Inclement Weather Safety

Inclement Weather Safety

Rain/Snow

If it begins to rain or snow:

- Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
- Evaluate the strength of the snow. Is the visibility inhibiting the play of ball?
- Determine the direction of the storm and where it is moving to.
- 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 to delay the game. Games can be delayed up to 45 minutes before a cancelation decision will be made.
- All games must be cancelled by a **Board Member.** If a **Board Member** is not present at a game, then it is the responsibility of the Home team's manager to contact a **Board Member** (preferably the Town Rep or Town Player Agent) from the field of play (unless it is unsafe) to decide on the cancellation.

Lighting

Lightning is the most dangerous and frequently encountered weather hazard that physically active people face. Each year, about 400 children and adults in the U.S. are struck by lightning. On average about 70 people are killed, and many others are left with serious life -long disabilities. The safety of the players, parents, coaches, officials and spectators is of great importance to Little League International and TRLL. When Mother Nature calls, knowing what to do is an important step in enforcing safety. Sports officials must understand thunderstorms and lightning to ensure they make educated decisions on when to seek safety.

Stopping Activities

In general, a significant lightning threat extends outward from the base of a thunderstorm cloud about 6 to 10 miles. Therefore, everyone should be in a safe place when a thunderstorm is 6 to 10 miles away. A plan's guidelines should account for the time it will take for everyone to get to safety by using the following criteria:

- **If you see lightning.** The ability to see lightning varies depending on the time of day, weather conditions, and obstructions such as trees, mountains, etc. In clear air, and especially at night, lightning can be seen from storms more than 10 miles away if obstructions don't limit the view of the thunderstorm.
- **If you hear thunder.** Thunder can usually be heard for about 10 miles provided there is no background noise. Traffic, wind, and precipitation may limit to hear thunder to less than 10 miles. If you hear thunder, though, it's a safe bet that the storm is within 10 miles.
- **Flash to Bang Theory.** You can also count the seconds between the flash of lightning and the bang of thunder to estimate the distance between you and the lightning strike. Because sound travels at approximately 1 mile in 5 seconds, you can determine how far away the lightning is by using this “flash-to-bang" method. In most cases, whenever lighting can be seen and/or thunder can be heard, the risk is already present, and individuals should seek a safe location.
- **Keep an eye on the sky.** Other warning signs of impending bad weather include darkening skies, sudden change in temperature and/or humidity, and increase in air movement. Not all people struck by lightning are in the rain.

If you see or hear a thunderstorm, or the skies look threatening, or there are sudden changes in temperature/humidity, the event should be immediately postponed or cancelled, and everyone should seek a safe shelter.

Seeking Safe Shelter

No place **OUTSIDE** is safe in or near severe weather. Run to a safe enclosed building. Once inside, avoid corded phones and stay away from any wiring or plumbing. Avoid sheds, picnic shelters, dugouts and bleachers. If there aren't any safe buildings nearby, find a fully enclosed vehicle with a hard metal top and windows up.

If you absolutely cannot get to safety, the following tips may help you slightly lessen the threat of being struck by lightning while outside. Don't kid yourself, you are **NOT SAFE OUTSIDE!**

- Avoid open fields, the top of a hill or a ridge top.
- Avoid standing water.
- Avoid contact with metal objects (bleachers, fences, bats, metal spikes, umbrellas).
- Avoid single or tall trees, tall objects and standing in a group. It is better to find a thick grove of small trees.
- Never lie flat on the ground during a lightning storm.
- as a last resort and/or if you feel your hair stand on end (indicating lightning is about to strike), assume the lightning-safe position Crouch on the ground with your weight on the balls of your feet, your feet together, your head lowered, and ears covered. Some experts recommend placing your hands on your forehead and your elbows on your knees to create a path for lightning to travel to the ground through your extremities rather than through your core (heart).

Resuming Activities

Because electrical charges can linger in the clouds after a thunderstorm has passed, experts agree that people should wait at least 30 minutes aft er the storm before resuming activities. If a game cannot resume because of weather, don't even try. Safety is always your first priority and erring on the side of caution is never an error.

Helping Lightning Victims

Lightning victims do not carry an electrical charge, are safe to handle, and need immediate medical attention. Call 9-1-1or your local ambulance service.

Give First Aid

In some cases, lightning strikes are catastrophic without being fatal. In many cases, the victim' s heart or breathing may stop, which can be fat al without immediate medical attention. It is always a good idea to have a coach or official in attendance who can administer CPR (cardiopulmonary resuscitation) and who also has experience using an automated external defibrillator to revive them until an ambulance can arrive. Continue to monitor the victim until medical help arrives. If possible, move the victim to a safer place away from the threat of another lightning strike.

Safety First

Most tragedies from extreme weather conditions can be avoided if you plan ahead. Little League International and TRLL urge all Towns to have a safety plan in place. Establish specific guidelines where people will go for safety and how much time it will take for them to reach shelter. Establish guidelines for postponing or canceling an event so everyone is safe and/or has time to reach safety. Post these guidelines around your facility and provide handouts of the guidelines to umpires, coaches, volunteers, participants and parents. **Follow the plan without exception!**

Stay Informed! Listen to NOAA Weather Radio or obtain forecasts from other sources. A severe thunderstorm **WATCH** is issued when conditions are favorable for severe weather to develop. A severe thunderstorm **WARNING** is issued when severe weather is imminent.

When storms threaten, officials and coaches must not let the desire to start or finish an activity hinder their judgment when the safety of participants and spectators could be in jeopardy.

In any amateur contest, remember that **it's just a game.** None of them should risk an injury for the sake of a win. There will always be many more tomorrows to play. If you don't establish and follow safety guidelines, pushing the limit might make this game yours or someone else's last game.

If You See It, Flee It;
If You Hear It, Clear It

REMEMBER:

- Track approaching storms the best way possible: Internet radar websites, dedicated storm warning system at field, or other storm warnings.
- Evacuate fields when storms are about 10 miles away: Have players and spectators go to enclosed building or to cars with windows rolled up.
- Clear fields immediately after thunder has been heard or lightning seen!

PLEASE WAIT!

- Wait 30 minutes before returning to play after last sign of lightning activity in your area
- Cars shouldn't leave until the game is called so all players can be accounted for

Guide/l!l8s tan *the National* Oceanic *and* ***Atmospheric*** *Administration (NOAA) Natia1al Weather Service*

Copy and post at dugouts

Cold Weather

1. Cold Weather Health Risks
    a. Hypothermia
        i. Overview
            1. hypothermia is a medical emergency that occurs when your body loses heat faster than it can produce heat, causing a dangerously low body temperature. Normal body temperature is around 98.6 F (37 C). Hypothermia (hi-poe-THUR-me-uh) occurs as your body temperature falls below 95 F (35 C).

               When your body temperature drops, your heart, nervous system and other organs can't work normally. Left untreated, hypothermia can eventually lead to complete failure of your heart and respiratory system and eventually to death.

               Hypothermia is often caused by exposure to cold weather or immersion in cold water. Primary treatments for hypothermia are methods to warm the body back to a norm al temperature.
        ii. Symptoms
            1. Shivering is likely the first thing you'll notice as the temperature starts to drop because it's your body's automatic defense against cold temperature - an attempt to warm itself.
            2. Signs and symptoms of hypothermia include:
                - Shivering
                - Slurred speech or mumbling
                - Slow, shallow breathing
                - Weak pulse
                - Clumsiness or lack of coordination
                - Drowsiness or very low energy
                - Confusion or memory loss
                - Loss of consciousness
                    i. Someone with hypothermia usually isn't aware of his or her condition because the symptoms often begin gradually. Also, the confused thinking associated with hypothermia prevents self-awareness. The confused thinking can also lead to risk-taking behavior.
                    ii. Call 911 or your local emergency number if you suspect someone has hypothermia.

While you wait for emergency help to arrive, gently move the person inside if possible. Jarring movements can trigger dangerous irregular heartbeats. Carefully remove his or her wet clothing, replacing it with warm, dry coats or blankets.

iii. Causes

1. Hypothermia occurs when your body loses heat faster than it produces it. The most common causes of hypothermia are exposure to cold-weather conditions or cold water. But prolonged exposure to any environment colder than your body can lead to hypothermia if you aren't dressed appropriately or can't control the conditions.
2. Specific conditions leading to hypothermia include:
    - Wearing clothes that aren't warm enough for weather conditions.
    - Staying out in the cold too long
    - Being unable to get out of wet clothes or move to a warm, dry location.
    - Falling into the water, as in a boating accident
    - Living in a house that's too cold, either from poor heating or too much air conditioning
3. How your body loses heat. The mechanisms of heat loss from your body include the following:
    - **Radiated heat.** Most heat loss is due to heat radiated from unprotected surfaces of your body.
    - **Direct contact.** If you're in direct contact with something very cold, such as cold water or the cold ground, heat is conducted away from your body. Because water is very good at transferring heat from your body, body heat is lost much faster in cold water than in cold air. Similarly, heat loss from your body is much faster if your clothes are wet, as when you're caught out in the rain.
    - **Wind.** Wind removes body heat by carrying away the thin layer of warm air at the surface of your skin. A wind chill factor is important in causing heat loss.

iv. Prevention

1. Staying warm in cold weather. Before you or your children step out into cold air, remember the advice that follows with the simple acronym COLD - cover, overexertion, layers, dry:
    - ■

- **Cover.** Wear a hat or other protective covering to prevent body heat from escaping from your head, face and neck. Cover your hands with mittens instead of gloves.
- **Overexertion.** Avoid activities that would cause you to sweat a lot. The combination of wet clothing and cold weather can cause you to lose body heat more quickly.
- **Layers.** Wear loose fitting, layered, lightweight clothing. Outer clothing made of tightly woven, water-repellent material is best for wind protection. Wool, silk or polypropylene inner layers hold body heat better than cotton does.
- **Dry.** Stay as dry as possible. Get out of wet clothing as soon as possible. Be especially careful to keep your hands and feet dry, as it's easy for snow to get into mittens and boots.

b. Frostbite\Frostnip

i. Overview

Frostbite is an injury caused by freezing of the skin and underlying tissues. First your skin becomes very cold and red, then numb, hard and pale. Frostbite is most common on the fingers, toes, nose, ears, cheeks and chin. Exposed skin in cold, windy weather is most vulnerable to frostbite. But frostbite can occur on skin covered by gloves or other clothing.

