

PASADENA SOUTHWEST LITTLE LEAGUE 2021 SAFETY PROGRAM

The PSWLL Board of Directors has mandated the following planned program of safety which is intended to reduce or eliminate personal injury to all the players, spectators and volunteers of Pasadena Southwest Little League. Key officials' phone numbers will be posted on the PSWLL website and in the Snack Shacks. This Safety Plan will be published on our website and available to all parents and players in the League. It will also be distributed to all coaches and managers. Copies will be available in Snack Shacks for volunteers, in the League Safety Manual, and sent to District 17 Safety Officer and Little League Headquarters. To support this and other safety related activities, a part of the PSWLL operating budget is allocated for Safety. All Coaches, Managers, League Officials and some other key volunteers complete the 2021 Little League Volunteer Application Form and are subject to background checks.

All Coaches and Managers will follow Little League Rules published in the official rule book including proper equipment.

1. FACILITY AND EQUIPMENT REPORT

1.1 Field Inspection

Inspected February 2021 and documented via 2021 Annual Little League Facility Survey.

- Bleachers
- Dugouts
- Fencing
- Field Conditions

Inspection is REQUIRED prior to each use. Coaches and Umpires must inspect the playing field before each practice and game. All debris must be removed. Hazards must be repaired prior to play. Unsafe conditions or potential safety hazards must be reported to the Safety Officer as soon as possible.

- Uneven playing surfaces
- Base anchors
- Sprinkler Vaults / Heads / Hose bibs
- Submit annual Little League Lighting Safety Audit (if artificially-lighted fields are available in the future)
- Lock Boxes

The Safety Officer will provide First Aid Kits to each facility. Coaches, umpires, league officers and volunteers are responsible for maintenance of these kits, and alerting the Safety Officer if a replacement kit is needed.

1.2 Electrical Inspection & Unsafe Equipment

Inspection is done annually before the season begins by the Equipment Coordinator.

- Unsafe equipment should be destroyed to prevent future use. Only equipment adhering to Little League rules is permitted. Reduced impact balls are used for T-ball.
- Only Little League approved equipment is permitted.

- Umpiring Equipment — Inspection REQUIRED prior to each use.
- Player Equipment - Inspection REQUIRED prior to each use. Managers and Umpires have the responsibility to insure all player equipment is safe. Defective equipment must be reported to the Equipment Manager for replacement. All player equipment will be inspected after each use. Necessary repairs may then be scheduled prior to the next use.
- Use low impact baseballs for lower divisions. (Tball etc.)

1.3 Snack Shacks

- Cooking Equipment inspected annually.
- The Safety Officer will provide one fire extinguisher per snack shack. The Snack Shack coordinator is responsible for the maintenance of the fire extinguishers and will alert the Safety Officer if a replacement is needed.

2. SAFETY EDUCATION

2.1 General Meeting with all managers and coaches regarding safety procedures.

Player Travel

Practice times and games must allow for sufficient daylight for players traveling without adult supervision to reach their destination safely. **Also no players are left behind after a practice or a game.**

Darkness / Inclement Weather

Darkness is called when the street lights are lit or when conditions are deemed by the Umpire to be unsafe for play due poor lighting conditions.

Play will be halted when weather conditions are deemed unsafe - i.e. rain, lightning or heat.

2.2 Review of safety procedures for all Participants

Medical Release Forms

All players should sign a medical release form. The manager should have medical release forms on hand for every player at each game or practice.

Players

All male players should wear an athletic supporters or a cup during games. Mouth guards are encouraged. Players may not wear any metallic items like watches, jewelry, rings or pins during practice or games unless that item serves a medical alert purpose (and this must be taped into place). Coaches are encouraged to require them at practices as well PSWLL Managers are encouraged to appoint at least one player at a time as team safety representative to assist with the inspection of the facility and equipment prior to practices and games. At no time during a practice or game is “horseplay” permitted. Players should remain alert and focused on baseball.

Catchers

Catchers must wear catcher’s mitts. First baseman’s or regular fielder’s mitts are not permitted due to risk of hand injury. Catchers must wear a fiber or plastic cup. Catchers must wear the helmet and facemask while warming up a pitcher. Catchers are not allowed to squat unless they are fully equipped, (shin guards, chest protector, helmet, face mask, gobbler, cup). Female catchers must wear long or short model chest protectors. Bullpen catchers must also be fully equipped. Parents

and coaches are not allowed to warm up pitchers in upper level games like Juniors, Majors and Minors.

Batters / Runners

PSWLL does not permit on-deck batters to handle bats — there is no on-deck circle. All batters and runners must wear a helmet, preferably with a chinstrap and face-guard. Faceguards are required at Farm and higher levels. Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible.

Managers/Coaches

Managers and coaches should sign the Volunteer Code of Conducts form. Only approved Managers and Coaches are allowed to practice teams, supervise batting cages or coach a game. If the manager for some reason must leave the field or dugout he/she must designate a Coach in-charge until the manager returns. Managers should have copies of players' medical release forms, an accident/injury report form, and a copy of the PSWLL 2021 Safety Plan with them at all games and practices.

