

Safety Manual

Chester Mendham
Baseball & Softball Club

2024

Chester Mendham Baseball & Softball Club and all its managers, coaches and volunteers will in every way possible provide a safe and fun environment for the development and enjoyment of baseball and softball. All participants in our league will follow the guidelines in this manual to the best of their abilities.

**For Managers,
Coaches and
Volunteers**

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Important Contact Information

All Medical Emergencies	911
Mendham Township Police	973-543-2527
Mendham Borough Police	973-543-2581
Chester Police	908-879-5514
Morristown Memorial Hospital	973-971-5000

Morristown Memorial Hospital is located 7.5 miles east of Mendham at 100 Madison Avenue in Morristown, NJ.

Chester Mendham Baseball & Softball Club
P.O. Box 322
Mendham, NJ 07945
info@cmbaseballsoftball.org

Babe Ruth League
1670 Whitehorse-Mercerville Road
Hamilton, NJ 08619
800-880-3142
www.BabeRuthLeague.org

**CHESTER MENDHAM BASEBALL & SOFTBALL CLUB
BOARD OF DIRECTORS 2024**

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Managing, Coaching and Volunteer Requirements

This booklet must be carried by volunteers to refer to when on the field.

Those interested in managing, coaching, or volunteering in Chester Mendham Baseball & Softball Club (CMBSC) must undergo a background check. By volunteering, coaches acknowledge that they will read and understand this Safety Manual as well as supplementary documents from CMBSC.

All coaches and volunteers must attend or have attended in the past a Rutgers S.A.F.E.T.Y. clinic.

Applicants are considered and selected by the CMBSC Board of Directors based on availability and compatibility. Positions are not guaranteed.

Administrative Requirements

- Completion of a volunteer application via CMBSC website
- Submission to a criminal background check
- Proof of attendance at a Rutgers S.A.F.E.T.Y. clinic
- Proof of concussion training, such as CDC Heads Up
- Attend the online training fundamentals training session and First Aid training session (or confirm they have viewed the recording).
- Agreement to abide by the CMBCS Code of Conduct (available at www.cmbbaseballsoftball.org)

On-field Requirements

- Head Coach – Organize, administer and oversee the coaching of a baseball/softball team, have first aid kit present at all times.
- Assistant Coach – Provide instruction to players and support the Head Coach as necessary
- Volunteer – Participate in field preparation, equipment distribution and repair, and support the Coaches as necessary

Accident Reporting

Accident Reporting Procedures

Reporting incidents is an administrative procedure that should not be confused with providing timely and adequate medical care in the event of an incident. *When in doubt, call 911 and seek immediate professional medical treatment for an injured person.*

What to Report

An incident that causes any player, manager, coach, umpire or volunteer to receive first aid and/or medical treatment, regardless of who administers such treatment, is a reportable incident. This includes passive treatment such as evaluation, diagnosis or periods of rest.

When to Report

All reportable incidents must be reported to the CMBSC Safety Officer within 24 hours of the incident (not the treatment).

How to Report

Incidents must be reported to the CMBSC Safety officer by telephone and by submitting a completed incident report form.

1. Call the CMBSC Softball Safety Officer (Shawn Coughlin, 201-787-0138)
2. E-mail a completed incident report form to the Safety Officer at scoughlin67@gmail.com.

Safety Officer Responsibilities

- Check on the condition of the injured person
- Verify the details of the incident and confirm documentation
- Provide CMBSC insurance information to the injured person or their parent/guardian
- Recommend changes to safety policies and/or procedures to prevent similar injuries, if applicable

Chester Mendham Baseball & Softball Club – Incident Report

Incident Date _____ Time _____ Location _____

Injured Person

Manager/Coach/Reporting Person

Name _____

Name _____

Address _____

Address _____

Phone No. _____

Phone No. _____

League/Team _____

League/Team _____

Parent/Guardian _____

Parent/Guardian Notified? _____

Describe the incident and nature of injury

What first aid, if any, was needed and who provided it?

Was the injured person taken to the hospital? _____

Could this injury have been prevented? _____

Please report this incident by calling the CMBSC Safety Officer, Shawn Coughlin, at 201-787-0138 and by e-mailing this report to scoughlin67@gmail.com

First Aid

The following is meant to give managers, coaches and volunteers some basic guidance in the event of an incident, accident and/or emergency. It is not a complete first aid or CPR curriculum. Volunteers are encouraged to enroll in an accredited first aid and CPR course.