Frostnip, the first stage of frostbite, doesn't cause permanent skin damage. You can treat very mild frostbite with first-aid measures, including rewarming your skin. All other frostbite requires medical attention because it can damage skin, tissues, muscle and bones. Possible complications of severe frostbite include infection and nerve damage.

ii. Symptoms

1. Signs and symptoms of frostbite include:

- At first, cold skin and a prickling feeling
- Numbness
- Red, white, bluish- white or grayish-yellow skin
- Hard or waxy looking skin
- Clumsiness due to joint and muscle stiffness
- Blistering after rewarming, in severe cases

Frostbite is most common on the fingers, toes, nose, ears, cheeks and chin. Because of skin numbness, you may not realize you have frostbite until someone else points it out.

2. Frostbite occurs in several stages:

   - **Frostnip.** The first stage of frostbite is frostnip. With this mild form of frostbite, your skin pales or turns red and feels very cold. Continued exposure leads to prickling and numbness in the affected area. As your skin warms, you may feel pain and tingling. Frostnip doesn't permanently damage the skin.

   - **Superficial frostbite.** The second stage of frostbite appears as reddened skin that turns white or pale. The skin may remain soft, but some ice crystals may form in the tissue. Your skin may begin to feel warm - a sign of serious skin involvement. If you treat frostbite with rewarming at this stage, the surface of your skin may appear mottled, blue or purple. And you may notice stinging, burning and swelling. A fluid-filled blister may appear 24 to 36 hours after rewarming the skin.

   - **Severe (deep) frostbite.** As frostbite progresses, it affects all layers of the skin, including the tissues that lie below. You may experience numbness, losing all sensation of cold, pain or discomfort in the affected area. Joints or muscles may no longer work. Large blisters form 24 to 48 hours after rewarming. Afterward, the area turns black and hard as the tissue dies.

3. When to see a doctor

   a. Seek medical attention for frostbite if you experience:
      - Signs and symptoms of superficial or deep frostbite - such as white or pale skin, numbness, or blisters
      - Increased pain, swelling, redness or discharge in the area that was frostbitten.
      - Fever
      - New, unexplained symptoms

Get emergency medical help if you suspect hypothermia, a condition in which your body loses heat faster than it can be produced.

Signs and symptoms of hypothermia include:

- Intense shivering
- Slurred speech
- Drowsiness and loss of coordination

iii. Causes

1. Frostbite occurs when skin and underlying tissues freeze. The most common cause of frostbite is exposure to cold-weather conditions. But it can also be caused by direct contact with ice, freezing metals or very cold liquids.
2. Specific conditions that lead to frostbite include:
   - Wearing clothing that isn't suitable for the conditions you're in - for example, it doesn't protect against cold, windy or wet weather or it's too tight.
   - Staying out in the cold and wind too long. Risk increases as air temperature falls below 5 F (minus 15 C}, even with low wind speeds. In wind chill of minus 16.6 F (minus 27 C), frostbite can occur on exposed skin in less than 30 minutes.
   - Touching materials such as ice, cold packs or frozen metal.

iv. Prevention

1. Frostbite can be prevented. Here are tips to help you stay safe and warm.
   - **Limit time you're outdoors in cold, wet or windy weather.** Pay attention to weather forecasts and wind chill readings. In very cold, windy weather, exposed skin can develop frostbite in a matter of minutes.
   - **Dress in several layers of loose, warm clothing.** Air trapped between the layers of clothing acts as insulation against the cold. Wear windproof and waterproof outer garments to protect against wind, snow and rain. Choose undergarments that wick moisture away from your skin. Change out of wet clothing - particularly gloves, hats and socks - as soon as possible.
   - **Wear a hat or headband that fully covers your ears.** Heavy woolen or windproof materials make the best headwear for cold protection.
   - **Wear mittens rather than gloves.** Mittens provide better protection. Or try a thin pair of glove liners made of a wicking. material (like polypropylene) under a pair of heavier gloves or mittens.

- **Wear socks and sock liners that fit well, wick moisture and provide insulation.** You might also try hand and foot warmers. Be sure the foot warmers don't make your boots too tight, restricting blood flow.
- **Watch for signs of frostbite.** Early signs of frostbite include. red or pale skin, prickling, and numbness.
- **Plan to protect yourself.** When traveling in cold weather, carry emergency supplies and warm clothing in case you become stranded. If you'll be in remote territory, tell others your route and expected return date.
- **Don't drink alcohol if you plan to be outdoors in cold weather.** Alcoholic beverages cause your body to lose heat faster.
- **Eat well-balanced meals and stay hydrated.** Doing this even before you go out in the cold will help you stay warm. And if you do become cold, drinking warm, sweet beverages, such as hot chocolate, will I help you warm up.
- **Keep moving.** Exercise can get the blood flowing and help you stay warm, but don't do it to the point of exhaustion.

2. Hot Weather Health Risks
    a. Heat Exhaustion
        i. Overview

Heat exhaustion is a condition whose symptoms may include heavy sweating and a rapid pulse, a result of your body overheating. It's one of three heat-related syndromes, with heat cramps being the mildest and heatstroke being the most severe.

Causes of heat exhaustion include exposure to high temperatures, particularly when combined with high humidity, and strenuous physical activity. Without prompt treatment, heat exhaustion can lead to heatstroke, a life-threatening condition. Fortunately, heat exhaustion is preventable.

ii. Symptoms

Signs and symptoms of heat exhaustion may develop suddenly or over time, especially with prolonged periods of exercise. Possible heat exhaustion signs and symptoms include:

- Cool, moist skin with goose bumps when in the heat
- Heavy sweating
- Faintness
- Dizziness
- Fatigue
- Weak, rapid pulse
- Low blood pressure upon standing.
- Muscle cramps
- Nausea
- Headache

iii. Causes

1. Your body's heat combined with environmental heat results in what's called your core temperature - your body's internal temperature. Your body needs to regulate the heat gain (and, in cold weather, heat loss) from the environment to maintain a core temperature that's normal, approximately 98.6 F (37 C).

2. your body's failure to cool itself

In hot weather, your body cools itself mainly by sweating. The evaporation of your sweat regulates your body temperature. However, when you exercise strenuously or otherwise overexert in hot, humid weather, your body is less able to cool itself. efficiently.

As a result, your body may develop heat cramps, the mildest form of heat-related illness. Signs and symptoms of heat cramps usually include heavy sweating, fatigue, thirst and muscle cramps. Prompt treatment usually prevents heat cramps from progressing to heat exhaustion.

You usually can treat heat cramps by drinking fluids or sports drinks containing electrolytes (Gatorade, Powerade, others), getting into cooler temperatures, such as an air-conditioned or shaded place, and resting.

iv. Prevention

You can take several precautions to prevent heat exhaustion and other heat-related illnesses. When temperatures climb, remember to:

- **Wear loose fitting, lightweight clothing.** Wearing excess clothing or clothing that fits tightly won't allow your body to cool properly.
- **Protect against sunburn.** Sunburn affects your body's ability to cool itself, so protect yourself outdoors with a wide-brimmed hat and sunglasses and use a broad-spectrum sunscreen with an SPF of at least 15. Apply sunscreen generously and reapply every two hours - or more often if you're swimming or sweating.
- **Drink plenty of fluids.** Staying hydrated will help your body sweat and maintain a normal body temperature.
- **Take extra precautions with certain medications.** Be on the lookout for heat-related problems if you take medications that can affect your body's ability to stay hydrated and dissipate heat.
- **Never leave anyone in a parked car.** This is a common cause of heat-related deaths in children. When parked in the sun, the temperature in your car can rise 20 degrees Fahrenheit (more than 6.7 C) in 10 minutes.

  It's not safe to leave a person in a parked car in warm or hot weather, even if the windows are cracked or the car is in shade. When your car is parked, keep it locked to prevent a child from getting inside.
- **Take it easy during the hottest parts of the day.** If you can't avoid strenuous activity in hot weather, drink fluids and rest frequently in a cool spot. Try to schedule exercise or physical labor for cooler parts of the day, such as early morning or evening.
- **Get acclimated.** Limit time spent working or exercising in heat until you're conditioned to it. People who are not used to hot weather are especially susceptible to heat-related illness. It can take several weeks for your body to adjust to hot weather.

- **Be cautious if you're at increased risk.** If you take medications or have a condition that increases your risk of heat-related problems, such as a history of previous heat illness, avoid the heat and act quickly if you notice symptoms of overheating. If you participate in a strenuous sporting event or activity in hot weather, make sure there are medical services available in case of a heat emergency.

b. Heat Stroke

i. Overview

Heatstroke is a condition caused by your body overheating, usually as a result of prolonged exposure to or physical exertion in high temperatures. This most serious form of heat injury, heatstroke, can occur if your body temperature rises to 104 F (40 C) or higher. The condition is most common in the summer months.

