

Fort Des Moines Little League

ID# 1150505

2024 Safety Manual



**CONCESSION STAND AND GARAGES. IT WILL ALSO BE IN EACH FIRST AID KIT, HANDED OUT TO EACH COACH, AND PUT ON THE WEBSITE AT [WWW.FDMLL.ORG](http://WWW.FDMLL.ORG)**

## **Introduction**

Welcome to the 2024 Fort Des Moines Little League baseball season! We are looking forward to this season of baseball, and hope it is a memorable and safe one for all involved.

The purpose of this document is to develop guidelines for increasing and maintaining safety at Fort Des Moines Little League (FDMLL), as well as provide instruction and education on procedures, compliance, and reporting. In addition to providing this manual FDMLL will hold a Coaches meeting/Safety Meeting on 03/02/2024. At that time the safety trainer will discuss important rules and safety procedures for that particular age group. One manager or coach from each team is required to attend the meeting, but the league strongly encourages and recommends that all managers, coaches, volunteers, and board members attend.

Please remember that all volunteers at FDMLL, including board members, umpires, coaches, assistant coaches, any parent helping at practice, dugout Mom/Dad, and team manager must fill out and pass a background check. The background checks are completed through Little League International's recommended JDP System each year. Any volunteer who has not or refuses to fill out a background check form or does not pass the background check will not be allowed to volunteer at the league in any capacity. All volunteers must pass a background check to be allowed on FDMLL fields in any capacity. All volunteers must also complete the USA Baseball BASE Abuse prevention training on the [usabdevelops.com](http://usabdevelops.com) website. When completed the certificate must be emailed to [fdmlittleleague@gmail.com](mailto:fdmlittleleague@gmail.com).

If at any time throughout the season you have a safety concern or question, please do not hesitate to contact the Safety Director, Joe Swackhamer.

Joe Swackhamer, Safety Director  
Fort Des Moines Little League

Michael Drey, President  
Fort Des Moines Little League

2 | Page

## **Emergency Phone Numbers**

### **Physical Address:**

Fort Des Moines Little League

1166 Southwold Road

Des Moines, IA 50320

**Police, Fire, Ambulance – 911**

If 911 is called please have another volunteer wait at the front gate to meet emergency responders and direct them to the correct field. Please notify the Officer of the Day, Safety Director, or the concession stand.

**Warren County Sheriff** (for incidents at the ballfield) – **(515) 961-1122**

**Des Moines Police** (for incidents north of County Line Road) – **(515) 283-4811**

Mercy Medical Center – (515) 247-3121

Blank Children’s Hospital/Iowa Methodist – (515) 241-5437 or (515) 241-6212

Broadlawns Medical Center – (515) 282-2200

Iowa Poison Control Center – 1-800-222-1222

## **2024 FDMLL Safety Committee**

Michael Drey, President (319) 231-2689

Doug Foust- VP, Rookie Com, Awards Day Coordinator (515)- 577-3983

Sarah Swackhamer, Secretary/Concession Mgr, Tournament Dir.– (515) 371-7631

Nicole Foust- Executive Treasurer

Joe Swackhamer, Safety Officer, Groundskeeper – (515) 371-7630

Brian Oppenheim, Equipment Manager (515) 447-5426

Melissa Oppenheim at large

Steve Vasey, T-Ball Commissioner– (515) 314-2966

Scott Robinson, Minor Commissioner – (515) 689-2443

Steve Vasey, T-Ball Commissioner – (515) 314-2966

Joe Swackhamer , Officer of the Day Coordinator – (515) 314-5966

Jenni Lang - Uniform Director (515) 554-1411

Tyler Haught-Foote Senior Com., Sponsorship Director. (515) 777-5310

Stephaine Gomez, Scheduling Director, Umpire in Chief (515) 991-8779

Bam Bam Commissioner, Brian Anderson, (515) 689-1980

Mike Corbin, Major Com, (515) 491-6990

## **First Aid Kits**

First aid kits will be available in each score shack located by the Major, Minor, and Senior fields. Also in the Coaches Room (located by the equipment room). A larger first aid kit is located in the concession stand. Coaches will be provided a first aid kit in their equipment bag, and are required to carry it with them at practice and games. Each FDMLL first aid kit at the fields will contain the following below; if there are items missing, please notify the concession stand manager:

Bandages

Non-Stick Pads

Soft-Gauze Bandages

Oval Eye Pads  
Hypo-Allergenic First Aid Tape  
2-inch Elastic Bandages  
Antiseptic Wipes  
First Aid Cream  
Instant Cold Pack  
Scissors  
Tweezers  
First Aid Guide  
Disposable Gloves  
Hand Sanitizer  
A Clean Rag  
Disposal Bag

## Emergency Action Steps

**In an emergency, call 9-1-1.** This will get additional help coming as soon as possible. Do not enter a dangerous environment and become injured yourself. Please notify the Officer of the Day or the concession stand if 911 is called for any reason.

