



2021 Safety Manual



Making It Safe and Fun for All

For: Managers, Coaches, Players, Concession Personnel, and Volunteers

**Lake Mary Little League
309-14-29**

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Lake Mary Little League **Mission Statement**

Little League Baseball is a program of service to youth. It is geared to provide an outlet of healthful activity and training under good leadership in the atmosphere of wholesome community participation.

The movement is dedicated to helping children become good and decent citizens. It inspires them with a goal and enriches their lives towards the day when they must take their places in the world. It establishes the values of teamwork, sportsmanship and fair play.

Lake Mary Little League is deeply committed to the safety and well-being of all participating children and their families. The League will continually strive to maintain the safest possible environment and atmosphere, facilities and equipment for all participants involved in the program.



Lake Mary Little League Safety Plan

Dear Lake Mary Little League Participants:

Welcome to another fun and exciting season of Lake Mary Little League (LMLL) Baseball and Softball.

Each year Lake Mary Little League nominates a Safety Officer to a Board level position and establishes a budget for necessary supplies, equipment and other administrative needs necessary for implementing and executing the Leagues Safety Program.

The Safety Officer for the Lake Mary Little League 2021 season is:

Malcolm Rosario

email: mrosey44@gmail.com

phone: 407-619-5112

Lake Mary Little Leagues Board of Directors has focused on the improvement of the overall safety of our league for the upcoming year. We are addressing the well-being of our players both from a physical and psychological standpoint. From the physical standpoint, we will work with the City of Lake Mary to provide safe and well maintained fields, post safety signs throughout the Sports Complex and will be purchasing new player equipment to keep them safe while participating in the 2017 Season. The league will expect all managers, coaches, umpires, players, parents and fans to comply with the Codes of Conduct established by Little League Baseball and Lake Mary Little League. A copy of the Codes of Conduct can be found in this Safety Plan or at our website www.lakemarylittleleague.com

We have many new programs and ideas pertaining to safety which will be implemented this year and are discussed in this Safety Plan. While we hope to have an accident free season should you have a need to report an injury or any unsafe situation, please contact the Safety Officer via the contact number listed on following page or visit our website www.lakemarylittleleague.com for specifics on filing an accident report.

In closing, remember that safety rests with all of us, the volunteers and parents of Lake Mary Little League. Always use common sense, never doubt what children tell you, and report all accidents or safety infractions when they occur.

Now, let's play ball and play it safe!

Ben Bartlett
President
Lake Mary Little League

Malcolm Rosario
Safety Officer
Lake Mary Little League

Distribution of Safety Manual and First Aid Kits

Each team will be issued a Safety Manual and a first aid kit at the beginning of the season as part of their team equipment bag.

One chemical ice pack of physical therapy quality will be issued to each team at the beginning of the season. Ice is available at all times in the concession stand and replacement chemical ice packs can be obtained by contacting the League Safety Officer.

The Chief Umpire will be issued a copy of the Safety Manual.

The concession stand will have a First Aid Kit in plain sight at all times.

The Safety Manual includes phone numbers for emergency services, Board Directors, the Lake Mary Little League Code of Conduct, Do's and Don'ts of treating injured players.

The First Aid Kit includes the necessary items to treat an injured player until professional help arrives if need be.
(See First Aid section)

EMERGENCY PHONE LIST

EMERGENCY

Lake Mary Police/Fire/EMT: **911**
AAPCC Poison Control Center: 800-222-1222

Non-Emergency Contact Numbers

Lake Mary Police - Non-Emergency 407-585-1300
Lake Mary Fire Dept. - Non-Emergency 407-585-1470

Local Hospital

Central Florida Regional Hospital (Sanford) 407-321-4500

City of Lake Mary

Lake Mary Parks and Recreation 407-585-1416

Lake Mary Little League

Board of Directors: 321-262-7414

Little League Support Numbers

District Administrator 386-804-8240
LL Southern Regional Office 727-344-2661
LL International Office 570- 326-1921

Lake Mary Little League Code of Conduct

Lake Mary Little League is concerned about the safety and well being of the children participating in Little League sports activities. This includes both the physical and mental well being of each participant. Managers, coaches, parents and fans need to have a positive influence on our players and will be evaluated accordingly.

The Lake Mary Little League Board of Directors has instituted a Code of Conduct policy that will help enforce an acceptable Code of Conduct for all participants in Lake Mary Little League activities. A Conduct Review Committee will evaluate each reported incident to determine the appropriate action to be taken.

Following shall be considered violations of the LMLL Code of Conduct:

- Show objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.
- Use or encourage the use of unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official, manager, coach, player or spectator.
- Use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands, or anywhere on the Lake Mary Sports Complex while in an intoxicated state at any time. Intoxicated will be defined as an odor or behavior issue.
- Gamble upon any play or outcome of any game with anyone at any time.
- Smoke or use chewing tobacco while in the stands, on the playing field or in dugouts at any time. Smoking will only be permitted in designated areas.
- Discuss publicly with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
- As a manager or coach be guilty of mingling with or fraternizing with spectators during the course of the game.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- Tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- Challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

Any inappropriate behavior by a fan may be cause for the suspension of a game by the umpire. Game suspension may continue until such time as the fan leaves the park.

The Board of Directors will review all infractions of the LMLL Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action and up to and including expulsion from the league.

Code of Conduct for Players, Coaches, Spectators

- The use of tobacco, in any form, is prohibited on the playing fields, benches and dugouts at the Lake Mary Sports Complex.
- The use of alcoholic beverages is prohibited on any part of the Lake Mary Sports Complex.
- No playing in parking lots at any time.
- No playing on and around field maintenance power equipment.
- No profanity.
- No throwing balls against dugouts or against backstop.
- No throwing rocks or other objects.
- No climbing fences.
- Only a player on the field and at bat, may swing a bat (except when on deck batters are permitted by Little League rule).
- Observe all posted signs. Players and spectators should be alert at all times for Foul Balls and Errant Throws.
- During game, players must remain in the dugout area unless granted permission by Umpire to leave the dugout.
- All gates to the field must remain closed at all times after players have entered the playing field.
- Verbal abuse directed to players, coaches, or umpires from spectators may result in immediate ejection from the Lake Mary Sports Complex.

