

# 2016 Safety Plan



Manchester Little League  
Manchester, Connecticut

League ID 207-08-02  
Chip Atzbach Safety Officer

[www.manchesterlittleleague.org](http://www.manchesterlittleleague.org)

## **Mission Statement:**

**Manchester Little League  
Is a Non-Profit, Organization  
Run by Volunteers.**

**Our Mission  
Is To Provide an Opportunity  
For Manchester's Children  
To Learn the Games of Baseball &  
Softball  
In a Safe and Friendly Environment**

**It is the Policy of Manchester Little League  
& Little League Int'l  
To process First Advantage background  
checks on ALL  
Adult Volunteers associated with  
Manchester Little League**

Dear Managers and Coaches

Welcome to another season of Manchester Little League Baseball!

Little League Baseball, Inc. has been sponsoring ASAP (A Safety Awareness Program) since 1995. In the past 16 years since the program started, injuries in all of Little League have decreased by 76%. In 2011 almost 87% of local Little League organizations across the country participated in ASAP. Since 2004 Manchester Little League has had an ASAP program. The League is committed to improving the safety of its players each year.

The benefits of the Little League Safety Program are many. Chief among them, we are establishing a clear league commitment to safety. In addition, we are also earning a 20% credit on our league player accident insurance premiums, and we gain automatic entry into a national awards program.

In an effort to help all our managers and coaches comply with our safety standards, we are pleased to provide you with this Safety Manual. While much of the information in this manual has been available in other forms or booklets over the years, the Board of Directors this season felt it important to compile all relevant safety information into one, easy to read manual. Please read it carefully, as it will familiarize you with all of the safety fundamentals. We hope you find the manual useful and go back to it throughout the season as a reference guide. Please utilize our league website and offer input or suggestions to the appropriate Board member

In closing, remember that the safety of our 800 players rests with all of us, the volunteers of Manchester Little League. Always use common sense, never doubt what children tell you, and report all accidents or safety issues when they occur. Play ball, and play safe!

The 2016 ASAP Newsletter will be available on our website

Sincerely,

Rich Crail President

Chip Atzbach, Safety Officer

# Emergency Phone List

## For Manchester Little League

### Emergency

Manchester Police/Fire/EMT.....911  
 AAPCC Poison Control Center.....800 222-1222

### Non-Emergency

Manchester Police – Non Emergency.....645-5500  
 Manchester Fire Department – Non Emergency.....533-8625  
 Manchester 8<sup>th</sup> Utilities Fire Department.....643-5432

### Utilities - Emergency

Connecticut National Gas.....246-5325  
 CL&P.....947-2000  
 Manchester Water Department.....647-3111

### Utilities – Non-Emergency

Connecticut National Gas.....524-8361  
 CL&P.....800 286-2000  
 Manchester Water Department .....647-3115

### Hospitals

Manchester Memorial Hospital.....647-4777 ER  
 646-1222 (main)

### Manchester Little League

Manchester Park and Recreation Dept.....647-3084  
 39 Lodge Drive  
 Manchester, CT 06040  
 Rain-Outs Automated Message.....647-3162

### Manchester CT Little League

#### Board of Directors 2016

**Rich Crail President** [president@manchesterlittleleague.org](mailto:president@manchesterlittleleague.org) 860-888-4450

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**Chip Atzbach Safety Officer** [safety@manchesterlittleleague.org](mailto:safety@manchesterlittleleague.org) 860-533-9363



# **SAFETY CODE FOR MANCHESTER LITTLE LEAGUE**

The Board of Directors of Manchester Little League has mandated the following Safety Code. This safety code should be read and followed by all players, managers, coaches and parents. Any questions should be directed to the MLL Safety Officer or any other Board Member.

- ✓ Responsibility for following established safety procedures belong to every adult member of Manchester Little League.
- ✓ Each player, manager, designated coach(s), umpire or other league approved volunteer shall use proper reasoning and care to prevent injury to him/herself and to others.
- ✓ The rules of the MLL (as outlined in the Manual Book) will be enforced at all times, including practices and games. As well, the use of proper, well fitting equipment will be followed.
- ✓ Only league approved managers and/or coaches are allowed to practice teams.
- ✓ Arrangements should be made in advance of all games to ensure a cell phone is available to obtain emergency medical services.
- ✓ A First-Aid Kit will be available at the field during all practices and games. **All managers and coaches will be required to attend a First Aid training session at least once every three years, with a representative from each team attending each year.**
- ✓ **2016 Safety Clinic will be Held 03/28/2016 @The ELKS Club Manchester CT @6:00pm**
- ✓ No games or practice should be held when weather (IE THUNDER & LIGHTNING IN AREA) or field conditions are questionable, particularly when lighting is inadequate.
- ✓ Managers and coaches are required to walk the field before each practice or game to inspect for hazards including (but not limited to) holes, damage, stones, glass, and other foreign objects.
- ✓ Dugouts, benches, and bat racks should be positioned behind screens.
- ✓ Only players, managers, coaches, and umpires are permitted on the playing field during play and practice sessions.
- ✓ Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose or the team's manager and designated coaches.
- ✓ During practice and games, all players should be alert and watching the batter and designated coaches.
- ✓ During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- ✓ **All managers and coaches are required to attend fundamentals training provided by the League. A representative from each team must attend yearly and every coach/manager must attend at least once every three years.**
- ✓ Equipment should be inspected regularly. Make sure it fits properly.
- ✓ Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games.
- ✓ Except when a runner is returning to a base, headfirst slides are not permitted.
- ✓ During sliding practice, bases should not be strapped down.