**Role of the First Aid Provider** - The basic role of the first aid provider is to recognize a medical emergency and make a decision to help. Your personal safety is your highest initial priority, followed by the safety of the victim and any bystanders. It is important to:

- Maintain your composure
- Assess the victim's situation and the scene for safety; ask if they need help.
- Use common sense in your response; do you provide care beyond your skill level
- Call 911 in a medical emergency

- Call for help from others around you if needed
- Do not move the victim unless the victim's life is in further danger by leaving them in the location or position they were found in.
- Follow basic first aid steps till further assistance can be provided

**Minor Cuts and Scrapes** - Stop the bleeding by pressing a gauze pad or clean cloth against the wound. Once bleeding stops, clean the area with mild soap and water, dry gently with a clean cloth (do not remove the dried blood) and cover with a protective bandage. If the bleeding does not stop, apply more bandages, continue to apply pressure, take steps to minimize shock and call 911.

Any player who is bleeding or injured may call time to seek treatment and cover the wound. If bleeding persists or the wound covering becomes saturated the player must be removed from the game until bleeding is stopped.

**Severe Bleeding** - Call 9-1-1 immediately. Lay the patient down. If possible, the head should be slightly lower than the rest of the body and the area that is bleeding should be elevated above the heart. Apply steady, firm, direct pressure to the wound with sterile gauze or a clean cloth. If the first piece of gauze or cloth is soaked through, add another on top of the first but do not remove the previous layer. Once bleeding stops, keep the patient still until help arrives.

**Heat Emergencies** - Heat exhaustion is characterized by weakness, a rapid heartbeat, low blood pressure, nausea and cool, clammy skin. Loosen or remove clothing and have the patient drink cool (not cold) water or a sports drink. Avoid carbonated beverages. Afterwards, have the patient lay down and elevate their feet. Heat shock is characterized by hot, dry skin, a rapid heartbeat, rapid, swallow

6 | Page

breathing and confusion or unconsciousness. Get the patient into a cool area. Call 9-1-1 then cover with damp sheets and fan air over the patient to help cool the body.

**Head, Neck or Spinal Injuries - CALL 911; DO NOT MOVE THE VICTIM - Minimize Movement** – Minimize movement of the head, neck and spine. **Stabilize Head** – Manually stabilize the head in the position in which it was found. Provide support by placing your hands on both sides of the person's head. If the head is sharply turned to one side, DO NOT MOVE IT.

**Seizures** – **CALL 911** – **Remove nearby objects** – Do not hold or restrain the victim. Do not place anything between the teeth or in the mouth. **After the seizure passes** – continue to monitor breathing for changes in conditions. **WHAT TO DO NEXT** – comfort the victim and reassure them. If fluids or vomit is present, roll the victim to one side to keep the airway clear. Provide care based on the condition.

**Choking** – **Give 5 Back Blows** – Bend the person forward at the waist and give 5 back blows between the shoulder blades with the heel of one's hand. **Give 5 Abdominal Thrusts** - Place a fist with the thumb side against the middle of the person's abdomen, just above the navel. Cover your fist with your other hand. Give 5 quick, upward abdominal thrusts. **Continue Care** – Continue sets of 5 back blows and 5 abdominal thrusts until the object is forced out; person can cough forcefully or breathe; person becomes unconscious. **WHAT TO DO NEXT** – **If the person becomes unconscious** – **CALL 911, if not already done and give care for an**

**unconscious choking child/adult.**

**Unconscious Choking Child/Infant/Adult – Give Rescue Breaths** – Re-tilt head and give another rescue breath. **Give Chest Compressions** – If the chest still does not rise, give 30 chest compressions (Child or infant number be on a firm flat surface; Remove CPR breathing barriers when giving chest compressions). **Look for and remove objects if seen. Give 2 rescue breaths.**

