



**ASAP Safety Addendum:**

***Managers, Coaches, & Volunteers***

District Number: **1**

League ID Number

**447-01-05**

Mukilteo Little League

P.O. Box 1058

Mukilteo, WA 98275



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- **Real Time SAFE SUMMARY**
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## **MISSION STATEMENT**

**Mukilteo Little League is committed to provide the participants and spectators of the sport of Little League Baseball an environment free from foreseeable hazards.**

**Mukilteo Little League will provide an environment that promotes the spirit of sportsmanship, teamwork, friendship and respect for each other.**

**Mukilteo Little League will provide opportunities, through education and information, to increase awareness for creating a safe environment.**

## CODE OF CONDUCT

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1. **Speed Limit 5 mph** in roadways and parking lots while attending Mukilteo Little League functions. Watch for small children around parked cars.
2. **No alcohol allowed** in any parking lot, field, or common areas within the complex or schools.
3. **No playing in parking lots** at any time.
4. **No playing on and around** lawn equipment and or other facility equipment.
5. **Use crosswalks** when crossing roadways. Always be alert for traffic.
6. **No profanity.**
7. **No swinging bats** or **throwing baseballs** at any time within the walkways and common areas of the MLL Complex or school facilities. *\* this includes ad-hoc pitching mound and grass area adjacent to Field 1 (until such time as proper fencing is installed).*
8. **No throwing balls against dugouts** or against backstops or field fences\*. Catchers must be used for all batting and pitching practice sessions.
9. **No throwing** rocks.
10. **No horse play.**

11. **No climbing** fences.

12. **No pets** are permitted at the MLL Complex.

13. **Only a player on the field** and at bat, may swing a bat (ages 5-12). Intermediate, Juniors, and Seniors on the field at bat or on deck may swing a bat. Be alert of your surroundings when swinging a bat in the on-deck position.

14. **Observe all posted signs.** Players and spectators should be **Alert** at all times for **Foul balls** and **Errant throws**.

15. **During games**, players must remain in the dugout area in an orderly fashion at all times.

16. **After each game, each team must clean up trash** in dugouts and around stands.

## SAFETY CODE

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### *Safety Code Dedicated to Injury Prevention:*

1. Responsibility for safety procedures should be the responsibility of the Mukilteo Little League Safety Officer. The safety procedures will be provided to Managers / Coaches / Umpires in the form of a Safety Manual. The Safety Officer and a copy of the safety manual will be on file with Little League Headquarters.
2. Arrangements should be made in advance of all games and practices for emergency medical services.
3. Managers, coaches, and umpires will have basic training in first aid and proper baseball/softball mechanics/fundamentals.
  - a. This training will be **mandatory** and consist of local Fire Department assistance, medical professionals, league Safety Officer, high school coaches and experienced league coaches at coach's meetings.
  - b. Baseball clinics are scheduled through the Safety Officer and at least one coach from each team must attend.
  - c. It is the team managers and coaches' responsibility to pass these fundamentals on to their players.
  - d. Please see TRAINING Section including required Little League University courses: Abuse Awareness (all volunteer); and MLL required (coach, manager, umpire) trainings.
4. Stocked first-aid kits are issued to each team manager prior to the first practice.
  - a. An additional Trauma kit is in the MLL complex concession stand for emergencies, including AED (inspected regularly by Safety and Concession Manager); *\*\*Narcan available (change every three years).*

- b. Supplies will be stored and dispensed by MLL to team managers at the league complex on a scheduled basis.
  - c. It is the responsibility of team managers to keep the first-aid kit stocked. Contact the Safety Officer if supplies run low during the season:
    - i. Ice pack supply will be available in the dug outs and concession stands
    - ii. Ointments or specialized wipes will be kept in the concession stands
    - iii. Managers are encouraged to use any and all supplies provided, but required to restock and/or email the Safety Officer with an approximated product use upon returning equipment
5. Each team manager **must** have a first-aid kit at the field during all games and practices.
- a. First Aid equipment based on a three year review of common accidents on the field will be kept in each dug-out box, and provisionally toted by the first umpire to use each field each game-day (and returned to the umpire room by the last working umpire).
  - b. This temporary procedure is based on lessons learned to provide faster access to respond to biohazard (blood) incidents but also commonly used ice-packs, and for new emphasis on coaches modeling hygiene by wiping catchers gear between players.
  - c. This Safety policy is based on the 2026 (NEW) SAFE policy guidance of Little League for rapid response to biohazards and communicable skin infections and may be modified/alterd by SAFETY Officer after a trial period.
6. Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.
7. It is the responsibility of each team manager to have a signed medical treatment release form signed by a parent/guardian and kept with the first-aid kit.

8. No games or practices should be held when weather or field conditions are not playable, particularly when lighting is inadequate.
9. All practices and games **must** have the team manager and one coach in attendance.
10. Fields should be inspected frequently for holes, damage, stones, glass and other foreign objects. Manager/Coaches/Umpires are required to inspect fields for hazards before use.
11. Coaches must inspect equipment before being used in every game or practice. Worn or damaged equipment should be discarded and reported to the League Equipment Manager(s):
  - a. Coaches encouraged to share ready-to-use equipment to meet game expectations (play-limits) and to ensure equipment malfunctions are adequately resolved versus temporary-fixes relied upon each game.
  - b. Coaches should clean catchers equipment before use by any new player.
  - c. Coach/Managers shall immediately report gear related game delays to the equipment manager and make arrangements for properly functioning gear.
  - d. Coaches are reminded to use courtesy runners for catchers to ensure adequate time to refit gear as needed for each catcher, check gear, and ensure adherence to one minute between inning MLL guidelines.
12. Specific attention should be given to inspecting catchers gear including straps, fit, and cleaning protocol using proper disinfectant wipes between player use:
  - a. Inspect for fit between players of different sizes, ages and abilities
  - b. Inadequate fit and “quick-fixes” are a leading cause of game delay (improper throat guards, fit, missing straps exposing players knees, etc.).
  - c. See equipment manager, dug out box, or concession for access to wipes.