- ✓ At no time should “horse play” be permitted on the playing field.
- ✓ Parents of players who wear glasses should be encouraged to provide “safety glasses.”
- ✓ All players with permanent teeth should be encouraged to wear a dental mouth guard.
- ✓ Players must not wear watches, rings, pins, jewelry or other metallic items.  
Exception: jewelry that alerts medical personnel to a specific condition is permissible.
- ✓ All catchers must wear a mask, “dangling” type throat protector, and catcher’s helmet during practice, pitcher warm-up, and games. This applies between innings and in the bullpen.
- ✓ Managers/coaches are not permitted to catch pitches (Rule 309), including standing at the backstop during batting practice.
- ✓ All male players should wear athletic supporters or cups during games. Catchers must wear a cup.
- ✓ Male catchers must wear the metal, fiber or plastic type cup and a long model chest protector.
- ✓ Female catchers must wear long or short model chest protectors.
- ✓ All catchers must wear chest protectors with neck collar, shin guards, and catcher’s helmet, all of which must meet Little League specifications and standards.
- ✓ Shoes with metal spikes or cleats are NOT permitted. Shoes with molded cleats are permissible.
- ✓ Managers will never leave an unattended child at a practice or a game.
- ✓ Never hesitate to report a present or potential safety hazard to the league Safety Officer immediately.
- ✓ No alcohol or drugs will be allowed on the premises at any time. **Zero Tolerance**
- ✓ No medication will be taken at any of our facilities unless administered directly by the child’s parent. This includes aspirin and Tylenol.
- ✓ No playing in the parking lots at any of our facilities.
- ✓ No smoking within 100 feet of the dugouts, benches and concession stands.
- ✓ No throwing rocks.
- ✓ No climbing fences.
- ✓ Make sure breakaway bases are used at all times
- ✓ Ensure all traffic rules regarding parking lots are followed by parent players and spectators
  
- ✓ **Failure by a manager/coach to adhere to the Safety Code of the Manchester Little League will result in disciplinary action as determined by the Board of Directors. This may include dismissal from the league.**
  
- ✓ **REMEMBER THAT SAFETY IS EVERYONE’S RESPONSIBILITY**

## **Responsibilities of League Officials & Coaches**

### **The President:**

- ✓ The League President is responsible for ensuring that the policies and regulations of the League Safety Officer are carried out by the entire membership to the best of his abilities.
- ✓ All Adult volunteers will fill out and MLL will process the 2016 Little League Volunteer Application
- ✓ League player registration data or player roster data and coach and manager data must be submitted via the Little League Data Center at [www.LittleLeague.org](http://www.LittleLeague.org).

### **The Safety Officer:**

- ✓ The Safety Officer's main responsibility is to develop and maintain the League's safety program. The Manchester Little League Safety Officer is the link between the Board of Directors and the League's managers, coaches, umpires, players, spectators, and other in regards to safety matters, rules and regulations. Other duties of the Safety Officer include:
- ✓ Filing of the Annual Little League Facility Survey and 2016 ASAP Plan
- ✓ Insure that each team receives a Safety Manual and First Aid Kit at the beginning of the season.
- ✓ Maintain a log of all reported injuries, and then correlate and summarize the data to determine proper accident prevention in the future. Track all injuries to identify trends. Ensure proper funds are allocated to Safety
- ✓ Make sure that Safety is a monthly Board meeting topic.

### **Managers & Coaches:**

- ✓ The Manager is a person appointed by the League President to be responsible for the team's actions on the field, and to represent the team in communications with umpires and the opposing team. The manager shall always be responsible for the team's conduct, observance of official rules, and deference to umpires. The manager is the responsible for the safety of his/her players, and is also responsible for the actions of designated coaches.
- ✓ Will ensure a telephone(cell or landline) is available at all times

### **Pre-Season Managers will:**

- ✓ Take possession of team safety manual and First Aid Kit supplied by MLL.
- ✓ Attend a mandatory training session on First Aid.
- ✓ Attend a mandatory training session on game fundamentals.
- ✓ Have a Parent Meeting prior to start of season to discuss Little League philosophy and safety issues.
- ✓ Encourage players to bring water bottles (labeled with player's name) to practices and games.
- ✓ Encourage players to use sunscreen.
- ✓ Encourage players to wear mouth protection and use of cups for males.
- ✓ First time managers and coaches are requested to read books or view videos on Little League baseball mechanics furnished on a library loan out basis from MLL.

### **Season Play Managers will:**

- ✓ Make sure phone access is available at all games and practices. It is suggested that a cellular phone always be on hand.



- ✓ Not expect more from their players than what the players are capable of.
- ✓ Enforce that prevention is key to reducing accidents.
- ✓ Always have First Aid kit and safety manual on hand.
- ✓ Teach the fundamentals of the game to players to include:
  - Catching thrown & fly balls
  - Proper sliding
  - Proper fielding of ground balls
  - Proper throwing mechanics
  - Proper batting techniques, including pitch avoidance and not throwing the bat after swinging
  - Simple pitching motions for balance
- ✓ Use common sense.

**Pre-Game & Practices Managers will:**

- ✓ Make sure their players are healthy, rested and alert.
- ✓ Make sure players returning from injury have a medical release signed by their doctor. Otherwise, they cannot play.
- ✓ Make sure players are in a proper uniform and catchers are wearing a protective cup.
- ✓ Ensure all equipment is in good working order and safe.
- ✓ Agree with the opposing manager on the fitness of the playing field. In the event the two managers cannot agree, the Umpire, or other Board official in attendance shall make the determination.
- ✓ Establish a routine where their players prepare for play by stretching and lightly jog before bats and balls are used on the field.

**During the Game Managers will:**

- ✓ Make sure players carry all gloves and other equipment off the field and to the bench area when their team is up to bat. No equipment shall be left lying on the field, either in fair or foul territory.
- ✓ Keep players **alert**.
- ✓ Maintain **discipline** at all times.
- ✓ Be **organized**.
- ✓ Keep players and substitutes sitting on the team bench or in the dugout unless participating in the game or preparing to enter the game.
- ✓ Make sure catchers are wearing the proper equipment.
- ✓ Observe the **no on-deck rule** for batters and keep players behind screens at all times. No player should handle a bat in the dugouts or bench areas at any time.
- ✓ Not play children who are ill or injured.
- ✓ Attend to players that become injured during the game.

**Post Game Managers will:**

- ✓ Not leave the field until a known family member has picked up all players or designated driver.
- ✓ Notify parents if their child has been injured no matter how small or insignificant the injury is. There are no exceptions to this rule. This protects you, Little League Baseball, Inc. and Manchester Little League.
- ✓ If there was an injury, make sure an accident report is filled out and given to the MLL Safety Officer.

