

Taconic  
Little  
League

# Taconic Little League Safety Manual

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Section One:

Basic  
Safety  
Guidelines

# Taconic Little League Safety Manual

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## League Safety Requirements

Taconic Little League is committed to providing coaches with First Aid training and clinics for coaching fundamentals.

In addition, the club will, at minimum:

- > Will have an active safety officer as a board position.
- > Distribute to all members of the Taconic Little League our safety manual.
- > Conduct background checks on all coaches and managers.
- > Require all coaches and managers to attend Little League meetings, and coaching clinics prior to starting as a Taconic Little League coach.
- > Provide all coaches and managers with emergency numbers and board members' phone numbers.

## Parking Area Safety Regulations

Observe a 5 mph speed limit in roadways and parking lots while attending a Taconic Little League function. No alcohol allowed in any parking lot, field or common area involving the Taconic Little League.

Please observe all posted signs.

## Field Surveys, Safety Plan and Registration Data

Every year all fields used by the League must be inspected and a field survey must be submitted to Little League. Along with the ASAP an ASAP registration form must be submitted to Little League every year. In addition to the field survey, ASAP and ASAP registration form the roster of players and coaches must be submitted electronically to Little League.

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## ACCIDENT REPORTING PROCEDURES

### 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 director of safety. Unsafe conditions, equipment, or near-misses must also be reported. Additional forms are included at the back of this manual.

### When to Report

All such incidents must be reported to the Safety Officer within 48 hours of the incident. The Safety Officer for the 2024 season is Mike Denatale, and can be reached at (845) 234-1947 (Cell).

### How to Make a Report

Blank forms are attached at the back of this manual. At a minimum, the following must be provided:

1. Name and phone number of the person involved.
2. Date, time, and location of the incident.
3. As detailed a description of the incident as possible.
4. A preliminary estimation of the extent of any injuries.
5. Name and phone number of the person reporting the incident.



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## Sample Accident Report Form

Activities/Reporting	A Safety Awareness Program's Incident/Injury Tracking Report
League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____	
Field Name/Location: _____ Incident Time: _____	
Injured Person's Name: _____ Date of Birth: _____	
Address: _____ Age: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
City: _____ State _____ ZIP: _____ Home Phone: ( ) _____	
Parent's Name (If Player): _____ Work Phone: ( ) _____	
Parents' Address (If Different): _____ City _____	
<b>Incident occurred while participating in:</b>	
A.) <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Challenger <input type="checkbox"/> TAD	
B.) <input type="checkbox"/> Challenger <input type="checkbox"/> T-Ball (5-8) <input type="checkbox"/> Minor (7-12) <input type="checkbox"/> Major (9-12) <input type="checkbox"/> Junior (13-14)	
<input type="checkbox"/> Senior (14-16) <input type="checkbox"/> Big League (16-18)	
C.) <input type="checkbox"/> Tryout <input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> Tournament <input type="checkbox"/> Special Event	
<input type="checkbox"/> Travel to <input type="checkbox"/> Travel from <input type="checkbox"/> Other (Describe): _____	
<b>Position/Role of person(s) involved in incident:</b>	
D.) <input type="checkbox"/> Batter <input type="checkbox"/> Baserunner <input type="checkbox"/> Pitcher <input type="checkbox"/> Catcher <input type="checkbox"/> First Base <input type="checkbox"/> Second	
<input type="checkbox"/> Third <input type="checkbox"/> Short Stop <input type="checkbox"/> Left Field <input type="checkbox"/> Center Field <input type="checkbox"/> Right Field <input type="checkbox"/> Dugout	
<input type="checkbox"/> Umpire <input type="checkbox"/> Coach/Manager <input type="checkbox"/> Spectator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____	
Type of injury: _____	
Was first aid required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____	
Was professional medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____	
(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)	
<b>Type of incident and location:</b>	
A.) On Primary Playing Field	
<input type="checkbox"/> Base Path: <input type="checkbox"/> Running or <input type="checkbox"/> Sliding	
<input type="checkbox"/> Hit by Ball: <input type="checkbox"/> Pitched or <input type="checkbox"/> Thrown or <input type="checkbox"/> Batted	
<input type="checkbox"/> Collision with: <input type="checkbox"/> Player or <input type="checkbox"/> Structure	
<input type="checkbox"/> Grounds Defect	
<input type="checkbox"/> Other: _____	
B.) Adjacent to Playing Field	
<input type="checkbox"/> Seating Area <input type="checkbox"/> Travel:	
<input type="checkbox"/> Parking Area <input type="checkbox"/> Car or <input type="checkbox"/> Bike or	
C.) Concession Area <input type="checkbox"/> Walking	
<input type="checkbox"/> Volunteer Worker <input type="checkbox"/> League Activity	
<input type="checkbox"/> Customer/Bystander <input type="checkbox"/> Other: _____	
Please give a short description of incident: _____	
_____	
Could this accident have been avoided? How: _____	
This form is for Little League purposes only, to report safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all claims or injuries which could become claims, please fill out and turn in the official Little League Baseball Accident Notification Form available from your league president and send to Little League Headquarters in Williamsport (Attention: Dan Kirby, Risk Management Department). Also, provide your District Safety Officer with a copy for District files. All personal injuries should be reported to Williamsport as soon as possible.	
Prepared By/Position: _____ Phone Number: (____) _____	
Signature: _____ Date: _____	

