be alert and watching the batter on each pitch during practice and games.
15. During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
16. All pre-game warm-ups should be performed within the confines of the playing field rather than within areas that are frequented by spectators.
17. Equipment should be inspected regularly for defects and to make sure it fits properly.
18. Catcher's must wear catcher's helmet with mask and throat guard, chest protector and shin guards. Male catchers must wear a protective supporter and cup at all times.
19. Batter must wear protective NOCSAE helmets during practice, as well as during games.
20. Use of a helmet by the batter and all base runners is mandatory.
21. Pitching machines must be in good working order, including extension cords and outlets, and must be operated by adult managers, coaches, or umpires. Any child playing the "Pitcher" position may not stand in front of the pitching machine. The "Pitcher" should wear a helmet.
22. Pitchers must wear a helmet when warming up between innings.
23. Except when a runner is returning to base, head first sliding is prohibited in any division other than Junior or Senior League.
24. Horseplay on or off of the field and climbing on fences of the dugout is not permitted at any time.
25. Parents of children who wear glasses should be encouraged to provide "safety glasses".
26. Players may not wear watches, rings, pins, jewelry, hard cosmetic or hard decorative items during practices or games.
27. Metal cleats are not permitted for play.
28. Batting/catcher's helmets should not be painted unless approved by the manufacturer.
29. Regulations prohibit on-deck batters. This means no player should handle a bat, even while in an enclosure, until it is his/her time at bat. This applies to Tee Ball, Coach Pitch, Minor and Major League Divisions.
30. Players may not throw equipment, including gloves. 1st Time- warning, 2nd Time- removal from the game.
31. Players who are ill, injured or ejected should remain under supervision until released to a parent or guardian.



Contact Information

Emergency Numbers:

Police Emergency	9-1-1
Fire Emergency	9-1-1
League President: Josh Martin	315-651-0804
League Safety Officer: Josh Martin	315-651-0804
Seneca Falls Police Department	315-568-4850
Seneca Falls Fire Department	315-568-2319
North Seneca Ambulance	315-539-5002
Mercy Flight Central	585-396-0584
Poison Control	800-222-1222
Suicide & Crisis Counseling	9-8-8 315-539-1980

Websites:

Seneca Falls Community Little League	www.senecafallslittleleague.com
District 5	https://tshq.bluesombrero.com/nydistrict5ll
Little League International	www.littleleague.org

Board of Directors:

Title	Name	Phone	Email Address
President	Josh Martin	315-651-0804	kjtmad@gmail.com
Vice President	James Wood	315-730-1382	Jimmywood33@gmail.com
Vice President- Softball	Amanda Fisher	315283-4708	a.bachman@ymail.com
Treasurer	Nicole Spitzer	315-224-0139	nspitzer@senecafallscsd.org
Secretary	Samantha Ennis	315-651-7665	Sammido03@yahoo.com
Safety Officer	Josh Martin	315-651-0804	kjmtad@gmail.com
Player Agent/Game Scheduler	Hilary Reinwald	443-844-1913	Hgotham14@hotmail.com
Coach Coordinator	Kevin Besley	315-521-7076	Kbesley@yahoo.com
Fundraising/Sponsorship			
Registrar	Jennifer Luffman	315-730-2741	Sfll.registrar@gmail.com
Concession Manager	Jennifer Fowler	315-651-2940	jldnurse80@yahoo.com
Umpire in Chief			
Field Maintenance- Field 1	Josh Miller	716-860-4270	Jlmt33@gmail.com
Field Maintenance- Field 2	Nate Wood	585-259-0185	Nathan.wood77@gmail.com
Field Maintenance- Field 3	Justin Rogers	315-651-6193	jrogers17.jr@gmail.com
Uniform Manager	Stefania Ferrara-Uticone	315-729-1246	Ferrara284@yahoo.com
Sandlot Coordinator	Josh Miller	716-860-4270	Jlmt33@gmail.com
Communications Director	Erin Goodall	315-729-1332	egoodall@co.seneca.ny.us
Equipment Manager	Michael Darling	315-878-4631	Mdarling1489@gmail.com