**Pre game The Umpire will:**

- ✓ Check equipment of both teams. Equipment that does not meet specifications must be removed from the game.
- ✓ Make sure all helmets have NOCSAE seal and are free of any cracks or other apparent damage. All faceguards are in place
- ✓ Walk the field to inspect for any hazards or obstructions.
- ✓ Check players to see if they are wearing jewelry.
- ✓ Check players to see if they are wearing metal cleats.
- ✓ Make sure all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.
- ✓ Secure official Little League balls for play from both teams.
- ✓ Focus on Safety as regular part of Duties

**During game The Umpire will:**

- ✓ Govern the game as mandated by Little League rules and regulations.
- ✓ Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- ✓ Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to weather or darkness.
- ✓ Enforce the rule that no spectators shall be allowed on the field during the game.
- ✓ Make sure catchers are wearing the proper equipment.
- ✓ Make all calls loud and clear, signaling each call properly.
- ✓ Make sure players and spectators keep fingers out of fencing.

**Field Director**

- ✓ The Manchester Little League Fields Director is responsible to ensure the fields and structures used by MLL meet the safety requirements as set forth in this manual.

### **Concession Stand Manager**

- ✓ The Manchester Little League Concession Stand Manager is responsible to see that all concession stand volunteers follow the safety procedures as set forth in this manual.

### **Equipment Manager**

- ✓ The Manchester Little League Equipment Manager is responsible to get damaged equipment repaired or replaced as reported. This replacement will happen in a timely manner. The equipment manager will also exchange equipment if it doesn't fit properly. All outfield fences are protected by covering the tops of said fences

### **Concussions in Youth Athletes**

#### **Connecticut**

Governor Rell signed SB 456 into law on May 19, 2010. This bill can be found at sections 10-149b and 10-149c of the Connecticut General Statutes, under the title dealing with education and the chapter concerning teachers.

(Conn. Gen. Stat. §§ 10-149b through 10-149c).

In summary, the law provides that any coach, who is permitted under the State Board of Education, must: complete a course in head injuries, annually review information on concussions, and complete refresher courses. The courses and information are to be prepared by the State Board of Education. If a coach permitted by the State Board of Education suspects a student has suffered a concussion that student must be immediately removed from participation until they are cleared in writing by a health care professional. A coach's permit may be revoked for a violation of these sections.

The official versions of sections 10-149b and 10-149c are currently available online at:

<http://www.cga.ct.gov/current/pub/chap166.htm#Sec10-149b.htm>

<http://www.cga.ct.gov/current/pub/chap166.htm#Sec10-149c.htm>

The text of the bill can be viewed online at:

<http://www.cga.ct.gov/2010/ACT/PA/2010PA-00062-R00SB-00456-PA.htm>

While this law doesn't pertain to MLL as written –Please pay heed to the spirit of the law in that it may impact MLL in the future.

**All head injuries are to be considered serious**

## **Conditioning & Stretching**

Conditioning is an intricate part of accident prevention. Studies on the effects of conditioning or warming up have shown that:

- ✓ The stretching and contracting of muscles before athletic activity improves control of movements, coordination and alertness.
- ✓ Warm-up drills help develop strength and stamina needed by the average youngster to compete with a minimum accident exposure.

### **Tips on Stretching and Warm-ups**

- ✓ Stretch necks, back, arms, thighs, legs, and calves.
- ✓ Don't ask players to stretch more than they are capable of.
- ✓ Hold the stretch for at least 10 seconds.
- ✓ Don't bounce while stretching. This tears muscles rather than stretch them.
- ✓ Have players synchronize their movements during warm-ups.
- ✓ When doing calisthenics, do repetitions of at least 10.
- ✓ Vary upper body with lower body exercises.
- ✓ Have a player lead the stretching/ calisthenics routine.

The following page contains suggested warm-up drills for players that may be incorporated into you're pre-game and practice routines.

# Pitching

*Pitch counts do matter.* In the Major Leagues, professional baseball pitchers are removed from the game after approximately 100 pitches. *A child cannot be expected to perform like an adult.*

When Little League managers and coaches may be tempted to teach their pitchers how to get movement on the ball, the techniques needed for such movement are not appropriate for children 13 years old and younger. The snapping of the arm used to develop this technique will most probably lead to serious injuries to the child as he/she matures.

Arm stress during the acceleration phase of throwing affects both the inside and outside of the growing elbow. On the inside, structures are subjected to distraction forces, causing them to pull apart. On the outside, the forces are compressive with different and potentially more serious consequences.

Recent studies have concluded that curveballs cause most problems at the inside of the elbow due to the contractive forces of the wrist. Fastballs, on the other hand, place more force on the outside of the elbow. Sidearm delivery, in one study led to elbow injuries in 74% of pitchers compared with 27% in pitchers with traditional overhand delivery style. *Do not instruct pitchers in sidearm curveball deliveries!*

Don't be fooled by the notion that proper pitching mechanics will alleviate or eliminate the potential for injury. Studies have shown that **higher risk of elbow and shoulder injuries** are predicated more on the **number of pitches** thrown per outing, and that the mechanics, whether good or bad, did not lead to an increased or decreased incidence of arm injuries.

Starting with the 2007 season, pitchers in all divisions of Little League will have specific limits for each game, based on their age. The number of pitches delivered in a game will determine the amount of rest the player must have before pitching again. The new regulations will not apply to softball. The table below gives an overview of the number of pitches that will be allowed per day for each age group during the regular season:

League Age	Pitches allowed per day
11-12	85
10 and under	75

Pitchers league ages 7 through 16 must adhere to the following rest requirements:

- If a player pitches 61 or more pitches in a day, three (3) calendar days of rest must be observed.
- If a player pitches 41 - 60 pitches in a day, two (2) calendar days of rest must be observed.
- If a player pitches 21 - 40 pitches in a day, one (1) calendar day of rest must be observed.
- If a player pitches 1 – 20 pitches in a day, no day of rest is required before pitching again.

Little League also continues to explore other pitching-related issues, such as the use of breaking pitches. While there is no evidence to support a ban on breaking pitches, it is widely speculated by medical professionals that it is ill-advised for players under 14 years old to throw breaking pitches. Breaking pitches for the ages continues to be strongly discouraged by Little League, and that is an issue we are looking at as well. As with our stance on pitch counts, we will act if and when there is medical evidence to support our change.