First Aid Guidelines

Do . . .

- Reassure and aid children who are injured, frightened or lost
- Know your limitations and seek professional medical treatment when in doubt
- Keep your first aid kit with your equipment bag and bring it to all games and practices
- When administering first aid, remember to
 - LOOK for signs of injury
 - LISTEN to the injured person describe what happened and what hurts
 - FEEL the injured area gently and carefully for signs of swelling or grating of broken bones
- Bring your players' Consent for Treatment Forms to all games and practices
- Always bring a mobile phone to games and practices so you can call for help if necessary
- Report any present or potential safety hazard to the CMBSC Safety Officer immediately

Don't . . .

- Administer medication
- Provide food or beverage (other than water)
- Hesitate to give aid when needed
- Be afraid to ask for help if you're unsure of the proper procedures (e.g., CPR, Heimlich maneuver)
- Transport injured persons except in extreme emergencies
- Leave an injured or ill player alone.
- Leave a child unattended at a practice or game

First Aid Procedures

Initial Assessment

Look for life threatening conditions and account for the ABCs of first aid (**a**irway, **b**reathing and **c**irculation)

Always protect the ***airway***. Try to prevent any possible blockages (e.g., gum, candy, teeth, vomit). If you can see foreign objects in the airway, try to remove them, but do not do a blind "finger sweep", as you might lodge an unseen foreign object farther into the airway. If a victim can talk or cough effectively, leave him/her alone, monitor closely, and consider calling 911. If a victim cannot talk or cough effectively, call 911

immediately and provide aid by performing the Heimlich maneuver on an adult or child older than one year. Continue performing abdominal thrusts until the object is dislodged or the victim can breathe. Once the airway is regained, it might be necessary to perform rescue breathing and CPR.

An airway can also be blocked as a result of internal swelling due to anaphylaxis or trauma. Anaphylactic shock can occur when someone has a severe allergic reaction. This condition causes the victim's airway to swell to the point of closure. If a person is having difficulty breathing or swallowing, call 911 immediately.

Look for signs of troubled **breathing**. Labored breathing, wheezing, gasping, etc. are indicators of breathing difficulty. If a person has poor skin color, has difficulty speaking in full sentences, or has an elevated or depressed respiratory rate, call 911. If breathing becomes ineffective, rescue breathing or CPR may be necessary.

Skin color, temperature and condition (CTC) are indicative of **circulation** problems. Check for internal and external blood loss. Pain, swelling, distended abdomen, and poor skin CTC are signs of internal bleeding. Use direct pressure, elevation and pressure points to control bleeding if necessary. Call 911 immediately in cases of severe or uncontrolled bleeding. Look for signs of shock whenever severe or internal bleeding is present.

Injuries, Illnesses and Conditions

Shock is a life threatening condition. It is caused by the body's inability to circulate oxygenated blood. Some external signs of shock are poor skin CTC, nausea, lethargy and altered mental status. The victim's skin may become pale, cool and clammy. Call 911 if you believe someone is going into shock. Keep the victim warm and lay them down on a flat surface. If no head injury is suspected, elevate the victim's feet. Monitor the victim's condition closely.

Heat stroke is a life threatening condition that occurs after heat exhaustion. External signs of heat stroke are hot, flush, dry skin with little to no sweat, nausea, and altered mental status. Call 911 if you suspect someone is experiencing heat stroke. Try to place the victim in a cool place. Remove excess clothing and pour cool water over the victim's skin to reduce body temperature. If the victim is alert and oriented, give him/her cool water/fluids. Monitor the victim's condition closely.

Heat exhaustion can progress to heat stroke if untreated. External signs of heat exhaustion are warm/hot, flush skin and profuse sweating. The victim may become lethargic and disoriented. Try to keep the victim in a cool place and remove excess clothing. If the victim is alert and oriented, give him/her cool water/fluids. Monitor the victim's condition closely.