Emergency Procedures

1. Assess the situation.
2. Render First Aid and have somebody call 911 immediately if the situation warrants it. (severe injury, neck or head injury, no breathing, loss of consciousness- err on the side of caution.) At no time should an individual administering First Aid go beyond his or her capabilities.
3. Notify parent/guardian immediately if not on the scene.
4. Notify League Safety Officer by phone within 24 hours.
5. Complete and submit Incident/Injury Report within 48 hours. (Hand deliver to safety officer, or place in the folder in the concession stand. This form is accessible on our website. Extra copies of this form are available in the press boxes and in the concession stand.)
6. Discuss the situation with the team(s) involved if appropriate to help them feel comfortable and safe.
7. Contact the League President if additional help is needed.

Emergency Action Plan- Kid's Territory Park

Emergency Personnel

Team Managers, Coaches, Little League Board Members, and/or CPR/AED certified individuals (emergency care team) on site will respond to emergency situation or injured individual(s) dependent upon need, severity, and scope of injury/situation. A member of the emergency care team will activate the EAP as deemed fit.

Roles of the Emergency Care Team

1. Immediate assessment and care of injured/ill athlete(s) or assessment of emergency situation.
2. Emergency equipment retrieval as determined by the first responder with the highest level of training.
 - AEDs are located in the baseball and softball press boxes.
 - First Aid supplies should be in the possession of each Team Manager. Additional First Aid supplies are located in the baseball and softball press boxes as well as the concession stand.
3. Activation of the emergency action plan.
 - If the Team Manager is present, he/she will activate the EAP. He/she will designate an individual to call 911 if he/she is unable to do so.
 - If the Team Manager is not present, any member of the emergency response team (coach, board member, trained individual, etc.) may activate the EAP.
 - Players and coaches not involved in assisting with the emergency situation, should go to and remain at the bench area/dugout until the appropriate assistance arrives and the scene has been cleared.
 - Players, parents, and non-authorized personnel should be kept a significant distance away from the emergency situation.
 - Players and non-medical personnel should not touch, move or roll an injured athlete.



4. Activation of the EAP begins with calling 911. Complete the following during the call:

- Identify yourself and your role in the emergency
- Specify the exact location and telephone number you are calling from.
- Give the condition of the victim and/or extent of emergency
- Give an approximate time of the incident/accident
- DO NOT hang up the phone until EMS has disconnected

5. If not already completed, make sure all gates are unlocked and open. A clear path for the emergency response teams to reach the athlete or situation should be established. Assign an individual (a coach, assistant coach, etc) to direct emergency personnel to the scene. Make sure an individual is present at each potential entrance to flag and direct them.

6. Maintain status of an injured/ill individual until EMS arrives. Monitor airway, breathing, circulation, and mental status and provide support as needed (i.e. AED, CPR).

7. Once care of the injured/ill individual has been transferred to EMS, notify the parents/guardians if they are not already on the scene.

Transportation

If transportation is warranted, the patient will be transported to the hospital designated by the individual’s parent/guardian. If no parent/guardian is present, the patient will be transported to Geneva General Hospital or as directed by EMS.

Emergency Communication

Cell phones will be the easiest form of communication and activation of the EAP.

Important Phone Numbers:

Ambulance: 911	Geneva General Hospital: 315-787-4000
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Emergency Equipment

The following will be available on site:

First aid supplies– AED

**EMS supplied equipment: gurney, spine board, bag valve, C-Collar, vacuum splints*



EMS Location/Arrival

Field 1- Baseball

The ambulance/ emergency vehicles can access both benches from the Kid's Territory entrance off of West Bayard Street. If the injured athlete is located on the field, the flagger will notify EMS. All efforts should be made to keep this area clear during athletic events. If the entrance is blocked, an announcement should be made to move cars immediately.

Field 2- Coach Pitch

The ambulance/ emergency vehicles can access both benches from California Avenue. If the injured athlete is located on the field, the flagger will notify EMS. All efforts should be made to keep this area clear during athletic events. If the entrance is blocked, an announcement should be made to move cars immediately.