Further, Manchester Little League pitching rules dictate that pitchers will pitch no more than two (2) consecutive innings per outing for the first roughly 1/3 of the season. This rule is in place to protect pitchers from injury due to overuse in what is usually colder than normal conditions. Relaxation of this rule and adherence to the official Little League rule of four (4) innings will be communicated to managers and coaches by their League Commissioners when appropriate.

Ice is a universal aid treatment for minor sports injuries. Ice controls the pain and reduces swelling. Pitchers should be taught how to ice their arms at the end of the game if necessary.

# Weather

“If you don’t like the New England weather, just wait a minute” goes the famous quotation. Manchester Little League recommends the following when encountering unsafe weather conditions during games or practices. Information regarding rainouts prior to game time can be found by calling the Manchester Recreation Department’s program information line (647-3162).

## Rain

- ✓ Evaluate the strength of the rain. Is it a drizzle or is it pouring? Determine the direction the storm is moving. Evaluate the playing field as it becomes more and more saturated. Stop practice if the playing conditions become unsafe. **USE COMMON SENSE.** If playing a game, consult with the other manager and the umpire to make a decision.

## Thunderstorms

- ✓ **The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than 1/10 of a second. Thunder can only be heard over a distance of about 3-4 miles. When you hear thunder, the storm is within 3-4 miles. If you can HEAR, SEE, or FEEL a thunderstorm:**
  - ✓ **Suspend the game or practice immediately.**
  - ✓ **Stay away from metal, including fencing and bleachers.**
  - ✓ **Don’t hold metal bats.**
  - ✓ **Get players to walk, not run to their parents’ or designated driver’s car and await a decision on whether or not the game or practice will be continued.**

## Hot Weather

- ✓ When encountering extremely hot conditions, take precautions to ensure players do not dehydrate or hyperventilate. Encourage players to bring water bottles to every game and practice. Suggest that players take drinks of water when coming on and going off the field between innings. If a player looks distressed while standing in the sun substitute that player and get them into shade ASAP. If a player should collapse as a result of heat exhaustion, call 911 immediately. Get the player to drink water and use ice packs supplied in your First Aid kit to cool the player until emergency medical team arrives. The Board in the Past has consulted the Nat’l Weather Service Warning System for Guidance during times of extreme heat.

## Ultra-Violet Ray Exposure

- ✓ This kind of exposure increases an individual’s risk of developing a specific type of skin cancer known as melanoma. The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time they are 18 years old. Manchester Little League recommends the use of sunscreens with a SPF (sun protection factor) of at least 15 to protect players from harmful over-exposure to ultra-violet rays.

## **FIELD MAINTENANCE GUIDELINES**

Manchester Little League takes pride in the quality and quantity of playing fields that we can make available to our players. We work closely with the town's Parks and Recreations Department to ensure that all fields are maintained to a standard, which will ensure the safety of all players. Coaches and players can play a very important role in maintaining this standard by reviewing and following these field maintenance guidelines.

- ✓ Please do not begin preseason practices on any field until you have received verbal approval from the League Fields Director.
- ✓ Make a 5 minute "field grooming" walk part of your practice and pregame routine. Players should be encouraged to watch for any remove of glass, stones, trash, or other debris, which may present either a safety or aesthetic issue.
- ✓ Never practice or play on a field with standing water patches and/or areas of soft mud. Remove as much standing water as possible with one and five-gallon pails and rake muddy areas until you are sure that the field is in playable condition. When in doubt, err on the side of caution and reschedule the practice or game.
- ✓ On fields where Speedi-Dri or Turface are available, use these products conservatively. A little goes a long way!
- ✓ Under no circumstances are holes to be dug in any field at any time without the prior approval of the Fields Director. This includes trenches to divert standing water. The damage to fields caused by improper application of trenching in the past has been significant. Instruct players about the dangers of digging holes, particularly in the outfield.
- ✓ Be sure to remove all trash from your bench area after all games and practices. Empty trashcans into dumpsters at fields where dumpsters are available.
- ✓ Immediately report any maintenance issues or unsafe conditions to your Commissioner or the Fields Director.
- ✓ When uncertain about particular field maintenance issue, don't guess! Get input from the Fields Director or another Board representative.

## **Concession Stand Safety**

Manchester Little League operates concession stands at four (2) of our fields. The following are rules governing the operation of these stands:

- ✓ Due to the possibility of HOT foods/liquids. No person under the age of 15 will be allowed behind the counter of the concession stands without adult supervision.
- ✓ Concession Stand Manager will train all people working concession stands in safe food preparation at the beginning of each season. Safe Food Handling procedures will be posted in all concession stands
- ✓ **2016 Food Safety will be part of the Annual Safety Clinic and be provided by the Manchester Health Dept. representative**
- ✓ Cooking equipment will be inspected periodically and repaired or replaced as required.
- ✓ Food not purchased by MLL to sell in the concession stands will not be cooked, prepared, or sold in the concession stands.
- ✓ Fire extinguishers and First Aid kits are available at all concession stands.

# Accident Reporting Procedure

## **What to report**

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and /or First Aid must be reported to the Manchester Little League Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury. In the event that the MLL Safety Officer is unavailable, such report may be made to any League Officer who will notify the MLL Safety Officer.

## **When to report**

All such incidents described above must be reported within 24 hours of the incident. The **MLL Safety Officer, Chip Atzbach**, can be reached at the following:

**Day Phone: 860-463-6483**

**Evenings: 860-533--9363**

**Email: [ckatzbach@cox.net](mailto:ckatzbach@cox.net)**

**Address: 5 Amherst Drive, Manchester CT 06042**

All other League Officer's information (phone #'s, addresses, etc.) can be found on Page 3 of this manual.

## **How to report**

Reporting incidents can come in a variety of ways, but most typically they are telephone conversations. At a minimum, the following information must be provided.

- ✓ The name & 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 & phone number of the person reporting the incident.