13. All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as “in play”.
14. Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
15. Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team’s manager and coaches.
16. Procedures should be established for retrieving foul balls batted out of the playing area.
17. During practice and games, all players should be alert and watch the batter on each pitch.
18. During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.
19. All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by spectators. (i.e., playing catch, pitching, swinging bats, etc.)
20. Managers/Coaches/Umpires are required:
  - a. to inspect player’s equipment frequently for the condition of the equipment as well as for proper fit.
  - b. Replace as needed.
21. Batters *must* wear Little League approved protective helmets bearing the NOCSAE seal during batting practice and games:

- a. This applies to any youth-coach on the field
  - b. Adult umpires and coaches are *encouraged* to model the way and wear hard helmets
22. Catchers must wear a catcher's helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter at all times for all practice and games.
- a. **No exceptions.** Managers should encourage all male players to wear protective cups and supporters for practice and games.
  - b. It is strongly recommended that female catchers wear a pelvis protector during practices and games.
  - c. **Catchers in any division in Little League shall not wear SKULL CAPS.**
23. Except when a runner is returning to base, head-first slides are **not** permitted. (12 years old and younger)
24. While teaching or practicing sliding, all bases should **not** be strapped down or anchored.
25. **At no time** should "horseplay" be permitted on the playing field.
26. Parents of players who wear glasses should be encouraged to provide "safety glasses".
27. Players must not wear watches, rings, pins or metallic items during games and practices.

28. The catcher must wear a catcher's helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bullpen during a game and practices.
29. Managers and coaches may not warm up pitchers before or during a game.
30. On-deck batters are not permitted in Majors Division or lower.
31. Players are to wear baseball/softball shoes with rubber cleats molded to the sole or tennis shoes. **(NO STEEL CLEATS ARE ALLOWED, except in the Intermediate, Juniors, and Seniors divisions.)**
32. All fields will have bases that disengage from their anchors.
33. Connex Storage:
- a. Always ensure storage door is adequately blocked by cinderblock/sandbag (within door of storage) before entering.
  - b. Always use lantern or flash light provided when entering
  - c. Check to ensure the bay 1 backdoor is closed to prevent mildew or rodent issues in primary storage unit (check quarterly).
  - d. Ensure adequate rodent control (semi-annual)
  - e. Use sanitization methods each summer to properly air-out, clean, and preserve stored material (annual)
  - f. Double check all locks
  - g. Unless approved by the facilities or equipment manager, no youth are allowed within the Connex Storage unit at any time.

**ALL INJURIES MUST BE REPORTED TO THE SAFETY OFFICER within 24 hours or less.**

See a need to add to the safety code?

Contact: Safety Officer, Mukilteo Little League: [Safety@MukilteoLittleLeague.com](mailto:Safety@MukilteoLittleLeague.com)

## SAFETY POLICIES FOR MUKILTEO LITTLE LEAGUE

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### **Safety Officer's Responsibilities**

Within 48 hours of receiving the incident report, the Safety Officer and /or League President will contact the injured party or the party's parents and (1) verify the information received; (2) obtain any other information deemed necessary; (3) check on the status of the injured party; and (4) in the event that the injured party required other medical treatment (ie., emergency room visit, doctor's visit, etc.) will advise the parent or guardian of Mukilteo Little League's insurance coverages and the instructions for submitting any claims.

If the extent of the injuries is more than minor in nature, the Safety Officer/League President shall periodically call, text or email the injured party to

(1) check on the status of any injuries, and

(2) to 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).

**The Safety Officers will record and track all reported injuries.**

### **Medical Release/ Concussion Compliance Forms**

Prior to successful registration, for the upcoming season, all players medical information and concussion compliance acknowledgement is required to be entered into Stack Sports. Once teams are assigned, prior to the first practice, managers must print each team member's Participant Information from Stack Sports and be in possession of these forms at all practices, games, or team outings. It is recommended that these forms be kept in a binder in the equipment bag, or in the first aid kits.

### **Accident Reporting Procedures**

#### **What to report-**

An incident that causes any player, manager, coach, umpire, volunteer, or spectator 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 or periods of rest.

### **When to report-**

All such incidents described above must be reported to the **Safety Officer** *within 24 hours* of the incident. Contact [Safety@MukilteoLittleLeague.com](mailto:Safety@MukilteoLittleLeague.com) or see SAFE PLAN for direct contact information updated annually.

**How to make a report-** All incidents **must** be reported to the Safety Officer and the following information **must be provided:** \_

- The name and phone number of the individual involved.
- The Team name and name of the Team Manager.
- 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 and treatment provided.
- The name and phone number of the person reporting.

### **Incident / Injury Tracking Report**

All reported injuries will be tracked using the Incident/Tracking Report. A copy of this form is in the “Forms” section of this manual.

### **Insurance/Liability Claim Forms and Instructions**

All forms needed to file a claim can be obtained from the Safety Officer. Copies of these forms are also located in the “Forms” section of this manual.

### **Volunteer Application Forms/Background Checks**

Volunteers such as managers, coaches, umpires, league officers and all elected members are required to complete a Mukilteo Little League approved Volunteer Application

Form. This form will contain information consistent with the Little League Volunteer application form. Background checks for each volunteer will be performed during coach and volunteer registration at <https://www.mukilteolittleleague.com>. A copy of this form is in the “Forms” section of this manual.

### **Abuse Awareness Training**

Abuse Awareness Training is a mandatory part of the Little League Volunteer application and background check.