## Safety Officer's Responsibility

1. Within 48 hours of receiving the report, safety officer will contact the injured party's parents and verify information received.
2. Obtain any other information deemed necessary.
3. Check on status of the injured party.
4. In the event other medical treatment was necessary, will inform the parents or guardian of the Taconic Little League insurance coverage and the provisions for submitting a claim.

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## Taconic Little League Code of Conduct

### Coaches Expectations for Players

- To attend all practices and games.
- To be cooperative at all times and share team duties.
- To be respectful to all persons.
- To be positive with teammates.
- To show good sportsmanship, to understand that winning is only important if you can accept losing.

### League Expectations for Coaches

- To attend all games and practices.
- To be as fair as possible in giving playing time to all players.
- To do their best to teach the fundamentals of the game. To be positive and to respect each child as an individual.
- To teach the players the value of winning and losing.
- To never holler or degrade any member of the Taconic Little League teams, umpires, or opposing teams. Any confrontations should be handled in a respectful manner.
- To attend the Taconic Little League meetings, clinics, and workshops.

### League Expectations for Parents and Family

- To come out and enjoy the game.
- To cheer all players on.
- To allow the coach to run the team.
- To show respect to all league coaches, umpires, and team members. Remembering we are all responsible for setting examples for our children.

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## Parent Volunteers

All local Little Leagues are now required to conduct background checks on Managers, Coaches, Board of Directors members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with, players or teams.

Volunteers are required to complete and submit to a background check through JDP. Taconic Little League Utilizes the JDP Quick App. This allows us to forego completion of the volunteer application form and instead volunteers will enter their own information on the JDP website. Additionally, all volunteers will need to complete Abuse Awareness Training. Taconic Little League will be using the training provided free of charge by USA Baseball @ [www.usbdevelops.com](http://www.usbdevelops.com)



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## Code of Conduct Contract

1. Any manager, coach, or umpire who uses profanity or abusive language will be suspended for one game. A reoccurrence will result in a three game suspension. A third occurrence will result in a suspension for the remainder of the season and a hearing by the Directors of the Taconic Little League to determine future participation in the league.
2. Any adult involved in a physical altercation shall be barred from any participation in the league.
3. Any parent who uses profanity or abusive language directed at a player, coach, manager, umpire or league official will be removed from the stands. Failure to comply will result in a forfeit of the game. A reoccurrence will result with a hearing by the Taconic Little League Board.
4. Any player who uses profanity or abusive language or unsportsmanlike conduct shall be ejected from the game and receive a warning. Should the situation occur at the end of a game, the player will be suspended for one game. A reoccurrence shall result in a three game suspension. A third occurrence will result in a hearing by the Taconic Little League Board of Directors to determine future participation in the league.
5. Any player involved in a physical altercation may be suspended for up to three games. The duration shall be determined by a hearing with the Taconic Little League Board of Directors.
6. These rules apply to all members and spectators of the Taconic Little League for both league and tournament play.
7. Umpires shall report all incidents to the umpire-in-chief. In the event the umpire is the guilty party, the managers for each team shall report the incident to the umpire-in-chief.
8. As stated in the rules of baseball, any player, coach, umpire, or other dugout personnel shall be ejected from the game for making a travesty of the game if adjudged by any umpire.