Spectators

Spectators must observe from a safe distance, out of the bounds of play including a safety margin for overrun and preferably behind player's dugout and backstop area.

Parents

Parents play a major role helping PSWLL insure a safe environment is maintained at all times. Parents should be sure to complete a Medical Release Form and provide it to the Manager. Managers are encouraged to appoint one team parent as Team Safety Representative to assist with reviewing the status of the facility and equipment prior to practice or games. If a manager fails to appoint a parent, then the manager is assumed to hold this responsibility.

Dugout

Only players, coaches and managers are allowed in the dugout area and on the playing area. At least one manager or coach MUST remain in the dugout at all times. Food is not permitted in the dugout or playing area, but bottled water or sports drinks in plastic containers are.

Pre-game Field Inspection

Before each game, coaches/umpires must walk the field and inspect for hazards before permitting the field to be used.

Umpires

Umpires wear proper protective gear (mask, chest protector and shin guards). For males, an athletic supporter or a cup is recommended.

2.3 Injury Reporting Procedures

Any person may report an injury to the PSWLL Safety Officer (2018pswllsafetyofficer@gmail.com) at any time. Please feel free to call Jason Grinnell at (626) 524-0108 as well.

It is the Manager's responsibility to report Injuries to the League Safety Officer (If the Manager is absent the "Coach in charge" makes the report) within 24 hours of an incident.

Injuries that should be reported to the Safety Officer include:

- Any injury that results in the player, Coach, or Spectator leaving the game or practice.
- Any injury to the Head.
- Any injury which results in a visit to a hospital or doctor.
- Any other injury that a Coach or Manager feels should be reported. (If you are unsure, REPORT IT!)

The Safety Officer's responsibilities in case of injury or incident are:

- Record the necessary information on an "Incident/Injury Tracking Report." At a minimum, the following information must be provided:
 - Name/phone of the individual(s) involved
 - Date/time/location of the incident
 - As detailed description of the incident as possible
 - Preliminary estimation of the extent of the injuries
 - Name/phone of the individual reporting the incident
- Contact the injured party to assess the degree of the injury. In the event the injured party required professional medical attention, advise the injured party or the relevant Parent or Guardian of Little League's supplemental insurance program with AIG.
- Complete the Injury Tracking Report form and file a copy to District 59 and the PSWLL President and Vice President.
- Contact the injured party for a follow-up in 24-48 hours
- If the injured party or relevant Parent or Guardian wishes, complete the 2 Accident Claim Form, have the parent sign and fax to Williamsport, notifying the PSWLL President and District
- Summarize the Report at the next monthly Board Meeting

2.4 First Aid Training/Managers and Coaches Training

A First Aid Training Clinic conducted by a Certified First Aid Instructor will be hosted annually by PSWLL. Managers and Coaches should attend the First Aid Training Clinic. At least one representative from each team must attend the Clinic. Parent volunteers are encouraged to attend. It is recommended that a trained First Aid Volunteer be present at each practice and game. Due to their training and their education, licensed medical doctors, licensed registered nurses, licensed practical nurses and paramedics are exempt.

Managers and Coaches must attend a training clinic on baseball fundamentals.

Returning Managers and Coaches must attend both First Aid and Fundamentals trainings at least once every three years

PASADENA SOUTHWEST LITTLE LEAGUE - SAFETY CODE

Our Goals are Education and Prevention

Everyone is held responsible for safety; Managers, Coaches and Umpires; Players; Parents; and, Board Members.

Managers and coaches must stress the importance of safety with their players.

Managers and coaches must understand basic first aid and, attend training session and review first aid procedures.

Fields should be inspected frequently for any damage, holes, stones, glass or other foreign objects.

Equipment should be inspected for wear and tear and replaced when needed.

First aid kits will be located in the Allendale Snack Bar. In addition, all teams will receive a team first aid kit.

In case of a medical emergency give first aid and call 911 (always erring on the side of caution)

Before the Game (Review Field Safety Checklist — see Appendix)

Inspect field for unsafe conditions (holes, stones, glass or other foreign objects)

Inspect equipment for damage and to meet regulations

Have players warm-up (stretching and joggings)

Ensure all players are alert and ready before warm-up drills

Throwing and catching drills should be set-up in two facing lines

Soft toss drills should be separate from other drills

No batting practice is allowed before a game on the playing field

Pitchers/Catchers should warm-up separately and away from fielders

Be ready for your team's fielding practice time (stay clear when it's not your turn)

During The Game

Encourage players to think safety first

Continue to monitor the field and equipment during the game

Ensure players are alert both on and off the field

No chanting, baiting or teasing is allowed.

Players and spectators should be alert for foul balls and errant throws

Encourage players to drink liquids to stay hydrated

No head first sliding (except when returning to base)

Keep Your Catcher Safe

Make sure catchers are wearing the proper equipment (chest protectors, mask with throat guard, shin guards and a cup (boys))

Catchers should remain a safe distance from the batter, this generally means one foot farther than the outstretched hands of the catcher

Only a fully equipped player may warm-up a pitcher

Keep Your Pitchers Fresh

Enforce the maximum innings allowed per game and per calendar week

A pitcher must have at least one day of rest between games

Each manager should be conscious of the number of pitches a player throws in a game and the number of innings pitched to avoid injury

Eliminate The Chance Of Collisions

Fielders should call for the ball in a loud voice

Establish zones or responsibility for each fielder

Runners should run outside the foul lines (home to 1st/third to home)

Runners must slide on a play at home plate

Eliminate The Opportunity Of Being Hit By A Bat

Only one player at a time should have a bat —the batter!