- League Volunteers are required to complete Little League University “Abuse Awareness Training” in accordance with Little League International requirements.
- No League Volunteer shall participate in games and practices prior to completing the Abuse Awareness Training.
- Safety Officer will report Regular Season totals reported through the Safe Summary Data base system
- See SAFE TRAINING SYSTEM for more details

## Top 10 Baseball Stretches For Youth Players' Flexibility

- **Arm Circles:** Stand with arms out and make small circles, gradually increasing the size. This stretch improves shoulder mobility and helps prevent injuries.
- **Leg Swings:** Stand on one leg and swing the other leg forward and back. This stretch improves hip flexibility, which is important for batting and running.
- **Hamstring Stretch:** Lay down on stomach and swing legs back and forth across your body, touching opposite sides. This stretch is crucial for lower body flexibility.
- **Toe Touches:** Stand on one leg and touch the toes of the opposite leg with the toes touching the ground. This stretch helps with balance and stability.
- **Quad Pulls:** Stand on one leg and pull the opposite leg towards the center of your body. This stretch improves hip flexibility and balance.

These stretches are essential for youth baseball players to maintain flexibility, prevent injuries, and enhance overall performance on the field. Incorporating these stretches into their warmup routine can significantly benefit their physical and mental readiness for practice and games.

### To improve minor muscle routines, consider incorporating the following stretches:

- **Cross-Body Shoulder Stretch:** Bring one arm across your chest, hold with the opposite hand, and draw it up against your chest for 20-30 seconds.
- **Wall Stretch for Triceps:** Stand near a wall, lean forward, and hold for 30 seconds.
- **Doorway Stretch:** Lean into a doorway with one arm, hold for 30 seconds, and switch arms.
- **Shoulder Rolls:** Roll your shoulders forward and backward for 10 seconds each.
- **Calf Stretch:** Stand at arm's length from a wall, place one foot behind the other, and hold for 30 seconds.

Incorporating these stretches into your routine can enhance flexibility and reduce muscle tension.

## **EMERGENCY ROLES, ROUTES, SITUATIONS:**

The most probable location for an emergency is in the parking lot to the east of the MLL complex. In various emergencies coaches and volunteers should be familiar with risks, alternate routes, and response covered below and in the ASAP covering car wreck, bike/pedestrian vehicle collision, stranger-danger, first-aid (see also Advanced Guidelines 2018), etc.

NOTE: these guidelines have been developed with review of EMT, combat veterans, first responder, active board members, and coaches to create a collective awareness of opportunities and discussion of needs. Future Safety annual reviews are encouraged to include updated signs, visual maps, and continuous review of this new SAFE addition.

**DUTIES:** Coaches/umpires/board members should be the last ones at the facility focused on ensuring smooth, calm exit from the parking lot in any emergency or following any league event. At least two coaches conducting a sweep of the facility at the west end of field four continued east toward the park bathrooms.

- check storage facility
- check concession facility
- check umpire locker
- check dug outs

Ensure everyone has been evacuated for all listed emergencies.

Then confirm by text or email to Safety Officer of final check. At that time ensure the park fence is closed for the day.

## “Do’s and Don’ts”

### **Do...**

1. Reassure and aid children who are injured, frightened, or lost.
2. Provide, or assist in obtaining, medical attention for those who require it.
3. Know your limitations.
4. Carry your first-aid kit to all games and practices. (A good place to keep *Medical Treatment consent forms*.)
5. Assist those who require medical attention – and when administering aid, remember to...
6. **LOOK** for signs of injury (Blood, black and blue deformity of joint etc.)
7. **LISTEN** to the injured describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
8. **FEEL** gently and carefully the injured area for signs of swelling or grating of broken bone.
9. **Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.**
10. **Have your player’s Medical Treatment Release forms with you at all practice and games.**

***Don't...***

11. Administer any medications. \*
12. Provide any food or beverages other than water.
13. Hesitate in giving first aid when needed.
14. Be afraid to ask for help if you are not sure of the proper procedures (i.e., CPR, etc.).
15. Transport injured individuals except in extreme emergencies.
16. Leave an unattended child at a practice or game.
17. Hesitate to report any present or potential safety hazard to the Safety Officer immediately.

**\*EXCEPTION:**

Washington State's Good Samaritan Overdose Law (RCW 69.50.315) offers specific protections for individuals who seek medical assistance during a drug-related overdose. Key points include:

- **Immunity from Prosecution:** If you call 911 or seek medical help for someone experiencing an overdose, you and the overdose victim are protected from prosecution for drug possession. This immunity applies even if illegal substances are present at the scene.
- **Protection for Responders:** Individuals who administer naloxone (Narcan) in good faith during an overdose are also protected from civil liability for any unintentional harm that may occur while providing assistance.

### **Lightning Evacuation Procedures**

1. Stop the game/practice.
2. Stay away from the metal fencing including dugouts.
3. Do not hold a metal bat.
4. Walk, do not run to a car and wait for a decision on continuing the game or practice.

## **Earthquake Procedures**

*The following information is recommended for ballpark structures/concession stands and homes.*

1. Securely fasten water heaters and gas appliances
2. Repair defective electrical wiring, leaky gas and inflexible utility connections.
3. Place large or heavy objects on lower shelves. Fasten shelves to walls. Brace high and top-heavy objects.
4. Store bottles, foods, glass, china, and other breakables on low shelves or in cabinets that can fasten shut.
5. Anchor overhead lighting fixtures.
6. Be sure structures are firmly anchored to the foundations.
7. Know where and how to shut off all utilities.
8. Locate safe spots in each structure or room.
9. Identify danger zones in each structure or room.
10. Consider buying earthquake insurance.

## **When the Ground Moves**

1. If indoors – take cover under sturdy furniture or against an inside wall and hold on. **Drop, Cover & Hold.** Stay away from the kitchen.
2. If outdoors – stay there. Move away from buildings, streetlights, field lights and utility wires.
3. In a vehicle – stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses or utility wires.

## **When the Shaking Stops**

1. If the electricity is out – use flashlights or battery powered lanterns.
2. If you smell gas or hear a hissing or blowing sound---open a window and

leave the building. Shut off the main gas valve outside.

