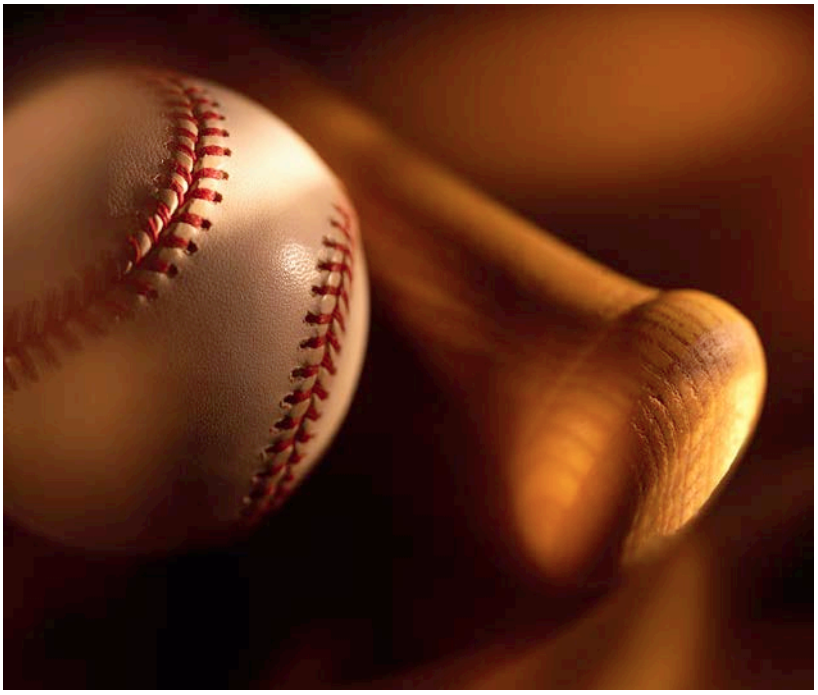

Bear Country Little League Baseball and Softball
League ID 232-09-04

2016 Safety Manual

This manual outlines the basics of safety and provides managers, coaches, and parents with the necessary information to help facilitate a safe 2016 season.

Matthew Martin-Safety Officer
February 2016

Table of Contents

Important Contacts and Phone Numbers

Emergency

Police/Fire/EMS	Dial 911
Poison Control	1-800-222-1222
Gas Emergency	1-800-892-2345

Non-Emergency

Chittenango Police	687-3930	Chittenango Fire	687-6424
Madison County Sheriff	366-2311	North Chittenango Fire	687-6529
NY State Police	366-6000	Bridgeport Fire	633-8691

Area Hospitals

Oneida Healthcare Center 321 Genesee St. Oneida, NY 13412	363-6000	Crouse Irving 736 Irving Ave. Syracuse, NY 13210	470-7111
University Hospital 750 E. Adams St. Syracuse, NY 13210	464-5540	Northeast Med. Urgent Care 4000 Medical Center Dr. Fayetteville, NY 13066	637-7800

Local Government

Town of Sullivan	687-7221	Village of Chittenango	687-3936
Parks and Rec	687-3471	Mad.Co. Child Protective	366-2548
Chittenango High School	687-2621	CSD Admin Office	687-2669
Chittenango Mdl. School	687-2648	Bridgeport Elementary	633-9611

Bolivar Rd. Elementary 687-2684 Lake St. Elementary 687-2660

Bear Country Little League Contacts

Website www.bearcountryll.org

2016 Board of Directors

Dave Stanton, President	687-0257	Patty Welch	
Brett Schnauffer, VP Baseball	687-3036	Shimel McDonell	
Jerry Jackson VP Softball	952-2655	Tim Burgan	439-2791
Jeffrey Thousand, Treasurer	510-3045	Art Burghart	687-3201
Kaitlyn Gardner, Secretary	440-9503	John Spencer / Karin Spencer	
Jason Thomas, Player Agent	569-8954	Kevin Valente – 427-2202	
Matthew Martin, Safety Officer	510-3531	Kim Pierce	
Chris Murray	687-3948	Todd Russell	
Ken Lanphear	687-5012		

2016 Committee Chairpersons

Tee Ball	Dave Stanton
Seniors 16u	Chris Murray
Equipment	Dave Stanton
Uniforms	Brett Schnauffer
Fund Raising	Jeff Thousand
Scheduling	Brett Schnauffer
Grounds	Ken Lanphear
Registration	Kevin Valente
Skills Evaluation	Jason Thomas
Sponsors	Jeffrey Thousand
Coaching	Jason Thomas
Pictures	Kaitlyn Gardner
Umpires	Chris Murray
Rules	Jason Thomas
Fall Ball	Dave Stanton
All-Stars	Dave Stanton
Facilities	Art Burghart

Introduction

The purpose of this manual is to ensure that the safest possible environment for all participants is achieved through training, and awareness. Bear Country Little League strives to prevent injuries and make the 2016 season enjoyable for all of our children and parents. This manual outlines the basics of safety and provides managers, coaches, and parents with the necessary information to help facilitate a safe 2016 season. This manual will be published and distributed to all staff. If you have any questions about the league, or if you have any suggestions that would enhance the safety of league participants, please contact the League Safety Officer, Matthew Martin, at 315-510-3531, or any board member. All ideas are welcome and encouraged.