Code of Conduct for Volunteers and Coaches

That my conduct and responsibilities both on and off the field are important for maintaining and perpetuating the standards established by Little League Baseball and Lake Mary Little League Association, Inc. As a manager and/or coach, I realize that I have a strong influence on the players and I acknowledge that it is my responsibility to learn and adhere to the League's rules and regulations, philosophy, objectives and follow the coach's code of conduct as established below:

- Recognize that kids are naturally competitive and have more fun when they win.
- Promote good sportsmanship and the development of the players' skills and the kids will develop a solid character, good baseball skills and have more fun in the process.
- Focus on providing instruction commensurate with players abilities so all players have the opportunity to advance their skills towards their potential, gain confidence and develop self-esteem, as well as establish a solid foundation for further baseball/softball competition.
- Conduct practices in an organized manner, with a planned agenda that focuses on specific skill development appropriate for the skill level of the players.
- Learn the rules, techniques and strategies of baseball and/or softball, encourage all players to be team players.
- Be generous with praise when it is deserved, be consistent, be honest, be fair and just, never criticize players publicly, and study to learn to be a more effective communicator and coach and mentor. Don't yell at players.
- Adjust to personal needs and problems of players, be a good listener, never verbally or physically abuse a player, umpire, league official or volunteer.
- Maintain an open line of communication with your players and their parents. Understand and explain the philosophies, goals and objectives and codes of conduct of Lake Mary Little League, Inc.
- Be concerned with the overall development of the players. Stress good health habits, clean living and promote lifelong skills.
- Never argue with umpires, opposing coaches, parents, league officials, spectators, or others as this violates the spirit of Little League Baseball and sends a negative message to players, which is in contravention to the goals and objectives of Lake Mary Little League.
- The use of foul language, alcohol, tobacco, drugs or any form of violence is not permitted.
- Actions conveying any lack of sportsmanship, improper or inappropriate behavior are not permitted.

- Ensure physical safety and mental well being of all players, umpires, coaches and spectators.
- Make Lake Mary Little League a great experience.

Players' Code of Conduct

Always be considerate of your coaches and teammates and be on time to games and practices.

- Show up at all games.
- Strive for self-improvement and work hard to improve your skills.
- Be a team player - get along with your teammates.
- Learn teamwork, sportsmanship, and discipline.
- Always be a good sport.
- Learn the rules and play by them.
- Listen to and respect your coaches, teammates, opponents, umpires, and parents.
- Never argue with an umpire's or coach's decision.

Parent's Code of Conduct

- Promote a strong commitment to baseball during the baseball season.
- Do not force your children to participate in sports, but support their desires to play their chosen sport. Children are involved in organized sports for character building, skill and discipline development.
- Enforce the importance of playing by the rules. Remember, children learn best by example, so applaud the good plays of both teams.
- Promote good sportsmanship by setting a good example.
- Do not embarrass your child by yelling at players, coaches or umpires. By showing a positive attitude toward the game and all of its participants, your child will benefit. Any parent that uses unsportsmanlike like gestures or comments during the game shall be subject to ejection from the park and removal of child (ran) for the remainder of the game. The decision is at the discretion of the umpire and is not negotiable. Any failure to comply with an umpire's order to leave the park will result in additional games suspension for their children and themselves. The Lake Mary Little League Board of Directors will review each incident to determine if further action/suspension should be taken.
- Emphasize skill development and practices and how they benefit your young athlete at any skill level category.
- Know and study the rules of the game and support the umpires on and off the field. This approach will help in the development and support of the game. Any criticism of the umpires only hurts the game.
- Applaud a good effort in victory and in defeat and enforce the positive points of the game. Never yell or physically abuse your child after a game or practice - it's destructive. Work toward removing the physical and verbal abuse in youth sports.
- Recognize that your child's coaches are volunteers. They are important to the development of your child and the sport. Communicate with them and support them.

If you enjoy the game, learn all you can about the game, and volunteer!

Lake Mary Little League Safety Code

The Board of Directors of Lake Mary Little League has mandated the following *Safety Code*. All managers and coaches will read this *Safety Code* and then read it to the players on their team.

- Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/her and to others.
- First-aid kits are issued to each team manager during the pre-season and additional kits may be obtained by contacting the League Safety Officer.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as “in play”.
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the teams manager and designated coaches.
- Foul balls batted out of playing area will be returned to the coaches in the dugouts and not thrown over the fence during a game.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators (i.e. playing catch, swinging bats etc.).
- During sliding practice, bases should not be strapped down or anchored
- At no time should “horse play” be permitted on the playing field.
- On-deck batters are not permitted in Major, Minor, Coach Pitch or Tee Ball Divisions.
- Female catchers may wear long or short model chest protectors
- Managers will only use the official Little League balls supplied by LMLL.
- Once a ball has become scuffed, it cannot be used in a Game.

- All catchers must wear a mask, “dangling” type throat protector and catcher’s helmet during practice, pitcher warm-up, and games. **Note:** Skullcaps are **not** permitted.
- Shoes with metal spikes or cleats are **not** permitted in the Major division or below. Shoes with molded cleats are permissible.
- Players will not wear watches, rings, pins, jewelry or other items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place).
- No food or drink, at any time, in the dugouts (Exception: bottled water, sports drinks, water from drinking fountains and sunflower seeds).
- Catchers must wear a catcher’s mitt (not a first baseman’s mitt or fielder’s glove) of any shape, size or weight consistent with protecting the hand.
- Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher’s gear and an athletic cup as described above.
- Managers will never leave an unattended child at a practice or game.
- Speed Limit is 5 miles per hour in roadways and parking lots.
- No alcohol or drugs allowed on the premises at any time.
- No playing in the parking lots at any time.
- No playing on and around lawn equipment, machinery at any time.
- No smoking except in designated areas.
- No throwing rocks.
- No climbing on gates or fences.
- No swinging on dugout roofs.
- Observe all posted signs.
- All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- Use crosswalks when crossing roadways. Always be alert for traffic.
- No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.

- There is no running allowed in the bleachers.

Coach, Please Let Players Catch!



REMEMBER:

Coaches and managers must not warm up pitchers. Let Players Catch.

RULE 3.09

"...Managers or coaches must not warm up a pitcher at home plate or in the bull pen or elsewhere at any time. They may, however, stand to observe a pitcher during warm-up in the bull pen."

