CORONA NATIONAL
LITTLE LEAGUE
2024 SAFETY PLAN

Table of Contents

Corona National Little League
P.O. Box 78356
Corona, CA 92877
www.coronanational.org

INTRODUCTION

My name is Andy Meza and I am your Corona National Little League (CNLL) Safety Officer, for the 2024 baseball season. CNLL is committed to the safety of the players, coaches, and spectators. It is my intention to provide each player, coach, and spectator the opportunity to have a safe, fun, and enjoyable baseball season. Our primary goal is **SAFETY above all else.**

In 1995, Little League Baseball, Inc. introduced ASAP (A Safety Awareness Program) with the goal of re-emphasizing the position of Safety Officer "to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball." CNLL maintains a Safety Officer as a board position and allocates an annual safety budget to achieve these goals. This manual is offered as a tool to place some important information at your fingertips. **So Please Read It!**

The goal of the safety program is to reduce and eliminate injuries to players and spectators. Some of the topics covered are very practical and common sense-based ideas, while others are more detailed information needed in certain situations.

It is important that everyone be involved with the safety program. As your safety officer, I will attend games of different levels to observe possible safety issues. However, we cannot attend all games. If anyone sees a safety hazard or unsafe behavior, it needs to be reported so we may correct it. Coaches, players, or spectators with ideas, safety concerns or additions to the safety program are encouraged to come forward and share it with the safety officer and/or any board member. I have provided a list of all board members in the safety manual. My direct contact information is as follows:

Andy Meza

Andy.meza@coronanational.org

(951)662-0732

If you would like to submit a written non-emergent request for safety follow up, please do so at the Concession Stand in the Safety Binder. Thanks, and let's have a safe and fun season!

Andy Meza, CNLL Safety Officer

IMPORTANT CONTACTS

CORONA NATIONAL LITTLE LEAGUE BOARD OF DIRECTORS

BOARD POSITION	NAME	LEAGUE E-MAIL
PRESIDENT	JAMES BECK	james.beck@coronanational.org
VICE PRESIDENT	ADAM KUTZ	adam.kutz@coronanational.org
PLAYER AGENT	ADAM KUTZ	adam.kutz@coronanational.org
SECRETARY	MIKE DALGLISH	mike.dalglish@coronanational.org
TREASURER	JASMIN CASADO	jasmine.casado@coronanational.org
BANNERS / SPONSORS	MIKE KILLINGSWORTH	mike.killingsworth@coronanational.org
CHALLENGER REP	BUFFY STALKER	buffy.stalker@coronanational.org
CONCESSIONS MGR	VALERIE ALDINGER	valerie.aldinger@coronanational.org
DIVISION REP (T-BALL)	RYAN MORALES	ryan.morales@coronanational.org
DIVISION REP (A)	IVAN CASADO	ivan.casado@coronanational.org
DIVISION REP (AA)	RUSSELL GEISNER	russell.geisner@coronanational.org
DIVISION REP (AAA)	NARCIS FLUTUR	narcis.flutur@coronanational.org
DIVISION REP (MAJOR)	ADAM HELBERT	adam.helbert@coronanational.org
DIVISION REP (UPPER)	MIKE KILLINGSWORTH	mike.killingsworth@coronanational.org
EQUIPMENT MGR	ADAM KUTZ	adam.kutz@coronanational.org
EVENT COORDINATOR	KATE RIVET	kate.rivet@coronanational.org
INFORMATION OFFICER	TOM MOODY	tom.moody@coronanational.org
FIELD MAINTENANCE	OPEN	@coronanational.org
FUNDRAISING	KATE RIVET	kate.rivet@coronanational.org
PICTURES	JASMIN CASADO	jasmine.casado@coronanational.org
SAFETY OFFICER	ANDY MEZA	andy.meza@coronanational.org
SCOREKEEPER	JASMIN CASADO	jasmine.casado@coronanational.org
SOCIAL MEDIA	ALISON McNEVIN	alison.mcnevin@coronanational.org
TEAM PARENT	PATTY MEZA	patty.meza@coronanational.org
UMPIRE - IN - CHIEF	OPEN	@coronanational.org
UNIFORM COORD.	ANITA BECK	anita.beck@coronanational.org
MEMBER-AT-LARGE	IVAN CASADO	ivan.casado@coronanational.org
MEMBER-AT-LARGE	ERIC RIVET	eric.rivet@coronanational.org
MEMBER-AT-LARGE	MICHELE KUTZ	michele.kutz@coronanational.org
MEMBER-AT-LARGE		@coronanational.org
MEMBER-AT-LARGE		@coronanational.org
MEMBER-AT-LARGE		@coronanational.org
MEMBER-AT-LARGE		@coronanational.org
MEMBER-AT-LARGE		@coronanational.org