3. Be prepared for aftershocks.
4. Check for injuries; yourself and those around you.
5. If there is electrical damage – switch off the power at the main control panel.

### **Active Shooter/Violent Crime:**

In the event of a crime such as an active shooter in the parking lot to the east of the complex the emergency route shall be west (toward Plain field) and north to adjacent property as a staging area.

The lower complex with people being directed north along the tree line, past the climbing recreation facility, and into a staging area to the north of the complex or adjacent businesses immediately north of the complex parking lot.

This evacuation route and staging area can ensure parents and children move away from a dangerous chokepoint in the parking lot or playground where such a risk is most probable. In the event of such a situation, coaches are reminded players and fans should duck for cover (or lay/crawl), seek shelter by directing players/parents away from the active shooter toward screened hiding (dug outs, concession etc.) but ultimately toward evacuation route on west side of the facility, and if necessary directing people north to adjacent industrial lot for staging area and to allow first responders unrestricted access to first-aid.

By directing players into the screened dug outs, and then toward the evacuation route to the west (tree line adjacent to Paine Field and west side of field 3) heading due north toward the industrial parking lot (currently KORY Co.) adjacent to the complex, will reduce chances of chaotic situations creating secondary emergencies such as pedestrian/vehicle collisions, emotional trauma, etc.

- Field one players would be most close to such an occurrence so umpires and coaches should assist in helping to evacuate those players toward Field three and/or concession stand where the window-bays should be closed ASAP.
- Field two (softball) should move everyone toward the safety wall/concession facility and then along the low berm to the tree-lined path and onto the western evacuation route along the western tree line heading north.
- Unless a specific catastrophic event requires, safe evacuation should avoid the umpire parking lot due to its proximity to the only exit lane for the park, in adequate sight lines, and risk of overflow of people into the exit lane from the park

## **Travel Hazards**

1. In any meeting or gathering where adults are brought together, they should be reminded of their responsibility to:
  - a. See that all passengers use seat belts.
  - b. Do not carry passengers in cargo areas of vans and pick-ups.
  - c. See that their vehicles are in safe operating condition.
  - d. Observe traffic regulations.
  - e. Drive defensively.
  
2. Youngsters who are walking to or from the field should be reminded by their parents, managers and coaches to:
  - a. Not hitch rides.
  - b. Use street or highway crossings protected by lights as much as possible.
  - c. Always walk-in single file off the roadway, and on the side against the flow of traffic where there are no sidewalks.
  - d. Wear light colored clothing and carry a flashlight when walking along a road after dark.
  - e. Be just as alert to the dangers of moving traffic when in a group as when alone. Do not depend on others.
  - f. Observe bicycle safety rules as described in the next section.

## **Bicycle Safety**

Managers and coaches should review with players the following bicycle safety points:

1. Keep tires inflated and in good condition.
2. Always ride single file, one behind the other, with the flow of traffic.
3. Do not attempt to hitch a ride at the back of a truck or other vehicle.
4. Be careful at intersections and when making turns.
5. Use hand signals to make left and right turns, and to slow down or stop.
6. If you must ride after dark, use front and rear lights and wear reflective clothing.
7. Obey all posted traffic signs, laws, signals, police officers and crossing guards.
8. Always wear a sturdy bicycle helmet in good condition.
9. Be alert! Watch out for cars, pedestrians, and other bikers.

## **Stranger Danger**

All Mukilteo Little League volunteers will adhere and reinforce the following guidelines regarding “strangers”. Managers and coaches will cover *stranger danger* with players.

### **Do-**

1. Report all suspicious strangers at practice and game fields to managers and coaches.
2. Managers and coaches will stay at fields until parents and/or guardians pick up all players.
3. Clearly communicate transportation arrangements.
4. Managers and coaches will be alert for suspicious circumstances and notify the authorities when appropriate.
5. If players are asked to engage in door-to-door sales for league fund raisers. Parents or an approved adult, should supervise their efforts.

### **Don't-**

1. Speak with a stranger.
2. Leave the game or practice with anyone other than parents or someone given permission by your parents (prearranged).
3. Accept assistance from individuals not affiliated with the Mukilteo Little League.
4. Leave players unattended at games or practices. This includes player’s siblings and friends. (This especially has been a problem at the Little League Complex.)

## **Who Are Strangers?**

A stranger is someone you do not know. Even if you recognize people and they act friendly, they are still strangers. The garbage collector, the ice-cream man, and grocery store clerk are all strangers, unless you and your parents have gotten to know their names and addresses and consider them friends of the family. A stranger can be a man, a woman, or a boy or girl, and can be old, young, or in-between. A stranger can wear jeans, a dress, or a suit, and can be any color or nationality. Please see the other pages on this site to know what to do when you see a stranger.

### **Rules to Follow.**

- A stranger is anyone you and your family do not know well, and can come in any shape, size, or color.
- Stay at least an arm's reach away from a stranger. Back up and run if you feel danger.
- Do NOT talk to strangers.
- Never take anything from a stranger, not even something that belongs to you.
- Never go anywhere with a stranger, no matter what they say.
- Do NOT answer requests for help, or personal questions.
- If you ever feel like you are in danger, get help from a safe adult, (parent, teacher, friend).

## CONCESSION STAND OPERATIONS

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The Mukilteo Little League does not contract for concession stand operations. If a vendor is contracted, the following guidelines will be strictly adhered to.

**Mandatory training:** Complete Abuse Training, Safety Training, First Aid Training (all Little League programs free, see Safe Summary Training or Safe TRAINING for links); in addition complete required food handler permit (see website/documents, Safe Training, or Safe Summary for web access to this free resource). Total time: Less than 90 minutes.

### **12 Steps to Safe and Sanitary Food Service Events.**

The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of food borne illness. This information was provided by District Administrator George Glick and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.

#### **1. Menu**

Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein salads, cut fruits and vegetables, etc.) to a minimum.