**WHAT TO DO NEXT – If breaths do not make the chest rise – repeat steps 2 – 4. If the chest clearly rises – CHECK for breathing and give CARE based on conditions found.**

7 | Page

**Eye Injuries - Impaled objects** - Do not attempt to remove the object. Instead, surround the object with large bulky dressings so that the object does not move. Also, cover both eyes. Even if just one eye is injured, the two eyes move together and can cause further injury. **Foreign debris** - Debris such as dirt, sand, and sawdust can cause blinking and tearing which will help flush the substance from the eyes. If the object remains, turn the head to the side and flush with water from the bridge of the nose letting the water run off of the opposite cheek.

**Poisoning** - Poisoning can be accidental or intentional, and can be through contact (ingesting, inhaling, injecting or touching) with a dangerous substance or simply having too much of something that is normally safe. If you know what poisoned the patient, follow the instructions on the container. If you do not know what poisoned the patient, Call 9-1-1 or Poison Control at 1-800-222-1222. Do not induce vomiting unless instructed to do so. Remove the patient's clothing if it has been exposed to the poison. Try to remove the poison by brushing it off of the patient's skin. Do not use water unless instructed as some poisons will react with the water to create something even more dangerous. If you are told to seek further medical attention, take the container that held the poison with you so the substance can be positively identified.

**Burns** – **Cool the Burn** – Cool the burn with cool running water at least until pain is relieved. Cover the burn loosely with a sterile dressing. **Call 911 or go to the hospital if the burn is severe or it causes a life-threatening condition.**

**Concussions** – We recommend that all head coaches and board members take the concussion awareness training at

The signs and symptoms of a concussion can be subtle and may not be immediately apparent. Symptoms can last for days, weeks or even longer. Signs and symptoms of a concussion may include:

- Headache or a feeling of pressure in the head
- Temporary loss of consciousness
- Confusion or feeling as if in a fog
- Amnesia surrounding the traumatic event
- Dizziness or "seeing stars"
- Ringing in the ears
- Nausea
- Vomiting
- Slurred speech
- Delayed response to questions
- Appearing dazed
- Fatigue
- Seizures
- Vision or eye disturbances, such as pupils that are bigger than normal (dilated pupils) or pupils of unequal sizes
- Lasting or recurrent dizziness
- Obvious difficulty with mental function or physical coordination ●

Symptoms that worsen over time

- Large head bumps or bruises on areas other than the forehead in children, especially in infants under 12 months of age
- Some symptoms of concussions may be immediate or delayed in onset by hours or days after injury, such as:
  - Concentration and memory complaints
  - Irritability and other personality changes
  - Sensitivity to light and noise
  - Sleep disturbances
  - Psychological adjustment problems and depression
  - Disorders of taste and smell



## Symptoms in children

Head trauma is very common in young children. But concussions can be difficult to recognize in infants and toddlers because they may not be able to describe how they feel. Nonverbal clues of a concussion may include:

- Appearing dazed
  - Listlessness and tiring easily
  - Irritability and crankiness
  - Loss of balance and unsteady walking
  - Crying excessively
- 
- Change in eating or sleeping patterns
  - Lack of interest in favorite toys

9 | Page

**Any coach or official shall immediately remove a player who exhibits signs or symptoms of a concussion and get them help from a parent or by emergency responders. Once a player is removed for exhibiting concussion-like signs or symptoms he or she shall not be allowed to return to play until written authorization from a health care provider as defined in Section 280.13(3b) of Iowa Code.**

References:

[https://www.redcross.org/images/MEDIA\\_CustomProductCatalog/m4240175\\_Pediatric\\_ready\\_reference.pdf](https://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf)

[https://www.redcross.org/images/MEDIA\\_CustomProductCatalog/m4240170\\_Adult\\_ready\\_reference.pdf](https://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240170_Adult_ready_reference.pdf)

<http://www.springfieldfas.org/tips-basicfirstaid.pdf>

<http://co.grand.co.us/DocumentCenter/View/555>

[http://www.mayoclinic.org/diseases-conditions/concussion/basics/symptoms/co\\_n-20019272](http://www.mayoclinic.org/diseases-conditions/concussion/basics/symptoms/co_n-20019272)