I understand these rules and agree to uphold them

Print Name: \_\_\_\_\_

Signature and Date: \_\_\_\_\_



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## Equipment Safety Procedures

1. At the end of each season, all equipment will be inventoried, inspected and repaired/replaced as needed to meet the proper equipment safety standards.
2. Equipment should be inspected during the season for the condition and proper fit. Defective or illegal equipment must be returned to the equipment manager immediately.
3. Catchers must wear a catcher's helmet, mask, throat guard, long model chest protector, shin guards, and a protective cup during practice and games.
4. Batters must wear a little league-approved helmet during batting practices and games.
5. All team equipment should be stored in the dugout or behind fences, not in the play area designated by the umpire.
6. It will be the league's responsibility to provide the teams with the standard equipment for play, which will meet all safety standards.
7. Unsafe or unusable equipment must be reported to a league board member immediately.

## Field Decorum

1. No alcohol shall be permitted at any little league function, whether it is a parking lot, field, or league picnic.
2. No smoking shall be permitted on the field or in the dugout areas.
3. No profanity will be tolerated.
4. No swinging bats or throwing balls in an area not designated for such activities.
5. Observe all posted signs.

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## The Player

1. During games players must remain in their dugout acting in a respectful manner.
2. All vehicles shall park in designated areas, and observe a 5 mph speed limit.
3. To reduce the chance of accidents to inexperienced beginners, and individuals who may lack the experience and ability, a tryout and assessment should occur.
4. Tryouts should be done by age groups, and assessments completed for each individual player.
5. At the end of each season a coach or manager should complete another assessment on the individual player, for further references such as all-star teams, and new coaches for the next season.

Reminder! Pitchers and catchers in all divisions of Little League, from age 7 to 16, 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 layer must have before pitching again.

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## Emergency Safety Procedures

1. Give First Aid and have someone call for professional help if assistance is needed.
2. Notify the parents immediately if they are not on the scene.
3. Look for signs of injury (blood, broken bones, black and blue deformity).
4. LISTEN to the injured party, if conscious, describe what happened and what hurts.
5. Talk to the players in attendance about the injury, especially if it involves one of them. Often they become frightened or worried and need to be reassured that they can feel safe.
6. NOTIFY the safety officer ASAP (must be within 48 hours).
7. ABOVE ALL KNOW YOUR LIMITATIONS

## Safety Code for Little League

1. Will have an active safety officer as a board position.
2. Distribute to all members, coaches, managers, umpires a copy of the safety manual.
3. All managers and coaches will have training in First Aid. This will be made available by the league prior to the start of each season. First Aid kits will be distributed with team equipment and must be kept on hand at all games and practices.
4. Managers and coaches will be required to attend the little league meetings as well as the clinics for the fundamentals of coaching on March 22, 2024 at 8 p.m. All teams must send one representative and any coach that has not attended a fundamentals training in the past 3 years must attend.
5. We conduct background checks on all coaches and managers.
6. Field areas will be inspected before each game and practice by home and away coaches and umpires for holes, glass, stones, and other foreign objects. Fields needing repair should be reported to the safety officer.
7. Only players, coaches, managers, and umpires may be permitted on the playing field or in dugouts.
8. At no time will any form of horseplay be permitted on the playing field.

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## Lightning Evacuation Procedure

1. Stop the game immediately and remove players from the playing field. Do not position anyone in an open field or under a tree.
2. Stay away from any and all metal objects and fences.
3. Umpires must wait for 20 minutes to see if lightning has passed, and it is safe to continue play. There must be no additional lightning during the 20 minute wait.