Avoid using precooked foods or leftovers. Use only foods from approved sources and avoiding foods that have been prepared at home. Complete control over your food, from source to service, is the key to safe, sanitary food service.

#### **2. Cooking.**

Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of

155° F, poultry parts should be cooked to 165° F. Most food borne illnesses from temporary events can be traced back to lapses in temperature control.

### ***3. Reheating.***

Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, or other holding devices.

Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.

### ***4. Cooling and Cold Storage.***

Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check temperature periodically to see if the food is cooling properly. Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of food borne illness.

### ***5. Hand Washing.***

Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

### ***6. Health and Hygiene.***

Only healthy workers should prepare and serve food. Anyone who exhibits

symptoms of sickness or disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on their hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.

### ***7. Food Handling.***

Avoid hand contact with raw, ready to eat foods and food contact surfaces.

Use an acceptable dispensing utensil to serve food. Touching food with bare hands can transfer germs to food.

### ***8. Dishwashing.***

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

1. Washing in hot soapy water.
2. Rinsing in clean water.
3. Chemical or heat sanitizing.
4. Air drying.

### ***9. Ice.***

Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use your hands. Ice can become contaminated with bacteria and viruses and cause foodborne illness.

### ***10. Wiping Cloths.***

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and

discourage flies.

### ***11. Insect Control and Waste.***

Keep food covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.

### ***12. Food Storage and Cleanliness.***

Keep food stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

### ***13. Set a Minimum Worker Age.***

Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

**REPORT ANY STRUCTURAL OR MECHANICAL DEFECTS including (but not limited to) AED, equipment, sinks, plumbing, electrical, battery power banks, etc. to the Facility Manager, Safety Manager, and Concession Stand Manager upon discovery.**

**See SAFE SUMMARY for current names and contact information.**

## MUKILTEO LITTLE LEAGUE FACILITIES

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Each year, the Safety Officer shall complete the Little League Facility Survey. All fields used by Mukilteo Little League will have an annual inspection to ensure that facility concerns will be detected and corrected prior to the opening of the Little League season. A copy of the Little League Facility Survey is in the “Forms” section of this manual.

### ***Facility Safety***

All coaches and umpires are required to walk each field prior to practice and games inspecting for and removing hazards before use. Items include, but are not limited to rocks, glass, holes, etc.

### ***Equipment Safety***

Mukilteo Little Leagues’ equipment manager is responsible for annually inspecting equipment before distribution. The equipment manager is also responsible for ordering and replacing equipment to meet Little League International safety requirements. Coaches and umpires are responsible for checking equipment for safety and must report any broken or damaged equipment to the league’s equipment manager.

### ***Storage Shed Procedures***

The following applies to the storage sheds at the Mukilteo Little League Complex and applies to anyone who has been issued a key by the Mukilteo Little League to use those sheds.

1. All individuals with keys to the Mukilteo Little League equipment sheds (ie., Managers, Umpires, etc.) are responsible for the ***orderly and safe storage of rakes, shovels, bases, etc.***

2. Before using any machinery located in the sheds (i.e., lawn tractor) please contact the Facilities Manager. Juveniles will not operate motorized equipment.
3. All chemicals or organic materials stored in the Mukilteo Little League sheds shall be properly marked and labeled as to its contents. These materials will be stored in areas separate from machinery and tools to minimize the risk of puncturing the containers.
4. Any witnessed “loose” chemicals or organic materials within the sheds should be cleaned up and disposed of as soon as possible to prevent accidental poisoning.
5. Locked **Joboxes** at school fields contain gardening equipment and lime. Care should be used in their use and storage.

#### **CONNEX BOX POLICY:**

- Upon opening, immediately secure the door with sandbag/concrete block (inside Connex)
- Use lantern or flashlight
- Check to ensure the bay 1 backdoor is closed to prevent mildew or rodent issues in primary storage unit (check quarterly by Safety Officer; monthly by Facility Manager and Equipment Manager).
- Ensure adequate rodent control.
- Use sanitization methods each summer to properly air-out, clean, and preserve stored material. Unless approved by Facilities Manager or Equipment Manager for supervised youth
- Volunteer opportunities, no minor may enter the Connex box at any time; no minor may enter unattended at any time

## BASIC FIRST AID

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Knowing what to do in the first minutes after an emergency has occurred can make a big difference in the outcome. Although this page is no substitute for a formal first aid and CPR course, reviewing this information can help you to be better prepared for that unexpected crisis.

Coaches and Managers are encouraged to download and kit this resource, together with the 2018 ASAP First Aid Addendum for reference in the event of an emergency and loss of cell service as a reference guide. Remember, if EMS is 8-16 minutes away, even a compound fracture becomes life threatening. Everyone spending 1 hour and keeping these documents on hand, improves rapid response and could save a life...!

**Mandatory Training:** first-aid, safety, and abuse awareness are REQUIRED for managers/coach, umpire, concession stand, and board members. Total completion time:

1 hour

ALL PARENTS ENCOURAGED TO TAKE FIRST AID TRAINING and ALL VOLUNTEER AND PARENTS encouraged to take CPR, concussion, and other FREE first-aid courses listed in section two of the SAFE TRAINING system. These courses, in total, are less than 1 hour. For parents unable to dedicate time weekly, consider taking a National Coach Federation First Aid advanced course (online \$40) for a 1.5 hour experience. This way, YOUR PRESENCE and KNOWLEDGE ALONE is a service to our community!

Before we review *what you SHOULD do*, let us look at a few things you SHOULD NOT do:

1. **Do NOT panic!** You can help a lot more if you remain calm, take a deep breath, and think out your actions!
2. **Do NOT let the victim panic!** (Even if it's you!) Panic increases blood pressure, pulse and respiration, which can complicate a medical emergency!

3. **Do NOT forget your own safety!** LOOK at the whole scene! If you get injured, you cannot help anyone!
  