WATER, WATER, AND MORE WATER WILL HELP PREVENT HEAT STROKE AND HEAT EXHAUSTION. Don't overwork the players in the blistering sun and give them frequent water breaks. Impress upon the parents the importance of sending water with the player to practices and games.

Lacerations, abrasions and punctures should be treated by controlling bleeding to reduce the risk of infection. Call 911 in cases of severe or uncontrolled bleeding. Use direct pressure, elevation and pressure points if needed. If a bandage begins to soak through with blood, place additional bandages over the top of it. Do not remove it. If you wrapped bandages or tape around a limb or appendage, make sure they are not too tight. Check for a pulse and skin CTC distal to the bandage. To clean an open wound, flush the area with water and blot the area dry with sterile gauze. Be prepared to treat the victim for shock when sever bleeding is present. If any part of the body is impaled, do not remove the object. Clean the area, stabilize the object with bandages and call 911.

Fractures, Dislocations and Separations present as deformities, pain, swelling and discoloration. Stabilize the affected area. Use ice to control swelling. If a bone has broken the skin (compound fracture), do not attempt to push it back in. Treat it as an impalement (see above), clean it and stabilize it with bandages. Call 911 and monitor the victim closely.

Sprains and strains should be treated with rest, ice, compression and elevation. Try to immobilize the affected limb. Place an ice pack on the affected area and elevate the area if possible. Do not place ice directly on the skin. Put a paper towel or thin cloth between the skin and ice. Monitor the victim closely.

Concussions can present with loss of consciousness, altered mental state, nausea, vomiting and unequal pupil size. Call 911 immediately if the victim loses consciousness or if concussion is suspected. Note the duration of loss of consciousness. Control any bleeding and monitor the victim closely for signs of shock. Also consider C-Spine precautions.

Allergic reactions can be serious and potentially life threatening. Call 911 immediately if the victim has difficulty breathing or swallowing. If the victim has medication (e.g., Epi pen) make sure it is ready to use if needed. Monitor the victim closely.

Diabetes can result in hypoglycemia or low blood sugar. Some external signs are shakiness, dizziness, sweating, hunger, headache, altered mental state and seizure. If the victim is alert and oriented, have him/her eat foods or drink fluids high in sugar. Call 911 immediately if the victim becomes unstable. Monitor the victim carefully.

Communicable Disease Guidelines

- Bleeding must be stopped, open wounds covered, and blood-stained uniforms changed before an injured player may return to a game or practice
- Managers, coaches and volunteers with open wounds should refrain from all direct contact until the condition is resolved
- Use gloves (provided in first aid kits) to prevent mucous membrane exposure when contact with blood or other body fluids is anticipated
- Immediately wash hands and other skin surface if contaminated with blood or other body fluids

- Clean all blood-contaminated surfaces and equipment
- Follow accepted guidelines for the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids

Safety

Safety Guidelines

- Responsibility for safety procedures should be that of an adult member of CMBSC
- Arrangements for emergency medical services should be made in advance of all games and practices
- Managers, coaches and volunteers are required to have training in first aid and be certified through the Rutgers S.A.F.E.T.Y program
- First aid kits are issued to every team manager and must be kept on the field during games and practices
- No games or practices may be held when weather or field conditions are not safe
- Playing fields should be 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 playing field
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practices
- Responsibility for keeping bats and loose equipment off the playing field should be that of a player assigned for this purpose or the team's manager and coaches
- During games and practices, 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, missed catches or practice swings
- All warm-up drills should be conducted within the confines of the playing field and not within areas that are occupied by spectators
- Equipment should be inspected frequently for fit and condition
- Batters must wear approved protective helmets with face masks during practices and games
- Catchers must wear catchers' helmets, masks, throat guards, long model chest protectors, shin guards, and athletic supporters with protective cups (boys only) during games and practices
- Managers should encourage all boys to wear athletic supporters and protective cups during games and practices
- Head-first slides are not permitted, except when a runner is returning to a base
- Bases should not be strapped down or anchored during sliding practice
- "Horseplay" should never be permitted at games and practices
- Parents of players who wear glasses should be encouraged to provide safety glasses

- Players may not wear watches, rings, pins or other jewelry during games and practices
- Catchers must wear a catchers' helmet (with mask and throat guard) and groin protection when warming up pitchers between innings and in the bullpen. Coaches may not warm up a pitcher at home plate, in a bullpen, or elsewhere at any time.