Mission Statement

Bear Country Little League is committed to the youth and their families in our community to firmly implant the ideals of teamwork, good sportsmanship, honesty, loyalty, courage, and respect, so that they may be well adjusted, stronger and happier children and will grow to become good, decent, healthy, and trustworthy members of society. Furthermore, it is the goal of the Safety Officer and this document to create safety awareness through education and information.

Safety is everyone's responsibility!

Bear Country Little League Safety Code

Responsibility for safety is everyone's job. Most Little League Rules have some basis in safety; they must be followed and enforced.

- All Little League International rules will be enforced.
- Managers and coaches will be trained in aspects of sports safety, first aid, and fundamentals. These training sessions will be announced and attendance will be required each year by at least one coach per team. Team managers must attend every three years.
- All managers, coaches, board members, and any others, volunteer or hired workers, who provide regular services to the league must fill out a volunteer application and submit to a background check for sexual abuse offenses and crimes against minors.
- No game or practice will be conducted when weather or field conditions are unsafe.
- Before use, fields shall be inspected by coaches and umpires for stones, glass, or other hazardous conditions.
- Only players, managers, coaches and umpires are permitted on the playing field during games and practices.
- All players should be alert, watching the ball and batter on each pitch during games and practices.
- Equipment should be inspected regularly to ensure proper fit and operation.
- Batters must wear approved protective helmets during practice and games.
- Catchers must wear helmet, mask, throat protector, shin guards, chest protector and protective supporter (boys) at all times.
- Head first sliding is prohibited except when a runner is returning to a base.
- The use of disengagable bases is required.
- Adults must not warm up pitchers between innings.
- "Horse play" is not permitted at any time.
- Parents of players who wear glasses are encouraged to provide "safety glasses".
- Any player warming up a pitcher must wear helmet and mask. This applies both between innings and in the bullpen.
- Any player participating in batting practice (including batting cage activities) must wear a helmet with face mask.
- All managers, coaches, and volunteers will be issued a copy of this Safety Plan.

Managers: Always have a completed "Medical Release Form" for all players on your roster with you at all games and practices. A copy is included in this manual.

2016 Fundamentals and First Aid Training

Required to Attend	Date Attended
Brett Schauffer	3/20/16
Dave Stanton	3/20/16
Ken Lanphear	3/20/16
Derek Rooney	3/20/16
Kevin Gardner	3/20/16
Dan Simmons	3/20/16
Mike Eiffe	3/20/16
Matthew Martin	3/20/16
Jason Thomas	3/20/16
Ryan Bentz	3/20/16
Jen Jackson	3/20/16
Jason Roach	3/20/16
Jeff Thousand	3/20/16
Chad Lamphere	3/20/16
Tim Eddy	3/20/16
Paul Hilliker	3/20/16
Greg Mattia	3/20/16
John Spencer	3/20/16
Jeff Pitt	3/20/16
Gary Mattia	3/20/16
Gary Bartuszek	3/20/16
Jen Raymond	3/20/16

Safety Tips

The following information is provided to assist Bear Country Little League in carrying out basic safety policies, making participation a safer and more enjoyable activity for all. Those who are involved in administration, management, and execution should have an understanding of how safety fundamentals can be applied to various assignments and activities in the program. Safety practices should become habits, and a standard by which we conduct all activities. All involved should become "safety-minded."
The success of an effective safety program is the responsibility of all who participate in the League on all levels. The inexperience and dependence of young children on adult supervision and guidance make it essential that everyone involved make safety the number one priority. Be conscientious of behavior during practices, games, and all other league events.

A.C.T.

An effective way to conduct a league is with 3 basic concepts.

Attitude

Everyone's approach to accident prevention must come from an optimistic and pro-active point of view, if it is to be effective. Our primary concern is preventing situations that could cause a player, coach, or spectators harm. This can be accomplished without taking the fun out of the game. Everyone involved should display a great attitude, as well as, be alert, and helpful. There is no place for a poor attitude or rude behavior. Appropriate instruction and properly functioning equipment are critical in preventing accidents and injuries. Instructions should be given in a positive manner.

Communication

It is our intent to hold team managers and coaches primarily responsible for communicating the expectations of behavior to team members, parents of team members and others. Educating others about what is expected is a core safety value. This is a great team building exercise. These expectations set the tone for conduct and behavior. Timing of specific communication topics will be at the discretion of the coaching staff.

Teaching

To minimize accidents, instruction in the execution of basic baseball and softball skills is essential. This applies particularly to fundamentals such as running, fielding and throwing, hitting and sliding. Proper teaching of basic skills is the best protection against accidents and injuries. A second basic factor that is important to the safe development and use of baseball skills is the understanding that teamwork and good sportsmanship play important parts in the game of baseball/softball. These have a direct bearing on accident prevention. The following should be communicated:

- Adults must display a courteous and considerate attitude towards umpires, players, coaches, managers, parents, and spectators. They ***must*** set a good example.

- Coaches must emphasize teamwork and cooperation between teammates, and good sportsmanship towards opponents.