Managers and coaches will fill out the MLL Accident Form (see following page) and submit it to the league Safety Officer within 24 hours of the incident. Upon receipt, the MLL Safety Officer will:

- ✓ Verify the information received.
- ✓ Obtain any other information deemed necessary.
- ✓ Check on the status of the injured party; and
- ✓ If other medical treatment (emergency room, doctor, etc) was required will advise the parent or guardian of the Manchester Little League's insurance policy and the provision for submitting any claims.

The following pages contain a sample Manchester Little League Incident Report form, information relating to the Manchester Little League insurance coverage, and a sample claim form.



## **Little League Master Insurance Coverage**

**WARNING:** Protective equipment cannot prevent all injuries a player might receive while participating in Little League Baseball or Softball.

The AIG Little League Insurance program is designed to afford protection to all participants at the most economical cost to the local league. It can be used to supplement other insurance carried under a family policy or provided by a parent's employer. If there is no other coverage, Little League insurance—which is purchased by the league, not the parent—takes over and provides benefits for all covered injury treatment costs up to the maximum stated benefits.

This plan makes it possible for Little League to offer unmatched, low-cost protection with assurance to parents that adequate coverage is in force at all times during the season.

If your child sustains a covered injury while taking part in Little League Baseball or Softball, here is how the AIG Little League Insurance program works:

- ✓ A claim is initially filed under insurance carried by the family: Blue Cross, Blue Shield or any other insurance protection available.
- ✓ Should your family insurance plan not fully cover the injury treatment, the AIG Little League Insurance Policy will help pay the difference up to the maximum stated benefits. This includes any deductibles or exclusions in your own insurance.
- ✓ If your child is not covered by any family insurance, the AIG Little League Insurance Policy becomes primary and will provide benefits for all covered injury treatment costs up to the maximum benefits of the policy.
- ✓ Treatment of dental injuries can extend beyond the normal 52-week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at time treatment is given, even though it may be some years later. Maximum dollar benefit is \$500 for eligible deferred dental treatment after the normal 52-week period.
- ✓ Claims must be submitted on AIG Little League Baseball Accident Notification Forms. A copy of the Form is included on the following page and additional forms may be obtained through the League Safety Officer. The Safety Officer should be immediately informed of any accidents or injuries that could potentially require a claim to be filed.

## CHILD WELFARE POLICY

The entire Manchester Little League family, including Board Members, our volunteers, and especially our parents, must respect the fact that the greatest gifts we have are our children. As adults, we need to ensure that these young people grow up happy, healthy, and above all, safe. Whether they are our children or the children of others, each of us has a responsibility to protect them.

As part of Manchester Little League's Child Welfare Policy, all parents are expected to read abide by the **Little League Parent Standards** section of the Manchester Little League Handbook. Please take the time to review and familiarize yourself with these important guidelines, as adherence to them will help enrich everyone's Little League experience. Also, a copy of "A Parent's Guide to the Little League Child Protection Program" can be found in the Manchester Little League Handbook.

In addition to our Parent Standards guidelines, Manchester Little League, in conjunction with Little League Baseball, Inc., requires **ALL** volunteers to complete a Volunteer Application and give Manchester Little League permission to perform background checks. Little League Baseball, Inc. requires we perform background checks to screen for any offenses against minors. Such background checks may include a review of sex offender registries, child abuse and criminal history records. Any individual who has been convicted or pled guilty to charges involving or against a minor, no matter when the offense occurred, will not be permitted to work with children.

All Volunteer Applications are kept in strict confidence by the League President. Additional questions regarding Manchester Little League's volunteer screening process should be directed to the President.

# First-Aid

## What is First-Aid?

First-Aid means exactly what the term implies. It is the *first care* given to a victim. It is usually performed by the *first person* on the scene and is continued until professional medical help arrives (911 paramedics). At no time should anyone administering First-Aid go beyond his or her capabilities.

***Know your limits!***

The average response time on a 911 call is 5-7 minutes. En route, paramedics are constantly in communication with the local hospital, preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to the hospital. Perform whatever First Aid you can, and wait for paramedics to arrive.

## First-Aid Kits

First Aid kits will be furnished to each Challenger, Junior, Major, and Farm League baseball and softball team at the beginning of the season. This kit should become part of the team's equipment package and shall be taken to all practices, games, or any other MLL event where children's safety is at risk.

Additional First-Aid kits are located at each of our Rookie and T-Ball fields with equipment, each of our concession stands, and the Press Box at Dettore Field. To replenish materials in your team's or field first-Aid Kit, contact your League Commissioner who will notify the MLL Safety Officer or the Equipment Managers for supplies.

## Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. The ***Good Samaritan*** laws give legal protection to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a *reasonable and prudent* person would under the same conditions, the Good Samaritan immunity generally prevails. For example, a reasonable and prudent person would:

- ✓ Move a victim only if the victim's life was endangered.
- ✓ Ask a conscious victim for permission before giving care.
- ✓ Check the victim for life threatening emergencies before providing future care.
- ✓ Summon professional help to the scene by **Calling 911**.
- ✓ Continue to provide care until more highly trained personnel arrive.

***Good Samaritan laws were developed to encourage people to help others in emergency situations.*** They require the "Good Samaritan" to use common sense and a reasonable level of skill without exceeding the scope of one's training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury.

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

## **Permission to Give Care**

If the victim is conscious, you must have his/her permission to give First Aid. To get permission, you must tell the victim who you are, how much training you have, and how you plan to help. Only then can you conscious victim give you permission to give care.

Do not give care to a conscious victim who refuses your offer to give care. If the victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present. Permission is also implied if a victim is unconscious or unable to respond. This means you can assume that, if the person could respond, he or she would agree to care.

## **Treatment at Site**

### **Important Do's & Don'ts**

**Do:**

- ✓ **Assess** the Injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
- ✓ **Know** your limitations.
- ✓ **Call** 911 immediately if person is unconscious or seriously injured.
- ✓ **Look** for signs of injury. (blood, black & blue, deformity of bone, etc.)
- ✓ **Listen** to the injured player describe what happened and what hurts. Before questioning, you may have to calm or soothe an excited child.
- ✓ **Feel** gently and carefully the injured area for signs of swelling or broken bones.
- ✓ **Talk** to your team afterwards about the situation if it involves them. Often, players become upset and worried when another player becomes injured. They need to feel safe and understand why the injury occurred.

