

Hamilton Wenham Little League

League ID 2211508

Hamilton, MA

Safety Manual 2025

Contact Information

For an emergency requiring an ambulance, fire department or police, dial 911.

Report all injuries and safety concerns to:

Darren Burke Officer, 508-783-1921 (mobile) or dburke@hwll.org

Board Members: Roles and Contact information.



2025 HWLL BOARD & COMMITTEE ROLES

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Introduction

This manual is designed for managers, coaches, players, and league parents, to assure Hamilton Wenham Little League provides the safest possible environment for all participants. While some risk is inherent in any sport, the application of basic common-sense rules can prevent many dangerous hazards and unnecessary injuries.

It is required that all managers, coaches, and assistant coaches review this manual prior to the beginning of the season, and to be familiar with its contents. The league will also hold a safety meeting on April 7th, 2024, to review this information in greater detail. Attendance by at least one member of the coaching staff of every team is mandatory and is likewise mandatory for all coaching staff members who have not attended a HWLL safety meeting in the last three years.

In addition to safety training, there will also be instruction in coaching fundamentals with Pete Tschudy, Competition Committee Chair.

Important Points to Remember

Always have a **working cell phone** at all practices and games. This is extremely important and easy to overlook.

Collect **Medical Forms** for all players prior to the first practice. Keep these with your equipment. Make note and inform the safety officer of any players with asthma, diabetes, seizures, or allergies (such as to nuts, bee stings, etc.) especially if the player brings emergency medicines to practices (such as inhalers, insulin, glucose tablets, or an EpiPen).

Coaches should not hesitate to suspend a practice or game due to the **threat of lightning**. Lightning injuries are usually severe, and the hassle of rescheduling is nothing compared to results of a lightning injury.

Do not hesitate to call 911 for what seems to you to be a severe illness or injury. It's better to call an ambulance unnecessarily than to fail to do so when one is needed.

Coaches should not allow their players to use any broken or otherwise **inadequate equipment**. Contact equipment manager Rich Modliszewski or Greg Potter, for replacements as needed.

A new baseball bat standard was implemented in 2018. No unapproved bats are permitted. See below for details.

No player is to hold or otherwise use a baseball bat except when at bat or when performing a coach-supervised activity at practice. Those waiting to take their turn for a batting exercise at practice should **not** be holding bats. Players waiting to take their turn at bat during a game are not allowed to hold a bat. They are to remain in the dugout and are not allowed to warm up in the on-deck circle.

All injuries to players, managers or onlookers requiring evaluation by either coaches or parents, with or without treatment, are to be reported to the Safety Director, Darren Burke, 508-783-1921 or dburke@hwll.org

General Safety

The most important aspect of organizing and running a little league baseball program is safety. It overrides all other concerns. **Managers and coaches are responsible for seeing that all safety rules are followed.** Never hesitate to pause, or even cancel a game or practice if anything appears unsafe. Always use caution and sound judgement as it relates to weather, field conditions, equipment, or anything else that could impact safety. Do not hesitate to contact the Safety Officer. Chris Fall, or any of the other Board Members. We are here to help you play baseball in the safest possible way.

Managers should keep players' emergency contact information with them at all practices and games. Always keep a charged mobile phone with you at all times. Managers and coaches must see that all players are picked up after games and practices. If a player's parents are late for pick-up, a manager or coach must stay behind with that player until they are picked up. Players may come and go to and from practice on their own (walking or biking) if this has been prearranged with parents and weather permitting.

All players are required to provide managers a completed Medical Form at, or before, the first practice. Managers should review these forms and make note of any medical conditions your players have. This includes any medication players are required to have. Managers and coaches need to be aware of the possibility of a sudden medical emergency before it happens. This is the purpose of the Medical Form.

To avoid injury, coaches and managers are to **keep all players focused on the game or practice.** This is most important with respect to kids waiting in line at practice, or kids in the dugouts during games. At practice, it is best to have kids waiting in line as little as possible. Breaking up practice activities into multiple small groups can help with this. Please consult with your league director for practice plans and/or drills that keep all players engaged.

If you have a player whom you feel to be at risk of injury due to inattention or other behavior, you must report this to the Safety Officer.

Mandatory Background Checks and Abuse Awareness Training

All managers, coaches, volunteers, and hired personnel, must undergo background checks before any contact with players. This includes a Massachusetts CORI check, nation-wide criminal database search through JDP, and Little League International Safe Sport Training. There is no exception to this rule. All background check paperwork must be submitted and approved by the Safety Officer before the first practice. Any parents who volunteer to help **MUST** undergo a background check. It is tempting to allow casual and occasional participation by interested parents, especially when regular coaches or managers are unable to make a practice, but this is **NOT PERMITTED** without going through the background check(s) and training process as outlined.