Heatstroke requires emergency treatment. Untreated heatstroke can quickly damage your brain, heart, kidneys and muscles. The damage worsens the longer treatment is delayed, increasing your risk of serious complications or death.

ii. Symptoms

1. Heatstroke signs and symptoms include:

- **High body temperature.** A core body temperature of 104 F (40 C) or higher, obtained with a rectal thermometer, is the main sign of heatstroke.
- **Altered mental state or behavior.** Confusion, agitation, slurred speech, irritability, delirium, seizures and coma can all result from heatstroke.
- **Alteration in sweating.** In heatstroke brought on by hot weather, your skin will feel hot and dry to the touch. However, in heat stroke brought on by strenuous exercise, your skin may feel dry or slightly moist.
- **Nausea and vomiting.** You may feel sick to your stomach or vomit.
- **Flushed skin.** Your skin may turn red as your body temperature increases.
- **Rapid breathing.** Your breathing may become rapid and shallow.

- **Racing heart rate.** Your pulse may significantly increase because heat stress places a tremendous burden on your heart to help cool your body.
- **Headache.** Your head may throb.

iii. Causes

1. Heatstroke can occur because of:
   - **Exposure to a hot environment.** In a type of heatstroke, called no exertional (classic) heatstroke, being in a hot environment leads to a rise in core body temperature. This type of heatstroke typically occurs after exposure to hot, humid weather, especially for prolonged periods. It occurs most often in older adults and in people with chronic illness.
   - **Strenuous activity.** Exertional heatstroke is caused by an increase in core body temperature brought on by intense physical activity in hot weather. Anyone exercising or working in hot weather can get exertional heatstroke, but it's most likely to occur if you're not used to high temperatures.

iv. Prevention

1. Heatstroke is predictable and preventable. Take these steps to prevent heatstroke during hot weather:
   - **Wear loose fitting, lightweight clothing.** Wearing excess clothing or clothing that fits tightly won't allow your body to cool properly.
   - **Protect against sunburn.** Sunburn affects your body's ability to cool itself, so protect yourself outdoors with a wide-brimmed hat and sunglasses and use a broad-spectrum sunscreen with an SPF of at least 15. Apply sunscreen generously and reapply every two hours - or more often if you're swimming or sweating.
   - **Drink plenty of fluids.** Staying hydrated will help your body sweat and maintain a normal body temperature.
   - **Take extra precautions with certain medications.** Be on the lookout for heat-related problems if you take medications that can affect your body's ability to stay hydrated and dissipate heat.

- **Never leave anyone in a parked car.** This is a common cause of heat-related deaths in children. When parked in the sun, the temperature in your car can rise 20 degrees F (more than 6.7 C} in 10 minutes.

  It's not safe to leave a person in a parked car in warm or hot weather, even if the windows are cracked or the car is in shade. When your car is parked, keep it locked to prevent a child from getting inside.

- **Take it easy during the hottest parts of the day.** If you can't avoid strenuous activity in hot weather, drink fluids and rest frequently in a cool spot. Try to schedule exercise or physical labor for cooler parts of the day, such as early morning or evening.
- **Get acclimated.** Limit time spent working or exercising in heat until you're conditioned to it. People who are not used to hot weather are especially susceptible to heat-related illness. It can take several weeks for your body to adjust to hot weather.
- **Be cautious if you're at increased risk.** If you take medications or have a condition that increases your risk of heat-related problems, avoid the heat and act quickly if you notice symptoms of overheating. If you participate in a strenuous sporting event or activity in hot weather, make sure there are medical services available in case of a heat emergency.

Accident Reporting Procedures

When to Report

All such incidents described throughout this manual must be reported to the TRLL Safety Officer within 24 hours of the incident. The TRLL Safety Officer, Michael Dobbs, can be reached at the following:

Cell Phone:	781-296-5328
E-Mail:	mjdobbs1@icloud.com
Address:	PO Box 2184, Glenwood Springs, CO 81602

How to Make a Report

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. 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 the incident.

Team Safety Officer's Responsibility

The TSO will fill out the ASAP Incident/Injury Tracking Report and submit it to the TRLL 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 TRLL Safety Officer.

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

All teams are responsible for carrying each players Medical Release form in their coach's manual. This must be obtained after assessments from the acting registrar for your area.

Little League Baseball and Softball
MEDICAL RELEASE

NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

_____
Name Phone Relationship to Player

_____
Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date:

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

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 an 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. A $5O deductible applies for all claims, 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 and Softball 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 International, 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. Defer red 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 Poli cy'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 incur red 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 providing a better understanding of the operation of the Little League insurance program.

If you have any questions, please feel free to contact me.

Michael Dobbs

TRLL Safety Officer

LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

AIG

Send Completed Form To:
Little League® International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485
Accident Claim Contact Numbers:
Phone: 570-327-1674

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. 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 claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the 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 incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name | League I.D.

PART 1

Name of Injured Person/Claimant | SSN | Date of Birth (MM/DD/YY) | Age | Sex ☐ Female ☐ Male

Name of Parent/Guardian, if Claimant is a Minor | Home Phone (Inc. Area Code) ( ) | Bus. Phone (Inc. Area Code) ( )

Address of Claimant | Address of Parent/Guardian, if different

The Little League Master Accident Policy provides benefits in **excess** of benefits from other insurance programs subject to a $50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through: Employer Plan ☐Yes ☐No School Plan ☐Yes ☐No
Individual Plan ☐Yes ☐No Dental Plan ☐Yes ☐No

Date of Accident | Time of Accident ☐AM ☐PM | Type of Injury

Describe exactly how accident happened, including playing position at the time of accident:

Check all applicable responses in each column:

☐ BASEBALL	☐ CHALLENGER (4-18)	☐ PLAYER	☐ TRYOUTS	☐ SPECIAL EVENT (NOT GAMES)
☐ SOFTBALL	☐ T-BALL (4-7)	☐ MANAGER, COACH	☐ PRACTICE	☐ SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)
☐ CHALLENGER	☐ MINOR (6-12)	☐ VOLUNTEER UMPIRE	☐ SCHEDULED GAME	
☐ TAD (2ND SEASON)	☐ LITTLE LEAGUE (9-12)	☐ PLAYER AGENT	☐ TRAVEL TO	
	☐ INTERMEDIATE (50/70) (11-13)	☐ OFFICIAL SCOREKEEPER	☐ TRAVEL FROM	
	☐ JUNIOR (12-14)	☐ SAFETY OFFICER	☐ TOURNAMENT	
	☐ SENIOR (13-16)	☐ VOLUNTEER WORKER	☐ OTHER (Describe)	
	☐ BIG (14-18)			

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date | Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)

Date | Claimant/Parent/Guardian Signature

For Residents of California:
Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York:
Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania:
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of All Other States:
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: ( ) Business: ( ) Fax: ( )

Were you a witness to the accident? ☐Yes ☐No
Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED
- ☐ 01 1ST
- ☐ 02 2ND
- ☐ 03 3RD
- ☐ 04 BATTER
- ☐ 05 BENCH
- ☐ 06 BULLPEN
- ☐ 07 CATCHER
- ☐ 08 COACH
- ☐ 09 COACHING BOX
- ☐ 10 DUGOUT
- ☐ 11 MANAGER
- ☐ 12 ON DECK
- ☐ 13 OUTFIELD
- ☐ 14 PITCHER
- ☐ 15 RUNNER
- ☐ 16 SCOREKEEPER
- ☐ 17 SHORTSTOP
- ☐ 18 TO/FROM GAME
- ☐ 19 UMPIRE
- ☐ 20 OTHER
- ☐ 21 UNKNOWN
- ☐ 22 WARMING UP

INJURY
- ☐ 01 ABRASION
- ☐ 02 BITES
- ☐ 03 CONCUSSION
- ☐ 04 CONTUSION
- ☐ 05 DENTAL
- ☐ 06 DISLOCATION
- ☐ 07 DISMEMBERMENT
- ☐ 08 EPIPHYSES
- ☐ 09 FATALITY
- ☐ 10 FRACTURE
- ☐ 11 HEMATOMA
- ☐ 12 HEMORRHAGE
- ☐ 13 LACERATION
- ☐ 14 PUNCTURE
- ☐ 15 RUPTURE
- ☐ 16 SPRAIN
- ☐ 17 SUNSTROKE
- ☐ 18 OTHER
- ☐ 19 UNKNOWN
- ☐ 20 PARALYSIS/ PARAPLEGIC

PART OF BODY
- ☐ 01 ABDOMEN
- ☐ 02 ANKLE
- ☐ 03 ARM
- ☐ 04 BACK
- ☐ 05 CHEST
- ☐ 06 EAR
- ☐ 07 ELBOW
- ☐ 08 EYE
- ☐ 09 FACE
- ☐ 10 FATALITY
- ☐ 11 FOOT
- ☐ 12 HAND
- ☐ 13 HEAD
- ☐ 14 HIP
- ☐ 15 KNEE
- ☐ 16 LEG
- ☐ 17 LIPS
- ☐ 18 MOUTH
- ☐ 19 NECK
- ☐ 20 NOSE
- ☐ 21 SHOULDER
- ☐ 22 SIDE
- ☐ 23 TEETH
- ☐ 24 TESTICLE
- ☐ 25 WRIST
- ☐ 26 UNKNOWN
- ☐ 27 FINGER

CAUSE OF INJURY
- ☐ 01 BATTED BALL
- ☐ 02 BATTING
- ☐ 03 CATCHING
- ☐ 04 COLLIDING
- ☐ 05 COLLIDING WITH FENCE
- ☐ 06 FALLING
- ☐ 07 HIT BY BAT
- ☐ 08 HORSEPLAY
- ☐ 09 PITCHED BALL
- ☐ 10 RUNNING
- ☐ 11 SHARP OBJECT
- ☐ 12 SLIDING
- ☐ 13 TAGGING
- ☐ 14 THROWING
- ☐ 15 THROWN BALL
- ☐ 16 OTHER
- ☐ 17 UNKNOWN

Does your league use batting helmets with attached face guards? ☐YES ☐NO
If YES, are they ☐Mandatory or ☐Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date	League Official Signature

Little League® Baseball & Softball
CLAIM FORM INSTRUCTIONS

WARNING — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League® contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing.
To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445.This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer.

TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of $1,500.00 or the reasonable expense 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 is sustained.

CHECKLIST FOR PREPARING CLAIM FORM

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR

1. The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the **league official**.
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

IMPORTANT: Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.

General Liability Claim Form

Send Completed form to:
Little League Baseball and Softball
539 US Route 15 Hwy
P.O. Box 3485
Williamsport, Pennsylvania 17701-0485
(570) 326-1921 Fax (570) 326-2951

(LEXINGTON USE ONLY)

Telephone immediate notice to Little League® International — CN

Insured	Name of League		League I.D. Number (Used as location code)
	Name of League Official (please print)		Position in League
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)
			Phone No. (Bus.)
Time and Place of Accident	Date of Accident	Hour ☐ AM ☐ PM	Accident occured at (Street, City, State, Zip)
	Arising out of Operations conducted at		
	Was Police Report made? If yes, where? ☐ Yes ☐ No		
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)		
	Who owns Premises		Person in charge of Premises
Coverage Data	Limits BI/PD: Med. Pay: None		Elevator: Yes / Products: Yes / Cont: Yes
	Policy Number		Policy Dates: Begin: End:
	Is there any other insurance applicable to this risk? ☐ Yes ☐ No		
Property Damage	Name of Owner		Description of Property
	Address (Street, City, State, Zip)		Name of Insurance Co.
			Nature and Extent of Damages and Estimate of Repair
Insured Person and Injuries	Name		Phone No. (Res)
	Address (Street, City, State, Zip)		Occupation / Age / ☐ Married ☐ Single
	Employers Name and Address		Phone No. (Bus)
	Did you provide or authorize medical attention? ☐ Yes ☐ No	Attending Doctor's Name and Address	
	Description of Injury		
	Where was the injured taken after accident?		Probable length of Disability
Witnesses:	Name, Address, Phone Number		
	Name, Address, Phone Number		
	Name, Address, Phone Number		
Date of Report:	Signature of League Official:		Position in League

USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT

AIG

Applicable in Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in Arkansas, Delaware, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas, Virginia and West Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicable in California

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida and Idaho

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.'

' In Florida - Third Degree Felony

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable in New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

ACORD 3 (2006/02)

First Aid Equipment

&

Injury Procedures

Medical - Giving First Aid

First-Aid

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

The average response time on 9-1-1 calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action might need to be taken. Perform whatever First-Aid you can and wait for the paramedics to arrive.

First-Ai d Kits

Basic First-Aid Kit s should be kept by each Manger for team activities. Managers are to have a cell phone available during all games and practices in case of an emergency.

Individual Team First Aid Kits

The First -Ai d Kit will come in a plastic box that will be in your equipment bag. It will include the following items.

Contents of Medic Kit 40061 61-piece first aid kit:

- 5 bandages (3/8 x 1-1/2 inches, plastic)
- 15 butterfly closures (medium)
- 1 tape (0.5 -inch x 2.5-yard)
- 5 cotton tips (3-inch)
- 1 first aid guide
- 2 gauze pads (2 feet x 2 inches)
- 2 gauze pads (4 x 4 inches)
- 1 gauze roll (2-inch x 4-yard)
- 2 finger splint s
- 2 vinyl gloves (latex- free)
- 1 instant cold pack
- 3 antibioticointment (0.9 gram)
- 5 burn cream ointment s (1 gram)
- 6 alcohol prep pads
- 3 sting relief prep pads
- 6 antiseptic prep pads
- 1 pair of scissors (4.5-inch, pointed)

Each Manager is responsible for the team's First-Aid Kit

First Responder Treatment at Site

Do's:

- Access the injury. If the victim is conscious, find out what happened where it hurt s, watch for shock.
- Know your limitations.
- Call 9-1-1 immediately if the 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.
- Feel the injured area for signs of swelling or broken bone.
- Talk about the situation. Often players are upset, and they need to feel safe.

Don'ts

- Administer any medications.
- Provide any food or beverage (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.

Coaches Guide to Sports First Response:

a. Purpose

1. The purpose of this training is to prepare you to act as a SPORTS FIRST RESPONDER so the athletes can receive appropriate care and treatment in the case of an emergency.

b. What is a first responder?

1. A first responder is someone whose duties include the provision of immediate medical care in the event of an emergency.

c. Responsibilities of first responders

- Do not move the athlete
- Determine if the athlete unconscious
- Check their ABC's (Airway, Breathing, Circulation)
- Take control of the situation
- Send somebody for an AED if necessary
- Assess what care the injury may require
- Assign other coaches or players to contact emergency personnel (Emergency medical Services (911)
- If required, start CPR immediately

d. When to call EMS (911)

1. EMS needs to be contacted in any of the following situations.

- Neck or spine injuries
- Athlete is not breathing.
- Severe concussions (any Loss of Consciousness -LOC)
- Any dislocations
- Broken Bones
- Severe bleeding
- Chest pain
- Troubled or difficult breathing
- Eye Trauma
- Seizures

e. Calming down an injured athlete

1. As the Sports Respond er, it is your responsibility to calm down the injured athlete.

11. Ways to help calm an athlete down:

- Let the athlete know they are going to be alright, and you are going to take care of them
- Talk slowly, calmly, and at eye level
- Touch is an effective method to calm an anxious athlete
- Encourage them to take slow deep breaths
- Remove unnecessary personnel (i.e., teammates, opponent s, or on lookers)

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 that 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 four steps.

c:> First Dial 9-1-1
c:> Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
c:> The exact location or address of the emergency. Include the name of the ci y or town, nearby intersections, landmarks, etc.
c:::> The telephone number from which the call is being made.
c:> The caller' s name
c:> What happened - for example, a baseball related injury.

¢ How many people are involved?
c:> The condition of the injured person - unconsciousness, chest pains, or severe bleeding.
c:> What first aid is being given?
c::> Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell how to best care for the victim.
c::> Continue to care for the victim until professional help arrives.
c::> 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.
c:> Remember, every minute counts!!

When to Call:

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

Unconscious
Trouble breathing
Chest Pains
Bleeding Severely
Pain in the abdomen that continues
Has broken bones.
Vomiting or passing blood Seizures, a severe headache, or slurred speech
Appears to have been poisoned
Has injuries to the Head, Neck or Back

If you have any doubt at all call 9- 1-1 and request a paramedic. Also call 9-1-1 for any of these situations:

Fire or Explosion
Presence of Poisonous Gas
Vehicle Collisions
Snake Bites
Downed Electrical Wires

Muscle, Bone or Joint Injuries

Deformity
Bruising
Swelling
Inability to use the affected part
Bone Fragments sticking out of a wound
Victim feels bones grating; victim felt or heard a snap or pop.
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 hurt, do not allow victim to walk.
- Apply cold packs to affected area.
- 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 treat for shock if necessary ("Caring for shock" section).

Concussion

Concussions are defined as any blow to the head. They can be fatal if proper precautions are not taken. All coaches are responsible for doing an online concussion class and present a certificate.

1. Remove player from the game.
2. See that the victim gets adequate rest.
3. Note any symptoms and see if they change within a short period of time.
4. Tell the parents about the injury and have them monitor the child after the game.
5. Urge parents to take the child to a doctor.
6. If the victim is unconscious after the blow to the head, diagnose head & neck injury, DO NOT MOVE the victim. Call 9-1-1immediately.

NOTE: **This bill has been prepared for the signature of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.**

An Act

SENATE BILL 11-040

BY SENATOR(S) Spence and Newell, Aguilar, Boyd, Guzman, Heath, Hudak, Johnston, Nicholson, Schwartz, Shaffer B., Tochtrop, White, Giron, King S.;
also REPRESENTATIVE(S) Summers and Todd, Casso, Fields, Fischer, Hamner, Hullinghorst, Labuda, Peniston, Ryden, Solano, Soper, Vigil, Williams A.

CONCERNING THE REQUIREMENT THAT A COACH OF AN ORGANIZED YOUTH ATHLETIC ACTIVITY FOLLOW CONCUSSION GUIDELINES, AND, IN CONNECTION THEREWITH, CREATING THE "JAKE SNAKENBERG YOUTH CONCUSSION ACT".

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Title 25, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW ARTICLE to read:

ARTICLE 43
Required Head Trauma Guidelines

25-43-101. Short title. THIS ARTICLE SHALL BE KNOWN AND MAY BE CITED AS THE "JAKE SNAKENBERG YOUTH CONCUSSION ACT".

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

25-43-102. Definitions. AS USED IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "HEALTH CARE PROVIDER" MEANS A DOCTOR OF MEDICINE, DOCTOR OF OSTEOPATHIC MEDICINE, LICENSED NURSE PRACTITIONER, LICENSED PHYSICIAN ASSISTANT, OR LICENSED DOCTOR OF PSYCHOLOGY WITH TRAINING IN NEUROPSYCHOLOGY OR CONCUSSION EVALUATION AND MANAGEMENT.