Safety Inspection

Regular inspections of all fields, whither permanent or temporary are required. Regular inspection of playing equipment and personal protective equipment are the best way to prevent injury. It will determine if unsafe conditions exist which require correction. Managers, coaches and the League Safety Officer should work together to ensure serious safety hazards are corrected promptly. It is a valuable learning experience to have players takes part in these procedures.

The following list will be of assistance in determining conditions that can cause accidents. Prompt corrective action must be taken to remove all serious hazards.

- Inspect fields for unsafe conditions such as holes, ditches, rough or uneven spots, slippery/wet areas, foreign objects like stones, broken glass, pop bottles, rakes, etc. and excessively long grass.

- Defects in protective screens and chain-link fences, including holes, sharp edges and loose edges.

- The backstop should be inspected for hazards that could cause injury.

- All dugouts and benches should be clean and free of debris, protruding nails, and other hazards.

- The plate, batter's boxes, bases and the pitcher’s mound should be checked periodically for tripping and stumbling hazards.

- Loose equipment such as bats, gloves, masks, balls, helmets, etc., must be properly stored when not in use.

- Managers, coaches and umpires should be on the lookout for missing or poorly fitting personal protective equipment. This includes helmets, masks, catcher's equipment and other protective gear (including footwear.) A protective cup and supporter are required for all male players and are required during practice and games.

- All playing equipment shall be inspected prior to the beginning of the season. All unsafe, outdated, and/or illegal equipment will be removing from service and destroyed.

- Corrective lenses should be “sports-type” glasses and equipped with "industrial" safety lenses. Shatterproof, flip-type sunglasses are good protection against losing a fly ball in the sun.

- Bats should be properly stored, have secure grips and be free of defects such as cracks or dents. Cracked or broken bats should never be used.

- Safety should be the major consideration when making a decision to cancel a practice or game due to darkness or weather. The greatest, hazard in connection with weather is exposure to lightning. Managers and umpires must not take any chances when an electrical storm is approaching. At the first indication of such a storm, play should be terminated and everyone should leave the field.

- Properly fitted uniforms reduce the potential for accidents.

Conditioning

Conditioning is an important phase of training, and has a direct bearing on safety and accident prevention. Stretching and contracting of muscles just before an athletic activity improves general control of movements, coordination and alertness. Such drills also help develop the strength needed by the youngster to minimize exposure to accident and injury.

How often do we see this:

Players arrive at practice or game and immediately find a partner and start playing catch haphazardly and at longer distances. The throws are inaccurate and often short of their target. Once everyone has arrived, the team takes a short jog (maybe), does a couple of leg stretches, and is now considered warmed up.

A better plan would be to make sure every player has stretched his/her arm (wrist bends, pat yourself on the back, windmills, etc.) before playing catch at a monitored

close distance. Once the team has arrived, light running followed by some dynamic warm-ups such as butt kicks and high steps would be appropriate. Follow this with group stretching for the lower body. Once everyone is loose, go back to throwing at short distances, increasing that distance after every 8-10 throws or. At practice this is a good opportunity to work up to long toss using the crow hop, which builds arm strength.

Warming up adequately before a practice or game helps safeguard youngsters from injuries. Stretching and calisthenics are important, but should be only part of a dynamic warm-up routine.

We frequently use the term “warming up” to refer to ball-handling drills as well. These drills can pose a serious accident risk (primarily due to misdirected balls) if not properly supervised. The following suggestions will reduce the risk of being struck by a misdirected ball:

- All unauthorized people should remain off the field during drills.

- Watch the ball at all times. The most basic fundamental of safely playing baseball/softball is that of watching the ball at all times. Managers and coaches must stress that eyes must be kept on the ball. This should be drilled regularly into both players and adults until it becomes a conscious act.

Fundamentals and Safety

Throwing

The basic fundamental in baseball and softball is throwing. Proper throwing mechanics must be taught and reinforced at every practice, regardless of age. Sufficient warm up time and gradually working up to longer throwing distances is essential to arm health, strength, and development. Start close and easy and work up to long toss.

Pitchers

Pitch count matters! Little League rules are very clear about pitch counts, required rest, and how it must be documented. Remember, in the pros, a pitcher is removed after approximately 100 pitches. A child cannot be expected to perform like an adult! In the back of this manual is a pitch count log. It is to be used for all games and must be carried by the manager of each team and available for viewing by any umpire, opposing coach, and/or league official.

Little League managers and coaches are usually quick to teach their pitchers how to get movement on the ball. Unfortunately the technique that older players use is not appropriate for children thirteen (13) years and younger. The snapping of the arm used

to develop this technique can potentially lead to serious injuries to the child as he/she matures.

Arm stress during the acceleration phase of throwing affects both the inside and the outside of the growing elbow. On the inside, the structures are subjected to distraction forces, causing them to pull apart. On the outside, the forces are compressive in nature with different and potentially more serious consequences. The key structures on the inside (or medial) aspect of the elbow include the tendons of the muscles that allow the wrist to flex and the growth plate of the medial epicondyle ("Knobby" bone on the inside of the elbow). The forces generated during throwing can cause this growth plate to pull away (avulse) from the main bone. If the distance between the growth plate and main bone is great enough, surgery is the only option to fix it. This growth plate does not fully adhere to the main bone until age 15!