## **Injury Report Forms and Tracking (Reporting Procedures)**

A report should be filed with Fort Des Moines Little League on an injury or incident that occurs on the Fort Des Moines Little League grounds, at an inter-league or tournament game, or at practice, that requires any type of treatment or evaluation. Please contact Joe Swackhamer, Safety Director at (515) 371-7630 or the Officer of the Day on Duty to file a report. The report must contain:

- Date and time of the injury or incident
- Where the injury or incident occurred
- The players name
- A detailed description of the incident
- The extent or nature of the injury if known
- What treatment was given

After the report is taken the Safety Director and/or League President will contact the injured party and his/her parents within 48 hours of the incident/injury. During the follow up they will discuss the first report; add anything in addition that may be missing; follow up on the treatment that was done or recommended and find out the players current status. If the injury required any treatment by a medical professional that resulted in a medical expense they will also discuss with the parents the little league insurance information as well as how to guide them through filing a claim.

At the end of the season the Safety Director will compile information on the injuries throughout the year and will discuss recommendations in practices for the next year if needed. The names of the participants injured shall not be released without a written waiver from the affected party or as required by insurance or Little League International.

## Coaches Safety Responsibilities

Prior to annual Tryouts, all volunteers will have completed a background check through [JDP.com](http://JDP.com), and completed the USA Baseball BASE Abuse Prevention Training program @ [usabdevelops.com](http://usabdevelops.com), with the completion certificate emailed to [FDMLittleLeague@gmail.com](mailto:FDMLittleLeague@gmail.com).

As a manager or coach at FDMMLL safety should always be on the forefront of your mind. Below are a few policies and procedures that you are responsible for:

1. Before each game or practice walk the field looking for items that could potentially harm a player (i.e. rocks, glass, holes, etc.) remove or fix any issues found. If the issue is beyond what you can repair please contact the Groundskeeper or the Officer of the Day on duty
2. Inspect all equipment prior to each game; if equipment is broken or needs to be replaced contact the League Equipment Manager immediately. Do not use it until it is repaired or replaced.
3. Batters must wear approved protective helmets during practices and games.
4. All players 8 years and under must have protective masks attached to their helmets.
5. Catchers face masks must have throat guards and wear all proper equipment.
6. Managers/Coaches will inspect bats prior to use and only use approved Little League bats. Please refer to our website at [www.fdmll.org](http://www.fdmll.org) for a complete list.
7. There shall be no on-deck batters Majors and below. No bats shall be swung in the dugout. No player shall be outside swinging a bat unless a coach is out there watching for bystanders.
8. Coaches may now warm up the pitcher per Little League International Rule 3.09
9. All pitching logs and pitching eligibility tracking forms must be filled out, signed by each manager/coach, and turned in at the conclusion of the game. Pitchers may not exceed pitching limits as stated in the Little League International Rule Book. (See attachment).
10. Bases will disengage on all fields. Please make sure they are working properly before each practice and game.
11. **DO NOT ALLOW A PLAYER TO PLAY INJURED.** Notify a parent, and follow the proper procedures to get the player care they need.
12. When in doubt, use common sense and ask for help.

# Severe Weather

Baseball season is plagued with a variety of weather conditions in Iowa. FDMLL uses the Little League WeatherBug App as well as the local radar to help make decisions of game play during inclement or severe weather. Things the Officer of the Day and President take into consideration when deciding to cancel a game is first and foremost player safety. Field conditions, temperature, wind chill at the fields, rain/snow/heat and lightning are also other factors taken into consideration. If a game is canceled for any reason by the league coaches are not allowed to hold practices outside.

Officer of the Day will make a decision **no earlier than 1 hour before the first scheduled game for the day or evening.** Games on Saturdays will be determined on a per game basis rather than canceling the entire day. It is not often, but sometimes we will decide to play older kids and not younger kids.

League commissioners will attempt to notify their coaches when a delay or cancellation is definite. Coaches will then need to notify their parents.

If games are delayed or canceled we will post it on our website at [fdmll.org](http://fdmll.org), and on our Facebook page [FDMLL-Fort Des Moines Little League](#); reminder to parents that this will not happen till 1 hour before game time.

If games have already started and lightning, inclement weather, or darkness occurs the Officer of the Day may/will call a Delay of Game. If the lightning or inclement weather continues after that waiting period, the Officer of the Day will work with umpires and officials on whether to call the game. We will then decide if need be when the make-up games will be played.

