Safety Manual

9001 NE 119th Street
Vancouver, WA 98686
District 6
League I.D. # 447-04-16

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Glenwood Little League Yearly Safety Plan Outline & Checklist

Pre-Season

- Inventory 1st Aid Kits
  - Order Additional Supplies
  - Order Additional Kits
- Schedule 1st Aid and CPR Training
  - Managers Coaches and all others interested
  - Clark County Fire District 5 Regional Training Facility
  - Attendance Required of Manager and/or Coach

  Complete LL Annual Facility Survey

  Submit Roster data (players & coaches to Little League

  Submit qualified safety registration form
- Inspect Fields
  - Inspect all Practice Fields (schools)
  - Inspect all Game Fields (at Complex)
  - Inspect spectators netting for wear
  - Create list of required/needed repairs
  - Complete Repairs
- Rule Books
  - Order Rule Books
  - Distribute Rule Books at Managers Meetings/Drafts
- Lighting Issues
  - Lighting Inspection conducted in March 2019
  - Illumination Testing
- Equipment
  - Inspect Equipment
  - Repair equipment
  - Dispose of damaged equipment
  - Replace/add new equipment
- Safety Manual/Managers/Coaches Book
  - Will be printed and distributed at Managers/Coaches Meetings
  - Includes Safety Manual and safety Procedures
  - Include Emergency Phone Numbers, including Safety Officer
  - Include Field Inspection information
  - Have safety plan checked by the DA or DSO prior to submittal
- Volunteer Application Forms
  - All Parents MUST complete Volunteer application – Which is found here: http://www.littleleague.org/Assets/forms_pubs/VolunteerApplication16.pdf
    - Or online at www.glenwoodlittleleague.org
  - Background Check through J.D. Palatine (JDP)..
- Managers and Coaches Clinics
  - Set Up Training

During Season

- Safety Checks
  - Safety Officer will make unannounced safety checks of equipment, supplies, and medical release paperwork, both at practices and games throughout season. Emergency Release forms, 1st Aid kits and proper protective equipment are required at all functions.

- Field Maintenance
  - All Safety Precautions will be followed when utilizing equipment. Power Equipment and tools will ONLY be operated by adults; this includes lawn Mowers, tractors, and saws!
  - Mower safety poster to be posted in the sheds in clear sight of all equipment.

- Concessions Stand
  - Concession Stand is to be inspected by Health Department and receive all required Permits. Concessions Person in Charge (PIC) will enforce hand washing and safe food handling requirements and procedures. Food handling procedures will be posted in the concessions stand, in the respective preparation areas, at all times!
  - Safety and 1st Aid procedures will be distributed to all PIC's and posted in the Concession Stand!
  - Main 1st Aid Kit, I concession Stand, will be checked and restocked on a regular basis, by Safety Officer.
  - Fire Extinguishers will be serviced and replaced if needed!

Safety Manual

Team Managers will receive a copy of the Safety Manual with their Managers manual at their respective drafts. In addition, a Copy of the Safety Manual will be available in the Concession Stand, Club House, and on the Web Site (GlenwoodLittleLeague.org at all times!

Glenwood Little League
Manager and Coaches Agreement

1. _____ I understand that it is **mandatory** that I attend (or have a Coach attend) **Umpire Training, Coaches Training**, **First Aid Training**, Heads Up Concussion Training (online), and Abuse Awareness Training (online)
2. _____ I understand that it is my responsibility to make sure my team is represented on field maintenance days.
3. _____ I understand that it is my responsibility to secure a scorekeeper representative.
4. _____ I understand that it is my responsibility to secure two umpires for each game assigned to me.
5. _____ I understand that it is my responsibility that concession duties are adequately staffed as stated in the rules, when assigned to my team. Please see concessions rules!
6. _____ I understand that Little League equipment will be issued to me and that all equipment and uniforms must be returned at the completion of the regular season. And that I will be billed for any missing equipment or uniforms.
7. _____ I will read and follow the Little League rules, Glenwood Rules & Inter-league Rules (if applicable).
8. _____ I will conduct myself in a respectable manner.
9. _____ I will teach my players good sportsmanship, while both winning and/or losing.
10. _____ I will discuss appropriate conduct with my players, parents and staff.
11. _____ I will abide by Glenwood Little League Code of Conduct.
12. _____ **I will *not* recruit players to *leave* Glenwood LL to play in other organizations or programs.**
13. _____ I will be mindful of pitchers to protect their arms from overuse.

I HAVE READ, INITIALED, UNDERSTAND AND AGREE TO ALL THE ABOVE CONDITIONS.

Signature _____ Date_____

Printed Name _____

League Representative Signature _____ Date_____

Managers Responsibility Information

UMPIRES – At least 2 umpires per game; 1 for behind the plate and 1 (or 2 if possible) for the field. Please arrive at least 30 minutes before game time, and be on the field ready to umpire 15 minutes before the game. Each umpire is required to walk the field of play and inspect the players equipment.

CONCESSIONS - Must have 10 people.

- Two of them can be 14- to 18-year-olds
- Weekday concessions – start time is 5pm.
- Saturday games please have everyone there at least 15 minutes before your start time (for the 1pm and 5 pm shifts), so then the previous team can leave at the end of their shift.
- The concession stand brings in about 1/3 of our revenue.

VOLUNTEERS – These include coaches, helper coaches, concession volunteers, etc. They all must have a volunteer application (used as the background check form) turned in **and approved**, before they are allowed to help. Only those listed as "Parent 1" or "Parent 2" has had background checks processed (unless it says refused). If your helpers are other than Parent 1 or Parent 2, please verify with your Player Agent that they have been cleared. Please give them at least 72 hours advance to complete the background check. All volunteers are checked through the National Sex Offender Registry and Choice Point.

SCOREKEEPERS – All home teams are required to supply the official scorekeeper ("A", Pee Wee and above). Visitors should also have a scorekeeper, who helps to verify that the scoreboard is also kept. Please have scorekeepers clean up the score tower when your game is over.

HOME TEAM – The "Home Team" dugout is located on the 3rd base line of all fields, unless indicated differently (by dugout signs).

MAINTENCE OF FIELDS – **Both** teams are responsible to take care of the field. **Each manager must walk the field of play to look for any hazards that may exist.** Fields should be raked and lined prior to each game, and raked after each game. Please do not rake dirt/red rock into the grass! If you are playing the last game of the night on the Minor/Major or Softball fields the **pitchers mounds need to be covered** after your game.

GARBAGE – Teams are responsible to pick up after each game. Please have your players and spectators clean up after themselves and leave the dugout, score tower, field, bleachers, and surrounding areas clean and all garbage in garbage cans. We would greatly appreciate any help that players, parents, or spectators are willing to give with keeping garbage cans emptied, if you see a garbage can that is getting full, please help out by hauling the full bag to the Dumpsters and replacing the garbage bag, the "BOARD MEMEBER ON DUTY" can give you more garbage bags.

SAFETY – Please remember that we cannot allow players to warm-up in any public walkway or area. The only places that balls can be thrown are on fields, please do NOT have you players play catch anywhere besides on a field inside a fence. Please remember catchers must where a facemask even during infield warm-ups! Mangers are to walk the fields for safety before each game. Each manager is required to carry their league issued first aid kits, medical release forms, and Safety/Managers manual at every practice and game. Accidents or close calls must be reported to the Safety Officer within 48 hours.

If you have any further questions, please contact your player agent.

Important Dates to Remember - 2023

• D6 Rules Clinics		
• Player Evaluation	February	
• Move up evaluations will be	February	
• "AAA" Draft	February	Club House
• Major Draft	February	Club House
• All Divisions Manager Meeting	February	
• First Aid and Sports Awareness	March	ProActive PT
• Managers/Coaches Training	March	GWLL Clubhouse
• Umpire Training	March	
• Softball Umpire Training	March	12:00 – 4:00 pm GWLL
• Score Keepers Training	March	5:00pm GWLL Clubhouse
• Field Maintenance Days	March	9am-3pm
• Opening Ceremonies	March	9am
• Closing Ceremonies	June 11th	

2023 Glenwood Board of Directors

Position	Person	Email	Phone
President	Mike McChesney	President.glenwoodll@gmail.com	
VP - Softball	Misty Speakman	GWLLSBVP@glenwoodlittleleague.org	
VP – Baseball	Angie Bartley	GWLLSBVP@glenwoodlittleleague.org	
Treasurer	Lindsay Bradstreet	treasurer@glenwoodlittleleague.org	
Secretary	Joanna Ambroz	Secretary@glenwoodlittleleague.org	
Safety Officer	Jerry Krueger	Safety@glenwoodlittleleague.org	

Player Agents			
Softball:		GWLLSBPA@glenwoodlittleleague.org	
Jr/Sr Baseball		GWLLBBJRSRPA@glenwoodlittleleague.org	
50/70 Baseball	Kyle Bradstreet	GWLLBBMJRSPA@glenwoodlittleleague.org	
Major Baseball:	Heidi Taylor	GWLLBBMJRSPA@glenwoodlittleleague.org	
"AAA" Baseball:	Matt Ebling	GWLLBBMinorsPA@glenwoodlittleleague.org	
A/AA" Baseball:	Ian Thackery	GWLLBBPWPA@glenwoodlittleleague.org	
T-Ball:	Cynthia Wheatley	GWLLTBallPA@glenwoodlittleleague.org	
Information Officer	Tara Thackery	GWLLInformation@glenwoodlittleleague.org	
Coaching Coordinator SB	Kelli Myers	GWLLSBCoach@glenwoodlittleleague.org	
Coaching Coordinator BB	Mark Heagy	GWLLBBCoach@glenwoodlittleleague.org	
Concessions	Jerry Krueger	GWLLConcessions@glenwoodlittleleague.org	
Sponsorship	Tara Thackery	GWLLSponsorship@glenwoodlittleleague.org	
Fundraiser		GWLLFundraising@glenwoodlittleleague.org	
Auction Chair		GWLLFundraising@glenwoodlittleleague.org	
Field Maintenance	Wyatt Bowyer	GWLLfieldmaint@glenwoodlittleleague.org	
Umpire in Chief (BB		GWLLBBUIC@glenwoodlittleleague.org	
Umpire in Chief (SB		GWLLSBUIC@glenwoodlittleleague.org	
Registration	Zandra McChesney	GWLLregistration@glenwoodlittleleague.org	
Equipment	Jesse Gooch	GWLLEquipment@glenwoodlittleleague.org	
Uniforms	Stacey Bower	GWLLUniforms@glenwoodlittleleague.org	

Board of Directors Responsibilities

The following is a starting list of expectations of all Board members, followed by a brief description of each position's responsibility.

All Board members are expected to, act and behave as a Board member. Your actions represent the Board, and the league, not just yourself. Board members are expected to far exceed the "Code of Conduct." Violations of the "Code of Conduct" by a Board member will immediately be brought to the attention of the Board.

Board members are expected to be General Members in good standing, dedicated to their position, as well as participate in committees, registration days, opening/closing ceremonies and any other jobs that need to be done. This also includes

attending monthly Board meetings (during off season) and bi-monthly meetings during the season.

Decisions that have been approved by the Board are Board decisions and should be respected and honored as such. All Board members should support decisions made and approved by the Board - whether you agree with the decision or not!

All Board members are expected to serve as the Board member on duty, during the season; this responsibility includes acting as the Boards representative at the field; opening and closing the field; counting the dropped money in the concession stand, and signing the drop slip; turning on lights, and score Boards; enforcing league rules.

As the Board member on duty, you will be expected to be free to float around the field and communicate with parents and players, as well as be available to solve problems that arise. For this reason, you cannot serve as a Board member if you are managing, coaching, umpiring, keeping score, or otherwise committed to a single location. All Board members will be expected to serve as the Board member on duty an equal number of times. (The only exception is concessions.)

ALL BOARD POSITIONS (INCLUDING CONCESSIONS) ARE VOLUNTEER ONLY POSITIONS. This means that the only payments these people receive are "Thank You" and Glenwood Specials during their Board Member on Duty shifts!!!!

Remember "**We are here for the KIDS**, not ourselves!"

Executive Board Members

President

Presides at league meetings, and assumes full responsibility for the operation of the league; receives all mail, supplies and other communications from LL and District 6. Chairperson of "Conduct and Grievance Committee," selects managers, and is the *sole* authority to issue disciplinary actions. Conducts background checks on all league volunteers. This person is also required to attend monthly District 6 Board meetings.

Vice President

Presides in the absence of the President, and has full authority when acting as such; works with other officers and committee members; is ex-officio member of all committees; carries out such duties and assignments as delegated by the president.

Secretary/Information Officer

Secretary - Maintains a register of members and Board members; records the minutes of meetings; is responsible for sending out notice of meetings, issues membership cards and maintains a record of league's activities; coordinates information being presented to the general membership, and public.
Board meeting minutes need to be distributed prior to the next meeting, so that Board members may have them reviewed prior to the meeting.

Information Officer - Manages the league's website; collects, posts and distributes important information on league activities including direct dissemination of fund-raising and sponsor activities to Little League Baseball, district, public, league members and media; serves as primary contact person for Little League Baseball. Responsible for maintaining league's data base of players and sending out flyers as needed for registration and special events.

Treasurer

Signs checks co-signed by another executive officer; dispenses league funds as approved by the Board; reports on the status of league funds; keeps league books and financial records; helps prepare budget and assumes the responsibility for all local league funds; makes deposits; audits concession stand money drops; works to ensure that league documented accounting procedures are strictly followed; Prepares a monthly itemized report for Board meeting of all income and expenses, including a copy of the monthly bank statement; brings bills to Board for approval to be paid. Prepares documentation for internal audits by Audit Committee as required.

Safety Officer

Coordinates all safety activities; builds and maintains safety budget which may or may not include field and maintenance issues; ensures safety in player training through Dist. 5 Fire and Rescue Regional Training Center; ensures safe playing conditions; coordinates reporting and prevention of injuries; solicits suggestions for making conditions safer. ASAP program; develops/redevelops safety manual; organizes safety training; gets, stocks, issues, and inventories at end of season, 1st aid kits; inspects practice and game fields; conducts spot checks for safety; and updates the rainout hotline daily during season

General Board Members

Coaching Coordinator

Represents managers/coaches on Board; develops manager/coaches training program and requirements; sets up and runs training programs for all divisions; orders and distributes training materials to players, coaches and managers; coordinates clinics; develops/reviews league rules and requirements for managers and coaches; develops training budget.

Player Agents

Conducts annual tryouts, and is in charge of player selection (draft), Pee Wee and T-Ball player agents are responsible for assigning teams; assists President and registration committee in checking birth records and player eligibility; supervises and coordinates the transfer of players; coordinates the scheduling of makeup games, with managers, concessions, and umpires; develop rosters for submission to LL headquarters. Is the primary communication link between the Board and the teams, and serves as the initial point of contact for managers, coaches, parents, etc. for issues.

Concessions - 2 Positions – both voting

Setup, maintain, organize, and run concession stand; organize and recruit P.I.C.'s; verify concession stand requirements with health department, coordinate inspections, obtain required permits, and obtain required food-handlers permits; coordinate water samples; food ordering, receiving, and stocking; revise league rules and requirements for Concession stand. Schedule and coordinate teams for staffing concessions.

Sponsorship - 2 Board Positions - 2 voting

Coordinates sponsorship drives; order, obtain, and arrange for installation of sponsorship signs; organize delivery of sponsor pictures

Director of Fundraising

Is responsible for coordination of all fundraising activities. Setup, organize and run pictures including All Star tournaments to include picture retakes and coordination with vendor of problems, and receipt of revenue. Setup, organize and fundraising activities including distribution, coordination of returns, award of prizes and receipt of revenue.

Equipment

Inventory and organize existing equipment; remove/repair/dispose of/replace broken and unsafe equipment; develop list of required and needed equipment for presentation and approval from Board; order, obtain, and label all new equipment; order season supply of baseballs and softballs; distribute equipment, jerseys and hats to managers; issue additional equipment throughout season if needed; receive returned equipment and jerseys at seasons end, and check it in. Discard and replace equipment when necessary.

Field Maintenance

Maintenance and field improvements; chairperson of "Facilities Committee;" plan, organize, and run work days; organize special projects; develop list of required and needed equipment/supplies/repairs/park improvements, with estimates and/or bids for presentation and approval from Board; order, obtain, and install Board approved equipment and supplies. Coordinate "volunteers" to help maintain fields.

Scorekeeper

Setup and coordinate scorekeeper training; review official scorebooks for playtime and pitching violations; report violations to appropriate player agent and president.

Umpire in Chiefs - 2 Board Positions – 1 Softball and 1 Baseball

Coordinate umpire training; work with the Safety Officer to involve umpires in safety training; work with "Schedule Committee" to develop umpire schedule; develop inter-league umpire schedule; inventory, and inspect umpire equipment; develop list of required and needed umpire equipment, for presentation and approval from Board; work with equipment manager to obtain approved equipment; develop and review umpire rules and requirements; recruit umpire volunteers.

Registration - 2 Board Positions – 2 voting

Coordinate all aspects of registration. Prepare and mail registration packets out to previous years players. Supply the schools in our league with fliers and/or news clips for their school newsletters. Locate volunteers to help run registration days. Is responsible for maintaining the database on all players, and registering late sign-ups. Assist player agents with team rosters. Work with President and/or Treasurer on charter preparation. Help the President prepare the II (d) and IV (h) waiver forms for grandfathered players.

Safety Code Dedicated to Injury Prevention

Glenwood Little League SAFETY FIRST

- Responsibility for safety, belong to every adult involved with Little League.
- All Little League Rules will be enforced at all games and practices.
- Each team will designate a coach or other parent as their team's safety officer. That name must be given to the player agent and held on file with Glenwood Little League.
- Team managers will always keep their safety/managers manual on hand. This manual contains contact information for league officers, player medical release forms, first aid instructions, Little League injury reporting forms, and insurance reporting forms.
- Each player, manager, designated coach, umpire, team safety officer shall use proper reasoning and care to prevent injury to him/her and to others.
- Only league approved managers and/or coaches are allowed to practice teams.
- Arrangement should be made in advance of all practices for a phone to be available.
- Managers and designated coaches will have training in First Aid and CPR.
- First-aid kits are issued to each team manager; additional supplies can be requested from the Safety officer. Kits are required at each game and practice.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- Play area must be inspected by, the manager and/or coach before each game and practice for holes, damage, stones, glass and other foreign objects.
- Fields will be inspected by, both the managers and the umpire before each game.
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a team's manager, designated coach, or a player assigned for this purpose by the team's manager.
- Foul balls batted out of playing should be returned to a manager or coach in the dugout and not thrown over the fence during a game
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of a playing field and not within areas that are frequented by spectators, (i.e., playing catch, pepper, swinging bats etc.)
- Managers will be responsible for inspecting equipment regularly, for condition, as well as for proper fit.
- Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games. Face guards are encouraged.
- Except when a runner is returning to a base, head first, slides are not permitted. All bases are break-away injury reducing.
- Parents of players who wear glasses should be encouraged to provide "safety glasses" for their children.
- Players are encouraged to wear mouth guards.
- On-deck batters are not permitted, except in Junior and Senior divisions.
- All male players will wear athletic supporters, at both practice and games. Catchers must wear a cup. Little League encourages cups be worn by all male players.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers may wear long or short model chest protectors.
- All catchers must wear chest protectors, shin guards, "NOCSAE" approved catcher's helmet and mask with a "dangling" type throat protector during practice, pitcher warm-up, and games.
  Note: Skullcaps are **not** permitted.
- Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)
- Reduced Impact balls will be used for Tee-ball, A, and AA divisions.
- **Managers will never leave an unattended child at a practice or game.**
- Never hesitate to report any present or potential safety hazard to the Safety Officer or other Board Members immediately.
- Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- No alcohol allowed on the premises at any time.

- No playing on and around lawn equipment, machinery at any time.
- **No smoking. Glenwood Little League is a no smoking facility.**
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the complex.
- No throwing rocks.
- No climbing fences.
- No swinging on dugout roofs.
- No Dogs are permitted on the premises at any time.
- Players and spectators should be alert at all times for foul balls and errant throws.
- All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- No un-authorized personnel may ride on or use any of the league's equipment including: mowers, carts, or tractors.
- No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.
- Use of a helmet by a player/base coach is mandatory.
  Use of a helmet by an adult base coach is optional.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.
- Make sure helmets fit.
- Make sure that players respect the equipment that is issued.
- Pitchers may not wear multi-colored gloves.
- Make sure all players have proper warmed up and stretched.
  1. Calf muscles
  2. Hamstrings
  3. Quadriceps
  4. Groin
  5. Back
  6. Shoulders
  7. Elbow/forearm
  8. Arm shake out
  9. Neck
- Do cool down exercises with the players.
  1. Light jog.
  2. Stretching as noted above.
  3. Remember to ice if needed.
- Notify parents if their child has been injured no matter how small or insignificant the injury is**.** ***There are no exceptions to this rule***. This protects you, Little League Baseball, Incorporated and Glenwood LL.
- If there was an injury, make sure an accident report was filled out and turned into the safety officer within 48 hours of an accident. Forms can be obtained from any board member or Safety Officer.
- Return the field to its pre-game, pre-practice condition.

CONDITIONING & STRETCHING

Conditioning is an intricate part of *accident prevention*. Extensive studies on the effect of conditioning, commonly known as *"warm-up,"* have demonstrated that:

- The *stretching* and *contracting* of muscles just before an athletic activity improves general control of movements, coordination, and alertness.
- Such drills also help develop the *strength* and *stamina* needed by the average youngster to compete with minimum accident exposure.

The purpose of stretching is to increase *flexibility* within the various muscle groups and prevent tearing from *overexertion*. Stretching should never be done forcefully, but rather in a gradual manner to encourage looseness and flexibility.

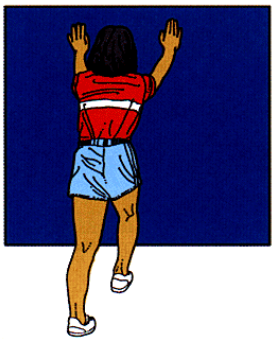
Hints on Stretching

- Stretch necks, backs, arms, thighs, legs and calves.
- Don't ask the child to stretch more that he or she is capable of.
- Hold the stretch for at least 10 seconds.
- Don't allow bouncing while stretching. This tears down the muscle rather than stretching it.
- Have one of the players lead the stretching exercises.

Hints on Calisthenics

- Repetitions of at least 10.
- Have kids synchronize their movements.
- Vary upper body with lower body.
- Keep the pace up for a good cardio-vascular workout.

Suggestions for Warm-up Drills

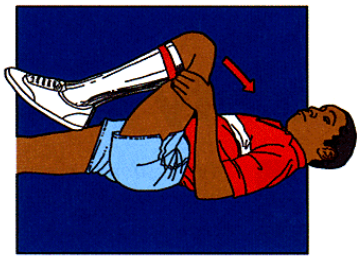


Heel Cord Stretches

Lean up against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Slightly bend the leg that's closer to the wall. Lean forward. You should feel the stretch along the back of your calf. Repeat with the other leg.

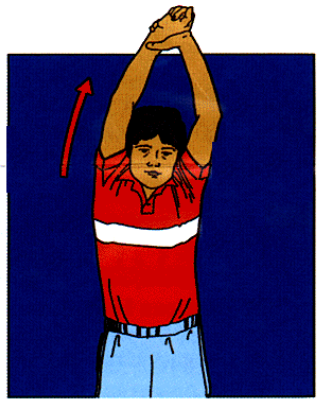
Head and Neck Circles

Make a circle with your head, going around first in one direction five times. Then reverse and make five circles in the opposite direction.



Low Back Stretches

Lie on your back, bring one knee up, and pull the knee slowly toward your chest. Hold and repeat three times. Switch legs and repeat.



Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.

Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.

Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.

Thigh Stretches #1

Sit on the floor. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on you knees. You should feel the stretch along the backs of your legs.

Thigh Stretches #2

Sit on the floor with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.

PITCH COUNT

Pitch count does matter. Remember, in the major leagues, a pitcher is removed after approximately 100 pitches. ***A child cannot be expected to perform like an adult!***

Little League managers and coaches are usually quick to teach their pitchers how to get movement on the ball. Unfortunately, the technique that older players use is not appropriate for children thirteen (13) years and younger. The snapping of the arm used to develop this technique 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 the outside of the growing elbow. On the inside, the structures are subjected to distraction forces, causing them to pull apart. On the outside, the forces are compressive in nature with different and potentially more serious consequences.

The key structures on the inside (or medial) aspect of the elbow include the tendons of the muscles that allow the wrist to flex and the growth plate of the medial epicondyle ("Knobby" bone on the inside of the elbow). The forces generated during throwing can cause this growth plate to pull away (avulse) from the main bone. If the distance between the growth plate and main bone is great enough, surgery is the only option to fix it. This growth plate does not fully adhere to the main bone until age 15!

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

Studies have demonstrated that curveballs cause most problems at the inside of the elbow due to the sudden contractive forces of the wrist musculature. Fastballs, on the other hand, place more force at the outside of the elbow. Sidearm delivery, in one study, led to elbow injuries in 74% of pitchers compared with 27% in pitchers with a vertical delivery style.

Dr. Glenn Fleisig at the American Sports Medicine Institute is in the process of finalizing the results of a study funded by USA Baseball that evaluated pitch counts in skeletally immature athletes as they relate to both elbow and shoulder injuries. The study included 500 athletes, ages 9-14, from the Birmingham, Alabama area. Each child who pitched in a game was called after the game and interviewed over the phone. The investigators were able to conduct over 3000 interviews. Approximately 200 of the 500 pitchers had videotape of their mechanics.

Preliminary Data Have demonstrated the following:

1) A significantly higher risk of **elbow** injury occurred after pitchers reached 50 pitches/outing.
2) A significantly higher risk of **shoulder** injury occurred after pitchers reached 75 pitches/outing.
3) In one season, a **total of 450 pitches or more** led to cumulative injury to the elbow and the shoulder.
4) The mechanics, whether good or bad, **did not** lead to an increased incidence of arm injuries.
5) The preliminary data suggest that throwing curveballs increases risk of injury to the shoulder more so than the elbow; however, subset analysis is being undertaken to investigate whether or not the older children were the pitchers throwing the curve.
6) The pitchers who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury to

their throwing arm.

7) A slider increased the risk of **both elbow and shoulder** problems.

- Beginning in the 2015 season Glenwood Little League has adopted the Little League Pitch count rule.

- In an effort to protect young pitchers' arms, Managers and Coaches should look to their players future to protect their elbows against the tragedy of Avascular Necrosis. The Little League Rules indicate the following ranges for pitch counts based on age.

10 Year OLDS AND under	**75 pitches Per day**
11-12 Year Olds	**85 pitches Per Day**
13-16 Years Old	**95 pitches per day**
17-18 years old	**105 pitches per day**

- Once these pitch counts are reached, the pitcher must be replaced. Should that player be inserted back into the lineup, we recommend against the position of catcher as the number of throws required mirrors that of the pitcher.
- Ice is a universal First-Aid treatment for minor sports injuries. Ice controls the pain and swelling. Pitchers should be taught how to ice their arms at the end of a game.

Children should not be encouraged to "play through pain." Pain is a warning sign of injury. Ignoring it can lead to greater injury.

HYDRATION

Good *nutrition* is important for children. Sometimes, the most important nutrient children need is *water* -- especially when they are physically active. When children are physically active, their muscles generate *heat* thereby increasing their *body temperature*. As their body temperature rises, their cooling mechanism - sweat - kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids are not replaced, children can become ***overheated***.

We usually think about ***dehydration*** in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly.

It does not matter if it's January or July; thirst is not an indicator of fluid needs. Therefore, ***children must be encouraged to drink fluids even when they don't feel thirsty***.

Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days, and should encourage players to drink between every inning.

During any activity water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea, and diarrhea when the child becomes active. ***Caffeinated beverages (tea, coffee, Colas) should be avoided*** because they are diuretics and can dehydrate the body further. ***Avoid carbonated drinks***, which can cause gastrointestinal distress and may decrease fluid volume.

ACCIDENT REPORTING PROCEDURE

What to report -
An incident that causes any player, manager, coach, umpires, or volunteers to receive medical treatment and/or first aid must be reported to the Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury. The Little League Baseball Accident Notification Form can be obtained through any league official. The following instructions must apply:

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

Reporting Injuries or Accidents

When to report -
All such incidents described above must be reported to the Safety Officer within 24 hours of the incident. The Safety Officer, can be reached at the following:

Glenwood Safety Officer: Jerry Krueger
Phone: (360) 521-9430
E-mail:safety@glenwoodlittleleague.org

The Safety Officer's contact information will be posted at all times in the Concession Stand.

Call 911 for all serious injuries.
Telephone is provided in the concessions stand.

Glenwood Little League
Mission Statement for Safety

Glenwood Little League is committed to the highest standards to ensure the safety of all those who participate as players, managers, coaches, umpires, parents, and volunteers. We will comply with Little Leagues Inc.'s "A Safety Awareness Program" (ASAP) and all applicable safety regulations set forth by Little League Baseball/Softball. We will strive to integrate our ASAP

plan into all aspects of our league. We feel this can be achieved by continuous improvement of our fields and facilities, encourage safe practices at all times, and demonstrating good leadership and awareness from pour managers, coaches, umpires, and all other volunteers. All managers and coaches are required to attend safety training each year giving them eligibility to manage or coach a team.

HEALTH AND MEDICAL - Giving First-Aid

What is First-Aid?

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

The average response time on ***9-1-1*** calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a Player to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

First Aid-Kits

First Aid Kits will be furnished to each team at the beginning of the season.

The First Aid Kit should be part of the Team's equipment and shall be taken to all practices, and games (whether season or post-season.

To ***replenish materials*** in the Team First Aid Kit, contact the Safety Officer.

First Aid Kits must be turned in at the end of the season along with your equipment.

Good Samaritan Laws

There are laws to protect you when you help someone in an emergency situation. The ***"Good Samaritan Laws" give legal protection*** to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a *reasonable* and *prudent* person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the Player's injury. For example, a reasonable and prudent person would --

1. Move a Player only if the Player's life was endangered.
2. Ask a conscious Player for permission before giving care.
3. Check the Player for life-threatening emergencies before providing further care.
4. Summon professional help to the scene by calling ***9-1-1***.
5. Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the "Good Samaritan" use common sense and a reasonable level of skill, not to exceed the scope of the individual's training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury.

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

Permission to Give Care

If the Player is conscious, you must have his/her permission before giving first-aid. To get permission you *must* tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious Player give you permission to give care.

Do not give care to a conscious Player who refuses your offer to give care. If the conscious Player 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 Player is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

Do . . .

1. **Access** the injury. If the Player is conscious, find out what happened, where it hurts, watch for shock.
2. **Know** your limitations.
3. **Call** 9-1-1 immediately if person is unconscious or seriously injured.
4. **Look** for signs of *injury (blood, black-and-blue, deformity of joint etc*.)
5. **Listen** to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
6. **Feel** gently and carefully the injured area for signs of swelling or grating of broken bone.
7. **Talk** to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

Don't . . .

1. Administer any medications.
2. Provide any food or beverages (other than water).
3. Hesitate in giving aid when needed.
4. Be afraid to ask for help if you're not sure of the proper procedure, (i.e., CPR, etc.)
5. Transport injured individual except in extreme emergencies.

9-1-1 EMERGENCY NUMBER

The most important help that you can provide to a Player who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these steps.

- First Dial **9-1-1**.
- Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
- The exact location or address of the emergency.
- The telephone number from which the call is being made.
- The caller's name.
- What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
- How many people are involved.
- The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
- What help (first aid) is being given.
- Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
- Continue to care for the Player till professional help arrives.
- Appoint somebody to go to the street and look for the ***ambulance*** and ***fire engine*** and flag them down if necessary. This saves valuable time. Remember, every minute counts.

When to call -

If the injured person is unconscious, or cannot get up under their own power call ***9-1-1*** immediately. Sometimes a conscious Player will tell you not to call an ambulance, and you may not be sure what to do. Call ***911*** anyway and request paramedics if the Player -

1. Is or becomes unconscious.
2. Has trouble breathing or is breathing in a strange way.
3. Has chest pain or pressure.
4. Is bleeding severely.
5. Has pressure or pain in the abdomen that does not go away.
6. Is vomiting or passing blood.
7. Has a seizure, a severe headache, or slurred speech.
8. Appears to have been poisoned.
9. Have injuries to the head, neck or back.
10. Has possible broken bones.

If you have any doubt at all, call 9-1-1- and requests paramedics.

Checking the Player

Conscious Player:

If the Player is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life threatening. The Player may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed.

1) Talk to the Player and to any people standing by who saw the accident take place.
2) Check the Player from head to toe, so you do not overlook any problems.
   - Do not ask the Player to move, and do not move the Player yourself.
   - Examine the scalp, face, ears, nose, and mouth.
   - Look for cuts, bruises, bumps, or depressions.
   - Watch for changes in consciousness.
   - Notice if the Player is drowsy, not alert, or confused.
   - Look for changes in the Player's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
   - Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
   - Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
   - Ask the Player again about the areas that hurt.
   - Ask the Player to move each part of the body that doesn't hurt.
   - Check the shoulders by asking the Player to shrug them.
   - Check the chest and abdomen by asking the Player to take a deep breath.
   - Ask the Player if he or she can move the fingers, hands, and arms.
   - Check the hips and legs in the same way.
   - Watch the Player's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
   - Look for odd bumps or depressions.
   - Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
   - Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the Player, care to give for that problem, and who to call for help.
   - When you have finished checking, if the Player can move his or her body without any pain and there are no other signs of injury, have the Player rest sitting up.
   - When the Player feels ready, help him or her stand up.

Unconscious Player:

If the Player does not respond to you in any way, assume the Player is unconscious. Call 9-1-1 and report the emergency immediately.

Checking an Unconscious Player:

1) Tap and shout to see if the person responds. If no response -
2) Feel for a pulse for about 5 seconds.
3) If you do not feel a pulse and see no ***Obvious*** signs of breathing, send someone to get the AED (Artificial External Defibrillator) position Player on their back, while supporting head and neck.
4) Begin CPR (see section below) ***As Soon*** as the AED is available attach it to the Player.
5) If the Player is not breathing, give 2 slow breaths into the Player's mouth.
6) Check for severe bleeding.

Muscle, Bone, or Joint Injuries

Symptoms of Serious Muscle, Bone, or Joint Injuries:
Always suspect a serious injury when the following signals are present:

1 Significant deformity
2 Bruising and swelling
3 Inability to use the affected part normally
4 Bone fragments sticking out of a wound
5 Victim feels bones grating; victim felt or heard a snap or pop at the time of injury
6 The injured area is cold and numb

Cause of the injury suggests that the injury may be severe. If any of these conditions exists, call **9-1-1** immediately and administer care to the victim until the paramedics arrive.

The initial control of hemorrhage, edema, inflammation, muscular spasm, and pain is paramount and may in fact play a role in allowing the player to return to competition sooner. The acronym *RICE* immediately comes to mind.

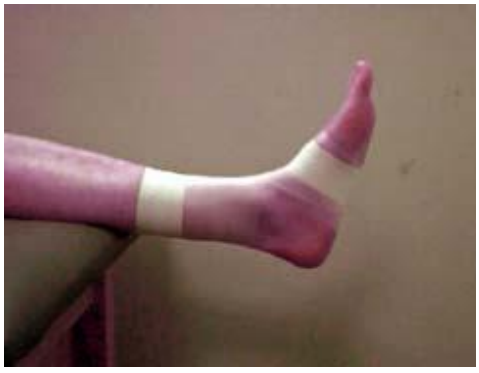
RICE

- **R** represents relative ***R****est* or immobilization which early on prevents further damage to an already compromised area. Early aggressive movement may increase hemorrhage and prolong recovery.
- **I** Intermittent ***I****ce* is important in providing vasoconstriction and controlling the effusion. Crushed ice is excellent because it conforms to irregular areas.
- **C** At this time a moist ace wrap can be applied not only to conduct the cold but, also provide ***C****ompression*.
- **E** Finally, while combining the previous modalities, ***E****levation* of the ankle above the heart will reduce bleeding and promote venous return.

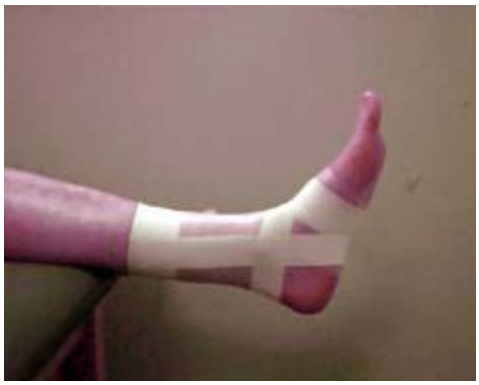
Treatment for muscle or joint injuries:

- If ankle or knee is affected, do not allow victim to walk. Loosen or remove shoe; elevate leg.
- Protect skin with thin towel or cloth. Then apply cold, wet compresses or cold packs to affected area. Never pack a joint in ice or immerse in icy water.
- If a twisted ankle, do not remove the shoe -- this will limit swelling.
- Consult professional medical assistance for further treatment if necessary.

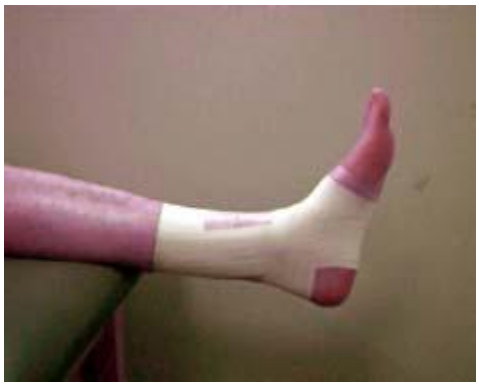
Ankle Taping
An athlete with a history of repeated ankle sprains such as this is a prime candidate for a simple taping procedure to be done with one-and-a-half-inch white athletic tape. This is called a *closed basket weave* and is for an ankle with an inversion sprain. Inversion sprains (ankle rolling inward) are much more common because of the joint's configuration.



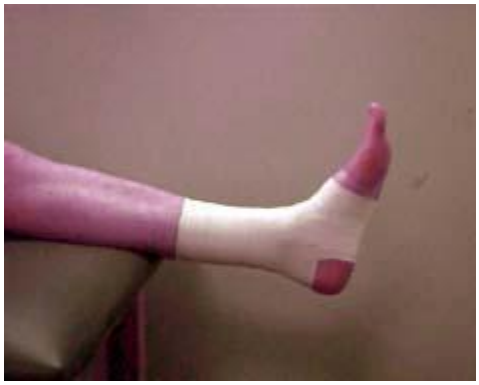
Place two anchor strips on the distal leg and around the foot.



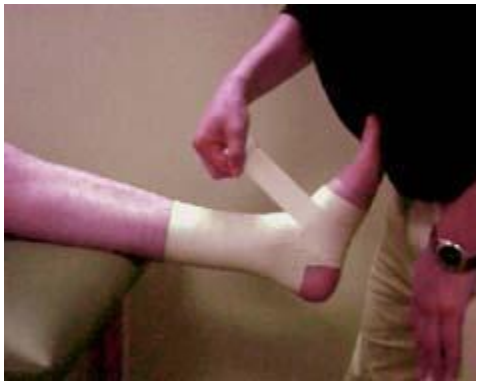
Apply one stirrup, pulling from the leg's medial aspect, under the heel to the leg's lateral aspect.
A horizontal 'horseshoe' strip from the foot's medial to lateral aspect is then applied.



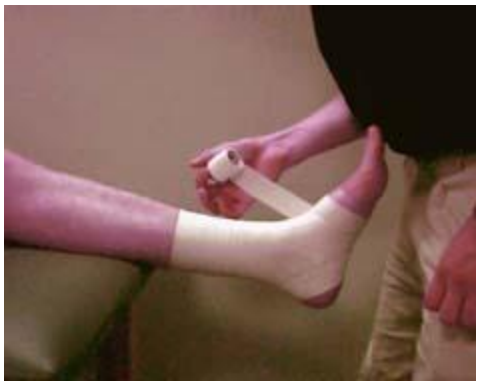
The procedure is then repeated until there are three stirrups and three horseshoes.

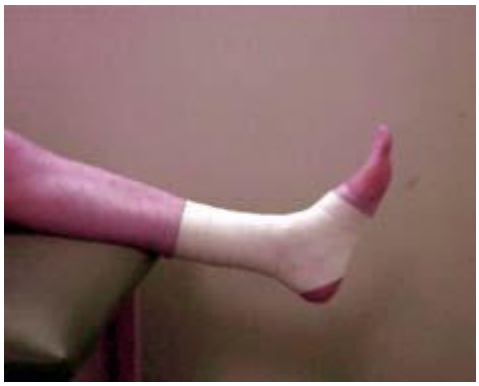


Close in ankle with horizontal closure strips.



Two heel locks are then applied to the ankle's medial and lateral aspects, making sure to pull on the medial aspect last, to finish the tape job pulling the foot into eversion.





Completed Ankle Wrap

Treatment for fractures:
Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, twigs, bats, etc...

Treatment for broken bones:
Once you have established that the victim has a broken bone, and you have called **9-1-1**, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary (see "Caring for Shock" section)

Treatment for fractures:
Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, twigs, bats, etc...

Treatment for broken bones:
Once you have established that the victim has a broken bone, and you have called **9-1-1**, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary (see "Caring for Shock" section)

Concussion

Concussions are defined as any blow to the head. They can be fatal if the proper precautions are not taken.

1) If a player, remove player from the game.
2) See that victim gets adequate rest.
3) Note any symptoms and see if they change within a short period of time.
4) If the victim is a child, tell parents about the injury and have them monitor the child after the game.
5) Urge parents to take the child to a doctor for further examination.
6) If the victim is unconscious after the blow to the head, diagnose head and neck injury. DO NOT MOVE the victim. Call 9-1-1 immediately. (See below on how to treat head and neck injuries

Head and Spine Injuries

When to suspect head and spine injuries:

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

Signals of Head and Spine Injuries

1 Changes in consciousness
2 Severe pain or pressure in the head, neck, or back
3 Tingling or loss of sensation in the hands, fingers, feet, and toes
4 Partial or complete loss of movement of any body part
5 Unusual bumps or depressions on the head or over the spine
6 Blood or other fluids in the ears or nose
7 Heavy external bleeding of the head, neck, or back
8 Seizures
9 Impaired breathing or vision as a result of injury
10 Nausea or vomiting
11 Persistent headache
12 Loss of balance
13 Bruising of the head, especially around the eyes and behind the ears

General Care for Head and Spine Injuries

1 Call 9-1-1 immediately.
2 Minimize movement of the head and spine.
3 Maintain an open airway.
4 Check consciousness and breathing.

1) Control any external bleeding.
2) Keep the victim from getting chilled or overheated till paramedics arrive and take over care.

Contusion to Sternum:

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

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

Caring for Shock

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

1 Restlessness or irritability
2 Altered consciousness
3 Pale, cool, moist skin
4 Rapid breathing

Rapid pulse. Caring for shock involves the following simple steps:

1 Have the Player lie down. Helping the Player rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.

2 Control any external bleeding.
3 Help the Player maintain normal body temperature. If the Player is cool, try to cover him or her to avoid chilling.
4 Try to reassure the Player.
5 Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the Player's condition, leave him or her lying flat.
6 Do not give the Player anything to eat or drink, even though he or she is likely to be thirsty.
7 Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A Player of shock requires advanced medical care as soon as possible.

Breathing Problems/Emergency Breathing (via RedCross.org)

If Player is not Breathing:
Before Giving CPR

1 1 Check the scene and the person. Make sure the scene is safe, then tap the person on the shoulder and shout "Are you OK?" to ensure that the person needs help.

2 Call 911 for assistance. If it's evident that the person needs help, call (or ask a bystander to call) 911, then send someone to get an AED. (If an AED is unavailable, or a there is no bystander to access it, stay with the victim, call 911 and begin administering assistance.)

3 Open the airway. With the person lying on his or her back, tilt the head back slightly to lift the chin.

4 Check for breathing. Listen carefully, for no more than 10 seconds, for sounds of breathing. (Occasional gasping sounds do not equate to breathing.) If there is no breathing begin CPR.

Red Cross CPR Steps

1 1 Push hard, push fast. Place your hands, one on top of the other, in the middle of the chest. Use your body weight to help you administer compressions that are at least 2 inches deep and delivered at a rate of at least 100 compressions per minute.

2 Deliver rescue breaths. With the person's head tilted back slightly and the chin lifted, pinch the nose shut and place your mouth over the person's mouth to make a complete seal. Blow into the person's mouth to make the chest rise. Deliver two rescue breaths, then continue compressions.
3 Note: If the chest does not rise with the initial rescue breath, re-tilt the head before delivering the second breath. If the chest doesn't rise with the second breath, the person may be choking. After each subsequent set of 30 chest compressions, and before attempting breaths, look for an object and, if seen, remove it.

4 Continue CPR steps. Keep performing cycles of chest compressions and breathing until the person exhibits signs of life, such as breathing, an AED becomes available, or EMS or a trained medical responder arrives on scene.

Note: End the cycles if the scene becomes unsafe or you cannot continue performing CPR due to exhaustion.

If A Player is Choking -

Partial Obstruction with Good Air Exchange:
Symptoms may include forceful cough with wheezing sounds between coughs.

Treatment: Encourage victim to cough as long as good air exchange continues. DO NOT interfere with attempts to expel object.

Partial or Complete Airway Obstruction in Conscious Victim

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

Treatment - **The Heimlich maneuver:**

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

Bleeding in General

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

If a Player is bleeding,

1. **Act quickly**. Have the Player lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
2. **Control bleeding** by applying direct pressure on the wound with a sterile pad or clean cloth.
3. If bleeding is controlled by direct pressure, **bandage firmly** to protect wound. Check pulse to be sure bandage is not too tight.
4. If bleeding is not controlled by use of direct pressure, **apply a tourniquet** only as a last resort and call **9-1-1** immediately.

Nose Bleed

To control a nosebleed, have the Player lean forward and pinch the nostrils together until bleeding stops. If bleeding persist for more than 20 minutes call 9-1-1.

Bleeding On the Inside and Outside of the Mouth

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

Deep Cuts

If the cut is deep, stop bleeding, bandage, and encourage the Player to go to a hospital so he/she can be stitched up. **Stitches prevent scars**.

1. A bleeding player should be removed from competition as soon as possible.
2. 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.
3. Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid are anticipated *(latex gloves are provided in First Aid Kit*).
4. Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap
5. Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach (supplied in the concession stands and club house). A 1:1 solution can be made by using a cap full of Clorox (2.5cc) and 8 ounces of water (250cc).
6. Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.

Emergency Treatment of Dental Injuries

AVULSION (Entire Tooth Knocked Out)

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the Player 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.

1) Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
2) If debris is on tooth, gently rinse with water.
3) If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. **Do only** if athlete is alert and conscious.
4) If unable to re-implant:
   1 Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a-tooth."
   2 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2 % milk.
   3 3rd best - Wrap tooth in saline soaked gauze.
   4 4th best - Place tooth under victim's tongue. **Do only** if athlete is conscious and alert.
   5 5th best - Place tooth in cup of water.

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

LUXATION (Tooth in Socket, but Wrong Position)

THREE POSITIONS -

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

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

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

1) Try to reposition tooth using finger pressure.
2) Victim may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
3) **TRANSPORT IMMEDIATELY TO DENTIST**.

INTRUDED TOOTH - Tooth pushed into gum - looks short.

1) Do nothing - avoid any repositioning of tooth.
2) **TRANSPORT IMMEDIATELY TO DENTIST**.

FRACTURE (Broken Tooth)

1) If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth be gently biting on a towel or handkerchief to control bleeding.
2) Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
3) Save all fragments of fractured tooth as described under Avulsion, Item 4.
4) **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST** in the plastic baggie supplied in your First-Aid kit.

Heat Exhaustion

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

Treatment:

1) Instruct victim to lie down in a cool, shaded area or an air-conditioned room. Elevate feet.
2) Massage legs toward heart.
3) Only if victim is conscious, give cool water or electrolyte solution every 15 minutes.
4) Use caution when letting victim first sit up, even after feeling recovered.

Sunstroke (Heat Stroke)

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

Treatment:

1) Call ***9-1-1*** immediately.
2) Lower body temperature quickly by placing victim in partially filled tub of cool, not cold, water (avoid over-cooling). Briskly sponge victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold, wet sheets or towels in well-ventilated room or use fans and air conditioners until body temperature is reduced.
3) ***DO NOT*** give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

Lightning Safety Outdoors

Each year, about 400 children and adults in the U.S. are struck by lightning while working outside, at sports events, on the beach, mountain climbing, mowing the lawn or during other outdoor activities. About 80 people are killed and several hundred more are left to cope with permanent disabilities. Many of these tragedies can be avoided. Finishing the game, getting a tan, or completing a work shift isn't worth death or crippling injury.
All thunderstorms produce lightning and are dangerous.
Lightning kills more people each year than tornadoes.
Lightning often strikes as far as 10 miles away from any rainfall.
Many deaths from lightning occur ahead of the storm because people try and wait to the last minute before seeking shelter.
You are in danger from lightning if you can hear thunder.
If you can hear thunder, lightning is close enough that it could strike your location at any moment.
Lightning injuries can lead to permanent disabilities or death.
On average, 20% of strike victims die; 70% of survivors suffer serious long-term effects.
Look for dark cloud bases and increasing wind.
Every flash of lightning is dangerous, even the first. Head to safety before that first flash. If you hear thunder, head to safety!

The Single Most Dangerous Place

Outdoors is the most dangerous place to be during a lightning storm. When lightning is seen or thunder is heard, or when dark clouds are observed, quickly move indoors or into a hard-topped vehicle and remain there until well after the lightning storm ends. Listen to forecasts and warnings through NOAA Weather Radio or your local TV and radio stations. If lightning is forecast, plan an alternate activity or know where you can take cover quickly.
The U.S. lightning season is summer but lightning can strike year-round! The Fourth of July is historically one of the deadliest times of the year for lightning. In summer, more people are outside, on the beach, golf course, mountains or ball fields. Outdoor jobs such as construction and agriculture, and outdoor chores such as lawn mowing or house painting are at their peak, putting those involved in danger.

Safety Rules

Postpone activities promptly. Don't wait for rain. Many people take shelter from the rain, but most people struck by lightning are not in the rain! Go quickly inside a completely enclosed building, not a carport, open garage or covered patio. If no enclosed building is convenient, get inside a hard-topped all-metal vehicle. A cave is a good option outside but move as far as possible from the cave entrance. Be the lowest point. Lightning hits the tallest object.
In the mountains if you are above tree line, you ARE the highest object around. Quickly get below tree line and get into a grove of small trees. Don't be the second tallest object during a lightning storm! Crouch down if you are in an exposed area. Keep an eye on the sky.
Look for darkening skies, flashes of lightning, or increasing wind, which may be signs of an approaching thunderstorm. Listen for the sound of thunder. If you can hear thunder, go to a safe shelter immediately. If you see or hear a thunderstorm coming or your hair stands on end, immediately suspend your game or practice and instruct everyone to go inside a sturdy building or car. Sturdy buildings are the safest place to be. Avoid sheds, picnic shelters, baseball dugouts, and bleachers. If no sturdy building is nearby, a hard-top vehicle with windows closed will offer some protection. The steel frame of the vehicle provides some protection if you are not touching metal. Listen to NOAA Weather Radio. If you can't get to a shelter, stay away from trees. If there is no shelter, crouch in the open, keeping twice as far away from a tree as it is tall. Avoid leaning against vehicles. Get off bicycles and motorcycles. Get out of the water. It's a great conductor of electricity. Stay off the beach and out of small boats or canoes. If caught in a boat, crouch down in the center of the boat away from metal hardware. Swimming, wading, snorkeling and scuba diving are NOT safe. Lightning can strike the water and travel some distance beneath and away from its point of contact. Don't stand in puddles of water, even if wearing rubber boots. Avoid metal! Drop metal backpacks, stay away from clothes lines, fences, exposed sheds and electrically conductive elevated objects.
Don't hold on to metal items such golf clubs, fishing rods, tennis rackets or tools. Large metal objects can conduct lightning. Small metal objects can cause burns.
Move away from a group of people. Stay several yards away from other people. Don't share a bleacher bench or huddle in a group. What to do if someone is struck by lightning:
Call for help. Call 9-1-1 or your local ambulance service. Get medical attention as quickly as possible. Give first aid. If the victim has stopped breathing, begin rescue breathing. If the heart has stopped beating, a trained person should give CPR. If the

person has a pulse and is breathing, address any other injuries. Check for burns in two places.
The injured person has received an electric shock and may be burned. Being struck by lightning can also cause nervous system damage, broken bones, and loss of hearing or eyesight. People struck by lightning carry no electrical charge that can shock other people. You can examine them without risk. Stay Informed About the Storm
Listen to NOAA Weather Radio or local media for the latest severe thunderstorm WATCHES and WARNINGS. Severe thunderstorms are those storms with winds in excess of 58 mph or hail larger than 3/4 inches in diameter. When conditions are favorable for severe weather to develop, a severe thunderstorm WATCH is issued.
Weather Service personnel use information from weather radar, satellite, lightning detection, spotters, and other sources to issue severe thunderstorm WARNINGS for areas where severe weather is imminent. Remember, however, that ALL thunderstorms produce deadly lightning.
National Weather Service Office of Climate, Weather, and Water Services

A Word about Rain

If it begins to rain evaluate its strength. Is it pouring or just a light drizzle? Evaluate the playing field. Check to see if the fields are beginning to puddle. Are the pitching mounds saturated with water and becoming slick? Stop games or practices if field conditions are unsafe. Use common sense.

Drug Prevention

Drug Use and kids

Drugs and alcohol use has become a national catastrophe. The following info may help in identifying players who may be experimenting.

Family Prevention Plan

This plan is designed as a guide for your family in your efforts to raise healthy, happy, drug-free children.

The Elementary School Years:

Get educated about drugs, what they look like, and what their effects are. Make drug education a family priority.
Start communicating early and often. For example, ask open ended questions regarding how your kids feel about tobacco, alcohol, inhalants, illicit, and prescription drugs.
Set clear "no tolerance" boundaries for your children regarding substance abuse.
Take advantage of teachable moments, such as TV shows or song lyrics, to talk to your children about the harmful effects of drug use.

As your child begins to understand how their actions affect others, talk about how substance use affects more than just the person using them.
Introduce the concept of home drug testing to your child. Tell them you love them, care about their safety, and that you want to make sure they are adhering to the boundaries you have set for them.

The Middle School Years:

Keep up to date on the latest trends in drug use among young people and drug prevention techniques.
Be consistent. Consistently enforce other house rules as well, such as curfews and boundaries. And make sure both parents are sending the same message.
Know your kid's room and their car as well. Look at them with a different set of eyes. No area is off-limits.
Explain how to use the home drug test as a way out of peer pressure;
"I can't try that…, my parents may drug test me when I get home."
Set a home drug test kit on the counter. Let it be the last thing your child sees before they leave the house.
Begin random and regular testing. Make it a part of the household routine before their is a problem, just like checking a report card.
Get to know your child's friends and their parents. Don't assume that other families
share your family's values.
Explain the medical as well as cosmetic and social image consequences associated with substance abuse.

The High School Years:

Continue random testing using a trust but verify theme as a reward system with your children. Test negative, get more privileges, i.e. driving the car, a later curfew, etc.
Elicit the support of other adults who share your value system to mentor your teen (e.g., coaches, teachers, aunts, uncles, neighbors). Teens often hear messages best when they are reinforced by someone else.
Form a network of support with the parents of your child's friends. Be particularly aware of overnight activities.
Talk about how substance abuse can affect their future, e.g., college, scholarships, getting certain jobs.

Stress the importance of being a good role model to their younger brother(s)/sister(s).

Keep close tabs on your liquor and medicine cabinets. Lock your liquor cabinet, and throw away old prescription medications that are no longer being used.

Signs & Symptoms of Drug Use

Warning Signs of Drug Use

- Frequent mood swings
- Declining grades or achievement

- Dishonesty about whereabouts
- Dishonesty about a lot of things
- Smoke cigarettes
- Rejects parental values
- Defiant or deceitful behavior
- Red, watery, or glassy eyes
- Frequently uses eye drops
- Stays up late or goes out without explanation
- Have found drugs & paraphernalia in his/her possession
- Missing money or possessions
- Antisocial behavior
- Defensive about drug use
- Draws pot leaves, drugs or drug symbols
- Change in peer group
- A drop in grades
- Seems to have drug-using friends
- Has delinquent friends

Symptoms of Drug Use

- **Alcohol** – Intoxication, watery glazed eyes, mood swings, slurred speech, unsteady walk, & loss of appetite.
- **Cocaine** – Bright staring shiny eyes, excitation, euphoria, high pulse, higher blood pressure, restlessness, insomnia, appetite loss, dramatic mood change & runny nose.
- **Depressants** – Constricted pupils, slow breathing & heart rate, slurred speech, disorientation, & drunken-like behavior.
- **Ecstasy** – Rapid eye movement chills, sweating, or nausea, confused or depressed behavior.
- **GHB** – Intoxication, increased energy, affectionate and playful behavior, loss of coordination, loss of gag reflex, lack of inhibition.
- **Heroin** – Slowed or slurred speech, constricted pupils, droopy eyelids, vomiting, dry mouth, flushed skin, rapid mood swings from a wakeful to drowsy state.
- **Inhalants** – 'Wild' eyes, dilated pupils, psychosis, paranoia, violent actions, paint on face, loss of memory function, & odor of glue or paint.
- **LSD (Lysergic Acid Diethylamide)** – Dilated pupils, hallucinations, poor perception of time and distance; mood will be altered, may experience panic, confusion, & anxiety.
- **Marijuana** – Red eyes, reduced concentration, drowsiness, talkativeness, laughter, hunger, euphoria, relaxed, disoriented behavior & dramatic change in lifestyle.
- **Methamphetamine** – Dilated pupils, bright shiny eyes, excitation, alertness, talkative, increased pulse rate & blood pressure, anxiety, insomnia, appetite loss, confusion, paranoia, and sweating.
- **Mushrooms** – Distorted perception, paranoia, nervous or anxious behaviors, rapid mood swings and sweating.
- **Prescription Drugs (Narcotics)** – Pinpoint pupils, euphoria, drowsiness, head nodding, slowed breathing, & apathy.
- **PCP (Phencyclidine)** – Wide staring eyes, hallucination, poor perception of time & distance, paranoia, irritability, panic, confusion, anxiety, slurred speech & loss of memory. Maybe drowsy or hyper; impaired coordination.
- **Ritalin** – Similar to the effects of cocaine when snorted or cooked), nausea, vomiting, headaches, rashes, palpitations, weight loss, tremors, digestive problems, anxiety, paranoia.
- **Steroids** – edginess, excitability, anxiety, anger, perhaps panic, depression, poor concentration, shorter attention span, insomnia, swelling or bloating of the face and/or body, pimples on face & back, & increased muscle bulk.

Field and Game Safety Checklist

Field Condition	**Yes**	**No**	***Catchers Equipment***	**Yes**	**No**
Backstop repair			Shin guard OK		
Home plate repair			Helmets OK		
Bases Secure			Face masks OK		
Bases repair			Throat protector OK		
Pitcher's mound			Catchers cup (boys)		
Batter's box level			Chest protector		
Batter's box marked			Catcher's glove		
Grass surface (even)					
Gopher holes					
Infield fence repair					
Outfield fence repair			***Safety Equipment***		
Foul ball net repair			First-aid Kit each team		
Foul lines marked			Medical Release forms		
Sprinkler condition			Ice for injuries		
Warning track					
Coaches boxes level					
Coaches box marked					
Dirt Needed					
Dugouts	**Yes**	**No**	***Players Equipment***	**Yes**	**No**
Fencing needs repair			Batting helmets OK		
Bench needs repair			Jewelry removed		
Roof needs repair			Bats inspected		
Bat racks			Shoes checked		
Helmet racks			Uniforms checked		
Clean up needed			Athletic cups (boys)		
			Little League patch		
Spectator Areas	**Yes**	**No**			
Bleachers need repair					
No smoking					
Protective screens OK					
Bleachers clean					

Concession Stand Procedures

Staffing

- The concession stands manager (Board position) or their delegate - a Person In Charge (PIC) - must be in the concession stand at all times during operations.
- Adults staff the concession stand, with only 2 kids 16-18 years old allowed in the concession stand at the candy window.

Dishwashing

- We use the 3-step system for washing dishes: 1) wash, 2) sanitize and 3) rinse.
- After washing, dishes are air dried

Frozen food storage & thawing

- Frozen food is kept at or below 32 degrees F.
- Frozen food is thawed in the refrigerator

Food handling

- Concession stands workers who touch food wear rubber gloves
- Concession stands workers wash their hands throughout the shift
- Perishable items must be kept in a tray on ice during the shift. After the shift these items may be sealed and put in the refrigerator.
- Items cooked but not sold must be thrown out at the end of the shift.

Cooking

- Meat is cooked to 160 degrees or more and kept there until served

Safety

- We use rubber mats on the floor to prevent slipping.
- Empty boxes, etc. are not stored in front of the breaker panels
- Children are not allowed in the concession stand during a shift.
- Spills should be cleaned up immediately.
- Safety and Food handling procedures are posted at every station.

Fryer Grease

- During the season, fryer grease is changed 3 times per week: Monday, Thursday and once on Saturday (mid-day)
- Fryer grease is strained with a filter every day.

Cleanliness

- We use ammonium quat for sanitizer.
- We keep a sanitizer bucket ready with towels to use for wipe down.
- Surfaces are wiped down at the end of every shift.
- Any dishes used during the day are washed at the end of the day
- Grills are bricked at the end of the day

Little League® Baseball & Softball

CLAIM FORM INSTRUCTIONS

For claims occurring after January 1, 2005

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

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

The AIG Accident Master Policy acquired through Little League contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

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

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

The AIG Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions.

With your league's cooperation, insurance rates have increased only three times since 1965. This rate stability would not have been possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer. In 2000 the State of Virginia was the first state to have its accident insurance rates reduced by high participation in ASAP and reduction in injuries. In 2002, seven more states have had their accident insurance rates reduced, as well. They are Alaska, California, Delaware, Idaho, Montana, Washington,
Wisconsin.

TREATMENT OF DENTAL INJURIES

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of $1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if

they are incurred within 104 weeks after the date the Injury occurs.

CHECKLIST FOR PREPARING CLAIM FORM

1. Print or type all information.

2. Complete all portions of the claim form before mailing to our office.

3. Be sure to include league name and league ID number.

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

1. The adult claimant or parent(s)/guardians(s) must sign this section**, if the claimant is a minor.**

2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.

3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.

5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.

6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, league ID, and year of the injury on the form.

PART II - LEAGUE STATEMENT

1. This section must be filled out, signed and dated by the **league official**.

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

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

GWLL Warning Tracks

GWLL Batters Eye & Score Boards

GWLL Score Towers

GWLL Bull Pens

GWLL Speed Limit

GWLL Dugouts & Concession Stand

GWLL Foul Ball Nets

GWLL Safety Signs & Club House

GWLL Night Game in the Cold

GWLL Jr. Sr, Field

GLL Fields, Club House, and Concessions