MANAGERS & COACHES



Pre-Season

Managers and Coaches:

- One Manager or Coach from each team is required to attend a Fundamentals Training Seminar (i.e. hitting, sliding, fielding, pitching etc.) and a First Aid Seminar every year. All Managers and Coaches must attend each of these seminars at least once every three years.
- The Fundamental Training Seminar will be conducted on at the Lake Mary Sports Complex.
- First Aid and CPR Training will be scheduled as needed so please check with the league safety officer for the time and location of the class. Each team shall be required to have the Team Safety Officer attend the training seminar.
- *It is mandatory for every team to have a team safety officer (currently CPR trained) **NO EXCEPTIONS!!!!!!!!!!***

During Season

Managers will:

- Work closely with Team Safety Officer to make sure *equipment* is in first-rate working order.
- Make sure that *telephone access* is available at all activities including practices. It is suggested that a *cellular phone* always be on hand.
- Not expect more from their players than what the players are capable of.
- Be open to ideas, suggestions or help.
- Enforce that *prevention* is the key to reducing accidents to a minimum.
- Have players wear sliding pads if they have cuts or scrapes on their legs.
- Always have First-Aid Kit on hand.
- Use common sense.

Pre-Game and Practice

Managers will:

- Make sure that players are healthy, rested and alert.
- Make sure that players returning from being injured have a medical release form signed by their doctor otherwise, they cannot play.
- Make sure players are wearing the proper uniform and that catchers are wearing a cup.
- Walk the field to check the field is free of hazards and obstructions (e.g. rocks and glass) before use.
- Make sure that the equipment is in good working order and is safe.
- Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, the President, Umpire or a duly delegated representative shall make the determination.
- Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching.

During the Game

Managers will:

- Keep players *alert*.
- Maintain *discipline* at all times.
- Be *organized*.
- Make sure catchers are wearing the *proper equipment*.
- Encourage everyone to think *Safety First*.
- Observe the '*no on-deck*' rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.
- Keep players off fences.
- Get players to *drink* often so they do not dehydrate.
- Not play children that are ill or injured.
- Attend to children that become injured in a game.

Post Game

Managers will:

- Do cool down exercises with the players.
- Not leave the field until every team member has been picked up by a known family member or designated driver.
- ***Notify parents if their child has been injured*** no matter how small or insignificant the injury is. **There are no exceptions to this rule!** This protects you, Little League Baseball, Incorporated and LMLL.
- Discuss any safety problems with the Team Safety Officer that occurred before, during or after the game.
- If there was an injury, make sure an accident report was filled out and given to the LMLL Safety Officer.

If a manager knowingly disregards safety, he or she will be required to come before the LMLL Board of Directors to explain his or her conduct.



HAVE YOU:

- ✓ **Walked field for debris/foreign objects**
- ✓ **Inspected helmets, bats, catchers' gear**
- ✓ **Made sure a First Aid kit is available**
- ✓ **Checked conditions of fences, backstops, bases and warning track**
- ✓ **Made sure a working telephone is available**
- ✓ **Held a warm-up drill**

UMPIRES



Pre-Game

Before a game starts, the umpire shall:

- Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.
- Make sure catchers are wearing helmets when warming up pitchers.
- Run hands along bats to make sure there are no splinters. Check aluminum bats for round.
- Make sure that bats have grips.
- Make sure there are foam inserts in helmets and that helmets meet Little League *NOCSAE* specifications.
- Inspect helmets for cracks.
- Walk the field for hazards and obstructions (e.g. rocks and glass).
- Check players to see if they are wearing jewelry.
- Check players to see if they are wearing metal cleats.
- Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.
- Secure official Little League balls for play from both teams.
- Use the *FIELD SAFETY CHECK LIST* (included in the Addendum of this safety manual) to document that all of the above was carried out.

During the Game

During the game the umpire shall:

- Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.
- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment.

- Continue to monitor the field for safety and playability.
- Make the calls loud and clear, signaling each call properly.
- Make sure players and spectators keep their fingers out of the fencing.

POST GAME

After a game the Umpire will:

- Check with the managers of both teams regarding safety violations.
- Report any unsafe situations to the LMLL Safety Officer by telephone and in writing.

Team Safety Officer (TSO)

Pre-Season:

In the pre-season, the TSO must:

- *Acquire this Safety Manual* from the team manager and read it.
- Have parents fill out *Emergency Medical Treatment Consent and Contact form on the back of the Player Card* and return them to you.
- *Inspect the equipment* when the Equipment Manager issues it to your team and replace any equipment that looks unsafe.
- Get to *know the players* on your team.
- Talk to parents, confidentially, and inquire if their child suffers from allergies, asthma, heart conditions, past injuries, ADD, ADHD, a communicable disease such as hepatitis, HIV, AIDS, etc. Fill out a *Medical History Form* on each child (see sample in Addendum).
- Find out if a child is taking any kind of *medication*

Pre-Game:

Before the game starts the TSO will:

- Make sure that this *Safety Manual, Player Cards* and the *First-Aid Kit* are present.
- Greet the players as they arrive and *make sure everyone is feeling all right.*
- Watch the players when they stretch and do *warm up exercises* for signs of stress or injury.
- *Check equipment* for cracks and broken straps.
- *Be ready to go into action if anyone should get hurt.*

During the Game:

During the game the TSO will

- *Watch players* to see that they are alert at all time.
- In case of injury, *help the team manager* treat the child until professional help arrives.
- Act as the *conduit* between the LMLL Safety Officer, the team manager, the child and his or her parents.

Post-Game:

After the game the TSO will:

- *Record* any safety infractions or injuries in his/her *Safety Log*.
- *Report any injuries* to the LMLL Safety Officer within 12 hours of the occurrence.
- Fill out an accident investigation report (*see Addendum*) and send a copy to the LMLL Safety Officer if there is an injury requiring medical attention.
- *Assist parents* if child must go to a hospital or to see a doctor.
- Provide *insurance documentation* to the hospital if necessary (Claim form is in the Addendum with all necessary insurance information).
- Follow up with parents to make sure the child is all right.
- Fill out an accident investigation report (*see Addendum*) and send a copy to the LMLL Safety Officer if there is an injury requiring medical attention.
- *Assist parents* if child must go to a hospital or to see a doctor.
- Provide *insurance documentation* to the hospital if necessary (Claim form is in the Addendum with all necessary insurance information).
- Follow up with parents to make sure the child is all right.

Post-Season Play

All Star / Tournament Play:

Everybody's responsibilities remain the same throughout the post season. This includes All Stars and Tournaments.

Insurance Riders

Insurance riders are needed if any practices, games or events involving baseball, on or off the Lake Mary Sports Complex take place before or after the regularly scheduled season and "All Star" post season.