Similarly, on the outside (or lateral) aspect of the elbow, the two bony surfaces can be damaged by compressive forces during throwing. This scenario can lead to a condition called Avascular Necrosis or Bone Cell Death as a result of compromise of the local blood flow to that area. This disorder is permanent and often leads to fragments of the bone breaking away (loose bodies) which float in the joint and can cause early arthritis. This loss of elbow motion and function often precludes further participation.

Sliding

A proper slide is also a safe one. During a slide, it is also essential that the player remain aware of the potential for a collision with the defensive player, or the possibility of being hit by a thrown ball. It goes without saying that steel spikes are prohibited. The following can make the learning to slide a safer endeavor:

- Long grass has been found to be better than a sand or sawdust pit to teach sliding, particularly when wet.
- The base must not be anchored down.
- Sliding pads are recommended.
- The player should begin at half speed and bear in mind that both hands and feet should be in the air. Once committed to slide, the player must not change strategy. Last minute hesitation causes most sliding injuries.
- Sneakers are suggested for beginning sliding and tagging practice to avoid injury to the defensive player.
- It should be stressed that head-first sliding is prohibited except when returning to a base.

Batter Safety

A batter's greatest accident exposure comes from the unsafe acts of others, namely wild pitches, which account for a major portion of all accidents. Again, the best defense against being hit is an alert, confident concentration on the ball. Since the danger is increased as pitchers learn to throw with greater velocity, this type of injury is more prevalent in the upper divisions than in Minor League play. The following can make the experience safer:

- A well-fitted helmet with face mask is the first requirement.

- The development of a batter's ability to take evasive action can be improved by getting the player to relax and concentrate on the ball from the time the pitcher starts his/her delivery until it lands in the catcher's mitt. Players with slow reflexes can also be helped by simulated batting and ducking practice with a tennis ball.

- The practice of crowding the plate or jumping around to rattle the pitcher must not be tolerated. It could endanger the batter if it causes the pitcher to lose concentration and control.

- Painful finger and hand injuries can be reduced by making sure the batter holds the bat correctly when bunting. Youngsters have a tendency to lean too far over the plate, increasing their exposure to being hit by the ball. This error should be promptly corrected.

- When the batter becomes a base runner, he/she should be taught to run outside the foul lines when going from home plate to first and from third to home. This technique reduces the chances of being hit by a thrown ball.

Bat Safety

One of the most common practices that results in accident and injury is when the novice batter throws the bat while running to first base. This unthinking act may be corrected through individual instruction to drop the bat safely. This can be accomplished by:

- A reminder from the coach before each ball is pitched.

- During practice, having the batter drop the bat in a marked-off circle near the beginning of the baseline.

- Counting the player "out" in practice whenever the player fails to drop the bat correctly.

- Providing bats with grips that are not slippery.

Managers, coaches, and umpires should also be on the alert to correct batters who have a tendency to step into the catcher as they swing. A more serious injury is caused when an absent-minded youngster unconsciously walks into the swing of the coach's bat, or when an equally unwary player walks into the swing of a player taking practice swings. These situations demonstrate the need for everyone on the field to become safety conscious, not only for their own well being, but also for the safety of others. Consider the following:

- During games, per Little League rules, no player is to have a bat in his hands unless he is the batter up. The only time an on deck batter is permitted is when he/she is the first batter of the inning.

- The player assigned to catching balls for the coach using a bat should be assigned the specific task of warning anyone who comes too close to the path of the swing.

- All players and adults should give a wide area to players taking practice swings. The ingrained safety habit of keeping clear may save someone a painful injury.

Catcher Safety

The catcher is the most accident-prone player on the field. Statistics show that the severity of injuries decreases with an increasing level of play. Again, this highlights the fact that the more safety conscious the player, the less chance of sustaining an injury. Assuming that the catcher is wearing the required protective equipment, the greatest exposure is to the throwing hand. The catcher must learn to:

- Stay relaxed

- Always have the back of the throwing hand toward the pitcher, and try to keep his/her throwing hand behind the back during the pitch. As a catcher develops, more appropriate defensive techniques may be taught.

- Be taught to throw the mask and catcher's helmet in a direction away from the batter when going for a foul or passed ball.

- As the catcher learns to play this position, he or she should keep a safe distance from the swinging bat. A good estimate is to remain one foot back from the batter than the ends of the catcher’s outstretched arm. Also, do not reach forward for the pitched ball; let it come to your glove.

- See the current rule book for rules regarding pitchers who become catchers in a game.

Exposure to Unsafe Practices

Unsafe acts are far more difficult to control than hazardous conditions. Assuming that every effort has been made to provide safe playing conditions and equipment for participants, the next major area of risk is the exposure to unsafe acts. Identifying and developing strategies to limit unsafe behavior is essential.

Bear Country Little League's intent is to create a positive approach to behavior on everyone's part. This can be achieved through regular review of safety issues and topics, solicitation and reporting of unsafe conditions, so a positive and safe environment will result.