4. **Do NOT be afraid to ask for help!** Use all the resources you need: neighbors, bystanders, etc. If you remain calm and assume a leadership role in the emergency, most people will be more than willing to listen and help however they can.

*The rest of this document will list common medical and trauma emergencies and what you can do until Fire/EMS arrives. Of course, someone will have to call them, so don't forget to review the 911 procedures.*

### **9-1-1 Procedures**

If you must call 9-1-1 or the local emergency number. Be prepared to tell:

- What has happened.
- Where it has happened
- Your telephone number.

STAY ON THE LINE until the dispatcher hangs up. If at home, turn on your outside lights to help responders find your home. Also, make sure your house numbers are at least 4 inches tall and visible from the street. Have someone direct responders to the patient. Several vehicles may arrive, depending on where you live. Report to Mukilteo Little League Safety officer as soon as possible after working with emergency responders to handle the situation (within 24 hours is required)!

### **A, B, C's**

For **ALL** Emergencies, quickly assess the patient for:

#### **Airway**

Is the airway open or blocked? Is there something preventing the patient from being able to breathe? If there is, you need to Clear the Airway quickly! If it IS clear, make sure it stays that way!

## **Breathing**

Is the patient breathing? If NO, you must act quickly and perform Rescue Breathing! If YES, note the rate and depth. If breathing is slow and/or shallow, you'll need to help them breathe properly.

## **Circulation**

If the patient is unconscious, press two fingers gently against the side of their neck just below the jaw and feel for a pulse. If their conscious, check there or at their wrist. DO NOT use your thumb to check a pulse, you will feel your OWN pulse! If there's NO PULSE, the patient needs CPR Now! If the pulse is weak and/or rapid, the patient may be going into shock!

## **Airway Obstructions**

There are two ways of clearing an obstructed airway. The method you use depends of whether the patient is CONSCIOUS or UNCONSCIOUS.

## **UNCONSCIOUS Patients**

1. With the patient laying on their back, place two fingers under each side of their jaw and gently push the jaw straight up and out. DO NOT tilt their head back if they have suffered a traumatic injury, i.e., fall, auto-accident, head injury, etc. This maneuver will lift the tongue up and away from the back of their throat.
2. If the patient does not breathe after step 1, try giving them a breath using the Rescue Breathing technique. If you still cannot get any air to go in, go to step 3.
3. Using two fingers slightly bent, start at one side of their mouth and sweep down and out to remove any obstruction from their mouth and upper throat. NEVER use this technique on a CONSCIOUS patient!
  1. Attempt step 2 again. If you still cannot get any air in, you need to perform abdominal thrusts to try and force the obstruction out. To do this, straddle the patient's legs on your knees, facing towards the head.

Interlock your fingers with one hand on the other. Place the heel of the bottom hand just above the belly button, then moderately compress the abdomen in an upward direction 8-10 times.

2. Go back to step 2. If the patient is still not breathing and you still cannot get any air to go in, you will need to repeat these steps. A deeply embedded obstruction can be difficult to remove, but failure to remove it will likely result in death!

### **CONSCIOUS Patients**

1. Determine that the patient is choking. The universal signal for choking is a person grabbing their throat. They may still be able to pass some air, in which case you'll hear wheezes as they try to breathe. However, if the patient is able to cough forcefully, DO NOT interfere. Encourage them to continue coughing to force the obstruction out.
2. DO NOT put your fingers or any other object into their mouth! The exception would be if you can visualize the object, but even then, it is not recommended, as you may accidentally push the object farther into their airway.
3. If the patient can stand up, have them do so. You will need to perform the Heimlich Maneuver now.
4. Standing behind and facing the patient, reach your arms around them.
5. Make a fist with one hand and hold it with the other. Place your fist in the middle of their stomach, just above the belly button.
6. In a sharp thrusting motion, press in and upwards to try and force air and the obstruction out of the patient.
7. If the obstruction gets cleared, the patient will usually take a big gasp, which will be your signal that you have successfully saved a choking victim! Monitor the patient for several minutes to make sure they are now able to breathe.
8. If the first thrust fails, you may need to repeat the procedure. Recheck the patient after each attempt.
9. If the obstruction persists, the patient will likely become unconscious, in which case you'll need to continue by treating them according to the UNCONSCIOUS Airway Obstruction method.

## **Rescue Breathing**

Rescue breathing (mouth-to-mouth) is a simple, quick technique that can make the difference between life and death for a non-breathing person. To perform emergency rescue breathing, follow these steps:

1. Make sure the victim's airway is clear, as outlined above.
2. If possible, use a protective device such as a CPR micro shield or pocket mask to protect yourself. A micro shield is located in the team first aid kit.
3. Place yourself beside the victim's head, looking down towards their chest.
4. Ensure the victim's head is in the neutral position, with their neck in a straight line with their back.
5. Place the palm of one hand on their forehead and use your thumb & forefinger to pinch their nose shut.
6. Make a firm seal between the victim's mouth and the protective device or your mouth.
7. Give one steady, full breath, watching their chest to assure that you see the chest rise with the breath.
8. Allow the air to escape naturally from the victim. Repeat this procedure immediately from step 5.
9. After the second breath, look, listen and feel for any spontaneous respiration from the victim.
10. Also, after you give the second breath, check for a pulse! If the victim has no pulse, start CPR promptly!
11. If the victim is not breathing on their own, you need to continue this procedure. A continuous supply of oxygen can greatly reduce the chance for permanent brain damage or death!

## **Cardio-Pulmonary Resuscitation (CPR)**

**Managers and coaches need to obtain CPR training.** It is beyond the scope and ability of this document to be able to teach CPR properly. To become proficient at CPR requires hands on practice and personal instruction. CPR can and does save lives every day! Even within the advanced training levels of Paramedics and Doctors, the first and primary step in saving a cardiac arrest victim is CPR!