Field 3- Softball

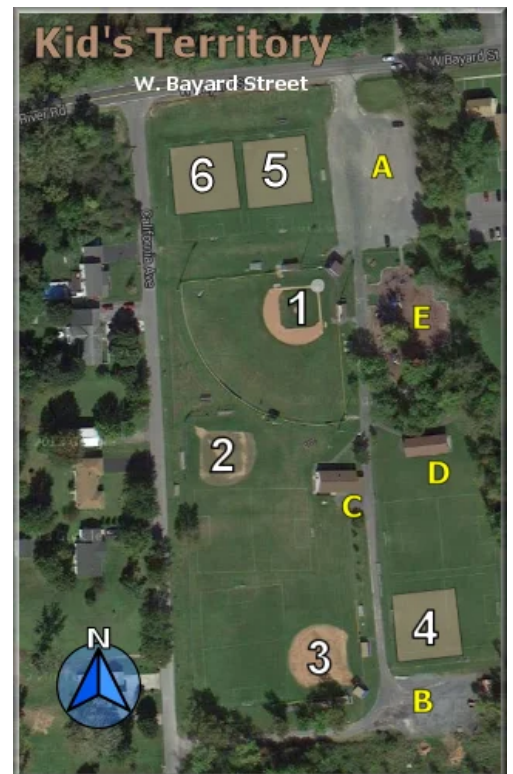
The ambulance/ emergency vehicles can access both benches from Baltimore Avenue. If the injured athlete is located on the field, the flagger will notify EMS. All efforts should be made to keep this area clear during athletic events. If the entrance is blocked, an announcement should be made to move cars immediately.

Field 5- Tee Ball

The ambulance/ emergency vehicles can access the field from the Kid's Territory entrance off of West Bayard Street. If an injured athlete is located on the field, the flagger will notify EMS. All efforts should be made to keep this area clear during athletic events. If the entrance is blocked, an announcement should be made to move cars immediately.

Field 6- Tee Ball

The ambulance/ emergency vehicles can access the field from California Avenue. If an injured athlete is located on the field, the flagger will notify EMS. All efforts should be made to keep this area clear during athletic events. If the entrance is blocked, an announcement should be made to move cars immediately.



If

If



Accident Reporting

What to Report- An incident that causes a player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the Safety Officer by phone within 24 hours. An Incident/Injury Report must be completed and submitted to the Safety Officer within 48 hours. (Hand deliver to safety officer, or place in the folder in the concession stand. See Appendix for this form.)

Safety Officer's Responsibilities-

-Within 48 hours of receiving the Incident/Injury Report, the Safety Officer will contact the injured party's parent/guardian and:

- 1) verify the information received
- 2) obtain any other information deemed necessary
- 3) check on the status of the injured (i.e., Emergency Room visit, doctor's visit, etc.)
- 4) advise the parent or guardian of the League's insurance coverages and the provisions for submitting any claims.
- 5) follow up with the injured party's parent/guardian if the injury was more than minor in nature. Check on the status of the injury, if any additional assistance is need such as submission of insurance forms, etc. until the incident is considered "closed". (no further claims expected, participation in Little League has resumed.)

**Incident/Injury Reporting Form is for our use only. It does not get submitted to Little League International.

-If a claim needs to be filed:

- 1) Work with the parents to complete the AIG Little League Baseball and Softball Accident Notification Form. (see Appendix)
- 2) Submit the completed AIG Little League Baseball and Softball Accident Notification Form.

-Maintain an Incident Tracking Log

First Aid

First Aid Training will be conducted at our annual Manager/Coaches Meeting. At least one Manager/Coach from each team will be required to receive basic training for first aid including bee stings, minor concussions, and heat exhaustion. Every Manager/Coach must attend this training once every 3 years. For the 2025 season, this training will be held on March 22nd.

First Aid Kits and additional Ice Packs will be located in the Press Boxes and the Concession Stand. The Safety Officer will ensure that these supplies are fully stocked. Each Manager will receive a First Aid Kit and additional Ice Packs to keep in their equipment bags. Mangers should notify the Safety Officer if additional supplies are needed.

AED devices will be located at the Baseball Press Box and Softball Press Box.