## In Case of Darkness

1. It is the obligation of the umpire to cancel any game once darkness begins.
2. Any manager may question the umpire's disregard to stop a game, if they deem it to be a dangerous situation.

COMMON SENSE SHOULD BE IN ANY AND ALL INSTANCES THAT ARE QUESTIONABLE. REMEMBER WE DECIDE IN FAVOR OF SAFETY.

## Incomplete Games

Unfinished games will be completed in accordance with the Official Little League rule book.

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## Concession Stand Safety

Although the Taconic Little League does NOT operate concession stands during the regular season, we at times may set up mobile concessions at certain games. These stands consist of coolers of cold soda and bottled water, and wrapped candy only.

Concessions will not consist of cooked or unwrapped food items.

No person under the age of fifteen will be allowed to operate a mobile concession stand.

Coolers must be placed in a location where they can't fall over.

Report damaged or leaking coolers to the Equipment Manager as soon as possible. Discontinue use of defective coolers.

Coolers must be cleaned before and after each use with a bleach/water solution.

All inventory (soda, water, and candy) must be stored at room temperature, and discarded if not sold within 3 weeks of purchase.

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League  
Directory

Board

**President**

Mike Denatale 845-234-1947

**Vice President - BB**

Rob Mielich 845-235-6322

**Treasurer/Player Agent**

Jackie Reynolds 845-758-1958

**Vice President - SB**

Rich Tamburino

**Safety Officer**

Mike Denatale 845-234-1947

Managers

**Majors**

TBD

**Competitive Minors**

TBD

**Instructional Minors**

TBD

**Jr/Sr League**

TBD

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## Section Two:

First

Aid

Basics

First Aid Fundamentals

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What is First Aid?

First Aid is the immediate care given to an injured person. It is important to remember that First Aid does not replace proper medical treatment. It consists of giving assistance until medical care is obtained, or it is clear that medical care is not required. Being able to recognize a serious medical emergency and knowing how to get help may mean the difference between life and death.

Why should I know First Aid?

As a coach, you are required by Taconic Little League to receive some First Aid training.

Knowing First Aid can mean the difference between rapid recovery and a long hospitalization, or between temporary and permanent injury. It will also help you avoid panic in an emergency.

Important!

This guide addresses common injuries that can occur on the baseball field, and gives guidelines for what to do in specific situations. It is not intended as an in-depth or nationally recognized first aid training course. If you would like to attend that type of course, please contact the league safety officer for more information.

- Basic First-Aid Training is mandatory for coaches and managers. The 2024 training will be held on March 13<sup>th</sup>.



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## Emergency Services

### When to call help

As a general rule, always call for help under the following circumstances:

- Severe Bleeding
- Drowning
- Electric Shock
- Difficulty or Not Breathing
- Choking
- Altered Mental Status
- Poisoning
- Critical Burns
- Paralysis
- Suspected Spinal Injury

### How to call for help

Dial 911 from any telephone to contact emergency services.

Be sure to know the location you are calling from. A list of all field/facility addresses is available from the League President. In addition, signs are located on field backstop fences that indicate the address for that field.

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## External Bleeding & Shock

### Precautions

First aiders should understand the risk of infectious diseases that can be transmitted by contact blood or other bodily fluids. Some of these diseases are life threatening. They are caused by microorganisms carried in a person's bloodstream. Because you cannot necessarily know if a person is infected, you should always assume that you are at risk of exposure.

Use the following precautions to reduce the risk of exposure to "Blood borne Pathogens":

- Wear Personal Protective Equipment (such as gloves)
- Do not touch your nose, mouth, or eyes. Flush mucous membranes with water if they have been exposed.
- Wash well with soap and water.
- Clean spills with disinfectants (diluted bleach)
- Discard contaminated materials in an appropriate waste container

### Types of Bleeding

**Arterial Bleeding** is the most serious, because blood loss is rapid. With arterial bleeding, blood will usually "spurt" from the wound, and blood loss is great. Excessive blood loss is dangerous and must be controlled.