(2) "PUBLIC RECREATION FACILITY" MEANS A RECREATION FACILITY OWNED OR LEASED BY THE STATE OF COLORADO OR A POLITICAL SUBDIVISION THEREOF.

(3) "YOUTH ATHLETIC ACTIVITY" MEANS AN ORGANIZED ATHLETIC ACTIVITY WHERE THE MAJORITY OF THE PARTICIPANTS ARE ELEVEN YEARS OF AGE OR OLDER AND UNDER NINETEEN YEARS OF AGE, AND ARE ENGAGING IN AN ORGANIZED ATHLETIC GAME OR COMPETITION AGAINST ANOTHER TEAM, CLUB, OR ENTITY OR IN PRACTICE OR PREPARATION FOR AN ORGANIZED GAME OR COMPETITION AGAINST ANOTHER TEAM, CLUB, OR ENTITY. A "YOUTH ATHLETIC ACTIVITY" DOES NOT INCLUDE COLLEGE OR UNIVERSITY ACTIVITIES. "YOUTH ATHLETIC ACTIVITY" DOES NOT INCLUDE AN ACTIVITY THAT IS ENTERED INTO FOR INSTRUCTIONAL PURPOSES ONLY, AN ATHLETIC ACTIVITY THAT IS INCIDENTAL TO A NONATHLETIC PROGRAM, OR A LESSON.

25-43-103. Organized school athletic activities - concussion guidelines required. (1) (a) EACH PUBLIC AND PRIVATE MIDDLE SCHOOL, JUNIOR HIGH SCHOOL, AND HIGH SCHOOL SHALL REQUIRE EACH COACH OF A YOUTH ATHLETIC ACTIVITY THAT INVOLVES INTERSCHOLASTIC PLAY TO COMPLETE AN ANNUAL CONCUSSION RECOGNITION EDUCATION COURSE.

(b) EACH PRIVATE CLUB OR PUBLIC RECREATION FACILITY AND EACH ATHLETIC LEAGUE THAT SPONSORS YOUTH ATHLETIC ACTIVITIES SHALL REQUIRE EACH VOLUNTEER COACH FOR A YOUTH ATHLETIC ACTIVITY AND EACH COACH WITH WHOM THE CLUB, FACILITY, OR LEAGUE DIRECTLY CONTRACTS WITH, FORMALLY ENGAGES, OR EMPLOYS WHO COACHES A YOUTH ATHLETIC ACTIVITY TO COMPLETE AN ANNUAL CONCUSSION RECOGNITION EDUCATION COURSE.

(2) (a) THE CONCUSSION RECOGNITION EDUCATION COURSE

REQUIRED BY SUBSECTION (1) OF THIS SECTION SHALL INCLUDE THE FOLLOWING:

(I) INFORMATION ON HOW TO RECOGNIZE THE SIGNS AND SYMPTOMS OF A CONCUSSION;

(II) THE NECESSITY OF OBTAINING PROPER MEDICAL ATTENTION FOR A PERSON SUSPECTED OF HAVING A CONCUSSION; AND

(III) INFORMATION ON THE NATURE AND RISK OF CONCUSSIONS, INCLUDING THE DANGER OF CONTINUING TO PLAY AFTER SUSTAINING A CONCUSSION AND THE PROPER METHOD OF ALLOWING A YOUTH ATHLETE WHO HAS SUSTAINED A CONCUSSION TO RETURN TO ATHLETIC ACTIVITY.

(b) AN ORGANIZATION OR ASSOCIATION OF WHICH A SCHOOL OR SCHOOL DISTRICT IS A MEMBER MAY DESIGNATE SPECIFIC EDUCATION COURSES AS SUFFICIENT TO MEET THE REQUIREMENTS OF SUBSECTION (1) OF THIS SECTION.

(3) IF A COACH WHO IS REQUIRED TO COMPLETE CONCUSSION RECOGNITION EDUCATION PURSUANT TO SUBSECTION (1) OF THIS SECTION SUSPECTS THAT A YOUTH ATHLETE HAS SUSTAINED A CONCUSSION FOLLOWING AN OBSERVED OR SUSPECTED BLOW TO THE HEAD OR BODY IN A GAME, COMPETITION, OR PRACTICE, THE COACH SHALL IMMEDIATELY REMOVE THE ATHLETE FROM THE GAME, COMPETITION, OR PRACTICE.

(4) (a) IF A YOUTH ATHLETE IS REMOVED FROM PLAY PURSUANT TO SUBSECTION (3) OF THIS SECTION AND THE SIGNS AND SYMPTOMS CANNOT BE READILY EXPLAINED BY A CONDITION OTHER THAN CONCUSSION, THE SCHOOL COACH OR PRIVATE OR PUBLIC RECREATIONAL FACILITY'S DESIGNATED PERSONNEL SHALL NOTIFY THE ATHLETE'S PARENT OR LEGAL GUARDIAN AND SHALL NOT PERMIT THE YOUTH ATHLETE TO RETURN TO PLAY OR PARTICIPATE IN ANY SUPERVISED TEAM ACTIVITIES INVOLVING PHYSICAL EXERTION, INCLUDING GAMES, COMPETITIONS, OR PRACTICES, UNTIL HE OR SHE IS EVALUATED BY A HEALTH CARE PROVIDER AND RECEIVES WRITTEN CLEARANCE TO RETURN TO PLAY FROM THE HEALTH CARE PROVIDER. THE HEALTH CARE PROVIDER EVALUATING A YOUTH ATHLETE SUSPECTED OF HAVING A CONCUSSION OR BRAIN INJURY MAY BE A VOLUNTEER.

(b) NOTWITHSTANDING THE PROVISIONS OF PARAGRAPH (a) OF THIS

SUBSECTION (4), A DOCTOR OF CHIROPRACTIC WITH TRAINING AND SPECIALIZATION IN CONCUSSION EVALUATION AND MANAGEMENT MAY EVALUATE AND PROVIDE CLEARANCE TO RETURN TO PLAY FOR AN ATHLETE WHO IS PART OF THE UNITED STATES OLYMPIC TRAINING PROGRAM.

(c) AFTER A CONCUSSED ATHLETE HAS BEEN EVALUATED AND RECEIVED CLEARANCE TO RETURN TO PLAY FROM A HEALTH CARE PROVIDER, AN ORGANIZATION OR ASSOCIATION OF WHICH A SCHOOL OR SCHOOL DISTRICT IS A MEMBER, A PRIVATE OR PUBLIC SCHOOL, A PRIVATE CLUB, A PUBLIC RECREATION FACILITY, OR AN ATHLETIC LEAGUE MAY ALLOW A REGISTERED ATHLETIC TRAINER WITH SPECIFIC KNOWLEDGE OF THE ATHLETE'S CONDITION TO MANAGE THE ATHLETE'S GRADUATED RETURN TO PLAY.

(5) NOTHING IN THIS ARTICLE ABROGATES OR LIMITS THE PROTECTIONS APPLICABLE TO PUBLIC ENTITIES AND PUBLIC EMPLOYEES PURSUANT TO THE "COLORADO GOVERNMENTAL IMMUNITY ACT", ARTICLE 10 OF TITLE 24, C.R.S.; VOLUNTEERS AND BOARD MEMBERS PURSUANT TO SECTIONS 13-21-115.7 AND 13-21-116, C.R.S.; OR SKI AREA OPERATORS PURSUANT TO SECTIONS 33-44-112 AND 33-44-113, C.R.S.

SECTION 2. Act subject to petition - effective date. This act shall take effect January 1, 2012; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within the ninety-day period after final adjournment of the general assembly, then the act, item, section, or part shall not take effect unless approved by the people at the general election to be held in November 2012 and shall take effect on January 1,

2012, or on the date of the official declaration of the vote thereon by the governor, whichever is later.

Brandon C. Shaffer
PRESIDENT OF
THE SENATE

Frank McNulty
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Cindi L. Markwell
SECRETARY OF
THE SENATE

Marilyn Eddins
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

APPROVED_____

John W. Hickenlooper
GOVERNOR OF THE STATE OF COLORADO

PAGE 5-SENATE BILL 11-040

Head and Spine Injuries

When to suspect head and spine injuries:

- A fall from a height greater than the victim's height.
- A person found unconscious for unknown reasons.
- Any injury involving severe blunt force to the head or trunk such as from a bat or line drive baseball.
- Any person thrown from a motor vehicle.
- Any injury in which a victim's helmet is broken, including a motorcycle and batting helmet.
- Any incident involving a lightning strike.

Signals of Head and Spine Injuries:

- Changes in consciousness
- Seve re pain or pressure in the head, neck or back
- Tingling or loss of movement of any body part
- Unusual bumps or depressions on the head or over the spine
- Blood or other bleeding of the head, neck or back
- Seizures
- Impaired breathing or vision because 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:

1. Call 9-1-1 immediately
2. Minimize movement of the head and spine
3. Maintain an open airway
4. Check consciousness and breathing
5. Control any external bleeding
6. Keep the victim from getting chilled or overheated **until the** paramedics arrive

Contusion to the Sternum

Contusions to the Sternum are usually the result of a line drive that hit's 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 heard is compress and the victim dies. Do not downplay the seriousness of this injury.

1. If a player is hit in the chest and appears to be all right, urge the parent to take their child to the hospital.
2. If a player complains of pain in his chest after being struck, immediately call 9-1-1and treat the player until professional medical help arrives.