With proper instruction and practice, players will develop the skills necessary to reduce the risk of accident and injury. The development and ability level of children varies. Managers and coaches should be aware of both the maturity level and ability of each of their players, thus allowing them to provide appropriate guidance/instruction. Several factors can contribute to reducing unsafe behavior. A positive attitude and enthusiasm should be expected from all players to encourage development of better skills.
Good sportsmanship and courtesy are necessary ingredients for a safe and stress free environment. These characteristics are best taught by adults who set a good example, both on and off the field. Your most effective tool to inspire an attitude of excellence and self-confidence is the use of PRAISE and RECOGNITION. Emphasis should be placed not only on achievement, but on the effort as well.

Attention Span

Inattention due to inaction or boredom is another underlying cause of accidents. This situation can be partly offset by using idle time to practice basics of skillful and safe play, such as:

- Idle fielders should be encouraged to "talk it up". Plenty of chatter promotes enthusiasm and encourages hustle.
- Players waiting for a game or practice to start can pair off and play catch to improve their skills.

- Practice should include plenty of variety in the drill work to preclude boredom.

- Put a time limit on each drill and do not hold the total practice for more than two hours. Reduce the length of practice if interest begins to lag.

- Idle players along the sidelines can be given the job of studying the form of other players to improve their own techniques.

Horseplay

The human element in accident prevention would not be complete without discussing the problem of horseplay. This includes any type of behavior that could be the cause of an accident. Even the mildest form of childish behavior can distract another player, resulting in an accident. Team play requires 100% cooperation among all players, and good sportsmanship demands courtesy to opposing players. If poorly behaved children cannot find an outlet for their energy during a practice or game, immediate and impartial disciplinary action must be taken.

ACCIDENT REPORTING

An “Incident Report” form must be completed and provided to the League Safety Officer for all occurrences that meet the criteria described below. A copy of the form is included in this manual. In our effort to prevent accidents and injuries to all involved we must deal with the unpredictable actions of many athletes. One of the most widely accepted ways to reduce the occurrences of unsafe acts is to document the reasons behind such acts and take action to prevent them from happening again. Since we cannot eliminate all mishaps, we must use them as learning tools to help reduce the number of similar or related accidents. Also, safety consciousness allows us to determine the root causes of "near misses", so that action can be taken to prevent the occurrence of injury-producing accidents in the future.

Good judgment must be used when deciding which accidents to analyze. The severity of an injury should not be the only basis for deciding to report/investigate an accident. The prevention of a similar, more severe accident should be our main reason for exploring causes and taking suitable corrective action. Examples of accidents requiring thorough study:

- A collision that occurs when two players go after the same fly ball, even though no one is hurt, has the possibility of resulting in a serious injury. Questioning the

players involved may reveal that they had forgotten the basics of “calling the ball”. A corrective measure might include reemphasizing ball priority drills in the next practice. A completed accident report passed on to the Safety Officer will serve highlight this area as one needing additional emphasis from managers and coaches.

- If a player should trip and fall over a bat left on the ground and suffer a small abrasion, the cause and correction action may be obvious. A report, however, would serve as a reminder, not only to this team, but to others in the league that equipment left on the field can cause falls, some of which can result in fractures.

- Face, mouth, or teeth injuries caused by improper use of a catcher’s mask, or the failure to wear a catcher’s mask, should obviously be reported and the causes investigated.

- A turned ankle caused by an unsafe outfield should be reported so that the appropriate league official is aware of the hazardous condition, which can then be corrected.

Other Uses for Accident Reports

The need for corrective measures, of course, is most evident when an injury is severe enough to require professional services. In addition to the need for immediate preventive action, it is very important to have accurate information to complete an insurance claim report.

Communications among teams in a specific league, and between leagues within a district, is important. This safety program can be an effective tool in accident prevention if each adult with safety responsibility is given a briefing on serious accidents, unusual hazards, and the corrective action taken to remedy them. In order to accomplish this, League Safety Officers and the District Safety Officers must be kept informed of all significant accident cases.

Follow-Up

After corrective action has been taken, responsible adults should continue to monitor to help ensure that unsafe habits have not been resumed. We should continually advise players to keep their eyes on the ball. Let's do the same with safety precautions.

Emergency Policies and Procedures

What is First-Aid? First aid means exactly what the term implies it's 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. 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

First Aid Kits are furnished to each team at the beginning of the season. The kits along with the safety manual will become part of the team's equipment package and shall be required on site at all practices and games, as well as any other baseball event where player's safety is at risk.

If coaches use any first aid supplies, replace them before the next practice or game. Extra supplies can be obtained from the League Safety Officer. All game fields will also have a first aid kit available. (Do not restock the coach's kit from the game field kits. Here's a checklist of the minimum required item in the first aid kit:

- Disposable gloves
- Antiseptic wipes
- Adhesive Bandages
- First aid cream
- Rolled gauze bandages
- Instant cold pack
- Gauze pads-assorted sizes
- Hypo-allergenic first aid tape
- Scissors
- Oval eye pads
- Tweezers
- Triangular bandage
- First aid guide
- 2-inch elastic bandage
- Contents card

As stated above, all First Aid Kits and Safety Manuals are part of your equipment bag, and as such, must be turned in at the end of the season.

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 a 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.