Common Sense About Safety

Playing safe boils down to using *common sense*. For instance, if you witnessed a strange person walking around the LMLL complex who looked like he/she didn't belong there you would report the incident to a Board Member. There should generally be a Board Member on site (*see the telephone number list in the beginning of this manual to identify them*). The LMLL Board Member, after hearing your concerns, would investigate the matter and have the person in question removed before anything could happen if, indeed, that person did not belong there.

Another example of *common sense* – You witness kids throwing rocks or batting rocks on the LMLL complex. They are having fun but are unknowingly endangering others. Don't just walk on by figuring that someone else will deal with the situation. Stop and explain to the kids what they are doing wrong and ask them to stop.

Webster's Dictionary definition of *common sense* is:

Native good judgment; sound ordinary sense.

In other words, to use *common sense is to realize the obvious*. Therefore, *if you witness something that is not safe, do something about it!* And encourage all volunteers and parents to do the same.

EQUIPMENT

Equipment Manager Responsibilities

The Equipment Manager is an elected LMLL Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but it is the Manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice.

The LMLL Equipment Manager will promptly replace damaged and ill-fitting equipment.

Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

At the end of the season, all equipment must be returned to the LMLL Equipment Manager. First-Aid kits must be turned in with the equipment.

EQUIPMENT SPECIFIC RULES

- Each team, at all times in the dugout, shall have five (5) protective helmets, which must meet NOCSAE specifications and standards. These helmets will be provided by LMLL at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards. Make sure helmets fit securely.
- Each helmet shall have an exterior warning label. **NOTE:** The warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.
- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player/base coach is mandatory.
- Use of a helmet by an adult base coach is optional.
- All male players must wear athletic supporters.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling type throat protector" and catcher's helmet during practice, pitcher warm-up, and games. **NOTE:** Skullcaps are not permitted.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.

- Only Official Little League balls will be used during practices and games.
- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Manager.
- Replace questionable equipment immediately by notifying the LMLL Equipment Manager
- Make sure that players respect the equipment that is issued.

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 LMLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury. If a player leaves a game for medical reasons, a report *must* be filed.

When to report:

All such incidents described above must be reported to the LMLL Safety Officer within 24 hours of the incident.

How to make a report:

To file a report, check the Web Site Forms section in this manual or contact the Safety Officer at the phone numbers listed in the Little League Phone Numbers Section. Incidents must be reported utilizing the Incident/Injury Tracking Form (see Addendum). At a minimum, the following information must be provided:

- The name and phone number of the individual involved.
- The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting or witnessing the incident.

Team Safety Officer's Responsibilities

The **TSO** will fill out the *LMLL Accident Investigation Form* and submit it to the LMLL Safety Officer *within 24 hours of the incident*. If the team does not have a safety officer then the Team Manager will be responsible for filling out the form and turning it in to the LMLL Safety Officer.

League Safety Officer's Responsibilities

Within 24 hours of receiving the *LMLL Accident Investigation Form*, the LMLL 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 League's insurance coverage and the provision for submitting any claims.

If the extents of the injuries are more than minor in nature, the LMLL 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 as 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

Lake Mary Little League participates in the Little League Baseball Insurance Policy Program. This policy is an excess policy (i.e. in addition to a participants existing Medical and Homeowners policy). You must consult with your Insurance Agent regarding the specifics of your Homeowners and Medical Policies and review the section on “What Parents should know about Little League Insurance” in the addendum for more specific coverage and exclusion detail.

In the case of an incident requiring medical coverage, the participants existing medical policy provides medical related coverage. If the participant’s medical costs exceed the participant’s medical policy, the Little League Policy would provide additional coverage. Please consult with your Insurance Agent regarding the specifics of your medical policy.

In the case of liability related litigation, (i.e. a volunteer being sued as a direct result of their volunteer duties), the volunteers homeowners policy would take priority coverage (if the homeowners policy specifically covered volunteer activity). If the legal defense costs exceeded their homeowner’s policy, the National League’s Policy would provide additional coverage. Please consult with your insurance agent regarding the specifics of your homeowner’s policy regarding volunteer activity.

All of this is predicated on the fact that the volunteer or player that was hurt or sued operated within the guidelines set by the Little League Baseball and Lake Mary Little League.

Insurance Policy Exclusions

First, it should again be noted that the Little League insurance policies are excess policies (i.e. in addition to a participants existing policy). It should also be noted that these are examples of exclusions only and in no way represent all of the exclusions that that may be in effect.

There are specific exclusions that eliminate coverage should any person involved with Lake Mary Little League violate the policies set down by Little League Baseball. For example, any unauthorized games or practices would be a violation, and thus any injuries as a result, would be excluded from the insurance coverage. A game or practice that occurred outside of the start/end dates mandated by Little League would be considered unauthorized.

Also, parents who do not complete the background check and are involved with the children, violate the Little League National Policy, and thus any lawsuit resulting from the situation regarding the background check would be excluded from defense in the lawsuit.

Volunteer Application Policy

Starting with the 2003 season, Little League programs nationwide were required to annually conduct a background check of all volunteers, Managers, Coaches, Board of Director members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams.

The purpose of these background checks is, first and foremost, to protect children. Second, they maintain Little League as a hostile environment for those who would seek to do harm. Third, they will help to protect individuals and leagues from possible loss of personal or league assets because of litigation.

Failure to complete and submit the Volunteer Application form by those required to do so will result in Lake Mary Little League being barred from involvement in Little League. Failure by Lake Mary Little League to conduct the proper background checks may result in suspension or termination of the league's charter and/or our tournament privileges.

These 2014 Volunteer Application Forms on following page will be filled out as part of the Lake Mary Little League sign up process. The Volunteer Application Form must be filed for each individual that will be performing volunteer activities in any capacity. A government issued Identification must accompany the form when submitted.

This is mandatory, this is not an option!

Lake Mary Little League will conduct an annual background check on all personnel that are required to complete a "Little League Volunteer Application" prior to the applicant assuming his/her duties for the current season. LMLL will not permit any person to participate in any manner, whose background check reveals a conviction or guilty plea for any crime involving or against a minor. LMLL may prohibit any individual from participating as a volunteer or hired worker; if the league deems the individual unfit to work with minors.

Failure to comply with this regulation may result in the suspension or revocation of tournament privileges and/or Lake Mary Little League's charter by action of the Charter or Tournament Committee in Williamsport. If LMLL becomes aware of information, by any means whatsoever, that an individual, including, but not limited to, volunteers, players and hired workers, has been convicted of or pled guilty to any crime involving or against a minor, LMLL must contact the applicable government agency to confirm the accuracy of the information. Upon confirmation of a conviction for, or guilty plea to, a crime against or involving a minor, LMLL will not permit the individual to participate in any manner.