COVID Guidelines for Play

We will follow the same guidelines that the Seneca Falls School District is following for the 2024-2025 school year. These guidelines can be found at <https://www.senecafallscsd.org/district/covid-19>. If the guidelines change, we will evaluate them and notify parents/guardians of any changes.

If a child is symptomatic, he or she should stay home rather than participating in any little league events. Symptoms include a fever of 100 degrees or higher, cough, shortness of breath or difficulty breathing, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, nasal congestion, runny nose, nausea/vomiting, or diarrhea.

Volunteer Application Process

Seneca Falls Community Little League requires all volunteers to complete the Volunteer Application Process. This process is completed via the JDP quick app or the submission of the "2025 Little League Volunteer Application" with a background check completed through JDP. The review of the submitted applications and the background checks is completed by the League President or Secretary. Volunteers are also required to complete Abuse Awareness Training through Little League International: LittleLeague.org/AbuseAwareness. Certificate of completion must be submitted to the secretary.

Fundamentals Training

At least one manager/coach from each team must attend our annual Manager/Coaches meeting. Every manager/coach must attend this meeting at least once every 3 years. Returning Managers will be encouraged to work with new volunteers to ensure proper safety guidelines, stretching, warm-ups and skills drills are being implemented. Managers and coaches will be encouraged to access the Little League Tee Ball Program Guide, Little League Coach Pitch 12 Week Program, and Little League Rulebook App. Each team will have at least one team manager or coach who has been trained in fundamentals. For the 2025 season, this training will be held on March 22nd.



Field Safety

Every year the Little League Facility Survey will be completed by the League President.

Throughout the season, umpires, managers and coaches are responsible for checking the field and safety conditions before and during practices and games. The health and safety of all participants is our priority. There should be no drug use, smoking or vaping on the property. Signs will be posted prohibiting their use. The fields, dugouts and surrounding areas should be checked for hazardous conditions. Equipment should be inspected for damage and correct fit. Additionally, ensure that players are ready for play.

What to check:

Field Conditions-

- bases (condition, placement)
- home plate
- batter box (level and marked)
- fencing
- foul lines marked
- infield surface (grass, dirt)
- outfield surface
- pitching mound
- pitching machine

Dugouts-

- benches
- fencing
- roof
- free of bee hives

Press Box-

- roof
- stairs
- scoreboard

- PA system
- free of bee hives

Players

- equipment free of damage (bats, helmets)
- proper uniform
- NO Jewelry or prohibited items

Catchers

- equipment free of damage (helmet-mask and throat guard, shin guards, chest protector)
- athletic cup



Safety

- access to Safety Manual (press box)
- First Aid Kits available
- ice packs available
- access to Medical Release Forms for players

Fans-Bleachers

- bleacher (condition and cleanliness)
- No Smoking
- No Drug Use
- No Alcohol

Any issues causing immediate concern should be resolved before the start of the game or before play resumes if something happens during the course of a game. Any concerns which do not need immediate attention should be reported to the Field Maintenance Coordinators within 24 hours.

Equipment

Prior to each season equipment will be inspected by the Equipment Manager. A list of replacement equipment needed will be provided to the Board of Directors and purchases will be made.

All managers and coaches will inspect equipment prior to each game.

- Bats need to comply with Little League requirements.
- Helmets need to be NOCSAE certified.

The Safety Officer will inspect the First Aid Kits prior to their inclusion in the equipment bags and distribution to teams. The Safety Officer should be advised when these supplies need replenishment.



Weather Considerations

Thunder and Lightening

The sooner activities are stopped and people get to a safe place, the greater the level of safety. In general, a significant lightning threat extends outward from the base of a thunderstorm cloud about 6 to 10 miles. Therefore, people should move to a safe place when a thunderstorm is 6 to 10 miles away. Here are some criteria that could be used to halt activities.