USA Baseball's BASE Abuse Awareness Training is a FREE online training that is SafeSport-compliant. This course can be completed in approximately 30 minutes online, producing a certificate of completion that volunteers will share with Darren Burke, HW League Safety Director.

Field Safety

Managers and coaches are required to inspect the field of play before all practices and games. Look for standing water, mud, holes, debris, or uneven ground. Contact a board member or league commissioner for repair ASAP. Prior to your game or practice, pay close attention to the forecast, especially for the possibility of thunderstorms.

The speed limit for cars at and around all Hamilton Wenham fields is 5 MPH. Please gently remind parents and others who exceed this limit. Please make sure you point out all roadways and parking areas to your players and advise them to use extreme caution in these areas, such as when retrieving batted or thrown balls.

Thunder & Lighting Policy

Managers and coaches, prior to your game or practice, pay close attention to the forecast, especially for the possibility of thunderstorms. Encourage parents to stay close to the field to ensure players can quickly shelter in vehicles and/or leave the field.

****IMPORTANT****

- HWLL requires a strict 30-minute delay from the sound of thunder or sight of lighting. **This is MANDATORY and will be strictly enforced.**
- If you hear thunder or see lightning, you must clear the field and get everyone off the field. The only safe places are an automobile (windows up) or a grounded building.
- Avoid all metal objects, such as backstops and flagpoles, and do not shelter under a tree or a shed.
- Dugouts are strictly off limits.

Once a game is delayed due to thunder or lightning, it is the umpire's decision, not the coaches, as to whether play will resume. The umpire is ultimately responsible for deciding whether to terminate a game due to inclement weather.

Game and Practice Safety

On-deck batters are not permitted. No player can use or even hold a bat, in a game or in practices, unless he or she is at bat and supervised by a coach or manager.

Players must always wear prescribed safety equipment, no exceptions. Required safety equipment includes:

Catchers must wear cups (males only), chest protectors long enough to cover the abdomen and groin, and helmet and face guard WITH an attached neck protector. This rule applies to warming up pitchers and batting practice, as well as games.

Little League approved batting helmets are required for all batters, whether in practice or games. Any activity with a bat must also include the use of a helmet.

Only Little League approved bats are permitted. A **new bat standard** was implemented in the 2018 season. This includes t-ball. This change was made to institute the use of metal bats that perform like wood bats. Wood bats are still permitted. All metal bats **MUST** have the **USA Bat or USA Baseball logo**. A list of approved metal bats is available at <https://usabat.com>.

Each level of Little League uses a reduced impact baseball. Use only those balls supplied by the equipment manager for games as well as practice. T-Ball balls are marked “t-ball,” Farm League Balls are marked DFX, Minors balls are DOB or DLL, and Majors balls are marked DLL.

Use only pop-up or loose bases to avoid sliding injuries.

While cups are only required for catchers, they are strongly encouraged for all male players.

No jewelry, watches or other metallic items are to be worn by players at practice or in games.

No headfirst sliding, except when a player is returning to a base, i.e. pick-off play or going back or fly ball tag up situation.

All warmups take place on the field of play. Be sensible: have players adequately spaced from each other and orient them so that overthrown balls do not injure spectators. Warn players to be cautious when retrieving overthrown balls from roadways or parking areas. Managers and coaches are to supervise all warmups.

Keep all equipment in designated areas, not on the playing field, except when in active use. Only players, managers, and coaches, are permitted on the field or in the dugouts during games and practices.

Horseplay is not permitted, before, during, or after games or practices. Climbing the fence or dugouts is strictly prohibited. Players are not to throw balls against fences or dugouts. Throwing of rocks or dirt is strictly prohibited.

All coaches must submit a Volunteer Application yearly before participating in any Little League activity. They must also undergo a satisfactory CORI, background check, and Little League International Safe Sport Training before participating in any way, **NO EXCEPTIONS**.

First Aid

Many of our coaches and volunteers are trained in First Aid and CPR. While this is not required, it is strongly encouraged. With any first aid situation your first and most important task is determining if it is an emergency requiring a 911 call. Therefore, your most important first aid tool is **A CHARGED AND WORKING MOBILE PHONE**.

Although unlikely to occur, the worst type of illness with which a coach may be confronted is the sudden loss of consciousness of a player, coach, or spectator. In such a scenario, you may be called on the perform CPR and use an AED. Doing so promptly can save a life.

The first step is, as above, to **call 911**.