In **Venous Bleeding**, blood from a vein flows steadily or gushes. It is easier to control than arterial bleeding because veins usually collapse when cut. However, bleeding from deep veins can be massive and as hard to control as arterial bleeding.

**Capillary bleeding** is when blood oozes from capillaries. It is the most common and least serious. In some cases, blood will clot and stop by itself.

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*Regardless of the type of bleeding or the type of wound, the first aid is the same.  
First and most important, you must control the bleeding.*

## Locate the Bleeding Source

Apply direct pressure to the wound:

- ✓ Place a sterile dressing or cleanest cloth available over the wound.
- ✓ If possible use medical exam gloves, extra dressing, or plastic wrap.
- ✓ Do not remove an impaled object!

If dressings become soaked, apply additional dressing; do not remove the existing ones.

If the bleeding does not stop at this point, raise the extremity above the level of the heart.

## Difficulty Stopping the Bleeding

Apply pressure to the appropriate pressure point, while keeping pressure over the wound.

Practice finding and become familiar with the location of pressure points.

Do not use a tourniquet. They should only be used as a last resort, and only for bleeding from an arm or leg. Tourniquets usually result in loss of limb, and sometimes death.

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## Shock

Shock refers to circulatory system failure, which happens when oxygenated blood is not provided in sufficient amounts for every body part. Because every injury affects the circulatory system to some degree, rescuers should automatically treat injured victims for shock

Signs and Symptoms for Shock are as follows:

- Altered mental status; anxiety and restlessness
- Pale, cold, and clammy skin, lips, and nail beds
- Nausea and vomiting
- Rapid breathing and pulse
- Unresponsiveness when shock is severe

## To Care for Shock

Even if an injured victim does not have signs or symptoms of shock, rescuers should treat for shock:

Treat life-threatening and other severe injuries.

Lay the victim on his or her back (unless a spinal injury is suspected).

Raise the victim's legs 8" - 12" if there is no suspected spinal injury. Raising the legs allows the blood to drain from the legs back to the heart. Keep the victim flat if a spinal injury is suspected or if the victim has leg fractures.

Use the recovery position for victims with altered consciousness or who have vomited.

Prevent loss of body heat by putting blankets and coats under and over the victim.

A shock victim should not be given anything to eat or drink.

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## Eye Injuries

### Penetrating Eye Injuries

Penetrating eye injuries are severe injuries that result when a sharp object penetrates the eye then is withdrawn or when pieces enter the eye and lodge there as foreign bodies.

- Seek medical attention. Any penetrating eye injury should be managed in the hospital.
- Protect the injured eye with a paper cup, cardboard folded in a cone, or a donut-shaped pad made from a gauze bandage to prevent the object being driven deeper into the eye.
- Cover the undamaged eye to stop movement of the damaged eye (known as sympathetic eye movement).
- Bandage the protective cup or gauze in place.

### Blows to the Eye

Blows to the eye can be minor or sight threatening. Apply ice immediately for about 15 minutes to reduce pain and swelling. Do not exert any pressure on the eye.

**Do Not Use "Chemical" Ice Packs Near Eyes!**

Seek medical attention immediately in cases of pain, reduced vision or discoloration (a black eye).

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## Foreign Objects in the Eye

To remove foreign objects in the eye, try one or more of the following:

- Try flushing the object out by rinsing the eye with warm water. Hold the eyelid open and tell the victim to move the eye as it is rinsed.
- Examine the lower lid by pulling it down gently. If you can see the object remove it with a moistened sterile gauze or clean cloth.
- Many foreign bodies lodge under the upper eyelid requiring some expertise in everting the lid and removing the object. Examine the upper lid by grasping the lashes of the upper lid, placing a matchstick or a cotton swab across the upper lid and rolling the lid upward over the stick or swab. If you can see the object, remove it with a moistened sterile gauze or clean cloth.



## Heat-Related Injuries

### Dehydration

Dehydration is an abnormal depletion of body fluids. As a coach, you should ensure players have access to cool drinking water or commercial electrolyte drinks. Heat-related illness is common, and always a concern to athletes.