Caring for Shock

Shock is likely to develop because of 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 involved the following simple steps:

1. Call 9-1-1immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.
2. Control any external bleeding.
3. Do not give the victims anything to eat or drink, even though he or she is likely to be thirsty.
4. Elevate the legs about 12 inches unless you suspect a head, neck, or back injury or possible broke bone, involving the hips or legs. If you are unsure of the victim's condition, leave him or lying flat.
5. Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress accelerate the progression of shock.
6. Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
7. Try to reassure the victim.

Breathing Emergencies

Respiratory distress and respiratory arrest are types of breathing emergencies. Respiratory distress is a condition in which breathing becomes difficult. It is the most common breathing emergency. Respiratory distress can lead to respiratory arrest, which occurs when breathing has stopped.

Causes of Respiratory Distress and Respiratory Arrest:

- Choking (a partially or completely obstructed airway).
- Illness.
- Chronic conditions (long-lasting or frequently recurring), such as asthma.
- Electrocution.
- Irregular heartbeat.
- Heart attack.
- Injury to the head or brain stem, chest, lungs or abdomen.
- Allergic reactions.
- Drug overdose (especially alcohol, narcotic painkillers, barbiturates, anesthetics and other depressants).
- Poisoning.
- Emotional distress.
- Drowning.

What to Look For:

Although breathing problems have many causes, you do not need to know the exact cause of a breathing emergency to care for it. You do need to be able to recognize when a person is having trouble breathing or is not breathing at all. Signals of breathing emergencies include:

- Trouble breathing or no breathing.
- Slow or rapid breathing.
- Unusually deep or shallow breathing.
- Gasping for breath.
- Wheezing, gurgling or making high-pitched noises.
- Unusually moist or cool skin.
- Flushed, pale, ashen or bluish skin.
- Shortness of breath.
- Dizziness or light-headedness.
- Pain in the chest or tingling in the hands, feet or lips.
- Apprehensive or fearful feelings.

A conscious adult or child who has a completely blocked airway needs immediate care. Using more than one technique often is necessary to dislodge an object and clear a person 's airway. A combination of 5 back blows followed by 5 abdominal thrusts provides an effective way to clear

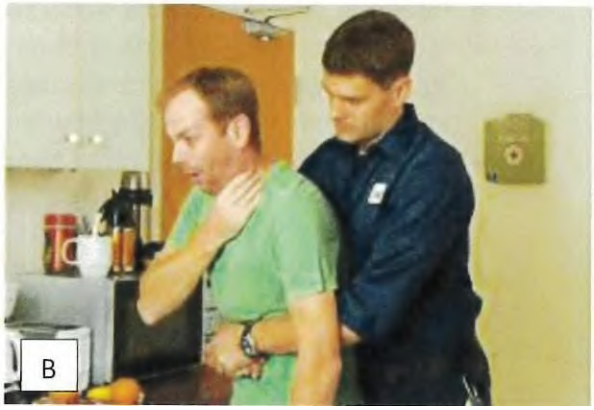


FIGURE4-S, A-B If a conscious adult has a completely blocked airway: A, Give back blows. B, Then give abdominal thrusts.

the airway obstruction (Fig. 4-5, A- D).

To give back blows, position yourself slightly behind the person. Provide support by placing one arm diagonally across the chest and bend the person forward at the waist until the upper airway is at least parallel to the ground. Firmly strike the person bet ween the shoulder blades

FIGURE 4-S, C-D If a conscious child has a completely blocked airway: C, Give back blows. D, Then give abdominal thrusts, as you would for an adult.

with the heel of your other hand.

To give abdominal thrusts to a conscious choking adult or child:

- Stand or kneel behind the person and wrap your arms around his or her waist.
- Locate the navel with one or two fingers of one hand. Make a fist with the other hand and place the thumb side against the middle of the person's abdomen, just above the navel and well below the lower tip of the breastbone.
- Grab your fist with your other hand and give quick, upward thrusts into the abdomen.

Each back blow and abdominal thrust should be a separate and distinct attempt to dislodge the obstruction. Continue sets of 5 back blows and 5 abdominal thrusts until the object is dislodged; the person can cough forcefully, speak or breathe; or the person becomes unconscious. For a conscious child, use less force when giving back blows and abdominal thrusts. Using too much force may cause internal injuries.

A person who has choked and has been given back blows, abdominal thrusts and/or chest thrusts to clear the air way requires a medical evaluation. Internal injuries and damage to the airway may not be evident immediately.

PUTTING IT ALL TOGETHER

In a breathing emergency, seconds count so it is important to act at once. Breathing emergencies include respiratory distress, respiratory arrest and choking. Look for signals that indicate a person is having trouble breathing, is not breathing or is choking. When you recognize that an adult, a child or an infant is having trouble breathing, is not breathing or is choking, call 9-1-1 or the local emergency number immediately. Then give care for the condition until help arrives and takes over. You could save a life.

Cardiac Emergencies and CPR

Cardiovascular disease is an abnormal condition that affects the heart and blood vessels. An estimated 80 million Americans suffer from some form of the disease. It remains the number one killer in the United States and is a major cause of disability. The most common conditions caused by cardiovascular disease include coronary heart disease, also known as coronary artery disease, and stroke, also called a brain attack.

What to Look For:

A heart attack can be indicated by common signals. Even people who have had a heart attack may not recognize the signa ls, because each heart attack may not show the same signa ls. You should be ab le to recognize the following signals of a heart attack so that you can give prompt and proper care:

- Chest pain, discomfort or pressure. The most common signal is persistent pain, discomfort or pressure in the chest that lasts longer than 3 to 5 minutes or goes away and comes back. Unfortunately, it is not always easy to distinguish heart attack pain from the pain of indigest ion, muscle spasms or other conditions. This often causes people to delay getting medical care. Brief, stabbing pain or pain that gets worse when you bend or breathe deeply usually is not caused by a heart problem.
    - The pain associated with a heart attack can range from discomfort to an unbearable crushing sensation in the chest.
    - The person may describe it as pressure, squeezing, tightness, aching or heaviness in the chest.
    - Many heart attacks start slowly as mild pain or discomfort.
    - Often the person feels pain or discom fort in the center of the chest.
    - The pain or discomfort becomes constant.
    - It usually is not relieved by resting, changing position or taking medicine.
    - Some individua ls may show no signals at all.
- Discomfort in other areas of the upper body in addition to the chest. Discomfort, pain or pressure may also be felt in or spread to the shoulder, arm, neck, jaw, stomach or back.
- Trouble breathing. Another signal of a heart attack is trouble breathing. The person may be breathing faster than normal because the body tries to get the much-needed oxygen to the heart. The person may have noisy breathing or shortness of breath.
- Other signals. The person's skin may be pale or ashen (gray), especially around the face. Some people suffering from a heart attack may be damp with sweat or may sweat heavily, feel dizzy, become nauseous or vomit. They may become fatigued, lightheaded or lose consciousness. These signals are caused by the stress put on the body when the heart does not work as it shou ld. Some individua ls may show no signals at all.
- Differences in signals between men and women. Both men and women experience the most common signal for a heart attack: chest pain or discomfort. However, it is important to note that women are somewhat more likely to experience some of the other warning signals, particularly shortness of breath, nausea or vomiting, back or jaw pain and unexplained fatigue or malaise. When they do experience chest pain, women may have a greater tendency to have atypical chest pain: sudden, sharp but short-lived pain outside of the breastbone.

When to Call 9-1-1:

Remember, the key signal of a heart attack is persistent chest pain or discomfort that lasts more than 3 to 5 minutes or goes away and comes back. If you suspect the person is having a heart attack based on his or her signals, call 9-1-1 or the local emergency number immediately. A person having a heart attack probably will deny that any signal is serious. Do not let this influence you. If you think the person might be having a heart attack, act quickly.

What to Do Until Help Arrives:

It is important to recognize the signals of a heart attack and to act on those signals. Any heart attack might lead to cardiac arrest, but prompt act ion may prevent further damage to the heart. A person suffering from a heart attack, and whose heart is still beating, has a far better chance of living than does a person whose heart has stopped. Most people who die of a heart attack die within 2 hours of the first signal. Many could have been saved if people on the scene or the person having the heart attack had been aware of the signals. and acted promptly.

Many people who have heart attacks delay seeking care. Nearly half of all heart attack victims wait for 2 hours or more before going to the hospital. Often, they do not realize they are having a heart attack. They may say the signals are just muscle soreness, indigest ion or heartburn.

Early treatment with certain medications-including aspirin-can help minimize damage to the heart after a heart attack. To be most effective, these medications need to be given. within 1 hour of the start of heart attack signals.

If you suspect that someone might be having a heart attack, you should:

- Call 9 -1-1 or the local emergency number immediately.
- Have the person stop what he or she is doing and rest comfortably (Fig. 2-4). This will ease the heart's need for oxygen. Many people experiencing a heart attack find it easier to breathe while sitting.
- Loosen any tight or uncomfortable clothing.
- Closely watch the person until advanced medical personnel take over. Notice any changes in the person's appearance or behavior. Monitor the person's condition.
- Be prepared to perform CPR and use an AED, if available, if the person loses consciousness and stops breathing.
- Ask the person if he or she has a history of heart disease. Some people with heart disease take prescribed medication for chest pain. You can help by getting the

medication for the person and assisting him or her with taking the prescribed medication.

- Offer aspirin, if medically appropriate and local protocols allow, and if the patient can swallow and has no known contraindications (see the following section). Be sure that the person has not been told by his or her health care provider to avoid taking aspirin.
- Be calm and reassuring. Comforting the person helps to reduce anxiety and eases some of the discomfort.
- Talk to bystanders and if possible, the person to get more information.
- Do not try to drive the person to the hospital yourself. He or she could quickly get worse on the way.