No on-deck circles are allowed, the batter should warm-up at the plate

The batter must not throw the bat

First or third base coaches or designated player with helmet should carry bat to dugout after a hit ball

Eliminate The Chance Of Being Hit By The Ball

Batters, runners and player base coaches must wear batting helmets

Fielders must be alert at all times

Pitchers should be instructed to finish their motion in a ready position

Once the ball is hit encourage all of your players to be ready to be part of the play

Players should remain seated in the dugout and watching the game when they are not directly involved in the game

Keep The Fields In Safe Condition

No bikes, motorbikes, skateboard or rollerblades on the playing fields, behind the dugouts or around bleachers

Children must be kept off backstops and sheds and off the playing fields

Teams should see that all field, bleachers and dugout areas are kept clean and orderly

Players are not allowed to eat in the dugouts, water and other drinks only

Smoking and alcoholic beverages are not allowed on the fields or in the stands at any time

During Practice

Encourage your players to remain alert at all times (injuries occur when no one pays attention)

Develop a routine set of drills for your practices so players will know what to do next

Establish pick-up and drop off rules with parents and enforce them.

Managers, Coaches and Parents should never leave an unattended player at a practice or game

Make sure you have adequate coaches and/or parents to hold a safe and effective practice

Follow the “before the game” and “during the game” advice above

Weather

In the event of adverse weather conditions (rain, lightning, smog or excessive heat) during a practice the Manager or Coach should evaluate the situation and the field conditions to determine if playing conditions are unsafe.

Prior to the start of a game, it is the responsibility of the President to determine if play should commence. Once play has commenced the Umpire shall be the sole judge in determining whether a game should continue.

HEALTH AND MEDICAL - FIRST AID

What is First-Aid?

First-Aid means exactly what the term implies — it is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should anyone administering First-Aid go beyond his or her capabilities.

Know Your Limits!

The average response time on 9-1-1 calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all time preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

First Aid-Kits

A First Aid Kit is located in the Snack Bar at Allendale Field.

First Aid Kits are part of the Team’s equipment package and shall be taken to all practices, batting cage practices, games (whether season or post-season) and any other PSWLL event where children’s safety is at risk.

To replenish materials in the Team First Aid Kit, the Manager, or designated coaches must contact the PSWLL Safety Officer.

Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. The “Good Samaritan Laws” give legal protection to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a reasonable and prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim’s injury. For example, a reasonable and prudent person would —

Move a victim only if the victim’s life was endangered.

Ask a conscious victim for permission before giving care.

Check the victim for life-threatening emergencies before providing further care.

Summon professional help to the scene by calling 9-1-1.

Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the “Good Samaritan” use common sense and reasonable level of skill, not to exceed the scope of the individual’s training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury.

People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer’s response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

Permission To Give Care

If the victim is conscious, you must have his/her permission before giving first-aid. To get permission you must tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care.

Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

Treatment At Site

DO. . .

Access the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock

Know your limitations

Call 9-1-1 immediately if person is unconscious or seriously injured

Look for signs of injury (blood, black-and-blue, deformity of joint etc.)

Listen to the injured player 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

Talk to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

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 proper procedure, (i.e., CPR, etc.)

Transport injured individual except in extreme emergencies.

911 Emergency Number

The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferable from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these four steps.

First Dial 911

Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:

The exact location or address of the emergency

Include the name of the city or town, nearby intersections, name of field, etc.

“Our address is:”

Field	Address
Allendale Field	1130 S. Marengo Avenue, Pasadena, CA 91106
Brookside Park	360 North Arroyo Blvd., Pasadena, CA 91103
Grant Park	232 S. Michigan Avenue, Pasadena, CA 91106

The telephone number from which the call is being made

The caller’s name

What happened — for example, a baseball related injury, bicycle accident, fire, fall, etc.

How many people are involved

The condition of the injured person — for example, unconsciousness, chest pains, or severe bleeding

What help (first aid) is being given.

Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.

Continue to care for the victim till professional help arrives.

Appoint somebody to go to the street and look for the ambulance and fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

When To Call

If the injured person is unconscious, call 9-1-1 immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call 9-1-1 anyway and request paramedics if the victim

Is or becomes unconscious

Is vomiting or passing blood

Has trouble breathing or is breathing in a strange way

Has seizures, a severe headache, or slurred speech

Has chest pain or pressure

Appears to have been poisoned
Is bleeding severely
Has injuries to the head or neck.
Has pressure or pain in the or back
Abdomen that does not go away
Has possible broken bones

If you have any doubt at all call 911 and request paramedics!

Also Call 9-1-1 for Any of These Situations:

Fire or explosion
Vehicle Collisions
Downed electrical wire
Vehicle/Bicycle Collisions
Swiftly moving or rapidly rising water
Victims who cannot be moved easily
Presence of poisonous gas

Conscious Victims:

If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life threatening. The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed. This check has two steps:

Talk to the victim and to any people standing by who saw the accident take place.