1. If lightning is observed. The ability to see lightning varies depending on the time of day, weather conditions, and obstructions such as trees, mountains, etc. In clear air, and especially at night, lightning can be seen from storms more than 10 miles away provided that obstructions don't limit the view of the thunderstorm.
2. If thunder is heard. Thunder can usually be heard from a distance of about 10 miles provided that there is no background noise. Traffic, wind, and precipitation may limit the ability to hear thunder less than 10 miles away. If you hear thunder, though, it's a safe bet that the storm is within ten miles.
3. If the time between lightning and corresponding thunder is 30 seconds or less. This would indicate that the thunderstorm is 6 miles away or less. As with the previous two criteria, obstructions, weather, noise, and other factors may limit the ability to use this criterion. In addition, a designated person must diligently monitor any lightning. In addition to any of the above criteria, activities should be halted if the sky looks threatening. Thunderstorms can develop directly overhead and some storms may develop lightning just as they move into an area.
4. Because electrical charges can linger in clouds after a thunderstorm has passed, experts agree that people should **wait at least 30 minutes after the storm before resuming activities.**

The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager or coach who feels threatened should contact the head umpire and recommend stopping play and clearing the field. In our league the umpire makes the decision as to whether or not play is stopped. Once play is stopped, take the kids to safety until play resumes or the game is called. Only an umpire can call a game.

No place is absolutely safe from a lightning threat but some places are safer than others. Constructed buildings are usually the safest. The majority of people will find shelter in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area, put your feet together, crouch down and put your hands over your ears to prevent eardrum damage.

Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts, flagpoles, light poles, bleachers, fences and water.

Extreme Heat

Steps need to be taken to protect our participants from heat illness. Heat stroke, heat exhaustion, and heat cramps are all highly possible outcomes for players and volunteers if they are not protected from the sun's power. When games are played in high heat or heat and high humidity, precautions will be in place.



Managers and coaches will watch for heat illness signs: weakness, dizziness, slow pulse, and clammy skin.

If sweating can't cool the body, especially because the player is dehydrated, heat stroke could develop. Signs of this are confusion, collapse, rapid pulse, and dry skin (no longer sweating). The AAP (American Academy of Pediatrics) notes heat stroke may cause convulsions or even unconsciousness. This is a medical emergency and professional help should be sought immediately. In some cases, heat stroke can kill, but it can also cause permanent brain damage in victims who survive.

The best protection for heat illness is water and rest. Drink early, drink often, even when players aren't thirsty. Players should arrive for games/practices adequately hydrated and drink at least five (5) ounces of water every 15-20 minutes while they are active in the heat. Players should be asked to bring water or sports drink with modest amounts of electrolytes, but nothing with caffeine that acts as a diuretic and drains water from the body.

Anyone who begins to develop cramps, dizziness, or other signs of heat stress should be removed from the game, given cool water, and placed in as cool a place as possible: in a car with air-conditioning or in a cool, shaded area. Volunteers should call 9-1-1 if the player becomes disoriented or confused, as this is a sign of the more serious heat stroke.

Game Cancellations

Home Team Managers, in consultation with the Visiting Team Managers are responsible for Tee Ball and Coach Pitch cancellations.

Home Team Managers, in consultation with the Visiting Team Manager and Umpire Coordinator, are responsible for Minor and Major League cancellations.

In the event of a weather-related situation:

- 1- A Team Manager or the Umpire Coordinator should visit the field and evaluate the field conditions, keeping in mind player safety.
- 2- All decisions to cancel should be made at least 2 hours prior to the scheduled start if at all possible, allowing for adequate time to notify all involved.
- 3- Cancellations must be reported in a timely manner to the Concessions Manager(s) and, at the Minor and Major Levels, the Umpire Coordinator.



Conduct

Parent Code of Conduct

Seneca Falls Community Little League, Inc. has implemented the following Parent Code of Conduct for the purpose of expressing our expectations for the conduct of parents while supporting their child(ren) in our Little League program. Parents must read, understand, and sign the form prior to their child(ren) participating in our league.

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship, and 6 core principles: Trustworthiness, Respect, Responsibility, Fairness, Caring and Good Citizenship. It is essential that competition within our Little League program reflects these character traits.

Any parent, guest, or volunteer guilty of improper conduct at any game or practice may be asked to leave the sports facility and may 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 after the conduct is reviewed by the Seneca Falls Community Little League Board of Directors.