Little League roster data and coach and manager data will be submitted via the Little League Data Center at www.littleleague.org.

Little League® "Basic" Volunteer Application – 2021

Do not use forms from past years. Use extra paper to complete if additional space is required.



This volunteer application can be used as a reference for leagues utilizing the JDP Quick App or for leagues that are using an outside background check provider that meets the standards of Little League Regulation 1(c)9. Visit LittleLeague.org/localBGcheck for more information.

All RED fields are required.

Name _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____

Work Phone: _____ E-mail Address: _____

Driver's License#: _____

1. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?

If yes, describe each in full: _____ Yes No
(If volunteer answered yes to Question 1, the local league must contact the Little League Security Manager.)

2. Have you ever been convicted of or plead no contest or guilty to any crime(s)? Yes No

If yes, describe each in full: _____
(Answering yes to Question 2, does not automatically disqualify you as a volunteer.)

3. Do you have any criminal charges pending against you regarding any crime(s)? Yes No

If yes, describe each in full: _____
(Answering yes to Question 3, does not automatically disqualify you as a volunteer.)

4. Have you ever been refused participation in any other youth programs and/or listed on the SafeSport Centralized Disciplinary Database or USA Baseball Ineligible List? Yes No

If yes, explain: _____
(If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)

5. In which of the following would you like to participate? (Check one or more.)

- | | | |
|--|--|---|
| <input type="checkbox"/> League Official | <input type="checkbox"/> Field Maintenance | <input type="checkbox"/> Concession Stand |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Manager | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Umpire | <input type="checkbox"/> Scorekeeper | |

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION (NOT NECESSARY IF VOLUNTEER IS RETURNING).

Please provide updated information below if there are any changes from previous years or requesting a new position.

Occupation: _____

Employer: _____

Address: _____

Special professional training, skills, hobbies:

Special Certifications (CPR, Medical, etc.):

Special Affiliations (Clubs, Services Organizations, etc.):

Previous volunteer experience (including baseball/softball and years (s)):

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/BgStateLaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Name (please print or type) _____

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):

Review the Little League Regulation 1(c)9 for all background check requirements

JDP (Includes review of the SafeSport Centralized Disciplinary and USA Baseball Ineligible List) *

OR

- | | |
|---|---|
| <input type="checkbox"/> National Criminal Database check | <input type="checkbox"/> SafeSport Centralized Disciplinary Database and/or USA Baseball Ineligible List Sex Offender |
| <input type="checkbox"/> National Sex Offender Registry | |

** Please be advised that if you use JDP and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter or email directly from JDP in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.*

Only attach to this application copies of background check reports that reveal convictions of this application.

PARENTAL CONCERNS ABOUT SAFETY

The following are some of the most common concerns and questions asked by parents regarding the safety of their children when it comes to playing baseball. We have also included appropriate answers below the questions.

I'm worried that my child is too small or too big to play on the team/division he has been assigned to.

Little League has rules concerning the ages of players on T-Ball, Coach Pitch, Minor, Major, Intermediate, Junior and Senior teams. Lake Mary Little League observes those rules and then places children on teams according to their skills and abilities based on their try-out ratings at the beginning of the season. If for some reason you do not think your child belongs in a particular division, please contact the LMLL Player Agent and share your concerns with him or her.

Should my child be pitching as many innings per game?

Little League has rules regarding pitching which all managers and coaches must follow. The rules are different depending on the division of play but the rules are there to protect children.

Do mouth guards prevent injuries?

A mouth guard can prevent serious injuries such as concussions, cerebral hemorrhages, incidents of unconsciousness, jaw fractures and neck injuries by helping to avoid situations where the lower jaw gets jammed into the upper jaw. Mouth guards are effective in moving soft tissue in the oral cavity away from the teeth, preventing laceration and bruising of the lips and cheeks, especially for those who wear orthodontic appliances.

How do I know that I can trust the volunteer managers and coaches not to be child molesters?

Lake Mary Little League runs background checks on all board members, managers and designated coaches before appointing them. Volunteers are required to fill out applications which give LMLL the information and permission it needs to complete a thorough investigation. If the League receives inappropriate information on a volunteer, that volunteer will be immediately removed from his/her position and banned from the facility.

How can I complain about the way my child is being treated by the manager, coach, or umpire?

You can directly contact the LMLL Player Agent for your division or any LMLL board member. Their names and telephone numbers are listed in the beginning of this Safety Plan.

Will that helmet on my child's head really protect him while he or she is at bat or running around the bases?

The helmets used at Lake Mary Little League must meet NOCSAE standards as evidenced by the exterior label. These helmets are approved by Little League Incorporated and are the safest protection for your child. The helmets are checked for cracks or other deficiencies before each game and replaced if necessary.

Is it safe for my child to slide into the bases?

Sliding is part of baseball. Managers and coaches teach children to slide safely in the pre-season.

My child has been diagnosed with ADD or ADHD - is it safe for him to play?

Lake Mary Little League now addresses ADD and ADHD in their Safety Manual. Managers and coaches now have a reference to better understand ADD and ADHD. The knowledge they gain here will help them coach ADD and ADHD children effectively. The primary concern is, of course, safety. Children must be aware of where the ball is at all times. Managers and coaches must work together with parents in order help ADD and ADHD children focus on safety issues.

Concession Stand

- No person under the age of sixteen will be allowed behind the counter in the concession stand.
- Volunteers working in the concession stands will be trained in safe food preparation.
- Training will cover safe use of the equipment; including Lightning Detector training and procedures.
- Cooking equipment will be inspected periodically and repaired or replaced if need be.
- Food that is not purchased by LMLL to sell within the snack bar will not be cooked, prepared, or sold.
- Cooking grease will be stored safely in containers away from open flames.
- Cleaning chemicals must be stored in a locked container.
- A certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.
- All concession stand workers are to be instructed on the use of fire extinguishers.
- A fully stocked First Aid Kit will be placed in the Concession stand.
- The Concession Stand main entrance door will not be locked or blocked while people are inside.