CARDIAC ARREST:

Cardiac arrest occurs when the heart stops beating or beats too ineffectively to circulate blood to the brain and other vital organs. The beats, or contractions, of the heart become ineffective if they are weak, irregular or uncoordinated, because at that point the blood no longer flows through the arteries to the rest of the body.

When the heart stops beating properly, the body cannot survive. Breathing will soon stop, and the body ' s organs will no longer receive the oxygen they need to function. Without oxygen, brain damage can begin in about 4 to 6 minutes, and the damage can become irreversible after about 10 minutes.

A person in cardiac arrest is unconscious, not breathing and has no heartbeat. The heart has either stopped beating or is beating weakly and irregularly so that a pulse cannot be detected.

When to Call 9-1-1:

Call 9-1-1 or the local emergency number *immediately* if you suspect that a person is in cardiac arrest or witness someone suddenly collapse.

What to Do Until Help Arrives:

Perform CPR until an AED is avail ab le and ready to use or advanced medical personnel take over.

Early CPR and Defibrillation:

A person in cardiac arrest needs immediate CPR and defibrillation. The cells of the brain and other important organs continue to live for a short time-until all the oxygen in the blood is used.

CPR is a combination of chest compressions and rescue breaths. When the heart is not beating, chest compressions are needed to circulate blood containing oxygen. Given together, rescue breaths and chest compressions help to take over for the heart and lungs. CPR increases the chances of survival for a person in cardiac arrest.

In many cases, however, CPR alone cannot correct the underlying heart problem: defibrillation delivered by an AED is needed. This shock disrupts the heart's electrical activity long enough to allow the heart to spontaneously develop an effective rhythm on its own. Without early CPR and early defibrillation, the chances of survival are greatly reduced.

For chest compression s to be the most effective, the person should be on his or her back on a firm, flat surface. If the person is on a soft surface like a sofa or bed, quickly move him or her to a firm, flat surface before you begin.

To perform CPR on an adult:

- Position your body correctly by kneeling beside the person ' s upper chest, placing your hands in the correct position, and keeping your arms and elbows as straight as possible so that your shoulders are directly over your hands (Fig. 2-5). Your body position is important when giving chest compressions. Compressing the person' s chest straight down will help you reach the necessary depth. Using the correct body position also will be less tiring for you.

FIGURE2-5 Position yourself so that your shoulders are directly over your hands.

FIGURE 2-6 Locate the correct hand position by placing the heel of one hand on the person's sternum {breastbone) in the center of the person's chest.

- Locate the correct hand position by placing the heel of one hand on the person ' s sternum (breastbone) at the center of his or her chest (Fig. 2-6). Place your other hand directly on top of the first hand and try to keep your fingers off the chest by

interlacing them or holding them upward (Fig. 2-7). If you feel the notch at the end of the sternum, move your hands slightly toward the person's head. If you have arthritis in your hands, you can give compressions by grasping the wrist of the hand positioned on the chest with your other hand (Fig. 2-8). The person's clothing should not interfere with finding the proper hand position or your ability to give effective compressions. If it does, loosen or remove enough clothing to allow deep compressions in the center of the person's chest.

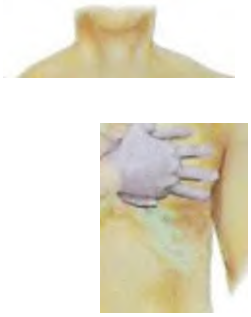


FIGURE 2-7 Place your other hand directly on top of the first hand. Try to keep your fingers off the chest by interlacing them or holding them upward.

- Give 30 chest compressions. Push hard, push fast at a rate of at least 100 compressions per minute. Note that the term "100 compressions per minute" refers to the speed of compressions, not the number of compressions given in a minute. As you give compressions, count out loud, "One and two and three and four and five and six and..." up to 30. Push down as you say the number and come up as you say " and." This will help you to keep a steady, even rhythm.
- Give compressions by pushing the sternum down at least 2 inches (Fig. 2-9, A). The downward and upward movement should be smooth, not jerky. Push straight down with the weight of your upper body, not with your arm muscles. This way, the weight of your upper body will create the force needed to compress the chest. Do not rock back and forth. Rocking result s in less-effective compressions and wastes much-needed energy. If your arms and shoulders tire quickly, you are not using the correct body position.
- After each compression, release the pressure on the chest without removing your hands or changing hand position (Fig. 2-9, B). Allow the chest to return to its normal position before starting the next compression.

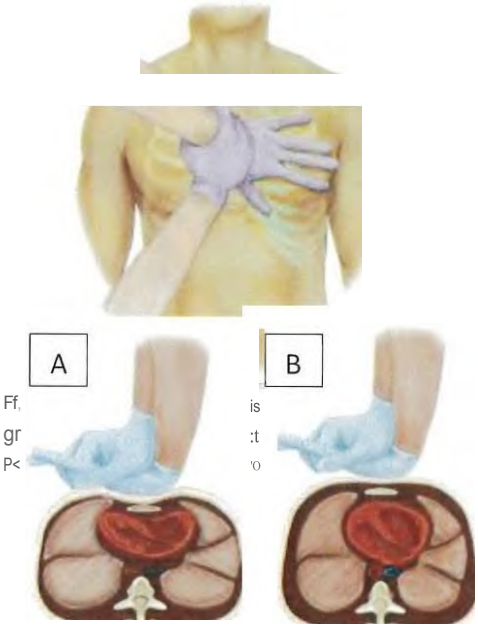


FIGURE 2-9, A-B To give chest compressions: A, Push straight down with the weight of your body. B, Release, allowing the chest to ret urn to its normal position.

Maintain a steady down-and-up rhythm and do not pause between compressions. Spend half of the time pushing down and half of the time coming up. When you press down, the walls of the heart squeeze together, forcing the blood to empty out of the heart. When you come up, you should release all pressure on the chest, but do not take hands off the chest. This allows the heart's chambers to fill with blood between compressions.

- Once you have given 30 compressions, open the airway using the head-tilt/chin-lift technique and give 2 rescue breaths. Each rescue breath should last about 1 second and make the chest clearly rise.
    - Open the airway and give rescue breaths, one after the other.
    - Tilt the head back and lift the chin up.
    - Pinch the nose shut then make a complete seal over the person's mouth.
    - Blow in for about 1 second to make the chest clearly rise.
- Continue cycles of chest compressions and rescue breaths. Each cycle of chest compressions and rescue breaths should take about 24 seconds. Minimize the interruption of chest compressions.

When to Stop CPR

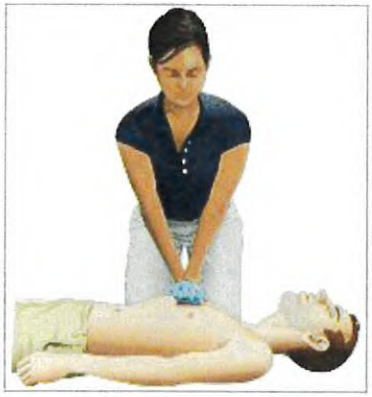
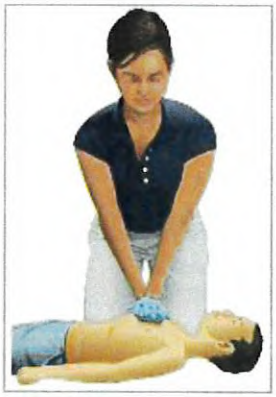
Once you begin CPR, do not stop except in one of these situations:

- You notice an obvious sign of life, such as breathing.
- An AED is available and ready to use.
- Another trained responder or EMS personnel take over (Fig. 2-10).

FIGURE 2-10 Perform CPR until an AED becomes available and is ready to use or EMS personnel take over. Courtesy of Terry Georgia.


THREE RIVERS
LITTLE LEAGUE

TABLE 2-1 CPR SKILL COMPARISON


Skill Components	Adult	Child	Infant
HAND POSITION	Two hands in center of chest (on lower half of sternum)	Two hands in center of chest (on lower half of sternum)	Two or three fingers in center of chest (on lower half of sternum, just below nipple line)
CHEST COMPRESSIONS **RESCUE BREATHS**	At least 2 inches Until the chest clearly rises (about 1 second per breath)	About 2 inches Until the chest clearly rises (about 1 second per breath)	About 1½ inches Until the chest clearly rises (about 1 second per breath)
CYCLE	30 chest compressions and 2 rescue breaths	30 chest compressions and 2 rescue breaths	30 chest compressions and 2 rescue breaths
RATE	30 chest compressions in about 18 seconds (at least 100 compressions per minute)	30 chest compressions in about 18 seconds (at least 100 compressions per minute)	30 chest compressions in about 18 seconds (at least 100 compressions per minute)

PUTTING IT ALL TOGETHER

Cardiac emergencies are life threatening. Every day someone will have a heart attack or go into cardiac arrest. These cardiac emergencies usually happen in the home. If you know the signals of a heart attack and cardiac arrest, you will be able to respond immediately. Call 9-1-1 or the local emergency number and give care until help takes over. If the person is in cardiac arrest, perform CPR. Use an AED if one is available. These steps will increase the chances of survival for the person having a cardiac emergency.

SKILL SHEET

CPR–ADULT

NO BREATHING

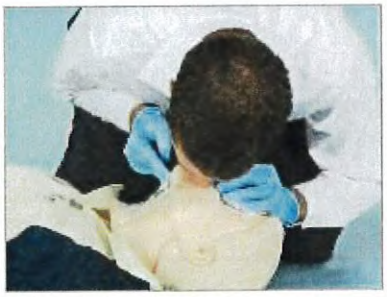
AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:

1 GIVE 30 CHEST COMPRESSIONS

Push hard, push fast in the center of the chest at least 2 inches deep and at least 100 compressions per minute.