Check the victim from head to toe, so you do not overlook any problems.

Do not ask the victim to move, and do not move the victim yourself.

Examine the scalp, face, ears, nose, and mouth.

Look for cuts, bruises, bumps, or depressions.

Watch for changes in consciousness.

Notice if the victim is drowsy, not alert, or confused.

Look for changes in the victim s breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noise breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.

Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.

Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.

Ask the victim again about the areas that hurt.

Ask the victim to move each part of the body that doesn't hurt.

Check the shoulders by asking the victim to shrug them.

Check the chest and abdomen by asking the victim to take a deep breath.

Ask the victim if he or she can move the fingers, hands, and arms. Check the hips and legs in the same way

Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.

Look for odd bumps or depressions.

Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.

Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim; care to give for that problem, and who to call for help.

When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.

When the victim feels ready, help him or her stand up.

Unconscious Victims:

If the victim does not respond to you in any way assume the victim is unconscious. Call 9-1-1 and report the emergency immediately.

Checking An Unconscious Victim:

Tap and shout to see if the person responds. If no response —

Look, listen and feel for breathing for about 5 seconds.

If there is no response, position victim on back, while supporting head and neck.

Tilt head back, lift chin and pinch nose shut (see breathing section to follow) (Finger sweep maneuver administered to an unconscious victim of foreign body airway obstruction)

Look, listen, and feel for breathing for about 5 seconds.

If the victim is not breathing, give 2 slow breaths into the victim's mouth.

Check pulse for 5 to 10 seconds.

Check for severe bleeding.

Muscle, Bone, or Joint Injuries:

Symptoms of Serious Muscle, Bone or Joint Injuries. Always suspect a serious injury when the following signals are present:

Significant deformity

Victim feels bones grating

Victim felt or heard a snap or pop at the time of injury

Bruising and swelling

Inability to use the affected part normally
The injured area is cold and numb
Cause of the injury suggests that the injury may be severe
Bone fragments sticking out of a wound

If any of these conditions exists, call 9-1-1 immediately and administer care to the victim until the paramedics arrive.

Treatment for Muscle or Joint Injuries:

If ankle or knee is affected, do not allow victim to walk. Loosen or remove shoe; elevate leg.

Protect skin with thin towel or cloth.

Then apply cold, wet compresses or cold packs to affected area. Never pack a joint in ice or immerse in icy water.

If a twisted ankle, do not remove the shoe — this will limit swelling.
Consult professional medical assistance for further treatment if necessary.

Treatment for Fractures:

Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, twigs, bats, etc...

Treatment for Broken Bones:

Once you have established that the victim has a broken bone, and you have called 9-1-1, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary (see “Caring for Shock” section)

Concussion:

See also: <https://www.cdc.gov/headsup/> for additional information and training.

Concussions are defined as any blow to the head. They can be fatal if the proper precautions are not taken.

If a player, remove player from the game immediately.

See that victim gets adequate rest

Note any symptoms and see if they change within a short period of time

If the victim is a child, tell the parents about the injury and have them monitor the child after the game

Urge parents to take the child to a doctor for further examination

If the victim is unconscious after the blow to the head DO NOT MOVE the victim. Call 9-1-1 (See below on how to treat head and neck injuries)

Common complaints of concussed persons:

Vacant stares

Disorientation
Slurred or incoherent speech
Delayed verbal and/or motor responses
Memory deficits (repetitive speech)
Loss of equilibrium
Emotions out of proportion
Double vision
Nausea/vomiting
Amnesia
Other vision changes
Symptoms increase with activity/exercise

Head and Spine Injuries

When to suspect head and spine injuries:

A fall from a height greater than the victim's height
A person found unconscious for unknown reasons
Any bicycle, skateboarding, rollerblade mishap
Any person thrown from a motor vehicle.
Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball
Any person struck by a motor vehicle
Any injury in which a victim's helmet is broken
Any injury that penetrates the head or trunk
A motor vehicle crash involving
Any incident involving a driver or passengers not wearing safety belts

Signs of Head and Spine Injuries

Changes in consciousness
Heavy external bleeding of the head, neck or back
Severe pain or pressure in the head, neck, or back
Seizures
Tingling or loss of sensation in the hands, fingers, feet, and toes as a result of injury
Impaired breathing or vision
Nausea or vomiting
Partial or complete loss of movement of any body part

Persistent headache

Unusual bumps or depressions on the head or over the spine

Loss of balance

Blood or other fluids in the ears especially around the eyes and behind the ears

Bruising of the head or nose.

General Care for Head and Spine Injuries:

Call 9-1-1 immediately

Minimize movement of the head and spine

Maintain an open airway

Check consciousness and breathing

Control any external bleeding

Keep the victim from getting chilled or overheated till paramedics arrive and take over care

Contusion to Sternum:

Contusions to the Sternum are usually the result of a line drive that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed and the victim dies. Do not downplay the seriousness of this injury.

If a player is hit in the chest and appears to be all right, urge the parents to take their child to the hospital for further examination.