### Heat Exhaustion

Heat exhaustion is characterized by heavy perspiration with slightly above normal body temperature. Symptoms include severe thirst, fatigue, headache, nausea, vomiting, and sometimes diarrhea. It is caused by water depletion, salt depletion, or both.

Uncontrolled heat exhaustion can lead to "Heat Stroke".

Treat Heat Exhaustion as follows:

- Move the victim immediately out of the heat to a cool environment.
- Give cool liquids, adding electrolytes (lightly salted water or a sports drink) if plain water does not improve the victims condition within 20 minutes.
- Raise the victim's legs.
- Remove excess clothing.
- Sponge with cool water and fan the victim.
- If no improvement is seen within 30 minutes, seek medical attention.

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## Heat Stroke

There are two types of Heat Stroke; Classic and Exertional.

**Classic Heat Stroke** may take days to develop and is a result of a hot environment and dehydration. It usually affects the elderly, chronically ill, alcoholics, and obese persons.

**Exertional Heat Stroke** affects active, healthy people who strenuously exert themselves in a warm environment.

Every minute of delay increases the likelihood of serious complications or death.

- Seek medical attention, even if the victim seems to be recovering.
- Move the victim immediately out of the heat to a cool environment.
- Remove clothing down to the underwear.
- Keep the victim's head and shoulders slightly elevated.
- The only way to prevent damage to the body is to cool the victim by whatever means possible.
  - In low humidity conditions, spray victim with water and fan their body.
  - Place ice bags against the large veins in the groin, armpits, and sides of the neck.





## Sprains and Strains

### Sprains

A sprain is an injury to a joint in which the ligaments and other tissues are damaged by violent stretching or twisting. Attempts to move or use the joint increase the pain. The skin around the joint may be discolored because of bleeding from torn tissues. It is often difficult to tell the difference between a severe sprain and a fracture, because the symptoms are so similar.

### Strains

A muscle strain, or pull, occurs when a muscle is stretched beyond its limit, resulting in a tear. The symptoms of a strain include; sharp pain, extreme tenderness, an indentation or bump that can be seen, muscle weakness or stiffness.

### Treatment

Use the following treatment for Strains and Sprains;

- Rest - Stay off the injury, do not use the affected appendage
- Ice - Apply an ice pack to the affected area for 20-30 minutes every 2-3 hours, for up to two days.
  - Compress - Wrap injury with an elastic bandage to control swelling. Make sure it is not so tight that it affects circulation.
- Elevate - Raise the injured extremity above the heart to reduce blood flow and limit swelling.

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## Broken Bones

### Fractures

The terms "fracture" and "broken bone" have the same meaning. There are two categories of fractures.

- In a closed fracture, the skin is intact and there is no open wound near the fracture site.
- In an open fracture, the overlying skin has been damaged or broken. The wound may be the result of the bone protruding through the skin. The bone might not always be visible in the wound

It may be difficult to tell if a bone is fractured. When in doubt, treat the injury as a fracture.

### Treatment

Determine what happened and the location of the injury.

- Look and feel the extremity.
- Check blood flow and nerves.
- Check for nerve damage by asking the victim to wiggle the toes or fingers, unless they are injured.
- Use a splint to stabilize the fracture.

Most fractures do not require rapid transportation. An exception is an arm or a leg without a pulse. In that case, immediate medical attention is necessary.



## Insect Bites

### Embedded Ticks

Remove tick as soon as possible. If a tick is carrying a disease, the longer it is embedded the greater the chance the disease is transmitted.

Because its bite is painless, a tick can remain embedded for days unnoticed.

To remove ticks:

- To pull a tick, use tweezers to grasp the tick as close to the skin as possible and lift with enough force to "tent" the skin surface. Hold until the tick lets go. This may take several seconds.
- Wash the bite with soap and water. Apply rubbing alcohol to further disinfect the area.
- Apply an ice pack to reduce pain. Apply calamine lotion to reduce itching.
- Continue to watch the bite site for one month for a rash. If a rash appears, see a doctor.
- Watch for other signs such as fever, muscle aches, sensitivity to bright light, and paralysis which begins with leg weakness.

