



CDO Safety Manual 2018 (ASAP)

Canyon Del Oro Little League

Safety Manual

For

Managers and Coaches

2018

Everyone Plays – Safely!

League ID Number

403-05-01



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Little League Contact Information
Canyon Del Oro Little League

Oro Valley Police Department, Emergency 911

Oro Valley Police – Non-emergency 229-4900

Northwest Medical Center 742-9000

Poison Control Center 626-6016

Oro Valley Parks and Recreation 229-5054

CDO Little League Safety Officer

David Young

520-235-9338

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Code of Conduct

- Speed Limit 5 mph in roadways and parking lots while attending any CDO Little League Function
 - Watch for small children and parked cars
- No Alcohol allowed in any parking lot, field or common areas within James D. Kriegh Park
- No Playing in parking lots at any time.
- Use Crosswalks when crossing roadways. Always be alert for traffic.
- No Profanity please
- No swinging bats or throwing baseballs at any time within the walkways and common areas of James D. Kriegh Park
- No throwing balls against dugouts or against backstop. Catchers must be used for all batting practice sessions.
- No throwing rocks
- No horseplay in walkways at any time.
- No climbing fences
- Only a player on the field, and at bat, may swing a bat (age 5-12). Juniors & above (Age 13 & up) on the field at bat or on deck may swing a bat. Be alert of the area around you when swinging a bat while in the on-deck position.
- Observe all posted signs. Players and spectators should be Alert at all times for Foul Balls and Errant Throws.
- During game, players must remain in the dugout area in an orderly fashion at all times.
- After each game, each, team must clean up trash in dugout and around stands.
- All gates to the field must remain closed always. This includes the gate from the dugout to the field. After players, have entered or left the playing field, gates should be closed and secured.
- No children under the age of 16 are to be permitted in the Snack Bar without permission from the Snack Bar manager.

Failure to comply with the above may result in expulsion from the CDO Little League fields or James D. Kriegh Park.



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Safety Code

Dedicated to Injury Prevention

Responsibility for Safety procedures should be that of an adult member of Canyon Del Oro Little League. Arrangements should be made in advance of all games and practices for emergency services.

Managers, coaches and umpires must attend the league's First Aid Training Seminar in addition to one of the available coaching seminars. First-aid kits and League Safety Manuals are issued to each team manager and are located at the snack bar.

- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Team Managers should ensure the playing area is inspected frequently for holes, damage, stones, glass and other foreign objects.
- All team equipment should be stored within the team dugout, or behind screens, and 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.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for the purpose or the team's manager and coaches.
- Procedure should be established for retrieving foul balls batted out of playing area.
- At least 2 adults should be present at all practices and games. If a female player is on the team, then either a female adult or the father of the female player should be present at all practices and games.
- During practice and games, all players should be alert and watching the batter on each pitch.
- 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 endanger spectators (i.e. playing catch, pepper, swinging bats, etc.)
- Team Managers should ensure equipment is inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets, and bats during batting practice and games.
- Catcher must wear catcher's helmet, mask, throat guard, chest protector, shin guards and protective cup with athletic supporter always, (males) for all practices and games. No Exceptions. Managers should encourage all male players to wear protective cups and supporters for practices and games.
- Except when runner is returning to a base, head first slides are not permitted.
- At no time, should "horse Play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "safety glasses"
- Players must not wear watches, rings, pins or metallic items during games and practices.
- The catcher must wear catcher's helmet and mask with throat guard in warming up pitchers. This applies between innings and in the bull-pen during a game and during practice.



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- Managers and Coaches may not warm up pitchers before or during a game.
- On-deck batters are not permitted (except Juniors/Seniors Division).
- All League Volunteers shall complete and submit a Little League Volunteer Application annually.