If a player complains of pain in his chest after being struck, immediately call 911 and treat the player until professional medical help arrives.

Caring for Shock:

Shock is likely to develop in any serious injury or illness. Signals of shock include:

Restlessness or irritability

Rapid breathing

Altered consciousness

Rapid pulse

Pale, cool, moist skin

Caring for shock involves the following simple steps:

Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.

Control any external bleeding.

Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.

Try to reassure the victim.

Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.

Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.

Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

Breathing Problems/Emergency Breathing

If Victim is Not Breathing:

Position victim on back while supporting head and neck

With victim's head tilted back and chin lifted, pinch the nose shut.

Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.

Check for a pulse at the carotid artery (use fingers instead of thumb).

If pulse is present but person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).

Continue rescue breathing as long as a pulse is present but person is not breathing.

If Victim is Not Breathing and Air Won't Go In:

Re-tilt person's head.

Give breaths again.

If air still won't go in, place the heel of one hand against the middle of the victim's abdomen just above the navel.

Give up to 5 abdominal thrusts.

Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.

Tilt head back, lift chin, and give breaths again.

Repeat breaths, thrust, and sweeps until breaths go in.

Heart Attack

Signals of a Heart Attack - Heart attack pain is most often felt in the center of the chest, behind the breastbone. It may spread to the shoulder, arm or jaw. Signals of a heart attack include:

Persistent chest pain or discomfort - Victim has persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication. Pain may range from discomfort to an unbearable crushing sensation.

Breathing difficulty

Victim's breathing is noisy

Victim feels short of breath

Victim breathes faster than normal

Changes in pulse rate

Pulse may be faster or slower than normal

Pulse may be irregular.

Absence of pulse - the absence of a pulse is the main signal of a cardiac arrest

Skin Appearance

Victim's skin may be pale or bluish in color

Victim's face may be moist

Victim may perspire profusely.

Care for a Heart Attack

Recognize the signals of a heart attack.

Convince the victim to stop activity and rest.

Help the victim to rest comfortably.

Try to obtain information about the victim's condition.

Comfort the victim.

Call 9-1-1 and report the emergency.

Assist with medication, if prescribed.

Monitor the victim's condition.

Be prepared to give CPR if the victim's heart stops beating.

Giving CPR:

Position victim on back on a flat surface.

Position yourself so that you can give rescue breaths and chest compression without having to move (usually to one side of the victim).

Find hand position on breastbone.

Position shoulders over hands. Compress chest 15 times. (For small children only 5 times)

With victim's head tilted back and chin lifted, pinch the nose shut.

Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises. (For small children only 1 time)

Do 3 more sets of 15 compressions and 2 breaths (For small children, 5 compressions and 1 breath)

Recheck pulse and breathing for about 5 seconds.

If there is no pulse continue sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)

When giving CPR to small children only use one hand for compressions to avoid breaking ribs. **When To Stop CPR**

If another trained person takes over CPR for you.

If Paramedics arrive and take over care of the victim.

If you are exhausted and unable to continue.

If the scene becomes unsafe.

If a Victim is Choking:

Partial Obstruction With Good Air Exchange:

Symptoms

May include forceful cough with wheezing sounds between coughs.

Treatment

Encourage victim to cough as long as good air exchange continues. DO NOT interfere with attempts to expel object.

Partial or Complete Airway Obstruction in Conscious Victim:

Symptoms may include:

weak cough

high-pitched crowing noises during inhalation

inability to breathe, cough or speak

gesture of clutching neck between thumb and index finger

exaggerated breathing efforts

dusky or bluish skin color.

Treatment - The Heimlich Maneuver:

Stand behind the victim.

Reach around victim with both arms under the victim's arms.

Place thumb side of fist against middle of abdomen just above the navel.

Grasp fist with other hand.

Give quick, upward thrusts.

Repeat until object is coughed up.

Bleeding in General

Before initiating any First Aid to control bleeding, be sure to wear the latex gloves included in your First-Aid Kit in order to avoid contact of the victim's blood with your skin.

If a Victim is Bleeding:

Act quickly. Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.

Control bleeding by applying direct pressure on the wound with a sterile pad or clean cloth.

If bleeding is controlled by direct pressure, bandage firmly to protect wound. Check pulse to be sure bandage is not too tight.

If bleeding is not controlled by use of direct pressure, apply a tourniquet only as a last resort and dial 9-1-1 immediately.

Nose Bleed

To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops.

Bleeding On The Inside and Outside of the Mouth

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

Infection

To prevent infection when treating open wounds you must:

Cleanse.... the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.

Treat... to protect against contamination with ointment supplied in your First-Aid Kit.

Cover... to absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads supplied in your First-Aid Kit. (Handle only the edges of sterile pads or dressings)

Tape... to secure with First-Aid tape (included in your First-Aid Kit) to help keep out dirt and germs.

Deep Cuts

If the cut is deep, stop bleeding, bandage, and encourage the victim to get to a hospital so he/she can be stitched up. Stitches prevent scars.

Splinters

Splinters are defined as slender pieces of wood, bone, glass or metal objects that lodge in our under the skin. If splinter is in eye, DO NOT remove it. Symptoms may include: Pain, redness and/or swelling.