Concession Stand Food Safety

Clean – Wash Hands and Surfaces Often

- **Wash Hands with hot soapy water before handling food.**
- **Wash cutting boards, dishes, utensils and counters with hot soapy water after preparing each food item.**
- **All wiping cloths must be stored in a sanitizing solution made up of bleach and water at approximately 1 capful of bleach per 1 gallon of water.**
- **A supply of disposable towels and hand soap must be available.**

Separate – Don't Contaminate

- **Use a clean plate for cooked foods. Never place cooked food on a plate that previously held raw food.**
- **All food items should be covered whenever possible.**
- **Store food at least six inches off the floor to minimize the contamination of food and allow proper floor cleaning.**
- **Wash hands frequently.**

Cook Food To proper Temperatures

- **When cooking in a microwave oven, cover food, stir and rotate for even cooking.**
- **Keep hot foods hot, and cold foods cold! Hot food must be kept at 140 degrees or above. Cold foods must be kept at 41 degrees or below.**
- **Use a clean metal stemmed thermometer to measure the internal temperature of cooked food to make sure it is thoroughly done.**

Chill – Refrigerate Promptly

- **Refrigerate foods quickly. Cold temperatures keep harmful bacteria from growing and multiplying.**
- **Refrigerator temperature must be set at 40 degrees or lower, and freezer at zero degrees or lower. Check these temperatures often.**
- **Thaw food in the refrigerator.**
- **Divide large amounts of food into small shallow containers for quick cooling.**
- **Don't over-pack the refrigerator.**
- **Keep the freezer and refrigerator closed when not in use. This keeps the cold air inside.**

Volunteers Must Wash Hands

HOW

Wet
warm water



Wash
20 seconds
Use soap



Rinse



Dry
Use single service
paper towels



Gloves



WHEN

Wash your hands before you prepare food or as often as needed.

Wash after you:

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

Do not touch ready-to-eat foods with your bare hands.

Use gloves, tongs, deli tissue or other serving utensils.
Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand
when you can't remove your jewelry

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education, United States Department of Agriculture-Cooperating, UMass Extension provides equal opportunity in programs and employment.



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.

WEATHER

Most of our days in Central Florida are warm and sunny but there are those days when the weather turns bad and creates *unsafe weather conditions*.

Rain

If it begins to rain:

- Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
- Determine the direction the storm is moving.
- Evaluate the playing field as it becomes more and more saturated.
- Stop practice if the playing conditions become unsafe -- use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.

Lightning

The City of Lake Mary utilizes the Earth Networks StreamerRT weather service to monitor lightning and severe weather situations for the City's outdoor recreation facilities. Any lightning strike inside a 7-mile radius of the Sports Complex will result in the suspension of play on all fields. The siren on-site will sound to alert everyone to the suspension of play at the Sports Complex. Play will only resume once the ALL CLEAR signal is given by the weather service. There is a link to the City's lightning alert system on the LMLL website's home page (www.lakemarylittleleague.com), which shows the status of the lightning alert and how much time until the ALL CLEAR.

If the Lake Mary Sports Complex is under a Lightning Alert the following procedures must be followed:

- ***Suspend all games and practices immediately.***
- ***All Players, Coaches and Parents must leave the fields immediately***
- Stay away from metal including fencing and bleachers.
- Do not hold metal bats.
- Get players to walk not run to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.

Hot Weather

One thing we do get in Central Florida is hot weather. Precautions must be taken in order to make sure the players on your team do not *dehydrate* or *hyperventilate*.

1. Suggest players take drinks of water when coming on and going off the field between innings (*Drinking fountains are located at all dugouts*).
2. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout ASAP.
3. If a player should collapse as a result of heat exhaustion, call **9-1-1** immediately. Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives (*See section on Hydration*).

Ultra-Violet Ray Exposure

This kind of exposure increases an athlete's risk of developing a specific type of skin cancer known as melanoma. The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time that they are 18 years old.

Therefore, LMLL will recommend the use of sunscreen with a SPF (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light.

EVACUATION PLAN

Severe storms, lightning and tornados are all possible in Central Florida. For this reason, LMLL must have an *evacuation plan*.

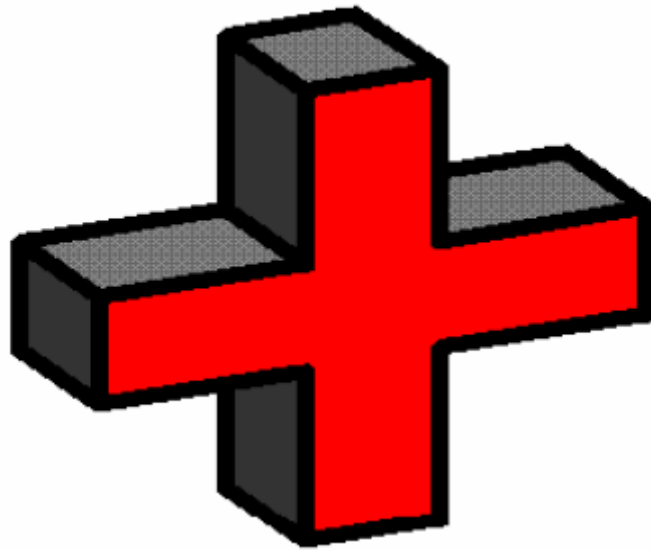
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- At that time all players will return to the dugout.
- Upon notification of a lightning alert at the Sports Complex, parents will proceed to dugout and pick up their children.
- If a player's parent is not attending the game, the Manager will take responsibility for evacuating that child or make arrangements with the Team Safety Officer.
- Once parents have obtained their children, they will proceed to their cars in a calm and orderly manner.
- Drivers will then proceed slowly and cautiously out of the facility, observing the 5 MPH speed limit.
- Once outside the facility, drivers will observe the posted speed limits.

**** IF A MANAGER HAS NOT APPOINTED A TSO THEN HE OR SHE MUST ASSUME THOSE RESPONSIBILITIES**



FIRST AID



LMLL First Aid Kit Minimum Requirements

Lake Mary Little League First Aid Kit

Little League Baseball requires that each team, field and concession have at their disposal a First Aid Kit in case of injury to a player, fan or volunteer.