## Tobacco/Alcohol/Pets

In compliance with the “Iowa Smokefree Air Act” there is NO SMOKING anywhere in the Fort Des Moines Little League complex. This includes all types of smokeless tobaccos as well.

Alcohol and pets are also prohibited.

## Concession Stand

The day to day operation of the concession stand will be the responsibility of the concession stand and shift managers. The managers are responsible for the safety of volunteers, food prep and food safety, as well as keeping the concession stand clean and reporting any repair issue to the groundskeeper.

Each year the concession stand manager files for a license with the Iowa Department of Inspections and Appeals. Once the concession stand is cleaned and ready to open for the season an Inspector from the Department comes out to do an inspection of the facility in order to open. Included in the inspection is the check of the fire extinguishers that are located at each station in the concession stand.

Training is provided to all workers in the concession stand. The manager acts as the floater during the shift and covers where needed. All concession stand safety procedures as well as food safety and hand washing requirements are posted; reviewed and followed by all who are in the concession stand.

FDMLL concession stand safety procedures are:

1. Cooking- Use of a food thermometer to check on cooking and holding temperatures of food is required. Any potentially hazardous foods are kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products are to be cooked to an internal temperature of 155° F, poultry parts are to be cooked to 165° F.

2. Reheating – It is required to 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.

3. Cooling and Cold Storage - Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly.

14 | Page

4. Hand Washing – Handwashing with soap must occur at the entrance of the concession stand; before any food, utensils or serving areas is touched. You must rewash your hands periodically throughout the shift; when you exit the concession stand and re-enter or anytime you touch money; personal items; cough, sneeze, etc. You can never wash your hands too much when handling food you are serving to others.

5. Health and Hygiene - Only healthy workers will be allowed to 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 will not be allowed in the food concession area. Workers are required to wear clean outer garments. Those serving food are required to wear gloves and change them often. The use of hair restraints is recommended to prevent hair ending up in food products.

6. Food Handling - Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use gloves provided in the concession stand and change regularly; especially if you touch raw food. Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.

7. Dishwashing - Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process: 1. washing in hot soapy water; 2. rinsing in clean water; 3. chemical or heat sanitizing; and 4. air drying. The dishwasher in the concession stand also sanitizes the dishes so all items that fit should also be run through the dishwasher at the end of the night.

8. Ice - Always use a clean scoop to dispense ice; never use the hands. Only use the provided ice bucket when getting additional ice from the ice machine.

9. Wiping Cloths – Buckets of 1 gallon water to ½ teaspoon chlorine bleach will be available throughout each shift and changed out every 2 hours. Stations should be clean and wiped periodically to prevent cross-contamination and discourage flies.

10. Insect Control and Waste - Food shall be covered to protect them from insects. Waste will be discarded in the proper barrel and taken out to the dumpster regularly.

11. Food Storage and Cleanliness – All food will be stored off the floor at the minimum of six inches (preferably more). Unused food will be discarded at the end of the night. The concession stand must be cleaned: everything wiped down, disassembled and washed each night. The floor must be swept and mopped; all garbage must be taken out.

15 | Page

12. Minimum Worker Age – Workers under the age of 14 are not allowed to work in the concession stand. 16 and older may work serving food; 18 and older may work at the window with the money.

## **Heavy Equipment/Grounds Safety**

Operation and Safety clinics will be held on each Saturday during field days in March. While the equipment is there for coaches and volunteers to use; we want everyone to stay safe while using it. Basic rules include:

1. Always wear eye protection, ear protection, and proper clothing.
2. Do not use the equipment under the influence of drugs or alcohol.
3. No riders are permitted if a factory installed seat is not provided
4. Do not allow children to play on or around the equipment

5. If you do not know how to use the equipment, do not use it until training can be provided.
6. Equipment should be placed back in the garages and locked after use.

## **Refund Policy**

Refunds will be offered upon request up until March 2, 2024 (Draft Day), minus any outstanding candy bar money and a \$25 non-refundable registration fee. Requests for refunds should be emailed to [FDMLittleLeague@gmail.com](mailto:FDMLittleLeague@gmail.com). Any player who is still registered after March 2, 2024 will not receive a refund for any reason.

*Safety Plan Updated 02/24/2024*