Treatment

First wash your hands thoroughly, then gently wash affected area with mild soap and water.

Sterilize needle or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use.

Loosen skin around splinter with needle use tweezers to remove splinter. If splinter breaks or is deeply lodged, consult professional medical help.

Cover with adhesive bandage or sterile pad, if necessary.

Insect Stings

In highly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical 'help immediately. Call 9-1-1. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

Symptoms - Signs of allergic reaction may include:

- nausea;
- severe swelling;
- breathing difficulties;
- bluish face, lips and fingernails;
- shock or unconsciousness.

Treatment:

For mild or moderate symptoms, wash with soap and cold water.

Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.

For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.

If victim has gone into shock, treat accordingly (see section, "Care for Shock")

Emergency Treatment Of Dental Injuries

Avulsion (Entire Tooth Knocked Out)

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down.

Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

Avoid additional trauma to tooth while handling. Do Not handle the tooth by the root. Do Not brush or scrub tooth. Do Not sterilize tooth.

If debris is on tooth, gently rinse with water

If possible, re-implant and stabilize by biting down gently on a towel or handkerchief (Do only if athlete is alert and conscious).

If unable to re-implant:

Best— Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."

2nd best — Place tooth in milk. Cold whole milk is best, followed by cold 2% milk.

3rd best — Wrap tooth in saline soaked gauze.

4th best — Place tooth under victim's tongue. Do only if athlete is conscious and alert.

5th best — Place tooth in cup of water.

Time is very important. Re-implantation within 30 minutes has the highest degree of success rate. TRANSPORT IMMEDIATELY TO DENTIST.

Luxation (Tooth In Socket, But Wrong Position)

THREE POSITIONS -

1. EXTRUDED TOOTH (Upper tooth hangs down and/or lower tooth raised up).

Reposition tooth using firm finger pressure.

Stabilize tooth by gently biting on towel or handkerchief.

TRANSPORT IMMEDIATELY TO DENTIST

2. LATERAL DISPLACEMENT (Tooth pushed back or pulled forward) Try to reposition tooth using finger pressure

Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief

TRANSPORT IMMEDIATELY TO DENTIST.

3. INTRUDED TOOTH (Tooth pushed into gum - looks short)

Do nothing - avoid any repositioning of tooth

TRANSPORT IMMEDIATELY TO DENTIST.

Fracture (Broken Tooth)

If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding.

Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp Nerve may be exposed, which is extremely painful to athlete.

Save all fragments of fractured tooth as described under Avulsion, Item 4. IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST in the plastic baggie supplied in your First-Aid kit.

Burns

Care for Burns:

The care for burns involved the following 3 basic steps.

1. Stop the Burning - Put out flames or remove the victim from the source of the burn.
2. Cool the Burn - Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available - tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the cloths cool by adding more water.
3. Cover the Burn - Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain. Covering the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

Chemical Burns:

If a chemical burn,

1. Remove contaminated clothing.

2. Flush burned area with cool water for at least 5 minutes.
3. Treat as you would any major burn (see above.)

If an Eye Has Been Burned.

Immediately flood face, inside of eyelid and eye with cool running water for at least 15 minutes. Turn head so water does not drain into uninjured eye. Lift eyelid away from eye so the inside of the lid can also be washed.

If eye has been burned by a dry chemical, lift any loose particles off the eye with the corner of a sterile pad or clean cloth.

Cover both eyes with dry sterile pads, clean cloths, or eye pads; bandage in place. **Dismemberment**

If part of the body has been torn or cut off, try to find the part and wrap it in sterile gauze or any clean material, such as a washcloth. Put the wrapped part in a plastic bag. Keep the part cool by placing the bag on ice, if possible, but do not freeze. Be sure the part is taken to the hospital with the victim. Doctors may be able to reattach it.

Penetrating Objects

If an object, such as a knife or a piece of glass or metal, is impaled in a wound:

Do not remove it.

Place several dressings around object to keep it from moving.

Bandage the dressings in place around the object.

If object penetrates chest and victim complains of discomfort or pressure, quickly loosen bandage on one side and reseal. Watch carefully for recurrence. Repeat procedure in necessary.

Treat for shock if needed (see “Care for Shock” section).

Call 9-1-1 for professional medical care.

Poisoning

Call 9-1-1 immediately before administering First Aid then:

Do not give any First Aid if victim is unconscious or is having convulsions.

Begin rescue breathing techniques or CPR if necessary. If victim is convulsing, protect from further injury; loosen tight clothing if possible.

If professional medical help does not arrive immediately DO NOT induce vomiting if poison is unknown, a corrosive substance (i.e., acid, cleaning fluid, lye, drain cleaner), or a petroleum product (i.e., gasoline, turpentine, paint thinner, lighter fluid).

Induce Vomiting If Poison Is Known And Is Not A Corrosive Substance Or Petroleum Product

To induce vomiting: Give adult one ounce of syrup of ipecac (1/2 ounce for child) followed by four or five glasses of water. If victim has vomited, follow with one ounce of powdered, activated charcoal in water, if available.

Take poison container, (or vomitus if poison is unknown) with victim to hospital.