**Don't**

- ✓ Administer any medications.
- ✓ Provide any food or beverage (except water)
- ✓ Hesitate in giving aid when needed.
- ✓ Be afraid to ask for help if you are not sure of the proper procedures.
- ✓ Transport injured individuals except in extreme emergencies.

## **911 Emergency Number**

The most important help you can't provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone nearby the victim.

If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another call follows these steps:

- ✓ First, dial 911
- ✓ Give the dispatcher information. Most dispatchers will ask:
- ✓ The exact location of the emergency.
- ✓ The phone number from which the call is being made.
- ✓ The caller's name.
- ✓ What happened?
- ✓ How many people are involved.
- ✓ The condition of the injured person, for example, unconscious, severe bleeding, etc.
- ✓ What help (First Aid) has or is being given.
- ✓ DO NOT HANG UP until the dispatcher hangs up.
- ✓ Continue to care for the injured person until professional help arrives.
- ✓ Appoint someone to go to the street to look for the ambulance and/or fire trucks and flag them down if necessary. This saves valuable time. Remember, every minute counts.

### **When to call 911**

If the injured person is unconscious, **call 911** immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may be unsure as to what to do. **Call 911** anyway and request professional help if the victim.

- ✓ Is or becomes unconscious.
- ✓ Has trouble breathing or is breathing in a strange way.
- ✓ Has chest pain or pressure.
- ✓ Is bleeding severely.
- ✓ Has pressure or pain in the abdomen that will not go away.
- ✓ Is vomiting or passing blood.
- ✓ Has seizures, a severe headache, or slurred speech.
- ✓ Appears to have been poisoned.
- ✓ Have injuries to the head, neck or back.
- ✓ Has possible broken bones?

**IF YOU HAVE ANY DOUBTS AT ALL, CALL 911 AND REQUEST PARAMEDICS.**

### **Concussion: (Blow to the Head Injuries)**

Concussions are defined as any blow to the head. They can be ***fatal*** if proper precautions are not taken. ***Take all head injuries seriously.***

**Symptoms of serious head injuries (concussion) include:**

- ✓ Unconsciousness (**call 911** immediately)
- ✓ Memory loss (amnesia)

- ✓ Severe headache or a headache that continues to get worse
- ✓ Confusion or abnormal behavior (child may become irritable, fretful, cry constantly)
- ✓ Extreme sleepiness or difficulty waking up
- ✓ Slurred speech
- ✓ Numbness, weakness or loss of movement in the arms or legs
- ✓ Vision changes and changes in the pupil's size, shape, and reaction to light
- ✓ Dizziness, vertigo, or unsteadiness that prevents standing or walking
- ✓ Persistent nausea or vomiting.

#### **Treatment for serious head injuries (concussion):**

- ✓ If the victim is unconscious after the blow to the head, DO NOT MOVE the victim and **call 911** immediately.
- ✓ If the injured person is a player, **remove the player from the game.**
- MANDATORY**
- ✓ See that the victim gets adequate rest, and continue monitoring the player for symptoms.
- ✓ Note any symptoms and see if they change in a short period of time.
- ✓ If the player's parent(s) are not at the game, tell them about injury and have them monitor the child after the game for symptoms.
- ✓ **Urge parents to take the child to a doctor for further examination if symptoms arise.**

### **Head and Spine Injuries:**

#### **When to suspect head and spine injuries:**

- ✓ Any fall from a height greater than the victim's height.
- ✓ Any bicycle, skateboarding, or roller blade mishap.
- ✓ A person found unconscious for unknown reasons.
- ✓ Any injury involving severe blunt force to the head or trunk, such as from a bat, a pitched, or line drive baseball.
- ✓ Any injury in which a victim's helmet is broken, including a bicycle or batting helmet.

#### **Signals of Head & Spine Injuries:**

- ✓ Changes in consciousness
- ✓ Severe pain or pressure in the head, neck or back
- ✓ Tingling or loss of sensation in the hands, fingers, feet, and toes
- ✓ Partial or complete loss of movement of any body part
- ✓ Blood or other fluids in the ears and/or nose
- ✓ Heavy external bleeding of the head, neck, or back
- ✓ Seizures
- ✓ Nausea or vomiting
- ✓ Impaired breathing or vision as a result of the injury
- ✓ Persistent headache
- ✓ Bruising of the head, especially around the eyes and behind the ears

## General Care for Head and Spine Injuries

- ✓ **Call 911** immediately.
- ✓ Minimize movement of the head and spine.
- ✓ Maintain an open airway.
- ✓ Check consciousness and breathing.
- ✓ Control any external bleeding.
- ✓ Keep the victim from becoming chilled or overheated until paramedics arrive and take over care.

## Contusion to Sternum: (Breast bone)

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

- ✓ If the player is hit in the chest and appears to be all right, remove the player from the game, and urge the parents to take the child to the hospital for further examination.
- ✓ If a player complains of chest pain after being struck, immediately **call 911** and comfort the player until paramedics arrive.

## Sudden Illness (Seizure, Diabetic Emergency, Hypoglycemia)

When a victim becomes suddenly ill, he or she often looks and feels sick.

Symptoms of sudden illness include:

- ✓ Feeling light-headed, dizzy, confused, or weak
- ✓ Change in skin color, sweating
- ✓ Nausea or vomiting
- ✓ Diarrhea
- ✓ Changes in consciousness
- ✓ Seizures
- ✓ Slurred speech
- ✓ Impaired vision
- ✓ Breathing difficulties
- ✓ Severe headache

IF THE VICTIM:

- ✓ **Vomits** – place the victim on their side
- ✓ **Faints** – position the victim on their back and lift legs 8-10” if you don’t suspect a head or back injury.
- ✓ Has a **diabetic emergency** – give the victim a sugar source, preferably liquid. (juice, gatorade, soda) **Glucose Tablets New For 2008**
- ✓ Has a **seizure** – do not hold or restrain the person or place anything in their mouth between the victim’s teeth. Remove any nearby objects that may cause injury, and cushion the victim’s head with folded clothing or a small pillow.
- ✓

### **Care for sudden illness:**

- ✓ **Call 911**
- ✓ Help the victim rest comfortably
- ✓ Keep the victim from getting chilled or overheated
- ✓ Reassure the victim
- ✓ Watch for changes in consciousness and breathing
- ✓ Do not give anything to eat or drink unless the victim is fully conscious.