Lightning and Thunder

Lightning and Thunder Policy

Games and practices must be suspended immediately if lightning is seen or if thunder is heard. Once a game or practice has been suspended due to lightning or thunder, it may not resume until 30 minutes after the last lightning is seen or thunder is heard.

CMBSC recommends coaches and umpires use a lightning tracker app (such as WeatherBug) to track lightning near the game sites.

What to Do and Where to Go

Suspend play or practice immediately. Wait out the storm in an enclosed shelter or a fully enclosed metal vehicle with the windows rolled up. Avoid open spaces, isolated trees, poles, fences, dugouts, bleachers, etc.

Call 911 immediately and administer first aid if someone is struck by lightning.

Concession Stands and Food Safety

- **Menu:** Keep the menu simple, and avoid potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables). 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.
- **Cooking:** Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. Most food borne illnesses from temporary events can be traced back to lapses in temperature control.
- **Reheating:** Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.
- **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. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of food borne illness.
- **Hand Washing:** 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!
 - **Health and Hygiene:** Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.
 - **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. 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.
 - **Ice:** Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. Ice can become contaminated with bacteria and viruses and cause food borne illness.
 - **Wiping Cloths:** 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.
 - **Insect Control and Waste:** Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tightfitting 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. After your event is finished, clean the concession area and discard unusable food.
 - **Minimum Worker Age:** the minimum age for workers or to be in the stand is 16 years old, due to potential hazards with various equipment.

Barbecue Safety

Safely transporting food, precooking and preventing cross-contamination are the major components of barbecue safety.

- **Chill Foods to Stop Bacteria:** When transporting food, either from the grocery store or to a picnic area, keep it cool to minimize bacterial growth. Pack meat, poultry, salads and other perishables in an insulated cooler with ice. Marinade is a savory acidic sauce in which a food is soaked to tenderize and add flavor. Always marinate meats in the refrigerator, not on the counter. Reserve a portion of the marinade that hasn't touched raw meat for a dip or basting sauce. Don't reuse marinade used on raw meat or poultry unless it has been boiled first to destroy any bacteria.
- **Take Care With Meat Items:** Meats and poultry may be precooked on the stove, microwave or oven to reduce grilling times. If foods are partially precooked, place immediately on the grill to finish cooking. Never partially cook meats and poultry and wait to finish cooking later. If meats and poultry are completely cooked ahead of time and chilled, they may be reheated on the grill to provide a barbecued flavor. If take-out foods such as fried chicken or barbecued beef will be reheated on the grill, and they won't be reheated/eaten within two hours of purchase, buy them ahead of time and chill thoroughly.
- **Keep Foods Separate, Clean Up Often:** Don't use the same platter and utensils for raw and cooked meats and poultry. Be sure there are plenty of clean utensils and platters to allow separate handling of raw foods and cooked foods. Pack clean, soapy sponges, cloths and wet towelettes for cleaning surfaces and hands. There is an antibacterial soap available that does not need water and would be ideal to carry on a picnic for cleaning platters and utensils.
- **Cook Foods Thoroughly:** Cook everything thoroughly. Rare or medium meat or poultry can harbor harmful bacteria. Fish should always be fully cooked. For greatest safety, ground meat should reach 160° F on a meat thermometer, and poultry should reach 180° F for doneness. Since grilled food often browns very fast on the outside, make a "sample cut" to visually check for doneness. The juices should run clear and meat should not be pink, although meat color is not accurate.
- **Grilling Safety:** According to the Insurance Information Institute, backyard barbecues result in more than 2,000 fires and even three deaths each year. Most problems happen when you fire up a grill that hasn't been used for several months.
 - **Gas grill** - check it over thoroughly before using it. Check for leaks, cracking or brittleness, and clean out the tubes that lead into the burner — look for blockages from spiders or food waste. Make sure the grill is at least 10 feet from *any* buildings or trees. And never leave the grill unattended.
 - **Charcoal grill** - use starter fluid sparingly and never put it on an open flame. And it's always best to have a fire extinguisher nearby... it can stop a fire before it spreads. Also, be careful if you pick up gas canisters... never leave them in a hot car. The heat could cause some of the gas to leak out.