As a parent, I agree to conduct myself in the following manner:

1. I (and my guests) will be a positive role model for my child(ren) and encourage sportsmanship by showing respect and courtesy as well as demonstrating positive support for all players, coaches, officials and spectators at every game and practice. I will not engage in any kind of unsportsmanlike conduct such as booing, taunting, or using profane language or gestures.
2. I will not force my child(ren) to participate in sports, remembering that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or others.
4. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
5. I will respect the rules of the game and policies of the league.
6. I will teach my child(ren) to play by the rules and to resolve conflicts without resorting to hostility or violence.
7. I will demand that my child(ren) treat other players, coaches, officials, and spectators with respect regardless of race, creed, color, sex, or ability.
8. I will teach my child(ren) that doing one's best is more important than winning. I will praise my child(ren) for competing fairly and trying hard. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
9. I will never ridicule or yell at my child(ren) or other participants for making a mistake or losing a competition. I will emphasize skill development over winning. I will also de-emphasize competition at the Tee Ball and Coach Pitch levels.
10. I will respect the officials and coaches and their authority during games. I will never question or confront coaches at the game field but will take time to speak with coaches at an agreed upon time and place.
11. Unless I am one of the official coaches of the team, I will refrain from coaching my child(ren) or other players during games and practices.
12. I will maintain a sports environment for my child(ren) that is free from drugs, tobacco, and alcohol. I will refrain from their use at all practices and games.



Manager, Coach, Team Volunteer Code of Conduct

All managers, coaches, and team volunteers must read, understand and sign the form prior to their first practice. The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship, and 6 core principles: **Trustworthiness, Respect, Responsibility, Fairness, Caring and Good Citizenship.** It is essential that competition within our Little League Program reflects these character traits.

Any manager, coach, or team volunteer guilty of improper conduct at any game or practice may be subject to an official league warning, removal from the game or practice, or suspension based on the severity of the incident. The severity of the incident will be determined by the Little League executive board and an appropriate consequence will be implemented at the board's discretion. Repeat violations may result in multiple game suspensions, suspension for the season, or expulsion from coaching in the future.

As a manager, coach or team volunteer, I agree to conduct myself in the following manner:

1. Managers, coaches and team volunteers will be positive role models and encourage sportsmanship by showing respect and courtesy.
2. Winning is not the only goal. Sportsmanship, team building, skill development and continued participation are our goals. Success is not measured by W's or L's. It is measured by who had a positive experience and who wants to return the next season.
3. I agree to engage in conduct that will not endanger the mental or physical health and well-being of the athletes.
4. I agree to treat opposing managers/coaches/players with respect. Resolution of any conflict will be handled in a calm manner.
5. Umpires are volunteers and not professionals. I agree to treat umpires with respect. Resolution of any conflict will be handled calmly by the Team Manager and not in front of players or spectators.
6. I will demand that all players and coaches treat other players, coaches, umpires and spectators with respect regardless of race, creed, color, sex or ability.
7. I will maintain a sports environment for my players that is free from illegal or legal drugs, tobacco and alcohol. I will refrain from their use at all practices and games.



Concession Stand

The concession stand will be operated by volunteers. The operations will meet or exceed regulations set by the Seneca County Department of Health. Concession safety procedures will be posted at all times. Start up and closing clean-up guidelines and protocols will be posted. The menu will be approved by the League Board of Directors. The concessions manager(s) will oversee purchasing, pricing, and training volunteers.

Safety procedures for the concession stand include:

- Upon arriving at the concession stand, the inside area and outside of the building should be inspected for safety hazards to the concession volunteers or patrons.
- Volunteers must wash hands frequently.
- Safe food handling procedures should be practiced, including avoiding direct contact with food. Utensils and/or gloves should always be utilized when handling food. Avoid touching your eyes, nose and mouth.
- Anyone experiencing symptoms of illness will not be permitted to work in the concession stand.
- All food items will be stored at least 6" off the floor.
- Items that require refrigeration or freezing will be kept at the appropriate temperatures in the refrigerators/freezer in the concession stand.
- A food thermometer will be available in the concession stand to ensure foods are cooked to a safe internal temperature.
- Any hot items will be held at a minimum of 140 degrees F.
- Trash will be disposed of in trash receptacles and emptied every time the concession stand has been open.
- Sanitizer will be used to maintain the cleanliness of the concession stand.
- Only individuals over the age of 18 may operate the fryer and griddle.
- No children under the age of 16 may help in the concession stand without adult supervision.
- Equipment will be inspected frequently. Improperly working and/or unsafe equipment must be shut down and unplugged immediately. Then, the concession manager(s) should be notified.
- A Fire Extinguisher will be located in the concession stand.
- The exhaust hood will be equipped with a fire suppression system.
- A First Aid Kit will be located in the concession stand.
- Emergency contact numbers will be posted.
- Proper Hand Washing sign will be posted. (See Appendix)
- Choking sign will be posted. (See Appendix)

A complete guide to concession operations can be found at:

<https://www.littleleague.org/university/articles/guidance-and-best-practices-for-operating-a-little-league-concession-stand/>



For Local League Use Only

Activities/Reporting

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

League Name: Seneca Falls Community Little League League ID: 11 - 66 - 33 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:

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

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
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

Accident & Health (U.S.)

- 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.
- 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.
- 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.
- Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
- 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.
- 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	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) (Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	
<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)	

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



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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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 FINGER	<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
------	---------------------------



First Aid Quick Reference Guide

This year's little league season is just around the corner. This time frame prior to practices beginning is an important one for managers and coaches to review safety information and tips on how to keep your players safe while teaching them to love the game!

- Please remember to always keep a copy of the players medical release forms with you at all times, as you can never know when it'll be needed.
- Regularly check the inventory of your first aid kit. Ice packs go fast!
- Always inform the parents or legal guardian anytime a player becomes ill or injured at any sporting event.

Always err on the side of caution....When in doubt, sit them out!

Here is a quick overview of some potential injuries you could see on the field and how to treat them.

Concussions

Signs and Symptoms:

- Unable to recall events before or after injury
- Appearing dazed or stunned
- Moves clumsily
- Answers questions slowly
- Loses consciousness even if only for a moment
- Shows mood, behavior or personality changes
- Reports headache or "pressure" in the head
- Nausea and or vomiting
- Balance problems
- Dizziness or blurred vision
- Light or noise sensitivity
- Groggy, foggy, hazy or sluggish
- States they "don't feel right" or "feeling down"

-Players who have sustained a head injury with the possibility of having a concussion, should not be allowed to continue play. A parent or legal guardian should be made aware immediately and they should be advised to seek further medical evaluation.

-If a player has been diagnosed with a concussion, he/she should provide you with a medical release from a medical professional prior to being allowed to resume play. A rare, yet very serious condition can occur if the player sustains a second



concussion before being able to fully heal from an initial concussion, known as Second Impact Syndrome. SIS causes rapid swelling of the brain and holds a 50% chance of death with a 100% certainty of brain damage!!

-All coaches and managers should be encouraged to visit the “Heads up Prevention and Awareness” course for further information and free certification on concussion awareness at <https://www.cdc.gov/headsup/index.html>

Strains

Signs and Symptoms:

Pain

Treatment:

(R.I.C.E.) Rest, Ice, Compression and Elevation.

Sprains

Signs and Symptoms:

Pain, swelling, dislocation or discoloration

Treatment:

(R.I.C.E.) Rest, Ice, Compression and Elevation.

Special Considerations:

A player with a potential sprain should not be allowed to continue play.

Prevention is key... proper warm up and stretching should always be done

Open/Closed fractures

Signs and Symptoms:

Pain, swelling, dislocation, discoloration, appearance of bone, bleeding

Treatment:

Control bleeding, keep wound area clean, stabilize limb without attempting to re-align or straighten, contact 911 if necessary, do not apply pressure unless bleeding is uncontrollable.

Bruises/Contusions

Signs and Symptoms:

Pain, Swelling, discoloration

Treatment:

Rest, Ice pack (on for 20 min. off for 20 min)

Special Considerations:

When bruising or contusion is located on the head, neck or chest, players should be evaluated for potential concussion or respiratory changes

Cuts & Scrapes

Signs and Symptoms:

Bleeding and torn skin

Treatment:

Use first aid kit for supplies to stop bleeding with an attempt to keep wound clean

Special Considerations:



Any equipment with blood on them need to be removed from play. This includes the players uniform!