In case of a Medical Emergency or Injury:

1. Give first aid and have someone call 9-1-1 immediately if an ambulance is necessary (i.e. severe injury, neck or head injury, not breathing - err on side of caution!)
2. Notify parents immediately.
3. Provide Emergency Medical Personnel/Hospital with information from the player's Medical Release Form.
4. Notify the League Safety Officer by phone within 24 hours.
5. Fill out an Incident Report Form and mail to the league Safety Officer within 24 hours. A copy of this form is included in this manual.
6. Brief your team about the situation. Players get anxious when another player is injured. They need to feel safe and understand why the injury occurred.

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 if the person is unconscious to seriously injured.
- Look for signs of injury (bleeding, 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.
- Stabilize the head and neck if you suspect any chance of spine or neck injury.

Do Not. . .

- Administer any medications. Ever!
- Provide any food or beverages.
- 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.
- Remove the helmet if you suspect neck or spine injury

9-1-1 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, preferably 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 has the following information and follows these steps.

- First Dial 9-1-1.
- Give the dispatcher the necessary information. Answer any questions that he or she might ask. Please give location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc.
- 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/or fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts. 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.
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Is bleeding severely.
- Has pressure or pain in the abdomen that does not go away.
- Is vomiting or passing blood.
- Has a seizure, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Have injuries to the head, neck or back.
- Have possible broken bones.

If you have any doubt at all, call 9-1-1- and requests paramedics. Other situations that could require calling 9-1-1:

- Fire or explosion
- Downed electrical wires

- Swiftly moving or rapidly rising water
- Presence of poisonous gas
- Vehicle Collisions
- Vehicle/Bicycle Collisions
- Victims who cannot be moved easily

Non-Emergency calls

Non-emergency calls should be placed on normal telephone numbers which may be found on the emergency and officials phone numbers. Calls on these lines are answered, but they don't tie up the "special 9-1-1 lines. I you have any doubt as to weather it's an emergency or not, use 9-1-1!

First Aid Procedures

Checking the Victim

- Make sure coaches stop all play to protect the player from further injury, as well as those not being closely monitored due to the focus on the injured player.
- Check player's breathing, pulse and alertness to immediately judge the seriousness of the injury. If necessary, send someone to call 9-1-1/ambulance/EMS.
- Call the players parents if they are not present.
- Review Medical Release form for important information and warnings about medical conditions players had.
- Evaluate the injury.
- Determine if player can return to play or needs first aid.
- Give appropriate first aid for the injury.
- Turn over care to professionals when they arrive and help as directed.
- If parents are not available, go with player to treatment center with ambulance; turn over team to authorized coach.
- If emergency medical treatment isn't required, urge player and parents to see a doctor for a proper diagnosis and treatment plan.

Conscious Victims

If the victim is conscious, ask what happened. Look for other life-threatening 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 noisy 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.

- 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)
- 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

Always suspect a serious injury when the following signals are present:

- Significant deformity
- Bruising and swelling
- Inability to use the affected part normally
- Bone fragments sticking out of a wound
- Victim feels bones grating; victim felt or heard a snap or pop at the time of injury
- The injured area is cold and numb
- Cause of the injury suggests that the injury may be severe.
- 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.

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:

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

Osgood Schlaughter’s Disease:

Osgood Schlaughter’s Disease is the “growing pains” disease. It is very painful for kids that have it. In a nutshell, the bones grow faster than the muscles and ligaments. A child must outgrow this disease. All you can do is make it easier for him or her by:

- Icing the painful areas.
- Making sure the child rests when needed.
- Using Ace or knee supports.

Concussion

Concussions are defined as any blow to the head. They can be fatal if the proper precautions are not taken.
If it is a player, remove player from the game. 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 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, diagnose head and neck injury.

DO NOT MOVE the victim.
Call 9-1-1 immediately. (See below on how to treat head and neck injuries)

Head, Neck, and Spine Injuries

When to suspect head and spine injuries:

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

Signs and symptoms of Head and Spine Injuries

- Changes in consciousness
- Severe pain or pressure in the head, neck, or back
- Tingling or loss of sensation in the hands, fingers, feet, and toes
- Partial or complete loss of movement of any body part
- Unusual bumps or depressions on the head or over the spine
- Blood or other fluids in the ears or nose
- Heavy external bleeding of the head, neck, or back
- Seizures
- Impaired breathing or vision as a result of injury
- Nausea or vomiting
- Persistent headache

- Loss of balance
- Bruising of the head, especially around the eyes and behind the ears

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.

Moving an Injured Person

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

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 9-1-1 and treat the player until professional medical help arrives.

Sudden Illness

When a victim becomes suddenly ill, he or she often looks and feels sick. Symptoms of sudden illness include:

- Feeling light-headed, dizzy, confused, or weak
- Changes in skin color (pale or flushed skin), sweating

- Nausea or vomiting
- Diarrhea
- Changes in consciousness
- Seizures
- Paralysis or inability to move
- Slurred speech
- Impaired vision
- Severe headache
- Breathing difficulty
- Persistent pressure or pain.
- Feeling light-headed, dizzy, confused, or weak
- Call 9-1-1
- Help the victim rest comfortably.
- Keep the victim from getting chilled or overheated.
- Reassure the victim.
- Watch for changes in consciousness and breathing.
- Do not give anything to eat or drink unless the victim is fully conscious.

Care for Sudden Illness

If the victim:

- Vomits -- Place the victim on his or her side.
- Faints -- Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.
- Has a diabetic emergency -- Give the victim some form of sugar.
- Has a seizure -- Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

Shock

Shock is likely to develop in any serious injury or illness.