The following lists the minimum that this First Aid Carry Kit should include:

- 1 – Instant Ice Packs
 - 6 - Antiseptic Wipes
 - 3 – Gauze Pads (3x3 min.)
 - 2 – Large Bandages (2x4 max.)
 - 2 – Large Non-Sick Bandages (3x3 min.)
 - 10 – Band-Aids (1x3)
 - 4 – Antiseptic Cream Packs
 - 1 – Roll Adhesive Tape
 - 2 – Sting Relief Pads
 - 2 – Tongue Depressants (can be used as finger splints)
 - 1 – Ace Stretch Bandage
 - 1 – Scissors or Pocket Knife
 - 1 – Tweezers
 - 1 – Safety Pin
 - 1 – Pair Latex Gloves
 - 1 – Portable Carry Case
-
- 1 – Safety Manual with First Aid Basics Addendum, Emergency Contact Phone Numbers and Directions to nearest Hospital

Additional Supplies to Purchase:

- 2 – Instant Ice Packs purchased separately
- 2 – Plastic Bags for Ice (6x6 approximate Zip Lock)

Ice is available at concession stand.

In Case of an Emergency

Administering First Aid

First-Aid 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, (paramedics).

A representative i.e. Managers/ Coaches from each team and board members are CPR and First Aid Certified. No-One should ever administer First-Aid beyond their capabilities.

Always 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 times preparing them for whatever emergency action that may need to be taken. You cannot do this. Therefore, NEVER 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 will be furnished to each team at the beginning of the season. The LMLL Safety Officers *name and phone number* has been placed inside of all the First-Aid Kits. Keep at least *two quarters* inside the First-Aid Kit for emergency telephone calls and if you do not have a cell phone identify at least two people who are a part of your team before the practice or game begins.

The First Aid Kit will become part of the teams equipment package and ALWAYS should be taken to all practices, batting cage practices, games (whether season or post-season) and any other Lake Mary Little League event where children's safety is at risk.

To replenish materials in the Team First Aid Kit, the Manager or Coach must contact the LMLL Safety Officer. (Please see contact information)

****To ensure the continuous improvements to your leagues safety; always report any safety incident or near miss incident to the safety officer as soon as possible no later than 24 hours.**

Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. The **“Good Samaritan Law”** *gives 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 rescuers 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

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 follows these steps.

- First Dial **9-1-1**.
- 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, 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 *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 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.
- Has an injury to the head, neck or back.
- Has a possible broken bone.

Also call 9-1-1 for any of these situations:

- 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.

LAKE MARY LITTLE LEAGUE
Lake Mary, Florida

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball / Softball.

WHAT PARENTS SHOULD KNOW ABOUT LITTLE LEAGUE INSURANCE

The Little League Insurance Program is designed to afford protection to all participants at the most economical cost to the local league. The Little League Player Accident Policy is an excess coverage, accident only plan, to be used as a supplement to other insurance carried under a family policy or insurance provided by parent's employer. If there is no primary coverage, Little League insurance will provide benefits for eligible charges, up to Usual and Customary allowances for your area, after a \$50.00 deductible per claim, up to the maximum stated benefits.

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

If your child sustains a covered injury while taking part in a scheduled Little League Baseball or Softball game or practice, here is how the insurance works:

1. The Little League Baseball accident notification form must be completed by parents (if the claimant is under 19 years of age) and a league official and forwarded directly to Little League Headquarters within 20 days after the accident. A photocopy of the form should be made and kept by the parent/claimant. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills, including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to a claim for benefits are to be provided within 90 days after the accident. In no event shall such proof be furnished later than 12 months from the date the initial medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. Limited deferred medical/dental benefits may be available for necessary treatment after the 52-week time limit when:

(a) Deferred medical benefits apply when necessary treatment requiring the removal of a pin /plate, applied to transfix a bone in the year of injury, or scar tissue removal, after the 52-week time limit is required. The Company will pay the Reasonable Expense incurred, subject to the Policy's maximum limit of \$100,000 for any one injury to any one Insured. However, in no event will any benefit be paid under this provision for any expenses incurred more than 24 months from the date the injury was sustained.

(b) If the Insured incurs Injury, to sound, natural teeth and Necessary Treatment requires treatment for that Injury be postponed to a date more than 52 weeks after the injury due to, but not limited to, the physiological changes of a growing child, the Company will pay the lesser of: 1. A maximum of \$1,500 or 2. Reasonable Expenses incurred for the deferred dental treatment. Reasonable Expenses incurred for deferred dental treatment are only covered if they are incurred on or before the Insured's 23rd birthday.

Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury occurs. No payment will be made for deferred treatment unless the Physician submits written certification, within 52 weeks after the accident, that the treatment must be postponed for the above stated reasons. Benefits are payable subject to the Excess Coverage and the Exclusions provisions of the Policy.

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

Malcolm Rosario
Safety Officer, LMLL

First Aid Basics

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 raises, 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**.

Allow water breaks every 15 - 30 minutes and allow players to obtain a drink when they feel it is needed *even* if before the scheduled breaks!!



Dehydration

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.

Always 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.

Caffeine (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.

Checking the Victim

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 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.

Checking an Unconscious Victim

1. Tap and shout to see if the person responds. If no response –
2. Look, listen and feel for breathing for about 5 seconds.
3. If there is no response, position victim on back, while supporting head and neck.
4. Tilt head back, lift chin and pinch nose shut. (See breathing section to follow.
5. Look, listen, and feel for breathing for about 5 seconds.
6. If the victim is not breathing, give 2 slow breaths into victim's mouth. *Finger sweep maneuver administered to an unconscious victim of foreign body airway obstruction.*
7. Check pulse for 5 to 10 seconds.
8. Check for severe bleeding.

Muscle, Bone, or Joint Injuries

Symptoms of Serious Muscle, Bone, or Joint Injuries:

When treating an injury, remember:

Protection

Rest

Ice

Compression

Elevation

Support

- 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 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.

Head And Spine Injuries

When to Suspect Head and Spine Injuries

- A fall from a height greater than the victim's height.
- Any bicycle, skateboarding, roller blade 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.

Signals 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.

Concussion

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.
- 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 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.***

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
- Breathing difficulty
- Persistent pressure or pain.

Care For Sudden Illness

- 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.

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.

Caring for 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.

Bleeding in General

Before initiating any First Aid to control bleeding, be sure to wear latex gloves 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.
- **COVER...** to absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads. (Handle only the edges of sterile pads or dressings)
- **TAPE...** to secure with First-Aid tape 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.*

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.

*All safety kits are provided with latex gloves.

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 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)

EXTRUDED TOOTH - Upper tooth hangs down and/or lower tooth raised up.