Managers and Coaches are strongly encouraged to obtain formal CPR certification. Please take the time (usually a 4–8-hour course) to learn the most important lifesaving skill!

A few excellent resources include:

- American Red Cross (Chapters across the US and World)
- American Heart Association (Sponsor courses and private instructors worldwide)
- Your local Fire/EMS department. (Many teach courses or have certified instructors working there)
- Your local hospitals and clinics
- A local college (Many sponsor non-credit short courses in First aid and CPR)

**If you are NOT certified in CPR, attempting hands-only CPR can be beneficial in saving lives. Quick response time is imperative.**

### **Hand-Only CPR** (12 y/o to adult)

#### **1. *Call 9-1-1 immediately.***

Ask for an ambulance to respond. If the dispatcher can give you directions for CPR – follow their guidance and ignore the below instructions.

#### **2. *Push on the chest.***

Put the heel of your hand directly on the center of the chest, between the nipples. Push down about 1.5 inches at a rate of 100-120 compressions/minute or about 2 per second.

### **Child CPR** (1 – 11 y/o)

1. ***Try to Wake the Child.*** Tap or shake the child's name attempting to wake them. If the child does not wake call 9-1-1
2. ***Call 9-1-1*** Ask for an ambulance to respond. If the dispatcher is able to give you directions for CPR – follow their guidance and ignore the below instructions.
3. ***Open Airway and Check for Breathing***
4. ***Give the Child Two Breath***
5. ***Begin Chest Compressions.*** Place heel of one hand between nipples. Push straight down about 1.5 inches. Repeat 30 times or about 2per second.
6. ***Give Child Two Breaths***

***If the child does not regain consciousness or resume breathing, repeat steps 4 and 5 until help arrives.***

## **Treatment of Shock**

1. Shock, defined as inadequate tissue perfusion, can occur for a variety of reasons. The most common include blood loss, failure of the heart to pump properly, extreme allergic reactions, and neck/spine injury. Regardless of the cause, there are several symptoms that will indicate the victim is suffering from shock:
2. Their mental status/alertness decreases.
3. Skin color may be pale. If their color is blue, this indicates a lack of oxygen and Rescue Breathing may be indicated.
4. Their pulse may be weak, thready and rapid. They may not even have a pulse at their wrist, so check their neck for a carotid pulse.
5. Squeeze their fingernail and observe the color change. If it takes more than 1-2 seconds for the nailbed to return to pink, this indicates extremity circulation has already begun to shut down.
6. Remember, if you can check blood pressure that decreased blood pressure is a LATE and serious sign of shock.

**Once you have determined or suspect a victim is in shock, there are several things you can do to help reduce the damage of shock and to stabilize them until more help arrives:**

1. Keep the victim calm and still. DO NOT allow them to move their head/neck as they may have a spine injury.
2. Keep the victim insulated. Loss of body heat can result from circulation being routed from the extremities to their vital organs.
3. Elevate their feet about 15 degrees, which helps keep the blood closer to vital organs.
4. Control any external bleeding by applying direct pressure to the wound.
5. Closely monitor their respirations and be prepared to assist if needed using the Rescue Breathing technique.

## **Specific Emergencies**

## **Communicable Disease Procedures**

While the risk of one athlete infecting another with HIV/AIDS during competition is close to non-existent, there is the remote risk other blood borne infectious disease can be transmitted. Procedures for reducing the potential for transmission of infectious agents should include, but not limited to the following:

1. Bleeding must be stopped, the open wound covered and if there is any excessive amount of blood on the uniform it must be changed before the athlete can participate.
2. Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. Wash hands immediately after removing gloves. Sanitizer is also provided in every emergency kit along with alcohol wipes but this is a temporary solution until such time as proper handwashing can occur.
4. Clean all blood contaminated surfaces and equipment with a solution made from a proper dilution of household bleach (CDC) recommends 1-100 or other disinfectant before competition resumes. *\* dug out boxes will include sanitary wipes on a trial basis.*
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments or devices.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.

7. Athletic trainer/coaches with bleeding or oozing skin should refrain from all direct athletic care until condition resolves.
8. Contaminated towels, gauze, or other disposable products should be disposed of/disinfected properly.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings, mouth guards and other articles containing body fluids.
10. Use provided sanitization spray between players sharing catchers equipment; periodically use Clorox wipes stored in the lock boxes to Sanitize gear; this is important to preventing skin based communicable disease.

## **Vehicle Accidents**

Vehicle accidents claim many lives each year, and cause scores of permanent disabilities. Some guidelines to follow if you are first on the scene of an accident include:

1. Protect yourself! Watch for traffic and do not assume that because the accident is visible that everyone will use caution. Do not become a victim yourself!
2. Check for immediate hazards! Rarely do vehicles explode like in the movies, but the vehicles involved in the accident may be unstable. Make sure the cars are not likely to roll or tip over.
3. If you can, set the parking brake of the car and turn off the engine if it is still running.
4. Do not allow the patient to move if there is any chance of injury. DO NOT remove the patient from the vehicle unless there is an immediate life-threatening danger.
5. Hold and maintain the patient's neck/spine inline by gently placing one hand on each side of their head.
6. Calm and reassure the victim. Assess the victim as for all other emergencies.
7. If you cannot access the victim because they are entrapped, instruct them to NOT move and stay within easy visual contact of the victim. This will help reassure and keep them calmer.
8. If there are several patients, and you do not have any help, remember the rule "Do the most good for the most people."
9. Someone who is not breathing or has no pulse is a lower priority than someone who is still breathing but bleeding heavily and going into shock.