Signals of shock include:

- Restlessness or irritability
- Altered consciousness
- Pale, cool, moist skin
- Rapid breathing
- Rapid pulse.

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.

Once a victim requires emergency breathing you become the life support for that person -- without you the victim would be clinically dead. You must continue to administer emergency breathing and/or CPR until the paramedics get there. It is your obligation and you are protected under the "Good Samaritan" laws.

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

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 or breathes faster than normal.
- Changes in pulse rate Pulse may be faster or slower than normal Pulse may be irregular.
- Skin appearance -Victim's skin may be pale or bluish in color. Victim's face may be moist and may perspire profusely.
- Absence of pulse- The absence of a pulse is the main signal of a cardiac arrest. The number one indicator that someone is having a heart attack is that he or she will be in denial. A heart attack means certain death to most people. People do not wish to acknowledge death therefore they will deny that they are having a heart attack.

Care for 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 30 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.
- Do 3 more sets of 30 compressions and 2 breaths.
- Recheck pulse and breathing for about 5 seconds.
- If there is no pulse continue sets of 30 compressions and 2 breaths.

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

It is possible that you will break the victim's ribs while administering CPR. Do not be concerned about this. The victim is clinically dead without your help. You are protected under the "Good Samaritan" laws.

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.

Partial or Complete Airway Obstruction in Conscious Victim

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.
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 call 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 or under the skin. If splinter is in eye, DO NOT remove it.
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. Signs of allergic reaction may include: nausea; severe swelling; breathing difficulties; bluish face, lips and fingernails; shock or unconsciousness.
- 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. Do not handle tooth by the root.

- Do not brush or scrub tooth.
- Do not sterilize tooth.
- Best - Place tooth in Whole Milk; Saline Solution is next best.
- 2nd best – Wrap tooth in saline soaked gauze.
- 3rd best - Place tooth under victim's tongue. Do only if athlete is conscious and alert.
- 4th 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)

- 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 2.
- Stabilize portion of tooth left in mouth be 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,
- Immediately transport patient and tooth fragments to dentist

Burns

The care for burns involves the following 3 basic steps.

- Stop the Burning -- Put out flames or remove the victim from the source of the burn.
- 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.
- 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

- Remove contaminated clothing.
- Flush burned area with cool water for at least 5 minutes.
- 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.

Sunburn

- Treat as you would any major burn (see above).
- Treat for shock if necessary (see section on “Caring for Shock”)
- Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water.
- Give victim fluids to drink.
- Get professional medical help immediately for severe cases.

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 if 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 vomits’ if poison is unknown) with victim to hospital.

Hydration

Good nutrition is important for children. Sometimes, the most important nutrient children need is water -- especially when they’re physically active. When children are physically active, their muscles generate heat thereby increasing their body temperature. As their body temperature rises, their cooling mechanism - sweat - kicks in. When sweat

evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become overheated.

We usually think about dehydration in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. It does not matter if it's January or July; thirst is not an indicator of fluid needs. Therefore, children must be encouraged to drink fluids even when they don't feel thirsty. Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning. During any activity water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. Caffeinated beverages (tea, coffee, Colas) should be avoided because they are diuretics and can dehydrate the body further. Avoid carbonated drinks, which can cause gastrointestinal distress and may decrease fluid volume.

Heat Related Illnesses

Heat Exhaustion

Symptoms of heat exhaustion may include: 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.
- Cool the victim with fans and a damp washcloth. Ice packs placed in the armpits and groin area are also effective.
- Use caution when letting victim first sit up, even after feeling recovered.

Heat Stroke

Symptoms may include: extremely high body temperature (106ºF or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.
Treatment:

- Call 9-1-1 immediately. ***This is a true life-threatening emergency***!
- 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.
- Ventilate room or use fans and air conditioners.
- DO NOT give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

Medication

Do not, at any time, administer any kind of prescription or over the counter medicine. This is the parent's responsibility and Bear Country Little League does not want to be held liable, nor do you, in case the child has an adverse reaction to the medication.

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. Encourage parents to fill out the medical history forms (coach will have copies with them at practice and at games). 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. He or she may use their own prescribed inhaler. 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

The "Asthma Emergency Signs" above represent general emergency situations as per the National Asthma Education and Prevention Program 1997 Expert Panel Report. If you are at all uncertain of what to do in case of a breathing emergency...Call 9-1-1 and the child's parent/guardian.

Seizures

DO:

- Look for medical identification.
- Protect from nearby hazards.
- Loosen tie of shirt collar
- Protect head from injury.
- Turn on side to keep airway clear.
- Reassure when consciousness returns
- If single seizure lasted less than five minutes, ask if hospital evaluation is wanted.
- If multiple seizures, or if one seizure lasts longer than five minutes, call an ambulance.
- If person is pregnant, injured or diabetic, call for aid at once.

DO NOT:

- Do not put any hard implement in the mouth.
- Do not try to hold tongue. It cannot be swallowed.
- Do not try to give liquids during or just after the seizure.
- Do not use artificial respiration unless breathing is absent after muscle jerks subside or unless water has been inhaled.
- Do not restrain.