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## Insect Stings

Severe allergic reactions to insect stings are reported by about 0.5% of the population in the United States. Fortunately localized pain, itching and swelling, the most common consequences of an insect bite, can be treated with First Aid. Most people who have been stung can be treated on site, but everyone should know what to do if a life-threatening allergic reaction occurs.

- Look at the sting site for a stinger embedded in the skin. Bees are the only stinging insects that leave their stinger behind. If the stinger is embedded, remove it or it will continue to inject poison for 2-3 minutes.
- Scrape the stinger and venom sac away with a hard object, such as a long fingernail, scissor edge, or credit card.
- Wash the sting site with soap and water to prevent infection.
- Apply an ice pack to slow the absorption of venom and to relieve pain. For adults, use aspirin to further relieve pain and itching.
- Observe the victim for at least 30 minutes for signs of an allergic reaction.
- For a person who is having a severe allergic reaction, a dose of epinephrine is the only effective treatment.

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## Choking

### Signs of Choking

Every year, airway obstructions by foreign bodies or choking, causes about 3185 deaths in the United States. To treat airway obstructions successfully, you must recognize it.

To determine if a conscious victim is choking, ask "Are you choking?"

There are several major warning signs that they are choking or may be choking.

- Universal Distress Signal of Choking: The victim clutches his neck
- Inability to speak
- Poor ineffective coughs
- Increased difficulty breathing
- Bluish skin color
- Loss of consciousness

Use the Heimlich maneuver (abdominal thrusts) to relieve severe airway obstruction caused by a foreign body. The Heimlich maneuver quickly forces air from the victim's lungs. This expels a foreign object like a cork from a bottle.

If the victim becomes unconscious, use CPR skills (if you have this type of training).

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## Nose Bleeds

### Types

Anterior (Front of Nose) is the most common type (90%). Blood comes out of the nose through one nostril.

Posterior (Back of Nose) type involves massive bleeding backward in to the mouth or down the back of the throat. A posterior nose bleed is serious and requires medical attention.

To care for an anterior nose bleed using the American Academy of Otolaryngology guidelines, do the following:

### Treatment

- Pinch all of the soft parts of the nose together between your thumb and two fingers.
- Press firmly toward the face, compressing the pinched parts of the nose against the bones of the face.
- Hold it for 5 minutes.
- Keep the head higher than the level of the heart. Have the victim sit and lean slightly forward or lie with the head slightly elevated.
- Apply ice pack to the nose and cheeks.
- If bleeding continues, clear the nose of all blood clots by gently blowing or sniffing in.
- Spray the nose 4 times on each side with decongestant spray (such as Afrin)
- Pinch and press the nose against the face again.
- If the nosebleed still continues, consult a physician.

Do not let the victim tilt the head backwards, probe the nose with a cotton-tipped swab, move the victim's head and neck if a spinal injury is suspected

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## Head Injuries/Concussion

Types: Any blunt trauma to the head (i.e. hit by pitch, bat or head to head) **REMINDER: NO HEAD FIRST SLIDING IN LITTLE LEAGUE!**

Symptoms: Player may appear dazed or stunned;  
Confused or forgetful; answers questions slowly;  
May appear clumsy.

Player may report: dizziness, headache, nausea,  
Vomiting, double or blurry vision, sensitivity to light  
or noise, just not feeling right

[www.littleleague.org/learn/programs/childprotection/concussions.htm](http://www.littleleague.org/learn/programs/childprotection/concussions.htm)

[www.cdc.gov/headsup/index.html](http://www.cdc.gov/headsup/index.html)

Action -Follow 4 Steps:

1. Remove athlete from play
2. Ensure that athlete is evaluated by a health care professional
3. Inform athletes' parents/guardian and give them concussion fact sheet
4. Athlete cannot return to play until cleared by doctor.



## Dental Injuries

### Care for a Knocked-Out Tooth

To care for a knocked-out tooth, have the victim rinse out his/her mouth, and put a rolled gauze pad in the socket to control bleeding.