The next step is to see if the person can be awoken. If not, you should check the person for breathing and a pulse. Always support the head and neck area. This can be a challenge in an emergency, and so it is never wrong to start CPR if you're not **ABSOLUTELY** sure that the person has a pulse. It is safe to say if they appear to be breathing, then they also have a pulse. If they are moving purposefully on their own, then they are breathing and have a pulse. If a patient doesn't appear to be breathing it is likely that they don't have a pulse. **AGAIN, WHEN IN DOUBT, START CPR and have someone obtain an AED.**

AEDs (Automated External Defibrillators) are in the dugouts at Black and Cheeseman Fields. They are designed to deliver an electric shock to a victim to get their heart pumping again. AEDs will analyze the person's heart and decide whether an electrical shock is needed or not.

AEDs are easy to use. They contain two pads which are attached to the person's bare chest. They chest must be dried first if it is wet. After attaching the pads, you push the "analyze" button. The machine will then say one of two things: you will be told to make sure no one is touching the patient and then a shock will be delivered to the patient, or you will be told that no shock is needed and that you should continue CPR.

IT IS VITAL TO START CPR ASAP, BEFORE OBTAINING THE AED. IT IS ALSO VITAL TO CONTINUE CPR WHILE THE AED IS BEING SET UP, WHILE THE PADS ARE PLACED ON THE CHEST, AND OTHERWISE AT ALL TIMES UNLESS THE AED MACHINE INSTRUCTS YOU NOT TO TOUCH THE PATIENT.

The American Heart Association has introduced **HANDS FREE CPR** and has reduced everything to two basic steps:

- Call 911
- Press down on the lower part of the victim's breastbone with both hands at a rate of 120 beats a minute (think the Bee Gee's *Staying Alive*)

That's it. No breaths. The purpose is to simplify things to the point that anyone can give CPR, regardless of training. It is not wrong to give rescue breaths, but it is not required, and is not that much more helpful than doing chest compressions alone.

Other injuries and emergencies for which you must also call 911:

- Confusion, drowsiness, or loss of consciousness
- Numbness or weakness. i.e. the victim can't move a part of the body such as the toes or the fingers

- Neck injury in which there is pain in the head & neck area, the victim is unwilling to move the neck, and of course if there is numbness and weakness. **NEVER MOVE A VICTIM WITH A SUSPECTED NECK INJURY. CALL 911 AND KEEP THEM STILL UNTIL AN AMBULANCE ARRIVES.**
- Anyone who is unconscious or drowsy after trauma such as a collision should be assumed to have a neck injury until proven otherwise and **SHOULD NOT BE MOVED.**
- If there is any difficulty in breathing.
- Eye injuries
- Any neck, face or throat injury resulting in hoarseness or other difficulty with speech, any neck or tongue swelling, and any other visible deformity of the face, throat, or neck

Non-emergency injuries include superficial cuts and abrasions. Gauze, bandages or towels should be used to compress the area until bleeding stops. The area should be washed with water and a bandage applied. A player who is not in pain and otherwise appears well can return to play if there is no active bleeding and any bloody garments have been changed.

Nose bleeds are treated by having the player squeeze the nostrils shut using gauze or a towel. The player should sit with the head tilted forward to keep blood from draining into his or her throat or lungs. Any player with a nosebleed from a collision may also have a brain or neck injury and should be evaluated accordingly.

Non-emergency injuries also include muscle and joint strains, sprains, and pulls. If the victim seems to be in severe pain, and is unwilling to move the injured part, a broken bone could be present. Any deformity of a body part strongly suggests a broken bone, and the victim should be transported for emergency evaluation, by ambulance or by car in the care of a parent or guardian. A coach should accompany an injured player if he or she is transported for medical evaluation when a player's parent is not present. Less severe appearing strains or sprains should be treated with rest and an ice pack. Parents should be advised to have their child see a doctor if pain and swelling do not improve over the next 24 hours.

All equipment bags include a first aid kit. This kit includes gauze, tape, and various bandages. It should not contain medications. Coaches may only administer a medication to a player if the player has a prescription for that medication, and then only in an emergency. Call the safety officer if your first aid kit is absent or deficient. Also call for restocking of your kit as needed.

Cold packs, to be used for muscle or joint sprains or strains, are in the metal lockers behind the back stop at each field. Examine the contents of the locker at the field you are using and call the Safety Officer if cold packs are not present, or if they appear old or damaged.

Head Injury

Head injury can occur in several forms: broken bones in the skull or face, bleeding in the head due to injury to blood vessels, and injury to the brain, i.e. concussion. The first two require immediate emergency treatment at a hospital.