Responsibility

Director of Safety Responsibilities

Within 48 hours of receiving an incident report, the Safety Director will contact the injured party or the party's parents and

1. Verify the information received;
2. Obtain any other information deemed necessary;
3. Check on the status of the injured party; and
4. If the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the CDO Little League's insurance coverage and the provisions for submitting any claims.
5. If the extent of the injuries is more than minor in nature, the Safety Director shall periodically call the injured party to:
 - a. Check on the status of any injuries, and
 - b. Check if any other assistance is necessary in areas such as submissions of insurance forms, etc. until the incident is considered "close" (i.e., no further claims are expected and /or the individual is participating in the league again).

Coaches & Managers Responsibilities

What do I expect from my players?

- To be on time for all practices and games.
- To always do their best, whether on the field or on the bench
- To be cooperative always and to always share team duties
- To respect, not only others, but themselves as well
- To be positive with teammates always
- To try not to become upset at their own mistakes or those of others, we will make our share this year and we must support one another
- To understand that winning is only important if you can accept losing, as both are important parts of any sport.

What can you and your child expect from me?

- To be on time for all practices and games
- To be as fair as possible In giving playing time to all players
- To do my best to teach the fundamentals of the game
- To be positive and respect each child as an individual
- To set reasonable expectations for each child and for the season
- To teach the players the value of winning and losing



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- To be open to ideas, suggestions or help
- To never yell at any member of my team, the opposing team or umpires. Any confrontation will be handled in a respectful, quiet and individual manner

What Do I Expect from Parents and Family?

- To come out and enjoy the game. Cheer to make all the players feel important
- To allow me to coach and run the team
- To try not to question my leadership. All players will make mistakes and so will I.
- Do not yell at me, the players or the umpires or any other volunteer. We are all responsible for setting examples for our children. We must be the role models in society today. If we eliminate negative comments, the children will have an opportunity to play without any unnecessary pressures and will learn the value of sportsmanship.
- If you wish to question my strategies or leadership, please do not do so in front of the players or fans. My phone number will be available for you to call at any time if you have a concern. It will also be available if you wish to offer your services at practice.

Finally, don't expect the majority children playing Little League baseball to have strong skills. We hear all our lives that we learn from our mistakes. Let's allow them to make their mistakes, but always be there with positive support to lift their spirits!

Conditioning and Practice (Example of Team work out session)

Meeting with team (preview drills & expectations)

5:35	5:50	Warm up Full lap and stretch
5:50	6:00	Short to long toss
6:00	6:05	Water Break
6:05	6:35	Infield (Group 1) Outfield (Group 2)
6:35	6:40	Water Break
6:40	7:10	Outfield (Group1) Infield (Group 2)
7:10	7:20	Conditioning (Base Running)
7:20	7:25	Closing (recap practice be positive)

Coach 1: Infield fundamentals, Partner Drill, rolls no glove, Cross Fire Drill

Coach 2: Outfield fundamentals, Star Drill, Relay drill, Quarterback Drill

Introduction To ASAP



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ASAP What is it? In 1995, ASAP (A Safety Awareness Program) was introduced with the goal of re-emphasizing the position of Safety Officer “to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball”. This manual is offered as a tool to place some important information at manager’s and coach’s finger tips. Some Important Do’s and Don’ts

Do:

- Reassure and aid children who are injured, frightened, or lost
- Provide, or assist in obtaining, medical attention for those who require it.
- Know your limitations
- Carry your first-aid kit to all games and practices.
- Keep your “prevention and emergency management of Little League Baseball and Softball injuries booklet with your first-aid kit.
- Assist those who require medical attention-and when administering aid, remember to **Look** for signs of injury (blood, black and blue, deformity of joint etc.).
- **Listen** to the injured describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
- **Feel**, gently and carefully the injured area for signs of swelling, or grating of broken bone.
- Have your players’ Medical Release Forms with you at all games and practices.
- Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.