Minor Eye Injury/irritation

Signs and Symptoms

Redness, Watery, Dirt in eyes

Treatment

Avoid rubbing the eye, if supplies are available flush the eye if needed

Major Eye Injury/Irritation

Signs and Symptoms:

Impaled object in eye

Treatment:

Cover the GOOD eye and stabilize object on the eye (ex: with a cup). DO NOT PULL THE OBJECT OUT OF THE EYE.

Prevent movement.

Nose Injuries

Signs and Symptoms:

Swelling, bleeding, discoloration, dislocation

Treatment:

If bleeding: lean player forward and punch nose closed until bleeding ceases. Ice

Any other injuries: apply ice

Mouth Injuries

Signs and Symptoms:

Broken teeth, bleeding

Treatment:

Save the tooth, control bleeding with gauze

Heat Exhaustion

Our players are exposed to extreme temperatures at times. It is important that every player carry a substantial amount of water during play. Please encourage your players and assistant coaches to adequately hydrate themselves beginning 24 hours prior to playing. If a player arrives without water please take every step needed to ensure they obtain some.

Signs and Symptoms:

Heavy sweating, muscle cramps, weakness, nausea, extreme thirst or complete lack of thirst, feeling faint, confused

Treatment:

Get player out of the sun, rest, sip water, wet towels applied to "hot spots" (groin, armpits, back of neck)

Special Considerations:

If severe, medical attention may be needed as fluids and electrolytes may need to be replaced



Heat Stroke

Signs and Symptoms:

Lack of sweating, dry, red, hot skin, nausea, confusion, loss of consciousness

Treatment:

Contact 911 as this is a true emergency. Get player out of the sun, rest and cool down

Loss of Consciousness

Signs and Symptoms:

Player feels faint, swoons, loses consciousness

Treatment:

Verify breathing, verify pulse, if no pulse, begin CPR if trained. Contact 911

Epilepsy/Seizure

Signs and Symptoms:

Blank stare into space, uncontrollable shaking, player states they are about to have a seizure,

Treatment:

Assist the patient to the ground if not already there and clear the space around them. Never place anything in a seizing person's mouth. Never attempt to hold the person down. Maintain their safety by controlling their surroundings and not touching them. Contact 911. After seizure has ceased, place the patient on their left side until medical personnel arrive and if needed at that point, something soft can be placed under their head, but not before this point.

Choking

Signs and Symptoms:

Inability to breathe or speak, holding of throat, unable to cough, severe anxiety

Treatment:

If they can move air in and out of their lungs, leave them alone. If you are trained in performing the Heimlich maneuver, do so. Call 911. If the person becomes unresponsive, begin CPR if properly trained in doing so

Allergic Reaction

Signs and Symptoms:

Itching, watery eyes, hives, red/blotchy skin, swelling, tightness in the chest or throat, difficulty breathing

Treatment:

If player carries an epi-pen, administer it immediately and contact 911. If no epi-pen, contact 911 immediately

Comotio Cordis (rare, yet possible)

A rare yet serious injury that can occur when an object such as a baseball strikes the chest wall with enough force, during a precise interval of the heart rhythm that can STOP the heart of the player.

Signs and Symptoms:

Player collapses after impact, no pulse is felt



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Treatment:

Call 911 immediately, begin CPR with early AED application and shock if advised

CPR

Signs and Symptoms:

Unconsciousness, no pulse, no respirations

Treatment:

Follow local CPR/AED guidelines. If classes are needed or wanted contact members of the little league board for further guidance.

Volunteers Must Wash Hands

HOW

Wet
warm water



Wash

20 seconds
Use soap



Rinse



Dry

Use single-service
paper towels



Gloves



WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils.

Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand

when you can't remove your jewelry

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education, United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.



FIRST AID FOR CHOKING



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



between the navel and lower end of breast bone

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

If the person becomes unresponsive,

- 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



- 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.