### **Muscle, Bone, or Joint Injuries**

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

- ✓ Significant deformity
- ✓ Bruising and swelling
- ✓ Bone fragments sticking out of the world
- ✓ Victim feels bones grating; victim felt or heard a snap or pop when injury occurred
- ✓ The injured area is numb and cold
- ✓ The cause of the injury suggests that the injury may be severe

If any of these conditions exist, **call 911** immediately and administer care until the paramedics arrive.

Treatment for muscle or joint injuries:

- ✓ If the ankle or knee is affected, do not allow the victim to walk. If possible, elevate the affected leg.
- ✓ Protect the skin with a towel or cloth and apply cold packs to affected area. Do not pack a joint in ice or immerse in icy water.
- ✓ Consult professional medical help for further treatment if necessary.

### **Treatment for Fractures:**

- ✓ Fractures need to be splinted in the position found and no pressure should be put on the area. A splint can be made from almost anything; rolled up magazines, sticks, bats, etc.

Once you have established that the victim has a broken bone and you have **called 911**, all you can do is comfort the victim, keep them warm and still, and treat for shock if necessary.

### **Heat Exhaustion:**

Symptoms may include fatigue; irritability; headache; faintness; weak, rapid pulse; shallow breathing; cold skin; profuse sweating.

#### **Treatment:**

- ✓ Instruct the victim to lie down in a cool, shaded area or an air-conditioned area. Elevate feet.



- ✓ Massage legs towards heart.
- ✓ If victim is conscious, give cool water or electrolyte solution (e.g. Gatorade) every 15 minutes.
- ✓ Use caution when letting victim sit up, even after they feel recovered.

## **Heat Stroke**

Symptoms may include:

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

### **Treatment:**

- ✓ **Call 911** immediately.
- ✓ Lower body temperature by placing victim in a partially filled tub of cool (not cold) water. Briskly sponge victim's body until body temperature is reduced and then towel dry. If a tub is unavailable, wrap victim in cold wet sheets or towels in a well-ventilated area. Use fans and/or air conditioners if available, to help reduce body temperature.
- ✓ **DO NOT** give stimulating beverages containing caffeine such as coffee, tea, or soda.

## **Shock**

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

- ✓ Restlessness or irritability
- ✓ Pale or ashen skin tone, cool, moist skin
- ✓ Rapid breathing & pulse
- ✓ Altered consciousness
- ✓ Nausea

Caring for shock involves following these simple steps:

- ✓ **Call 911 immediately.** Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.
- ✓ Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
- ✓ Control any external bleeding.
- ✓ Help the victim to maintain normal body temperature.
- ✓ Try to reassure the victim.
- ✓ Do not give anything to eat or drink, even though the victim may be thirsty.

## **Choking**

Partial obstruction with good air exchange:

### **Symptoms may include:**

Forceful coughs with wheezing sounds between coughs. Encourage the victim to cough as long as good air exchange continues. **DO NOT** interfere with attempts to expel the object.

Partial or complete airway obstruction in conscious victim:

**Symptoms may include:**

Weak cough; high pitched crowing noises during inhalation; inability to breathe, cough or speak; gesture of clutching neck between thumb and index finger; exaggerated breathing efforts; dusky or bluish skin color.

**Treatment – The Heimlich Maneuver:**

- ✓ Stand behind the victim.
- ✓ Reach around the victim with both arms under the victim's arms.
- ✓ Place your thumb side of fist against middle of the abdomen, just above the navel, and grasp the fist with your other hand.
- ✓ Give quick upward thrusts.
- ✓ Repeat until object is expelled.

## **Breathing Difficulties**

Many children suffer from chronic breathing difficulty (e.g. Asthma). Typically, those children affected are prescribed medications, often in the form of a “puffer” which they use during period of strained breathing. Physically activity may bring about such an episode.

**Symptoms of Breathing Emergencies:**

- ✓ Breathing is slower or faster than usual
- ✓ Breathing is noisy or painful
- ✓ Skin is more moist than usual
- ✓ Skin looks flush, pale, or ashen
- ✓ Child feels dizzy or light-headed
- ✓ Chest pain
- ✓ Tingling in hands or feet

If you suspect a player is having difficulty breathing, have them sit down and try to relax (excitement will exaggerate the problem). If this does not work and the child has no history of breathing problems, **call 911**. If the child has a known disorder and has their puffer, allow them to use it. Keep the child out of the game for a sufficient time to allow the medication to have its full effect. If parent(s) are not present inform them of the episode when they return. If breathing does not return to normal after the administration of the player's medication, **call 911**.

## **Bleeding**

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

**If a victim is bleeding:**

- ✓ Act quickly. Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
- ✓ Control the bleeding by applying direct pressure on the wound with a sterile pad or clean cloth.
- ✓ If bleeding is controlled by direct pressure, **bandage firmly** to protect the wound.
- ✓ If bleeding is not controlled by direct pressure, **apply a tourniquet** as a last resort and **call 911** immediately.

**Nose Bleed:**

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

**Bleeding inside the mouth:**

To control the bleeding inside the cheek, place folded dressings inside the mouth against the wound.

**Deep cuts:**

If the cut is deep, stop the bleeding, bandage, and encourage the victim to get to a hospital for further medical treatment. Get stitches if necessary, stitches prevent scars and help prevent infection.

**Infection Prevention**

To prevent infection when treating open wounds you must:

- ✓ **Cleanse** the wound and surrounding area with a mild soap and water solution or antiseptic pad; rinse and blot dry with a sterile pad or clean dressing.
- ✓ **Treat** to protect against contamination with ointment supplied in your First Aid Kit.
- ✓ **Cover** to absorb fluids and protect the wound against further contamination with Band-Aids, gauze or sterile pads supplied in your First Aid Kit. (handle only the edges of sterile pads or dressings)
- ✓ **Tape** to secure with First Aid tape (supplied with your First Aid Kit) to help keep out dirt and germs.

**Insect Stings**

In highly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. **Call 911.**

**Symptoms:**

Signs of allergic reaction may include: nausea; severe swelling; breathing difficulties; bluish face, lips, and fingernails; shock or unconsciousness.