TIP: *The person must be on a firm, flat surface.*

2 GIVE 2 RESCUE BREATHS



- Tilt the head back and lift the chin up.
- Pinch the nose shut then make a complete seal over the person's mouth.
- Blow in for about 1 second to make the chest clearly rise.
- Give rescue breaths, one after the other.
- If chest does not rise with the initial rescue breath, retilt the head before giving the second breath. If the second breath does not make the chest rise, the person may be choking. After each subsequent set of chest compressions and before attempting breaths, look for an object and, if seen, remove it. Continue CPR.

3 DO NOT STOP

Continue cycles of CPR. Do not stop except in one of these situations:

- You find an obvious sign of life, such as breathing.
- An AED is ready to use.
- Another trained responder or EMS personnel take over.
- You are too exhausted to continue.
- The scene becomes unsafe.

TIP: *If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.*

WHAT TO DO NEXT

- USE AN AED AS SOON AS ONE IS AVAILABLE.

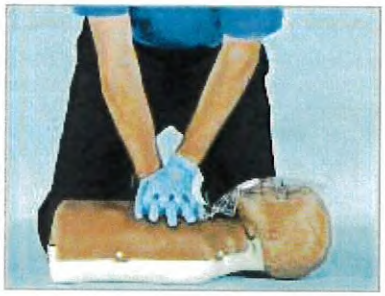
SKILL SHEET

CPR–CHILD

NO BREATHING

AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD:

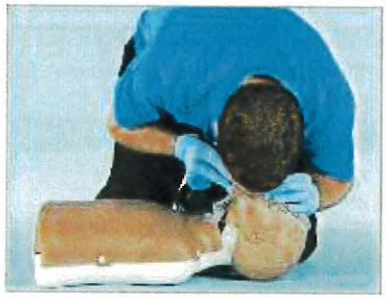
1 GIVE 30 CHEST COMPRESSIONS



Push hard, push fast in the center of the chest about **2** inches deep and at least **100** compressions per minute.

TIP: *The child must be on a firm, flat surface.*

2 GIVE 2 RESCUE BREATHS



- Tilt the head back and lift the chin up.
- Pinch the nose shut then make a complete seal over the child's mouth.
- Blow in for about **1** second to make the chest clearly rise.
- Give rescue breaths, one after the other.
- If chest does not rise with the initial rescue breath, retilt the head before giving the second breath. If the second breath does not make the chest rise, the child may be choking. After each subsequent set of chest compressions and before attempting breaths, look for an object and, if seen, remove it. Continue CPR.

3 DO NOT STOP

Continue cycles of CPR. Do not stop except in one of these situations:

- You find an obvious sign of life, such as breathing.
- An AED is ready to use.
- Another trained responder or EMS personnel take over.
- You are too exhausted to continue.
- The scene becomes unsafe.

TIP: *If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.*

WHAT TO DO NEXT

- USE AN AED AS SOON AS ONE IS AVAILABLE.

SKILL SHEET

CPR–INFANT

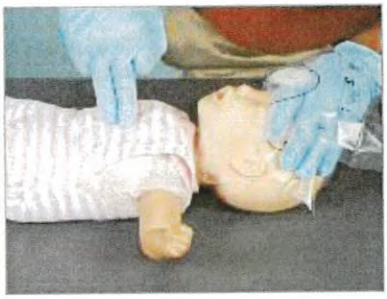
NO BREATHING

AFTER CHECKING THE SCENE AND THE INJURED OR ILL INFANT:

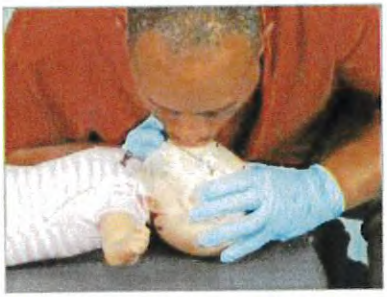
1 GIVE 30 CHEST COMPRESSIONS

Push hard, push fast in the center of the chest about 1½ inches deep and at least 100 compressions per minute.

TIP: *The infant must be on a firm, flat surface.*



2 GIVE 2 RESCUE BREATHS



- Tilt the head back and lift the chin up to a neutral position.
- Make a complete seal over the infant's mouth and nose.
- Blow in for about 1 second to make the chest clearly rise.
- Give rescue breaths, one after the other.
- If chest does not rise with the initial rescue breath, retilt the head before giving the second breath.

If the second breath does not make the chest rise, the infant may be choking. After each subsequent set of chest compressions and before attempting breaths, look for an object and, if seen, remove it. Continue CPR.

3 DO NOT STOP

Continue cycles of CPR. Do not stop except in one of these situations:

- You find an obvious sign of life, such as breathing.
- An AED is ready to use.
- Another trained responder or EMS personnel take over.
- You are too exhausted to continue.
- The scene becomes unsafe.

TIP: *If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.*

WHAT TO DO NEXT

- USE AN AED AS SOON AS ONE IS AVAILABLE.

AED

SKILL SHEET

AED–ADULT OR CHILD
OLDER THAN 8 YEARS OR WEIGHING MORE THAN 55 POUNDS
NO BREATHING

TIP: *Do not use pediatric AED pads or equipment on an adult or on a child older than 8 years or weighing more than 55 pounds.*

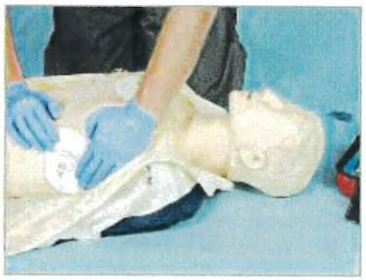
AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:

1 TURN ON AED
Follow the voice and/or visual prompts.

2 WIPE BARE CHEST DRY

TIP: *Remove any medication patches with a gloved hand.*

3 ATTACH PADS



4 PLUG IN CONNECTOR, IF NECESSARY

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SKILL SHEET *continued*

5 STAND CLEAR

Make sure no one, including you, is touching the person.

- Say, "EVERYONE STAND CLEAR."

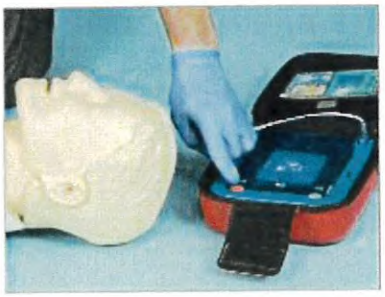
6 ANALYZE HEART RHYTHM

Push the "analyze" button, if necessary. Let the AED analyze the heart rhythm.

7 DELIVER SHOCK

IF A SHOCK IS ADVISED:

- Make sure no one, including you, is touching the person.
- Say, "EVERYONE STAND CLEAR."
- Push the "shock" button, if necessary.



8 PERFORM CPR

After delivering the shock, or if no shock is advised:

- Perform about **2** minutes (or **5** cycles) of CPR.
- Continue to follow the prompts of the AED.

TIPS:

- *If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.*
- *If two trained responders are present, one should perform CPR while the second responder operates the AED.*

SKILL SHEET

AED–CHILD AND INFANT
YOUNGER THAN 8 YEARS OR WEIGHING LESS THAN 55 POUNDS
NO BREATHING

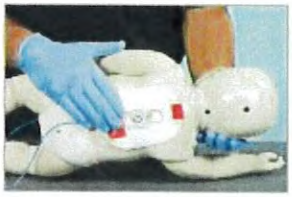
TIP: *When available, use pediatric settings or pads when caring for children and infants. If pediatric equipment is not available, rescuers may use AEDs configured for adults.*

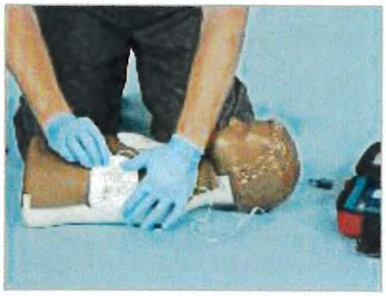
AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD OR INFANT:

1 TURN ON AED
Follow the voice and/or visual prompts.

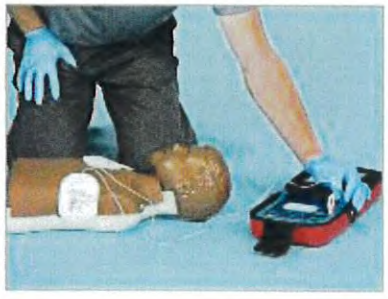
2 WIPE BARE CHEST DRY

3 ATTACH PADS
If the pads risk touching each other, use the front-to-back pad placement.





4 PLUG IN CONNECTOR, IF NECESSARY



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SKILL SHEET *continued*

5 STAND CLEAR

Make sure no one, including you, is touching the child or infant.

- Say, "EVERYONE STAND CLEAR."

6 ANALYZE HEART RHYTHM

Push the "analyze" button, if necessary. Let the AED analyze the heart rhythm.

7 DELIVER SHOCK

IF A SHOCK IS ADVISED:

- Make sure no one, including you, is touching the child or infant.
- Say, "EVERYONE STAND CLEAR."
- Push the "shock" button.

8 PERFORM CPR

After delivering the shock, or if no shock is advised:

- Perform about 2 minutes (or 5 cycles) of CPR.
- Continue to follow the prompts of the AED.

TIPS:

- *If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.*
- *If two trained responders are present, one should perform CPR while the second responder operates the AED.*