- Reposition tooth in socket using firm finger pressure.
- Stabilize tooth by gently biting on towel or handkerchief.
- **TRANSPORT IMMEDIATELY TO DENTIST.**

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.**

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 FRAGMENT TO DENTIST**

Breathing Problems/Emergency Breathing

If Victim is not Breathing:

1. Position victim on back while supporting head and neck.
2. With victim's head tilted back and chin lifted, pinch the nose shut.
3. Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.
4. Check for a pulse at the carotid artery (use fingers instead of thumb).
5. 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).
6. 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:

1. Re-tilt person's head.
2. Give breaths again.
3. 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.
4. Give up to 5 abdominal thrusts.
5. Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.
6. Tilt head back, lift chin, and give breaths again.
7. Repeat breaths, thrust, and sweeps until breaths go in.

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.
- Skin appearance -
 - Victim's skin may be pale or bluish in color
 - Victim's face may be moist.
 - Victim 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

1. Recognize the signals of a heart attack.
2. Convince the victim to stop activity and rest.
3. Help the victim to rest comfortably.
4. Comfort the victim.
5. Call **9-1-1** and report the emergency.
6. Assist with medication, if prescribed.

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

Giving CPR

1. Position victim on back on a flat surface.
2. Position yourself so that you can give rescue breaths and chest compression without having to move (usually to one side of the victim).
3. Find hand position on breastbone.
4. Position shoulders over hands. Compress chest 15 times. (For small children only 5 times)
5. With victim's head tilted back and chin lifted, pinch the nose shut.
6. Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises. (For small children only 1 time)
7. Do 3 more sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)
8. Recheck pulse and breathing for about 5 seconds.
9. If there is no pulse continue sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)
10. When giving CPR to small children only use one hand for compressions to avoid breaking ribs.

When to stop CPR

1. If another trained person takes over CPR for you.
2. If Paramedics arrive and take over care of the victim.
3. If you are exhausted and unable to continue.
4. If the scene becomes unsafe.

The sternum should be compressed to a depth of 1 1/2 - 2 inches.

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.

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.

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:

1. For mild or moderate symptoms, wash with soap and cold water.
2. 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.

Care for 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:

If a chemical burn:

- 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

1. If victim has been sunburned:
2. Treat as you would any major burn (see above).
3. Treat for shock if necessary (see section on “Caring for Shock”)
4. Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water.
5. Give victim fluids to drink.
6. 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

1. If an object, such as a knife or a piece of glass or metal, is impaled in a wound:
2. **Do not** remove it.
3. Place several dressings around object to keep it from moving.
4. Bandage the dressings in place around the object.
5. 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.
6. Treat for shock if needed (see Care for Shock” section).
7. Call 9-1-1 for professional medical care.

Care for Poisoning

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

1) 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.

2) 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 vomit if poison is unknown) with victim to hospital.

Heat Exhaustion

Symptoms 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.
- 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 involves 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.

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 is anticipated (latex gloves are provided in First Aid Kit).
- Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap (Lever 2000).
- Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach (supplied in the concession stands and club house).
- 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 stands and club house.
- 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.

Prescription Medication

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

Asthma & 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 a 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 (included in the appendix of this safety manual). 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.

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.

Attention Deficit Disorder

What is Attention Deficit Disorder (ADD)

ADD is now officially called Attention-Deficit/Hyperactivity Disorder, or **ADHD**, although most lay people, and even some professionals, still call it ADD (the name given in 1980).

ADHD is a neurobiologically based developmental disability estimated to affect between 3-5 percent of the school age population. This disorder is found present more often in boys than girls (3:1).

No one knows exactly what causes ADHD. Scientific evidence suggests that the disorder is genetically transmitted in many cases and results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior.

Why should I be concerned with ADHD when it comes to baseball?

Unfortunately more and more children are being diagnosed with ADHD every year. There is a high probability that one or more of the children on your team will have ADHD. It is important to recognize the child's situation for safety reasons because not paying attention during a game or practice could lead to serious accidents involving the child and/or his teammates. It is equally as important to not call attention to the child's disability or to label the child in any way.

Hopefully the parent of an ADHD child will alert you to his/her condition. Treatment of ADHD usually involves medication. Do not, at any time, administer the medication -- even if the child asks you to. Make sure the parent is aware of how dangerous the game of baseball can be and suggest that the child take the medication (if he or she is taking medication) before he or she comes to the practice/game.

A child on your team may in fact be ADHD but has not been diagnosed as such. You should be aware of the symptoms of ADHD in order to provide the safest environment for that child and the other children around him/her.

What are the symptoms of ADHD?

- **Inattention** - This is where the child:
 - Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities;
 - Often has difficulty sustaining attention in tasks or play activities;
 - Often does not seem to listen when spoken to directly;
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions);
- Often has difficulty organizing tasks and activities;
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework);
- Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools);
- Often easily distracted by extraneous stimuli;
- Often forgetful in daily activities.
- Often fidgets with hands or feet or squirms in seat;
- Often leaves seat in classroom or in other situations in which remaining seated is expected;
- Often runs about or climbs excessively in situation in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings or restlessness);
- Often has difficulty playing or engaging in leisure activities quietly;
- Often “on the go” or often act as if “driven by a motor”;
- Often talks excessively.
- **Impulsivity** - This is where the child:

- Often blurts out answers before questions have been completed;
- Often has difficulty awaiting turn;
- Often interrupts or intrudes on others (e.g., butts into conversations or games).

➤ **Emotional Instability** - This is where the child:

- often has angry outbursts;
- is a social loner;
- blames others for problems;
- fights with others quickly;
- is very sensitive to criticism.

Most children with ADHD experience significant problems socializing with peers and cooperating with authority figures. This is because when children have difficulty maintaining attention during an interaction with an adult, they may miss important parts of the conversation. This can result in the child not being able to follow directions and so called “memory problems” due to not listening in the first place.

When giving directions to ADHD children it is important to have them repeat the directions to make sure they have correctly received them. For younger ADHD children, the directions should consist of only one or two step instructions. For older children more complicated directions should be stated in writing.

Children with ADHD often miss important aspects of social interaction with their peers. When this happens, they have a difficult time “fitting in.” They need to focus in on how other children are playing with each other and then attempt to behave similarly. ADHD children often enter a group play situation like the proverbial “bull n the china closet” and upset the play session.

There is no way to know for sure that a child has ADHD. There is not simple test, such as a blood test or urinalysis. An accurate diagnosis requires an assessment conducted by a well-trained professional (usually a developmental pediatrician, child psychologist, child psychiatrist, or pediatric neurologist) who knows a lot about ADHD and all other disorders that can have symptoms similar to those found in ADHD.