Heat Exhaustion

Symptoms:

fatigue;
irritability; headache;
faintness;
weak, rapid pulse;
shallow breathing;
cold, clammy skin;
profuse perspiration.

Treatment:

Instruct victim to lie down in a cool, shaded area or an air-conditioned room.
Elevate feet.
Massage legs toward heart.
Only if victim is conscious, give cool water or electrolyte solution every 15 minutes.
Use caution when letting victim first sit up, even after feeling recovered.

Sunstroke (Heat Stroke)

Symptoms May Include

extremely high body temperature (106 F or higher);
hot, red, dry skin;
absence of sweating;
rapid pulse;
convulsions;
unconsciousness.

Treatment:

Call 9-1-1 immediately.

Lower body temperature quickly by placing victim in partially filled tub of cool, not cold, water (avoid over-cooling).

Briskly sponge victim's body until body temperature is reduced then towel dry.

If tub is not available, wrap victim in cold, wet sheets or towels in well-ventilated room or use fans and air conditioners until body temperature is reduced.

DO NOT give stimulating beverages (caffeine beverages), such as coffee, tea or soda. **Transporting An Injured Person**

If injury involved neck or back, DO NOT move victim unless absolutely necessary. Wait for paramedics.

If victim must be pulled to safety, move body lengthwise, not sideways. If possible, slide a coat or blanket under the victim.

Carefully turn victim toward you and slip a half-rolled blanket under back.

Turn victim on side over blanket, unroll, and return victim onto back.

Drag victim head first, keeping back as straight as possible.

If victim must be lifted:

Support each part of the body.

Position a person at victim's head to provide additional stability.

Use a board, shutter, tabletop or other firm surface to keep body as level as possible.

Prescription Medication

Do not, at any time, administer any kind of prescription medicine.

Asthma And Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening.

Review the medical information supplied on the Application Form. Study their comments and know which children on your team need to be watched.

Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial 9-1-1 and request emergency service.

Seek emergency care if a child experiences any of the following:

Child's wheezing or coughing does not improve after taking medicine (15-20 minutes for most asthma medications)

Child's chest or neck is pulling in while struggling to breathe

Child has trouble walking or talking

Child stops playing and cannot start again

Child's fingernails and/or lips turn blue or gray

Skin between child's ribs sucks in when breathing

Colds & Flu

The baseball season usually coincides with the cold and flu season. There is nothing you can do to help a child with a cold or flu except to recognize that the child is sick and should be at home recovering and not on the field passing his cold or flu on to all your other players. Prevention is the solution here. Don't be afraid to tell parents to keep their child at home.

ACCIDENT REPORTING PROCEDURE

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 PSWLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

When To Report

All such incidents described above must be reported to the PSWLL Safety Officer, Jason Grinnell, within 24 hours of the incident. The PSWLL Safety Officer can be reached at the following:

Cellphone: (626) 524-0108

Email: 2018pswllsafetyofficer@gmail.com

Address: 334 S. Roosevelt Avenue, Pasadena, CA 91107

How To Make A Report

The manager will fill out the Incident/Injury Tracking Report submit it to the PSWLL Safety Officer within 24 hours of the incident. (forms are kept in Allendale snack stand and distributed to all Managers)

Accidents occurring outside the team (i.e., spectator injuries, concession stand injuries and third party injuries) shall be handled directly by the PSWLL Safety Officer.

PSWLL Safety Officer's Responsibilities

Within 24 hours of receiving the Accident Report Form, the PSWLL Safety Officer will contact the injured party or the party's parents and;

Verify the information received;

Obtain any other information deemed necessary;

Check on the status of the injured party; and

In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the PSWLL's insurance coverage and the provision for submitting any claims.

If the extent of the injuries is more than minor in nature, the PSWLL Safety Officer shall periodically call the injured party to:

Check on the status of any injuries, and

Check if any other assistance is necessary in areas such submission of insurance forms, etc., until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the League again).

INSURANCE POLICIES

Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated. PSWLL shall not participate in games with other teams of other programs or in tournaments except those authorized by Little League Baseball.

Explanation Of Coverage

The Little League's insurance policy (see in Appendix) is designed to afford protection to all participants in PSWLL. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, Little League insurance (which is purchased by the PSWLL, not the parent) takes over and provides benefits,

after a \$50 deductible per claim, for all covered injury treatment costs up to the maximum states benefits.

How the Insurance Works

First have the child's parents file a claim under their insurance policy.

Should the family's insurance plan not fully cover the injury treatment, the Little League Policy will help pay the difference, after a \$50 deductible per claim, up to the maximum stated benefits.

If the child is not covered by any family insurance, the Little League Policy becomes primary and will provide benefits for all covered injury treatment costs, after a \$50 deductible per claim, up to the maximum benefits of the policy.

Treatment of dental injuries can extend beyond the normal fifty-two week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at the time treatment is given, even though it may be some years later. Maximum dollar benefit is \$500 for eligible dental treatment after the normal fifty-two week period, subject to the \$50 deductible per claim.

Filing a Claim:

When filing a claim, (see claim forms in section 8) all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of Group or Employer insurance must accompany a claim form.

On dental claims, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant, or parent(s)/guardian(s), if claimant is a minor. "Accident damage to whole, sound, normal teeth as a direct result of an accident" must be stated on the form and bills. Forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, League ID, and year of the injury on the form.

Claims must be filed with the PSWLL Safety Officer. He forwards them to Little League Baseball, Incorporated, PO Box 3485, Williamsport, PA 17701. Claim officers can be contacted at (717) 327-1674 and fax (717) 326-1074.

SNACK BAR INSTRUCTIONS AND SAFETY PROCEDURES

Introduction

PSWLL maintains and operates the structure, appliances, supplies and inventory of the Snack Bar. The purpose of the Snack Bar is to provide a varied food selection and a place for parents and players to relax before and after games. A secondary purpose of the Snack Bar is to produce additional revenue for our overall operations.

Responsibilities

The Snack Bar Board Member is responsible for the paid staffing and operation of the Snack Bar. Additionally, he or she is responsible for the arranging for the parent volunteers to assist with the Snack Bar. These volunteers include Board Members, Parents and student volunteers. Opening and Closing Procedures and cooking instructions for items are posted in Snack Bar.

Procedures

- Wash hands with soap and water;
- Wear plastic gloves when preparing machines and preparing and serving all items;
- Turn on grill;
- Restock all wrapped items as needed in containers at the front of the Snack Bar; and
- Start the pot for hot water for coffee and hot chocolate.

Closing Procedures

- Turn off grill;
- Throw away all open food containers, unsold hot dogs, etc.,
- Wash and dry all serving and cooking utensils;
- Clean all counter tops and machines (please make sure machines are off and not too hot);
- Empty and wipe down outside ice/soft drink containers;
- Clean up all trash inside and outside of snack bar;
- Sweep and mop the floor;
- Make a list of any items which are running low for Snack Bar Board Member

Emergency Contact List (2021)

Police/Fire/Medical - Emergency 911

Police - Non-emergency (626) 744 4241

Fire - Non-emergency (626) 793 7176

Poison Control (800) 876 4766

Medical Non-emergency (Urgent Care Centers)

1. Healthcare Partners Medical Group 401 South Fair Oaks Avenue
Pasadena, CA 91105
(626) 795-2244
2. Medical Urgent Care Clinics 600 South Lake Avenue #105
Pasadena, CA 91106
(626) 844-8848
3. Foothill Cardiology 625 S. Fair Oaks Ave, #215
Pasadena, CA 91105
(626) 793-4139

Key PSWLL Board Members

Safety Officer Jason Grinnell (626) 524-0108

President George Hasbun (626) 676-5438

Player Agent Christopher Schmoke (231) 881-0828

Concession Manager Tricia Tanaka (626) 833-0728

Umpire Coordinator Craig Graham (323) 428-6235

Head Umpires

Majors & AAA Phil DiPrima (323) 864-0083

AA & Farm Pete Constantino (626) 286-7928

Injury Reporting Procedures

Any person may report an injury to the PSWLL Safety Officer, Jason Grinnell, at any time. Please feel free to call Jason Grinnell at (626) 524-0108 or email him at 2018pswllsafetyofficer@gmail.com.

It is the Manager's responsibility to report Injuries to the League Safety Officer (If the Manager is absent the "Coach in charge" makes the report) within 24hrs of an incident.

Injuries that should be reported to the Safety Officer include:

- Any injury that results in the player, Coach, or Spectator leaving the game or practice.
- Any injury to the Head
- Any injury which results in a visit to a hospital or doctor
- Any other injury that a Coach or Manager feels should be reported (If you are unsure, REPORT IT!)

The Safety Officer's responsibilities in case of injury or incident are:

- Record the necessary information on an "Incident/Injury Tracking Report." At a minimum, the following information must be provided:
 - Name/phone of the individual(s) involved
 - Date/time/location of the incident
 - As detailed description of the incident as possible
 - Preliminary estimation of the extent of the injuries
 - Name/phone of the individual reporting the incident
- Contact the injured party to assess the degree of the injury. In the event the injured party required professional medical attention, advise the injured party or the relevant Parent or Guardian of Little League's supplemental insurance program with AIG.
- Complete the Injury Tracking Report form and file a copy to District 17 and the PSWLL President and Vice President.
- Contact the injured party for a follow-up in 24-48 hours
- If the injured party or relevant Parent or Guardian wishes, complete the 2 Accident Claim Form, have the parent sign and fax to Williamsport, notifying the PSWLL President and District
- Summarize the Report at the next monthly Board Meeting.

2021 CORONAVIRUS MITIGATION AND PROTOCOLS

PSWLL is committed to following the applicable health and safety guidelines set forth from time to time by the applicable State of California, County of Los Angeles, and City of Pasadena health and safety departments and following best practices recommended by Little League International.

Current public health protocols relating to will be posted on the PSWLL website.

As part of the First Aid and Fundamentals Training, Managers and Coaches will be instructed on current best practices relating to the Coronavirus Mitigation Measures and Protocols. Coaches and Managers shall also review the materials set forth in the following links:

<https://www.littleleague.org/downloads/best-practices/>

<https://www.littleleague.org/downloads/best-practices-administrative-guidance/>

Parents are encouraged to review these materials with players too