**Treatment:**

- ✓ For mild or moderate symptoms, wash with mild soap and cold water.
- ✓ Remove stinger or venom sac by gently scraping with fingernail or card. Do not remove the stinger with tweezers as more toxins from the stinger could be released into the victim's body.

- ✓ Apply cold packs to the area to help relieve pain.
- ✓ For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
- ✓ If victim has gone into shock, treat accordingly see section, “Care for Shock”.

## **Transporting Injured Persons**

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

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

- ✓ Carefully turn the victim toward you and slip a half-rolled blanket under back.
- ✓ Turn victim on side over blanket, unroll, and return victim onto back.
- ✓ Drag victim head first, keeping the back as straight as possible.

If the victim must be lifted:

- ✓ Support each part of the body. Position a person at the victim’s head to provide additional stability. Use a board, shutter, tabletop, or other firm surface to keep the body as level as possible.

## **Dental Injuries**

An instruction card for the assessment and care of dental injuries is included in every First Aid Kit distributed by the League.

### **Avulsion (Entire Tooth Knocked Out)**

If a tooth is knocked out, place a sterile dressing directly on the space left by the tooth. Tell the victim to bite down. Dentists can successfully replant a knocked-out tooth if they can do so quickly, and if the tooth has been cared for properly.

- ✓ Avoid additional trauma to the tooth while handling. DO NOT handle the tooth by the root. DO NOT brush or scrub the tooth. DO NOT wash tooth.
- ✓ If debris is on tooth gently rinse with water.
- ✓ If possible, place the tooth back in its socket and stabilize by biting down gently on a towel or handkerchief. DO ONLY if victim is conscious and alert.

If unable to replant tooth:

- ✓ Best option – place tooth in balanced saline solution “Save-a-Tooth”.
- ✓ 2<sup>nd</sup> Best – place tooth in cold whole milk. If only 1-2% available, use it.
- ✓ 3<sup>rd</sup> Best – wrap the tooth in saline soaked gauze.
- ✓ 4<sup>th</sup> Best – place tooth under the victim’s tongue. DO ONLY if victim is conscious and alert.
- ✓ 5<sup>th</sup> Best – place tooth in a cup of water.

**Time is very important.** Re-implantation within thirty (30) minutes has the highest success rate. TRANSPORT IMMEDIATELY TO DENTIST.

**Luxation** (Tooth in socket, but wrong position) – There are three (3) positions:

**Extruded Tooth** – Upper tooth hangs down and/or lower tooth is raised up.

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

**Lateral Displacement** – tooth pushed back or pulled forward

- ✓ Try to reposition tooth using finger pressure.
- ✓ Victim may need local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
- ✓ TRANSPORT IMMEDIATELY TO DENTIST.

**Intruded Tooth** – tooth is pushed into the gum, looks short.

- ✓ Do nothing – avoid any repositioning of tooth.
- ✓ TRANSPORT IMMEDIATELY TO DENTIST.

**Fracture** (Broken tooth)

- ✓ If tooth is totally broken in half, save the broken portion and bring to dentist as described earlier under Avulsion, Item 4. Stabilize the portion of tooth left in mouth by gently biting on towel or handkerchief to control bleeding.
- ✓ If extreme pain occurs, limit contact with other teeth, air, or tongue. Pulp/nerve may be exposed which is extremely painful to victim.
- ✓ Save all fragments of tooth as described under Avulsion, Item 4.
- ✓ TRANSPORT IMMEDIATELY TO DENTIST.

**!!!! Remember Manchester Fire Rescue EMS has 3-6 minute avg. response time. Please do not delay!!! Call 911 if you are unsure of a person's condition!!!!**

**Thanks goes out to Manchester Fire Rescue EMS in their help with their help in creation of the First Aid section of this manual**

## **COMMUNICABLE DISEASE PROCEDURES**

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

- ✓ A bleeding player should be removed from competition as soon as possible.
- ✓ Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game.
- ✓ Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid are anticipated. (Latex gloves are provided in each First Aid Kit).
- ✓ Immediately wash hands and other skin surfaces if contaminated with blood with antibacterial soap.
- ✓ Clean all blood contaminated surfaces and equipment with a 1:1 solution of bleach and water. A 1:1 solution is a capful of bleach and 8 ounces of water.
- ✓ Managers, coaches, umpires and other volunteers with open wounds should refrain from direct contact with others until the condition is resolved.
- ✓ Following accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Additional information on the treatment of external injuries and the control of communicable diseases is available from your local and state health agencies.

## Parental Concerns about Safety

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

**I'm worried that my child is too small or too big to play on the team/division he has been assigned to.** Little League has rules concerning the ages of player on T-Ball, Rookie, Farm, Major and Junior teams. Manchester Little League observes these rules. For older children, players are placed on teams according to their skills and abilities based on their tryout ratings at the beginning of the season. If for some reason you do not think your child belongs in a particular division, please contact that division's commissioner and share your concerns.

**Should my child be pitching as many innings per game?** Little League has rules regarding pitching that all managers and coaches must follow. The rules are different depending on the division of play but the rules are there to protect the children.

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

**How do I know that I can trust the volunteer managers and coaches not to be child molesters?** Manchester Little League runs background checks on all board members, managers, and required to fill out applications which give MLL the information and permission it needs to complete an investigation. If the League receives inappropriate information on a Volunteer, that Volunteer will be immediately removed from his/her position and banned from any league activities.

**How can I complain about the way my child is being treated by the manager, coach, or umpire?** You can directly contact the Commissioner of your child's league or any Manchester Little League Board member. Their names and telephone numbers are listed in our League Handbook. The complaint will be brought to the MLL President's attention immediately and investigated.

**Will the helmet on my child's head really protect him while he is at bat and running around the bases?** The helmets used by Manchester Little League must meet NOCSAE standards as evidence by the seal on the helmet. These helmets are certified by Little League, Inc. and are the safest protection for you child. The helmets are checked for cracks at the beginning of each game and are replaced as needed.

**Is it safe for my child to slide into the bases?** Sliding is a part of baseball. Managers and coaches should teach their player how to slide safely in pre-season practices.