Find the tooth and handle it by the crown, not the root, to minimize damage to it. The best place for a knocked-out tooth is in its socket. A tooth often can be successfully re-implanted if it has been placed in its socket within thirty minutes after the injury. Try to replace the tooth into the socket using adjacent teeth as a guide. Push down on the tooth so that the top is even with the adjacent teeth. Biting down gently on gauze is helpful.

When a dentist cannot be seen immediately, do not let a knocked-out tooth dry out. Keep it in the victim's saliva for short-term transport to the dentist (less than one hour). Do not use this method for children or others who may swallow the tooth.

### **With a knocked-out tooth, DO NOT:**

- Handle the tooth roughly
- Put the tooth in water, mouthwash, alcohol, betadine, milk
- Rinse the tooth unless you are reinserting it into the socket
- Scrub the tooth or remove any tissue fragments

Do not remove a partially extracted tooth. Push it back into place and seek a dentist so that the loose tooth can be stabilized



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## Broken Teeth

To care for a broken tooth, gently clean dirt and blood from the injured area with a sterile gauze pad or a clean cloth and warm water.

Apply an ice pack on the face in the area of the injured tooth to decrease swelling.

If you suspect a jaw fracture, stabilize the jaw by wrapping a bandage under the chin and over the top of the head.

Seek a dentist immediately.

## Broken Nose

For a broken nose, seek medical attention and give care as for a nose bleed. Apply an ice pack to the nose for 15 minutes. Do not try to straighten a crooked nose.



## Spinal Injuries

### Spinal Injuries

Any time there is a head injury there may also be a spinal injury, since the head may have been snapped suddenly in one or more directions. Following are signs and symptoms of spinal injuries:

Painful movement of the arms or legs

Numbness, tingling, weakness, or burning sensation in the arms or legs

Loss of bowel or bladder control

Paralysis of the arms or legs

Deformity (odd looking angle of the victim's head or neck)

### Care for Spinal Injuries

With suspected spinal injury, do not move the victim. Wait for EMS to arrive. EMS personnel have the proper training and equipment. Victims with suspected spinal injury require cervical collars and stabilization on a spine board. It is better to do nothing than to mishandle a victim with a spinal injury.

If possible, immobilize the victim against any movement using one of the following methods. Whichever method you use, tell the victim not to move.

- Grab the victim's shoulder and cradle his/her head between the inside of your forearms. Hold the victim's head and neck still until the ambulance arrives.
- Grasp the victim's head over the ears and hold the head and neck still until the ambulance arrives.
- If a long wait is anticipated kneel with the victim's head between your knees or place objects on each side of victim's head to prevent it from rolling side to side.

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## Legal Issues

### Consent

Before giving First Aid you must have the victim's consent. Touching another person without their consent is unlawful, and could be grounds for a lawsuit.

Expressed Consent must be obtained from every conscious, mentally competent adult of legal age. Permission from the victim to administer first aid may be expressed either verbally or with a nod of the head.

Implied Consent is implied with an unconscious victim in a life-threatening condition. It is assumed that an unresponsive victim would consent to life saving intervention. Consent is also implied when the rescuer begins care and the victim does not resist.

With a child in a life-threatening situation, if the parent or legal guardian is not available for consent, there is implied consent. Do not withhold first aid from a minor just to obtain parental or guardian permission

### Abandonment

Abandonment means terminating the care of the victim without ensuring continued care at the same level or higher. Once you begin first aid in an emergency, you must not leave the victim until another competent trained person takes responsibility.

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## Negligence

Negligence means not following the accepted standards of care that results in further injury to the victim.

## Good Samaritan Laws

Good Samaritan Laws encourage people to assist others in distress by granting them immunity from lawsuits.

Although the laws vary from state to state, Good Samaritan immunity generally applies when the rescuer is:

- acting during an emergency;
- acting in good faith, which means he or she has good intentions;
- acting without compensation;
- And not guilty of any malicious misconduct or gross negligence toward the victim (deviating from rational first aid guidelines).

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Notes: