



Tri-League Little League



2021 A.S.A.P. SAFETY MANUAL

League I.D. Number – 317139

Ohio District Number 1

TABLE OF CONTENTS

| | |
|--|-------|
| Introduction | 3 |
| Little League Phone Numbers | 4 |
| Covid- 19 Mitigation Plan | 5 |
| Responsibilities | 6 -9 |
| Conditioning & Stretching, Hydration | 10 |
| Equipment | 11 |
| Weather & Accident Reporting Procedure | 12 |
| League Safety Officer Responsibilities | 13 |
| Insurance Policies & Concession Stand Safety | 14 |
| Child Abuse | 15 |
| Health & Medical | 16-19 |
| Safety Manual Receipt Form | 20 |

INTRODUCTION

This Safety Manual is designed to meet the requirements of Little League International A Safety Awareness Program (ASAP) and was compiled in part from information downloaded from Little League International website and included herein and in part from the Safety Manuals used by Ohio District 1 leagues.

This document is submitted to Little League International along with the ASAP Registration Form, Facility Survey and the ideas that were implemented to promote or improve the Safety Plan. Roster data for player, manager and coaches will be submitted to Little League via the Little League Data Center.

The manager of each team will be issued a copy of this Safety Manual at the beginning of the season in a 3-ring binder. The manager of the team will acknowledge the receipt of both by signing the "Safety Manual Receipt" form included in the appendix and returning to the League Safety Officer prior to the start of practices for the regular season.

In addition to the Safety Manual, the league will issue a First Aid Kit to all league teams. The manager of each team will always have access to these supplies and a telephone when engaged in Little League activities on site.

Additional responsibilities of the manager, including off site First Aid kit requirements and use of this manual are included in the "Manager's Responsibilities" section.

Unfortunately, the contents of this manual cannot cover every possible scenario for accidents that may occur.

It is intended to be a guide to cover the most probably accident prevention issues and basic First Aid.

Should you have any suggestions on future content, please advise our League Safety Officer

LITTLE LEAGUE PHONE NUMBERS

Emergency: 9 1 1

(Ambulance – Police – Fire)

| | | |
|------------------------------------|-------------------|------------------|
| President | Daryl Lehman | 216 – 394 – 7895 |
| Vice President | Tony Sharratta | 484 – 557 – 8037 |
| Vice President of Tee-Ball | Jerry Kuwalu | 216 – 860 – 9822 |
| Vice President of Softball | OPEN | N/A |
| Vice President of Baseball | Jeff Lampshire | 440 – 759 – 4312 |
| Vice President of Challenger | OPEN | N/A |
| Safety Officer | OPEN | N/A |
| Player Agent | Herbert Caraballo | 216 – 704 – 4804 |
| Secretary | Rachel Caraballo | 216 – 704 – 8703 |
| Treasurer | Jaime Lampshire | 440 – 342 – 5124 |
| Coaching Coordinator | Jerry Kuwalu | 216 – 860 – 9822 |
| Equipment Manager | Jeff Lampshire | 440 – 759 – 4312 |
| Sponsorship/Fundraising Manager | Jen Bobak | 216 – 235 – 1913 |
| Marketing/Public Relations Manager | Cedric Gaddis | 440 – 309 – 7325 |
| Umpire-In-Chief | OPEN | N/A |
| Concession Manager | OPEN | N/A |
| Chief Cultural Officer | OPEN | N/A |

ALL OPEN POSITIONS PLEASE CONTACT THE PRESIDENT IF INTERESTED

2021 Covid-19 Mitigation Plan (In addition to Responsible Restart Ohio)

<https://coronavirus.ohio.gov/static/responsible/Baseball-Softball.pdf>

Failure to comply with the guidelines set forth by the Ohio Department of Health as well as the guidelines below may result in the removal and possible expulsion of the person and/or team.

Everyone (Players, Managers, Spectators, Scorekeepers, & Umpires)

- All participants, spectators, must adhere to six-foot physical Distancing while at the field.
- Report any COVID-19 exposures to the league Player Agent.
- Conduct daily symptom assessments (self-evaluation) before arriving to the field.
- Anyone experiencing symptoms must stay home.
- It is strongly recommended that everyone (players, managers, spectators, Scorekeepers & umpires) wear face coverings while not on the field of play (to be provided to every player, Manager and Assistant Coach by the league)
- No one may congregate in the parking lot or anywhere else near the fields before, during or after the game.
- No spitting (including but not limited to seeds, gum, or similar products)
- Travel to the venue with no one other than those who live in your household.
- Wash and disinfect hands often.

Managers

- Report any team exposure to COVID-19 to the league Player Agent.
- It is recommended that there is no shared equipment, however the manager will be responsible for disinfecting any shared equipment between uses.
- Must ensure that all players and spectators are adhering to the six-foot physical.
- Distancing restrictions and any other restriction on the list
- Must ensure that the post-game handshakes are eliminated and any other touching between players (high-fives)
- Do not allow any team or communal drinking stations.
- Ensure physical distancing between yourself/your team with the scorekeeper after turning in lineup.
- Each team will have their own designated balls. You will not be permitted to use the 2 other team's balls.

Players

- Physical distancing must be maintained.
- Dugouts will be closed to all players, EXCEPT the on-deck batter. Players will use the bleachers or bring their own seat. Dugouts will only be used to enter and exit the field.
- You may not stand behind the backstop and should limit seating to behind what would be your dugout.
- If sharing equipment, disinfect after each use as noted in the managers section above.
- No touch rules.

Spectators

- Must adhere to the six-foot physical distancing restrictions.
- Will not be permitted to use the bleachers; all spectators must bring their own seat.
- May not congregate before or after the game.
- May not enter the field of play and maintain the six-foot physical distancing behind the backstop.

RESPONSIBILITIES

President:

The President is responsible for ensuring that the policies and regulations of the League Safety Officer are carried out by the entire membership to the best of their abilities. The President will ensure that background checks on all volunteers are conducted as directed by Little League International.

Safety Officer:

The main responsibility of the Safety Officer is to develop and implement the league A.S.A.P. Safety Plan. The Safety Officer is the link between the league's Board of Directors and its managers, coaches, umpires, players, spectators and any other third parties at any league location regarding safety matters, rules, and regulations.

The Safety Officer's responsibilities include:

- Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents/individuals.
- Explaining insurance benefits to the claimants and assisting them with filing correct paperwork
- Keeping the First Aid log. This log will list where accidents and injuries are occurring, to whom, in which divisions, at what times, and under what supervision.
- Correlating and summarizing the data in the First Aid log to determine proper accident prevention in the future.
- Ensuring that each team receives its Safety Manual at the beginning of the Season.
- Pre check of all fields and report what fixes need to be made prior to the beginning of team practices.
- Work with the Equipment Manager to ensure all equipment is safe and in good standing to be used by our youth.
- Make Little League's "no tolerance with child abuse" clear to all.
- Complete annual ASAP Registration Form and Facility Survey for submission to Little League
- Scheduling a Fundamentals Training Clinic and a First Aid Clinic for all managers, designated coaches, umpires, player agents and others during pre-season.
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
- Tracking all injuries and near misses to identify injury trends. Report Incidents to District Safety Officer
- Visiting other leagues to allow a fresh perspective on safety.
- Making sure that safety is a monthly Board Meeting topic and allowing experienced people to share ideas on improving safety.
- Educate and assist league personal with concussion training requirements for the State of Ohio.

Managers and Coaches:

The Manager is a person appointed by the league President to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and opposing team.

- The Manager shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
- The Manager is also responsible for the safety of their players. He/she is also ultimately responsible for the actions of designated coaches.
- If a Manager leaves the field, that manager shall designate a coach as a substitute, and such substitute Manager shall have the duties, rights, and responsibilities of the Manager.

Managers will:

- Take possession of this Safety Manual and secure access to the league first aid supplies.
- Ensure first aid supplies and a telephone is available during off site activities.
- Attend a mandatory training session on Fundamentals and First Aid given by the league with his/her coaches as required per ASAP. Each manager and coach must attend one Fundamentals Training and one First Aid Training (unless professional excused per ASAP) at least every three years. The team manager is responsible to see that at least one manager or coach is present during the training sessions each year.
- Meet with all parents on "Parents' Day" to discuss Little League philosophy
- Cover the basics of *safe play* with his/her team before starting the first practice.
- Teach players the *fundamentals* of the game while advocating safety.
- Teach players how to *slide* before the season starts. A board representative will be available to teach these fundamentals if the Manager or designated coaches do not know them.

Season Play:**Managers will:**

- Work closely with Team Safety Officer to make sure equipment is in first-rate working order.
- Make sure that telephone access is available at all activities including practices. It is suggested that a cellular phone is always on hand.
- Not expect more from their players than what the players are capable of.
- Teach the *fundamentals* of the game to players.
- Catching fly balls
- Sliding correctly
- Proper fielding of ground balls
- Simple pitching motion for balance
- Be open to ideas, suggestions, or help.
- Enforce that *prevention* is the key to reducing accidents to a minimum.
- Have players wear sliding pads if they have cuts or scrapes on their legs.
- Always have First-Aid Supplies and Safety Manual on hand.
- Use common sense.

Pre-Game and Practice:**Managers will:**

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

During the Game:

Managers will:

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Keep player's *alert*.
- Always maintain discipline.
- Be *organized*.
- Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the *proper equipment*.
- Encourage everyone to think *Safety First*.
- Observe the "no *on-deck*" rule for batters and always keep players behind the screens. No player should handle a bat in the dugouts at any time.
- Keep players off fences.
- Get players to *drink* often so they do not dehydrate.
- Not play children that are ill or injured.
- Attend to children that become injured in a game.
- Not lose focus by engaging in conversation with parents and passersby.

Post-Game:

Managers will:

- Do cool down exercises with the players.
1. Light jog.
 2. Stretching as noted above.
 3. Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows.
 4. Catchers should ice their knees.
 - Not leave the field until every team member has been picked up by a known family member or designated driver.
 - *Notify parents if their child has been injured* no matter how small or insignificant the injury is. *There are no exceptions to this rule.* This protects you, Little League Baseball, Incorporated and league.
 - If there was an injury, make sure an accident report was filled out and given to the League Safety Officer.
 - Return the field to its pre-game condition.

Umpires:

Pre-Season:

Attend training sessions on First Aid given by the league.

Pre-Game:

Before a game starts, the umpire shall:

- Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.
- Make sure catchers are wearing helmets when warming up pitchers.
- Run hands along bats to make sure there are no splinters.
- Make sure that metal bats have grips.
- Make sure there are foam inserts in helmets and that helmets meet Little League *NOCSAE* specifications and bear Little League's seal of approval.
- Inspect helmets for cracks.
- Walk the field for hazards and obstructions (e.g., rocks and glass).

- Check players to see if they are wearing jewelry.
- Check players to see if they are wearing metal cleats.
- Make sure that all playing lines are marked with non-caustic lime, chalk, or other white material easily distinguishable from the ground or grass.
- Secure official Little League balls for play.

During the Game:

During the game, the umpire shall:

- Govern the game as mandated by Little League rules and regulations.
- Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.
- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing the proper equipment.
- Continue to monitor the field for safety and playability.
- Make the calls loud and clear, signaling each call properly.
- Make sure players and spectators keep their fingers out of the fencing.

Post-Game:

After a game, the umpire shall:

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

Concession Stand Manager:

The Concession Stand Manager is responsible to ensure the Concession Stand Volunteers are trained in the safety procedures as set forth in this manual.

SAFETY FIRST!
 BE ALERT!
 CHECK PLAYING FIELD FOR HAZARDS
 PLAYERS MUST WEAR PROPER EQUIPMENT
 ENSURE EQUIPMENT IS IN GOOD SHAPE
 MAINTAIN CONTROL OF THE SITUATION
 MAINTAIN DISCIPLINE
 BE ORGANIZED
 KNOW PLAYERS' LIMITS AND DON'T EXCEED THEM
 MAKE IT FUN!

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.
- Do not ask the child to stretch more that he or she is capable of.
- Hold the stretch for at least 10 seconds.
- Do not 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.

PITCH COUNT

- *Pitch count does matter.* The league will monitor pitch counts per Little League rules. See Little League rulebook for details.
- *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. Therefore, children must be encouraged to drink fluids even when they do not 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.

COMMON SENSE

Playing safe boils down to using *common sense*.

For instance, if you witnessed a strange person walking around the league complex who looked like he/she did not belong there you would report the incident to a league official. There will always be a league official on site (see *the telephone number list in the beginning of this manual to identify them*). The league official, after hearing your concerns, would investigate the matter and have the person in question removed before anything could happen if, indeed, that person did not belong there. Another example of *common sense* – You witness kids throwing rocks or batting rocks on the league premises. They are having fun but are unknowingly endangering others. Do not just walk on by figuring that someone else will deal with the situation. Stop and explain to the kids what they are doing wrong and ask them to stop.

EQUIPMENT

A league official, the President or league representative, is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but it is the Manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice. The league will promptly replace damaged and ill-fitting equipment. Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

Some of the rules regarding equipment are as follows:

- Helmets -
- All protective helmets must meet NOCSAE specifications and standards.
- These helmets will be provided by the league at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.
- Each helmet shall have an exterior warning label. *The warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.*
- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player/base coach is mandatory.
- Use of a helmet by an adult base coach is optional.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games. NOTE: Skullcaps are not permitted.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.
- Only Official Little League balls will be used during practices and games.
- Basis's meeting Little League safety standards will be used. See Little League Rule 1.06.
- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team.

If it is not, get replacements from the league.

WEATHER

Rain:

If it begins to rain:

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

Lightning:

If you can HEAR, SEE OR FEEL a THUNDERSTORM:

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

Hot Weather:

Precautions must be taken to make sure the players on your team do not **dehydrate** or **hyperventilate**.

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

ACCIDENT REPORTING PROCEDURE

What to report:

An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the League Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to report:

All such incidents described above must be reported to the League Safety Officer within 24 hours of the incident. See the League Telephone List for the name and number of the League Safety Officer. If you are unable to reach the League Safety Officer, contact the League President.

How to make a report:

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided:

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

The League Safety Officer will advise as to which forms may need to be filled out and submitted regarding the accident - typically the Injury Tracking Report or the Accident Notification Form (for insurance claims). ***The Accident Notification Form must be filed with Little League Headquarters within 20 days of the incident.***

League Safety Officer's Responsibilities –

Within 24 hours of receiving the notification of an accident, the League Safety Officer will contact the injured party or the party's parents and.

- verify the information received.
- obtain any other information deemed necessary.
- check on the status of the injured party; and
- if the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, et.) will advise the parent or guardian of the League's insurance coverage and the provision for submitting any claims and submit the completed Accident Notification Form to Little League baseball within 20 days of the accident and copy District Safety Officer. If the extent of injuries is more than minor in nature, the League Safety Officer shall periodically call the injured party to:
- Check on the status of any injuries, and
- Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the League again).

INSURANCE POLICIES

Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Inc.

Explanation of Coverage:

The *AIG Little League's insurance policy* (see "What Parents Should Know About Little League Insurance") is designed to afford protection to all participants at the most economical cost to the local league. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, AIG Little League Accident insurance - which is purchased by the league, not the parent - takes over and provides benefits, after a *\$50 deductible* per claim, for all covered injury treatment costs.

up to the maximum stated benefits. This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is always in force during the season.

The Little League Insurance Policy is designed to supplement a parent's existing family policy.

How the insurance works:

- First have the child's parents file a claim under their insurance policy; Blue Cross, Blue Shield or any other insurance protection available.
- Should the family's insurance plan not fully cover the injury treatment, the Little League AIG Policy will help pay the difference, after a *\$50 deductible* per claim, up to the maximum stated benefits.
- If the child is not covered by any family insurance, the Little League AIG Accident Policy becomes primary and will provide benefits for all covered injury treatment costs, after a *\$50 deductible* per claim, up to the maximum benefits of the policy.
- Treatment of *dental injuries* can extend beyond the normal fifty-two-week period if dental work must be delayed due to physiological changes of a growing child. See Claim Form instructions for more information.

Filing a Claim:

When filing a claim, (see claim forms in appendix) all medical costs should be fully itemized. (If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of Group or Employer insurance must accompany a claim form.) Forward a copy of the Group or Employer's insurance company's response to Little League Headquarters with a copy of the Accident Notification Form that was originally filed at the time of the accident. Include the claimant's name, League ID, and year of the injury on the form. Claims must be filed with the League Safety Officer. He/she forwards them to Little League Baseball, Incorporated, PO Box 3485, Williamsport, PA, 17701. Claim officers can be contacted at (570) 327-1674 and fax (570) 326-1074. *Contact the League Safety Officer for more information.*

CONCESSION STAND SAFETY

- People working in the concession stands will be trained in safe food preparation. Training will cover safe use of the equipment. This training will be provided by the Concession Stand Manager.
- Cooking equipment will be inspected periodically and repaired or replaced if need be.
- Any propane tanks will be turned off at the grill and at the tank after use. Food not purchased by the league to sell in its concession stands will not be cooked, prepared, or sold in the concession stands.
- Cooking grease will be stored safely in containers away from open flames.
- Carbon Dioxide tanks will be secured with chains so they stand upright and cannot fall over. Report damaged tanks or valves to the supplier and discontinue use.
- A Certified Fire Extinguisher suitable for grease fires must be always placed in plain sight.
- All concession stand workers are to be instructed on the use of fire extinguishers.
- A fully stocked First Aid Kit will be placed in each Concession Stand.
- The Concession Stand main entrance door will not be locked or blocked while people are inside.

CHILD ABUSE

Volunteers are the greatest resource Little League has in aiding children's development into leaders of tomorrow. But some potential volunteers may be attracted to Little League to be near children for *abusive reasons*. *Anyone* can be an *abuser* and it could happen *anywhere*. By educating parents, volunteers, and children, you can help reduce the risk it will happen.

All league volunteers are required to fill out and submit the current year Little League Baseball Volunteer Application. A background check per current Little League requirements, as indicated on the application, is performed on everyone prior to assignment. Anyone refusing to apply may not participate as a league volunteer. The application forms will be held by the League President for the duration of the year of service. Information contained in these forms is confidential to the league.

Reporting

In the unfortunate case that child sexual abuse is suspected, you should immediately contact the League President, or a League Board Member if the President is not available, to *report* the abuse. The league along with the district administrator will contact the proper *law enforcement agencies*. *Investigation*

The league will appoint an individual with significant professional background to receive and act on abuse allegations. These individuals will act in a confidential manner and serve as the Leagues liaison with the local law enforcement community. *Little League volunteers should not attempt to investigate suspected abuse on their own*. *Suspending/Termination*

When an allegation of abuse is made against a Little League volunteer, it is our duty to protect the children from any possible further abuse by keeping the alleged abuser away from children in the program. If the allegations are substantiated, the next step is clear -- assuring that the individual will not have any further contact with the children in the League. *Immunity from Liability*

All states provide *immunity from liability* to those who report suspected child abuse in "good faith." At the same time, there are also rules in place to protect adults who prove to have been inappropriately accused.

Make Our Position Clear

Make all aware *that Little League BB and the local league will not tolerate child abuse, in any form*.

The Buddy System - There is safety in numbers. Encourage kids to move about in a group of two or more children of similar age, whether an adult is present or not. This includes travel, leaving the field, or using the restroom areas. It is far more difficult to victimize a child if they are not alone.

Access - Controlling access to areas where children are present -- such as the dugout or restrooms -- protects them from harm by outsiders. It is not easy to control the access of large outdoor facilities, but visitors could be directed to a central point within the facility. Individuals should not be allowed to wander through the area without the knowledge of the Managers, Coaches, Board Directors, or any other volunteer.

Lighting - Child sexual abuse is more likely to happen in the dark. The lighting of fields, parking lots and all indoor facilities where Little League functions are held should be bright enough so that participants can identify individuals as they approach, and observers can recognize abnormal situations.

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 victim. It is usually performed by the **first person** on the scene and continues 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!**

First Aid-Kits

First Aid Supplies are located on the premises.

Permission to Give Care

If the victim is conscious, you must have his/her permission before giving first aid. To get permission you *must* tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

Permission is also implied if a victim is unconscious or unable to respond. This means that you can assume that, if the person could respond, he or she would agree to care.

Treatment at Site – Do's and Don'ts

Do . . .

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

Do not . . .

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.\
- Be afraid to ask for help if you are not sure of the proper procedure, (i.e., CPR, etc.)
- Transport injured individuals except in extreme emergencies.

9-1-1 EMERGENCY NUMBER

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

1. First Dial 9-1-1.

Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:

- The exact location or address of the emergency. Include the name of the city or town, nearby.

intersections, landmarks, etc.

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

If A Victim is choking

Partial Obstruction with Good Air Exchange:

Symptoms may include forceful cough with wheezing sounds between coughs.

Treatment:

Encourage victims to cough if good air exchange continues. DO NOT interfere with attempts to expel objects.

Partial or Complete Airway Obstruction in Conscious Victim

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

Treatment - The Heimlich Maneuver:

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

Bleeding in General

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

If a victim is bleeding,

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

9-1-1 immediately.

Nosebleed

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

Bleeding on The Inside and Outside of the Mouth

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

Deep Cuts

If the cut is deep, stop bleeding, bandage, and encourage the victim to get to a hospital so he/she can be stitched up.

Splinters

Splinters are defined as slender pieces of wood, bone, glass, or metal objects that lodge in or under the skin. If the splinter is in the eye, *DO NOT* remove it.

Symptoms:

May include: Pain, redness and/or swelling.

Treatment:

- First wash your hands thoroughly, then gently wash the affected area with mild soap and water.
- Sterilize needle or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use.
- Loosen skin around splinter with needle; use tweezers to remove splinter. If splinter breaks or is deeply lodged, consult professional medical help.
- Cover with adhesive bandage or sterile pad, if necessary.

Insect Stings

In overly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. Call **9-1-1**. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

Symptoms:

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

Treatment:

- For mild or moderate symptoms, wash with soap and cold water.
- Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.
- For multiple stings, soak the affected area in cool water. Add one tablespoon of baking soda per quart of water.
- If victim has gone into shock, treat accordingly.

Emergency Treatment of Dental Injuries

In the case of dental injury, the victim must seek immediate dental care.

Burns

Care for Burns:

The care for burns involves the following 3 basic steps.

Stop the Burning -- Put out flames or remove the victim from the source of the burn.

Cool the Burn -- Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available-tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the clothes cool by adding more water.

Cover the Burn -- Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain. Covering the burn also helps prevent infection. If the burn covers a large area of the body covers it with clean, dry sheets or other cloth.

Heat Exhaustion

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

Treatment:

- Instruct victim to lie down in a cool, shaded area or an air-conditioned room. Elevate feet.
- Massage legs toward heart.
- Only if the victim is conscious, give cool water or electrolyte solution every 15 minutes.
- Use caution when letting the 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 or sweating; rapid pulse; convulsions; unconsciousness.

Treatment:

- Call **9-1-1** immediately.
- Lower body temperature quickly by placing the 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 a well-ventilated room or use fans and air conditioners until body temperature is reduced.
- **DO NOT** give stimulating beverages (caffeine beverages), such as coffee, tea, or soda.

Transporting an Injured Person

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

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

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

If victim must be lifted:

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

Prescription Medication

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

Asthma and Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to fill out the medical history forms. Study their comments and know which children on your team need to be watched. Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial **9-1-1** and request emergency service.

SAFETY MANUAL RECEIPT

I acknowledge receipt of one copy of the league Safety Manual have been informed of the location of First Aid Supplies and all telephones located at the league facilities. I agree to Always keep the Safety Manual in my possession during league activities both on site and off site where safety is a consideration.

I also acknowledge that I have been informed of the date, time, and place for the Fundamentals Clinic and for the First Aid Training.

Name of League _____

Level of Play _____

Name of Team _____

Name of Manager _____

Signature of Manager Date _____

Give signed form to League Safety Officer.