This space intentionally left blank.

Facts about AIDS and Hepatitis

AIDS stand for acquired immune deficiency syndrome. It is caused by the human immunodeficiency virus (HIV). When the virus gets into the body, it damages the immune system, the body system that fights infection. Once the virus enters the body, it can grow quietly in the body for months or even years. People infected with HIV might not feel or appear sick. Eventually, the weakened immune system gives way to certain types of infections. The virus enters the body in 3 basic ways:

- Through direct contact with the bloodstream. Example: Sharing a non sterilized needle with an HIV-positive person -- male or female.
- Through the mucous membranes lining the eyes, mouth, throat, rectum, and vagina. Example: Having unprotected sex with an HIV positive person -- male or female.
- Through the womb, birth canal, or breast milk. Example: Being infected as an unborn child or shortly after birth by an infected mother.

The virus cannot enter through the skin unless there is a cut or break in the skin. Even then, the possibility of infection is very low unless there is direct contact for a lengthy period of time. Currently, it is believed that saliva is not capable of transmitting HIV. The likelihood of HIV transmission during a First-Aid situation is very low. Always give care in ways that protect you and the victim from disease transmission.

- If possible, wash your hands before and after giving care, even if you wear gloves.
- Avoid touching or being splashed by another person’s body fluids, especially blood.
- Wear disposable gloves during treatment.

If you think you have put yourself at risk, get tested. A blood test will tell whether or not your body is producing antibodies in response to the virus. If you are not sure whether you should be tested, call your doctor, the public health department, or the AIDS hot line (1-800-342-AIDS). In the meantime, don’t participate in activities that put anyone else at risk.
Like AIDS, hepatitis B and C are viruses. Even though there is a very small risk of infecting others by direct contact, one must take the appropriate safety measures, as outlined above, when treating open wounds. There is now a vaccination against hepatitis B. Managers are strongly recommended to see their doctor about this.

Communicable Disease Procedures

While risk of one athlete infecting another with HIV/AIDS or the hepatitis B or C virus during competition is close to non-existent, there is a remote risk other blood borne infectious disease can be transmitted. Procedures for guarding against transmission of infectious agents should include, but not be limited to the following:

- A bleeding player should be removed from competition as soon as possible.
- Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game.
- Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid are anticipated (latex gloves are provided in First Aid Kit).
- Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap.
- Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach (supplied in the concession stand). A 1:1 solution can be made by using a cap full of Clorox (2.5cc) and 8 ounces of water (250cc).
- CPR Masks will be available in the concession stand.
- Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.
- Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Concession Stand Procedures

Bear Country Little League does operate a concession stand. For post season tournaments we will provide refreshments. The safety officer will ensure that the concession stand follows all applicable Local and State Health Dept. Codes for Food Service Establishments. The concessions that take place at Bear Country Little League Events will be subject to the following:

- The concession stand manager & staff are trained in safe food handling/prep & procedures, including safe use & care of all equipment.
- The concession stand staff will follow all food handling procedures set forth in the New York State Sanitary Code booklet for food service establishments.
- The concession stand will have a current New York state health department permit posted.
- A first aide kit, emergency numbers and emergency procedures booklet is required in the concession stand.
- A fire extinguisher is in the concession stand with the staff trained on how to use them.
- The hiemlich maneuver poster shall be posted in the concession stand .

Child Abuse

Child abuse is a growing problem in youth sports. It may take the form of abusive sexual, physical, or verbal behavior, and may also occur by the neglect of a child's needs. Formally defined, child abuse is the maltreatment of a child by a parent, guardian or other adult, and includes intentional acts resulting in physical or mental injury, toleration of and complicity in conditions injurious to the child's mental or physical

health, or sexual assault upon the child. Bear Country Little League policy is that any form of child abuse is unacceptable. Conversely, it is of paramount importance that all accusations of child abuse by coaches or other league volunteers be discreetly investigated, assessed, and appropriate concern for the rights and reputation of the accused. The potential for false accusations exists.
In order to minimize player abuse, and to establish a fair and reasonable due process for accusations, BCLL has implemented the following policy:

- All applicants for league involvement must submit a Little League Volunteer Application form.
- Applications will be confidentially reviewed by the league Safety Officer. A background check through Choicepoint will be conducted. No person who is a known child sex-offender will be given any access to the children in the BCLL program.
- When possible, a preseason league meeting will be held for managers, coaches and other league volunteers to define and explain the multiple facets of child abuse and the mechanisms to prevent and detect these occurrences.
- The League Safety Officer, or an individual designated by the Board of Directors, will receive and act on all abuse allegations in a confidential manner. The process to be followed in the investigation and adjudication of a child abuse accusation is stated later in this policy.
- A liaison will be established with the law enforcement community to assist in the implementation of preventative measures and in response to allegations of illegal behavior.

Allegations judged to be true will be submitted to the League Board of Directors for penalty assignment. Penalties can range from a verbal reprimand for minor offenses to league expulsion for greater offenses. All incidents of child sexual abuse will be cause for immediate league expulsion. Depending on the severity of the offense, civil authorities may be advised of the incident for further action.

Appendices

Accident Report

Volunteer Application

Medical Release Form

Hey Coach

Lightning Safety

Pitch Count Log