## **Fractures/Dislocations**

1. Although most bone fractures and dislocations are not life threatening, proper treatment and handling of such injuries can enhance full recovery from the injury and lessen the chances for permanent disabilities. The following is a list of guidelines and steps to follow when dealing with bone/joint injuries:
2. Remember that bone/joint injuries can be extremely painful, so constantly reassure the victim and keep them calm.
3. DO NOT attempt to straighten or unnecessarily move the injured extremity.
4. If possible, check for adequate circulation past the area of the fracture by feeling for a pulse. Absence of a pulse past the fracture point is VERY serious and requires prompt hospital attention.
5. Immobilize as much of the affected limb as possible, including above and below the fracture, and any joints above or below the fracture. Commonly found items that can be used for splinting include:
  1. Rolled newspaper or magazine
  2. Table/chair leg
  3. Securing a broken arm against the chest
  4. Securing an injured leg to a non-injured leg
6. After splinting the injured part, check again to make sure circulation past the injury is still present.
7. Ice packs can be used to decrease swelling. However, do not place ice or ice packs directly against the skin, use a towel, cloth, etc. to prevent any tissue damage.
8. If a bone end has broken through the skin, DO NOT attempt to move the end back into the skin. Place clean dressings over the open wound and splint as above.
9. ALWAYS encourage the victim to seek medical treatment for any suspected fracture/dislocation. Failure to have such injuries properly treated can result in partial or complete loss of function.
10. Some fractures can be much more serious than others, due to the additional danger of serious internal bleeding. A few of these injuries include:
  1. Pelvic/Hip fractures
  2. Upper leg (Femur) fractures
  3. Rib fractures
  4. Crushing fractures that may sever arteries

11. If a neck or back fracture/injury is suspected, NEVER move the patient at all unless there is an immediate life threat from fire, hazardous material, etc. Even then, make every effort to immobilize their neck first!
12. To immobilize a neck injury, use a large towel, blanket or similar. Make a large roll and wrap the neck. the wrap need not be tight, just prevent their chin from moving downward. Keep their head in a straight line with their spine. Once you immobilize someone's neck, do NOT leave the victim unattended.

## **Bleeding Injuries**

There are numerous injuries that can result in bleeding, but the rules for treating the bleeding are basically the same. An average adult has between 5 to 6 liters of blood, infants and children much less. Therefore, even a moderate amount of blood loss in small children can be very serious. General guidelines for bleeding control include:

1. Protect yourself! Direct blood transfer is the most common means of disease transmission! If possible, wear protective gloves and avoid getting blood splashes in your eyes, mouth, nose!
2. Examine the scene! If the injury is a result of violence or hazard, DO NOT endanger yourself! You can do more good by calling for help than by attempting to treat someone and becoming a victim yourself!
3. As in all emergencies, keep the victim still and calm. Fear and anxiety increase blood pressure and pulse, which increases the rate of blood loss.
4. The preferred method of bleeding control is direct pressure at the site of the bleeding, using towels, sheets, clean cloths, etc. Apply firm pressure directly over the site of the wound.
5. Once applied, direct pressure should NEVER be removed. The same goes for any bandages/dressings placed on the wound. If blood begins to soak through the bandaging, ADD MORE bandaging, do NOT remove existing dressings.
6. If direct pressure itself does not control the bleeding, find the pulse above the point of bleeding and apply pulse pressure, as well as continuing the direct pressure.
7. TOURNIQUETS are very RARELY needed!! This is a last resort technique only. The above two methods can control most bleeding. In the case of near or total amputation where a tourniquet might be needed, be sure to LET EVERYONE KNOW that a tourniquet is in place, and once applied, only a Doctor should remove the tourniquet.
8. The decision to use a tourniquet must be weighed against the very potential loss of extremity below the point of the tourniquet.
9. Even if you are sure the bleeding has stopped, DO NOT remove any bandages or dressings. Encourage the victim to seek prompt medical attention, due to the risk of tetanus, infection and permanent scarring.

## **Seizures**

Seizures can have many causes, the most common being epilepsy, heat injury, brain/head injury, overdoses. Again, whatever the cause, there are some do's and don'ts when helping a seizure victim:

1. DO NOT try to forcibly restrain or stop the victim from seizing. You can cause more injuries.
2. Protect the victim during the seizure by removing any obstacles or objects they could be injured by.
3. DO NOT put anything in their mouth! It is impossible to swallow the tongue, and serious complications can result if an object gets bit off or otherwise lodged in their airway!
4. Watch for vomiting! If the victim begins to vomit, turn them on their side to help avoid inhalation and choking.
5. After the seizure, it is normal for the victim to be unresponsive for several minutes. Monitor them closely for respiratory problems, but again, DO NOT put anything in their mouth!
6. Check the victim for any medical alert tags, bracelets or chains. You may be able to determine if the victim has a history of seizures.
7. Attempt to determine the cause of the seizure, and be prepared to describe what happened before, during and after the seizure.

## **Chest Pain/Heart Attack**

Anyone suffering from chest pain should be evaluated by a Physician as early as possible. Although there are numerous reasons for chest pain, you CANNOT rule out a heart attack without seeing a doctor! There are some specific symptoms of a heart attack, which include:

1. Tightness/pressure in center of chest
2. Sweaty, clammy skin
3. Numbness in one or both shoulders or pain radiating down either or both arms
4. Shortness of breath and/or difficulty breathing
5. Fear, nervousness or feeling of impending doom

**IMPORTANT:** A heart attack can be signaled by any or NONE of these symptoms. Just because a person isn't suffering all of the above, does NOT mean they aren't having a heart attack! **When in doubt, seek treatment!**

The best thing you can do for someone suffering from chest pain is to encourage them to seek prompt medical attention! Denial is very common among heart attack victims, so be positive and encouraging, but stern in your insistence that they seek help! The key here is that "TIME IS TISSUE"...the longer the victim waits, the more permanent damage the heart muscle suffers.

**Remember, safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Safety Officer or any other Board member immediately.**

**Don't play on a field that is not safe or with unsafe playing equipment. Be sure your players are fully equipped at all times, especially catchers and batters. And check your team's equipment often.**

***~ Have a fun and safe season ~***

***"Play ball !!"***