Don’t:

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

Communicable Disease Procedures

- Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the athlete may continue.
- Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluids is anticipated (provide in first-aid Kit).
- Immediately wash hands and other skin surface if contaminated with blood.
- Clean all blood contaminated surfaces and equipment.
- Managers, Coaches, and volunteers with open wounds should refrain from all direct contact until the condition is resolved.
- Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.
- **Accident Reporting Procedures**



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What to Report – An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the Safety Director. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

When to report- All such incidents described above must be reported to the Safety director within 48 hours of the incident for 2017-18 is David Young, and can be reached at 520.235.9338.

How to make the report- Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the, 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.

Some Common Types of Injuries

Sprains and Strains – This is probably the most common injury you will be dealing with on a normal basis. Trying to determine whether it is broken, strained, or sprained is **Not** your job. Just remember the RICE treatment:

R – Rest, I – Ice, C – Compression (putting a little pressure on the injury with a wrap) E –Elevation

Severe Injuries – Such as obvious fractures and dislocations, do the same. Just try to move the injury as little as possible and advise the parents that their child should be seen by a physician. If parents are not there, call them (you should have their emergency contact information on the Medical Release Form) and let them know what happened and what they would like to be done. Obviously with fractures and dislocations, the player will need to be seen by a doctor. Considering the injury, this could be either at urgent care or the emergency room. Leave the decision up to the parents. If the parents or any other guardians are not available, 911 can be called and they can help with the decision.

Understanding Sprains and Strains

What Are the Symptoms?

Sprains, which affect joints, and strains also called muscle pulls, usually occur after a fall or sudden movement that pulls or twists a part of the body violently.

For a sprain:

- Pain in the affected joint.
- Rapid swelling of a joint, often accompanied by bruising.
- Stiffness and difficulty moving a joint

For a Strain



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- Sharp pain at the site of an injury, followed by stiffness, tenderness, and in some cases, swelling and bruising.

Call your Doctor If

- The pain, swelling, or stiffness does not improve in two to three days.
- You feel a popping sensation when you move a sprained joint; this may indicate a serious injury that requires immediate medical treatment.
- You can't move or bear weight on an injured joint. You may have a broken bone.
- The bones in an injured joint don't seem to be aligned properly. The ligaments that hold the joint together may be badly torn, requiring surgical repair.
- An injured muscle does not move at all; it may have torn completely through and may require immediate medical attention.
- You have repeated sprains or strains, indicating a chronic weakness that should be evaluated by a physician.
- You have difficulty moving or walking after straining any back muscle.
- You have a fever and the area is red and hot: this may be an infection.

Head Injuries

Most of these types of injuries you will see will be minor in nature. The bad hop to the head or the hit by pitch injury usually doesn't require any treatment. For the occasional laceration to the head or bump on the head, the only real treatment is to ice the injured area. One thing to remember is that the head and face are very vascular, which means that even a minor cut will bleed a lot but is usually minor. Watch how the child acts after the event. If the child was knocked unconscious, has seizures, can't speak, can't talk well, is vomiting, shows signs of spinal problems (can't move hands, legs, or feet) or in your opinion is not acting normally, they should be seen by a doctor. Another sign that could be an indicator that something is wrong is unequal pupils (one big and one small) or just abnormal eye movement in general. Please keep the child in the position you found him/her in and get some assistance.

If you believe there was a serious injury don't hesitate to call 911. Let the EMT's come and make the decisions for treatment

Change in level of consciousness after a head injury

Home treatment for head injury is only appropriate if there was no loss of consciousness or inability to recall current events (amnesia) after the injury.

A decreased level of consciousness following a head injury may signal a life-threatening problem caused by bleeding, injury, or swelling within or around the brain. Level of consciousness can deteriorate suddenly or gradually. This change can be permanent or temporary.

A person who has had a head injury should be watched closely by a responsible adult for at least 24 hours after the injury.



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Check for the following signs of change in level of consciousness immediately after a head injury, and watch closely for the next 24 hours.

- Seizure Activity
- Confusion or not acting normal. Ask the person his or her name, address, age, the date, location, and the name of the president.
- Inability to remember what happened just before or after the injury.
- Difficulty speaking or slurred speech.
- Blurred or double vision.
- Vertigo, lightheadedness, or unsteadiness that prevents standing or walking.
- Symptoms that affect one side of the body more than the other side, such as numbness, weakness, or difficulty moving.
- Significant change in the pupils.
- Vomiting that continues after the first 2 hours.
- Severe headache or stiff neck that is getting worse or not improving after the first 4 hours.

Cuts and Lacerations

In the event that you do get a child with a serious cut, the procedure is the same. Stop the bleeding with direct pressure and elevation, try to clean it with some soap and water, and wrap it with a dressing (found in your first aid kit)

**If you ever have a child with a serious cut and has spurting blood along with it, you must call 911
Any time you have a serious bleed that cannot be stopped by all your attempts, you must call 911**

There are three different cuts you will be dealing with;

Superficial – Minor cuts you can handle with a Band-Aid.

Partial Thickness – Little bit deeper cut that may or may not need stitches. This procedure is the same. Stop the bleeding as above, clean, put a dressing on it and wrap with a bandage. Let the parent know that their child may need to be seen at urgent care.

Full Thickness – Deep cut. May be into fatty tissue. Treatment is the same as above, with the only thing to look for is spurting blood which means that an artery was cut. Direct pressure and elevation should be applied and the child should be promptly transported to the hospital.



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Cuts and lacerations treatment

Self-care

- Most bleeding can be stopped with direct pressure and time (rest and elevation are also helpful).
- Cleaning with a gentle soap and water helps to reduce the chance of bacterial infection.
- Antibiotic ointment (such as Bacitracin) and a sterile gauze bandage will help to protect the wound from further infection and water loss until a scab forms.

Medical Treatment

- Just as at home, the first step is to stop the bleeding.
- If direct pressure is not enough, a blood pressure cuff can help as a temporary measure for cuts on arms and legs.
- Medication to numb the area may be given to keep the treatment process from causing you more pain. Depending on the size and location of the cut, this may be done using various methods.
- Topical medicine (TAC, a mixture of tetracaine, adrenaline, and cocaine)
- Direct injection of anesthetic into the wound.
- Injection into a regional nerve (for cuts to the fingertip, the nerves at the finger base are often blocked with a series of shots)
- Cleaning is often the most important aspect of good wound care.
- This may be done by first washing the adjacent skin with soap and water and removing crusted blood with diluted hydrogen peroxide
- Next irrigation by squirting saline at the wound under high pressure is very effective at reducing bacteria in the wound.
- Your Doctor will decide the best way to repair your wound.
- Some minor cuts can be closed with special adhesive tapes (steri-strips) or tissue glue (Derma bond). In addition to use as a surgical adhesive, 2-octyl cyanoacrylate (Derma bond) can be used as a barrier against common bacterial microbes.
- Deeper cuts may need repair of deep structures (fascia, the connective tissue envelope around a muscle, may need stitches).
- Stitches to the skin surface can help to stop bleeding, protect underlying tissues, and lessen scarring.

Different bandages are chosen for different material properties. Some materials are better because they won't stick to your cut. Others are more absorbent, provide needed surface pressure, or help to keep and injury immobile.

Hydration/Dehydration



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- You are most likely to see the initial phases of dehydration with most of these kids.
- The cramps in the legs and abdomen are probably the most common.
- All you can really do with it is get the kid in the shade, have them rest, and replenish their fluids.
- Do this either with water or a sports drink such as Gatorade.
- Usually after a while the player will be able to resume play

Sometimes you will encounter a player who has the cramps, the chills, dry mouth, a rapid heart rate and fast breathing. Your treatment is the same as above, except that the player will not be allowed to resume play.

Most of these cases are minor, but the one thing we need to look out for (even though it is rare) is heat stroke. You need to look out for:

- Mental changes in the child (a child who doesn't know their name, doesn't know where they are, or is experiencing any type of confusion).
- If something is out of the ordinary, it should throw a red flag.
- Look for red, hot, dry skin without any sweating. And/or any type of altered consciousness

These kids will need to be seen right away.

Call 911

Always remind the parents that hydrating is the only way to prevent these problems and that doesn't mean doing 20 minutes before the game. Whether they have a practice or a game, the players should hydrate themselves hours before they begin.

Snakes

Snakes are common to our area. They tend to be active in the spring and summer, especially during the mornings and evenings. Please remind the players to avoid all snakes – no catching or teasing, since this can be dangerous. A rattler bite or sidewinder bite needs to have immediate medical attention. Call 911 in the event of a bite.

Heatstroke

Heatstroke occurs when the body fails to regulate its own temperature and body temperature continues to rise. Symptoms of heatstroke include mental changes (such as confusion, delirium, or unconsciousness) and skin that is red, hot, and dry, even under the armpits.

Classic heatstroke can develop without exertion when a person is exposed to a hot environment and the body is unable to cool itself effectively. In this type of heat stroke, the body's ability to sweat and transfer the heat to the environment is reduced. A person with heat stroke may stop sweating. Classic heatstroke may develop over several days. Babies, older adults, and people with chronic health problems have the greatest risk of this type of heat stroke.



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Exertion heat stroke may develop when a person is working or exercising in a hot environment. A person with heatstroke from exertion may sweat profusely, but the body still produces more heat than it can lose. This causes the body's temperature to rise to high levels.

Both types of heatstroke cause severe dehydration and can cause body organs to stop functioning. Heatstroke is a life-threatening medical emergency, requiring emergency medical treatment. Call 911.



- Drinking half your body weight of water in ounces will help keep you hydrated.
- Every cell, tissue and organ in your body requires water to function properly, so drink up.
- Drinking more water can help you lose weight.
- Drinking more water helps your body detoxify.
- Drinking more water can help improve your mental clarity.
- Drinking more water can help improve your level of physical performance.
- Drinking more water can help your skin stay hydrated and smooth.
- Drinking more water can help your digestion.
- Drinking more water can help you feel more alert and focused.
- Drinking more water can help to boost your energy levels. Being even mildly dehydrated can drain you of energy, leaving you feeling fatigued, sometimes dizzy and with no motivation.
- Drinking more water can help your body to flush toxins and waste products.
- Drinking more water helps to maintain balance of bodily fluids



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Equipment Procedures

The following applies to all the storage boxes and rooms utilized by CDO Little League and apply to anyone who has been issued a key by CDO Little League to use these areas.

All individuals with keys to the CDO Little League equipment boxes/rooms (i.e. Managers, Umpires, etc.) Are aware of their responsibilities for the orderly and safe storage of rakes, shovels, bases, etc.

All chemical or organic materials stored in CDO Little League sheds shall be properly marked and labeled as to its contents.

Any witnessed “loose” chemicals or organic materials within these sheds should be cleaned up and disposed of as soon as possible to prevent accidental poisoning.

Some gentle reminders

- Make sure your coaches have correctly filled out the play-safe disclosure statement and sent it to the appropriate party. (If you need more forms, contact the Director of Safety)
- CDO Little League goes to great lengths to provide as much training and instruction as possible. Attend as many of the clinics as possible.
- Check the CDO Little League Home Page frequently, www.cdolittleleague.org. Lots of information and a complete league calendar can be found there and can be very valuable resource.
- Only practices and games that are scheduled and on league assigned fields are guaranteed to be covered under the league’s insurance. Any manager who conducts practices or games that have not been assigned by CDO Little League run the risk (and assume the responsibility) of possibly being held personally liable for any bodily injury or property damage that may occur.
- No players are allowed in the batting cages without a manager or coach present.
- Batting cages are for use by CDO Little League only. We are not insured for other leagues to use these cages.

Remember, safety is everyone’s job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Director of Safety or another Board member immediately. Don’t play on the field that is not safe or with unsafe playing equipment. Be sure your players are fully equipped at all times, especially catchers and batters. And, check your team’s equipment often.

Lightning Facts and Safety Procedures

Consider the following facts:

- The average lightning stroke is 6-8 miles long



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- The average thunderstorm is 6-10 miles wide and travels 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 lightning strokes coming from the storm's overhanging anvil cloud (for example, the lightning that injured 13 people during a concert at RFK in a recent summer occurred while it was sunny and dry)
- On the average, thunder can only be heard over a distance of 3-4 miles, depending on humidity, terrain, and etc. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

Flash Bang Method

One way of determining how close a recent lightning strike is to you is called the "flash-bang" method. With the "flash-bang" method, a person counts the number of seconds between the sight of the lightning strike and the sound of its thunder is 15 seconds or less.

Rule of Thumb

The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager, coach, or umpire who feels threatened by an approaching storm should stop play and get the kids to safety regardless of whether or not the lightning detector goes off, or if the "flash-bang" proximity measure applies. When in doubt, the following rule of thumb should be applied. When you see it – flee it, when you hear it – clear it

Where to go?

No place is safe from the lightning threat, but some places are safer than others. Large enclosed shelters (substantially constructed buildings) are the safest (like our snack bar and score box). For most participants, the best area for them to seek shelter is in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area and cannot get to shelter in a car, put your feet together, crouch down, and put your hands over your ears (to try and prevent eardrum damage).

Where not to go

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

First Aid to a Lightning Victim

- Typically, the lightning victim exhibits similar symptoms as that of someone suffering from a heart attack. In addition to calling 911, the rescuer should consider the following:



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- The first tenet of emergency care is “make no more casualties”. If the victim is in a high-risk area (open field, isolated tree, etc.) the rescuer should determine if movement from that area is necessary – lightning can and does strike the same place twice. If the rescuer is at risk, and movement of the victim is a viable option, it should be done.
- If the victim is not breathing, start CPR. If it is decided to move the victim, give a few quick breaths prior to moving them.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.
 - *CPR should only be administered by a person knowledgeable and trained in the technique.*

CDO’s Majors Field

Warning Track

A warning track is the term for the part of the baseball field that is closest to the wall or fence and is typically made of dirt, instead of grass or artificial turf like most of the field. It runs parallel to the ballpark’s wall and looks like a running track. The change of terrain from grass to dirt serves as a “warning” for fielders trying to make a deep catch that they are running out of room, since it is often difficult for the fielder to keep his eye on a fly ball while keeping track of his position relative to the wall.

The term “warning track”, in common use, typically refers only to the outfield portion of the track, since infielders seldom encounter it, and even more rarely approach it at the high speeds of an outfielder trying to get under a deep fly ball. A batter who swings with all his might but has the ball caught at the warning track – only feet from scouring a home run – is said to have “warning track power”



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Snack Bar Guidelines

- Health and Hygiene Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease or who has open sores or infected cuts on the hand 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.
- 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.
- Dishwashing, Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware.
- 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 food borne illness.
- Insect control and waste. Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper waste 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.
- Food Storage and cleanliness. Keep foods stored off the floor at least six inches. Every evening, clean the concession area and discard unusable food.
- No children under 16 are allowed in the snack bar at any time. Under no conditions are they allowed to handle any food or money.
- An adult over the age of 21 must be present in the snack bar at all times. There are no exceptions to this rule.

Clean Hands for Clean Foods

When washing your hands please take the following into consideration.

- Use soap and warm water
- Rub your hands vigorously as you wash them
- Wash all surfaces including the backs of hands, wrist, 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 hands
- Wash your hands in this fashion before you begin work and frequently throughout the day, especially after performing any of these activities.
- After touching bare human body parts other than clean hands.
- After using the restroom
- After caring for or handling animals
- After coughing, sneezing using a handkerchief or disposable tissue



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Snack Bar Guidelines

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- After handling soiled surfaces, equipment or utensils
- After drinking, using tobacco, or eating
- During food preparation, as often as necessary
- When switching between working 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.