Concussion can occur in any collision, even if the head isn't directly involved. Most concussions get better on their own, but **PERMANENT BRAIN DAMAGE CAN OCCUR IF THERE IS A SECOND CONCUSSION WITHIN 7-10 DAYS.**

You should suspect your player has had a concussion after an injury when:

- They are groggy or dazed.
- They cannot remember recent events.
- They have headaches.
- They have difficulty getting up.
- They stumble or walk in an uncoordinated way.
- They feel fine right after the injury, but develop headaches, depression, sleepiness or insomnia, irritability, or memory problems later in the day or the following day.

PLAYERS WITH THE ABOVE SHOULD BE REMOVED FROM PLAY AND EVALUATED BY A DOCTOR BEFORE RETURNING TO PLAY.

Accident and Injury Reporting Procedures

All accidents and injuries should be reported to the Safety Officer within 48 hours. This doesn't apply only to severe injuries but any injuries where a parent or coach does any evaluation of an injury. This can be done via email, telephone call, or in person. The Safety Officer collects pertinent information, such as the time and place of the injury, the mechanism, and the condition of those injured. The Safety Officer will follow up with the player and his or her family to find out what if any treatment was necessary, and to help plan follow up for the player and to establish safe guidelines for that player's return to play. The Safety Officer will also determine what, if any, conditions may have predisposed the player to injury, and what can be done to lessen any future risk. This is not a punitive process, but a proactive process meant to decrease the chance of injuries in the future.

Concession and Food Safety

The following information is intended to help you run a healthy concession stand. Following these simple guidelines will help minimize the risk of food borne illness.

Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

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

Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over Sterno units or other holding devices. Slow cooking mechanisms may activate bacteria and never reach killing temperatures.

Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of food borne illness.

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

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

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.

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

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

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.

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1.2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross contamination and discourage flies.

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

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

Little League Insurance

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by a parent's employer. If

There is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a \$50.00 deductible per claim, up to the maximum stated benefits.

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

1. If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:
2. The Little League Baseball and Softball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
3. Itemized bills, including description of service, date of service, procedure, and diagnosis codes for medical services/ supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
4. 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.
5. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
6. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:

(a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured.

However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.

(b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment. Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs. No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

We hope this summary has been helpful in a better understanding of an important aspect of the operation of the Little League endorsed insurance program.

HWLL Coaches Code of Conduct

Coaching a youth sport program such as Little League Baseball is a privilege.

As a coach, appointed by the Hamilton-Wenham Little League (HWLL) Board of Directors, you have an important role in the development of the young children in our community. We strive to teach each child the positive values of good sportsmanship, fair play and teamwork – values they can use throughout their lives.

In order to ensure each coach is acting in the best interest of the children and Little League Baseball, the HWLL Board has developed a Coaches Code of Conduct for interactions with players, parents, fans, coaches, and umpires.

- 1) **Players** – When there are interactions with players, appropriate language and behavior is expected.
 - a. *Language* - At no time is cursing or yelling at a player acceptable. As a coach you are a mentor and should focus on the positive. A coach should always be looking for opportunities to praise and encourage the players.
 - b. *Discipline* – At no time is physical contact with a player acceptable. At the beginning of the season, the coaches are encouraged to establish and communicate rules of acceptable behavior to player and parents and the consequences if not followed. If an occurrence is to the extent that will warrant discipline to the point of disruption to the team's practice or game, a coach is required to release the player from the practice/game to a parent for corrective action. If a player is a child of a coach and discipline is required, the coach is expected to pull the player aside for proper corrective action.
- 2) **Parents / Fans** – Coaches are expected to interact with parents in a professional manner. Appropriate language and behavior is expected. At no time should a coach respond to comments from fans during a game.
- 3) **Coaches** – Coaches are expected to interact with opposing coaches in a professional manner. At no time should a coach yell from one dugout to another at an opposing coach. Coaches are to address other coaches between innings and with the umpire present. If the need arises to address an opposing coach before the end of the half inning, the coach should ask the umpire to call timeout to address the opposing coach at home plate.
- 4) **Umpires** – Coaches are expected to interact with umpires in a professional manner. At no time should a coach yell from the dugout to an umpire. Coaches are to address the umpires between innings with the umpire's permission. If the need arises to address an umpire before the end of the half inning, the coach should ask the umpire for permission to call timeout to address the umpire at home plate.
- 5) **Representations** - Coaches are representatives of HWLL. They have an obligation and responsibility to refrain from any and all comments that are or can be viewed as disparaging to the HWLL, its' Board of Directors and Volunteers.

In the event a complaint is received by the HWLL Board of Directors of a coach failing to comply with the above listed code of conduct, the Board may decide to 1) dismiss the case, 2) draft a warning letter or 3) revoke all or part of the coach's privileges.

By signing in the space provided below, you are agreeing that you have read and understand the Coaches Code of Conduct for HWLL Baseball.

Signature

Date