IMPORTANT CONTACTS

CORONA NATIONAL LITTLE LEAGUE
PHONE NUMBERS & CONTACT INFO

EL CERRITO SPORTS PARK
7500 EL CERRITO DRIVE
CORONA, CA 92881

EMERGENCY NUMBERS

Sheriff / Fire.....911

Electrical Emergency 911

Gas Emergency..... 911

Poison Control.....800-876-4766

NON-EMERGENCY NUMBERS

Riverside Sheriff's Dept.... 951-776-1099

Corona Fire Dept.…..... 951-736-2220

So. Cal. Edison (Blackout) 800-600-1911

So. Cal Gas…..... 800-427-2200

HOSPITAL

Corona Regional Hospital

800 S. Main Street

Corona, CA 92882

Phone Number…….....951-737-4343

LITTLE LEAGUE INTERNATIONAL

Little League Baseball

539 US Route 15 Hwy.

P.O. Box 3485

Williamsport, PA 17701-0485

Phone Number……..... 570-326-1921

AMBULANCE SERVICE

American Medical Response

357 Sheridan St.

Corona, CA 92880

Phone Number…..... 951-278-9620

LITTLE LEAGUE REGIONAL

Western Regional Office

6707 Little League Drive

San Bernardino, CA 92407

Phone Number…..... 909-887-6444

E-mail: WestRegion@LittleLeague.org

PARKS & RECREATION DEPT.

City of Corona Parks & Rec.

400 S. Vicentia Avenue

Corona, CA 92882

General Info Line……..... 951-736-2241

Field Hotline……..... 951-736-2244

LITTLE LEAGUE DISTRICT 72

District Administrator Ernesto Hinojosa

Phone Number…….... 951-893-0884

CORONA NATIONAL LITTLE LEAGUE

P.O. Box 78356

Corona, Ca 92877

Safety Operations, Procedures, & Information

HOW DOES THE SAFETY OFFICER COMPILE SAFETY INFORMATION?

From Registration, Coaches, and Managers!

IMPORTANT:

You must provide/submit the following information to the player agent prior to the first game!!

1. Player's name.
2. Copy of the completed medical release form for each player.
3. Name, address, e-mail (if available), and phone number of the parent/guardian for each team member needs to be filled in on the form.

How do you submit the information?

E-mail: if you have a scanner, you can e-mail your forms to playeragent@coronanational.org; or you can submit the forms to the player agent in person or place a COPY of the form and medical release forms in the SAFETY BINDER located at the Concession Stand.

ACCIDENT REPORTING PROCEDURES

What to report:

Any incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid. This includes even passive treatments such as periods of rest.

When to report:

All incidents must be reported to the Safety Officer within 24 hours of the incident.

Contact information is as follows:

Safety Officer: Andy Meza

Phone: (951)662-0732

E-Mail: safety@coronanational.org

How to make a report:

There is an Incident/Injury Tracking Report form that is located in the Appendix of this safety manual. The safety manual is distributed to each team's representative coach or manager.

Extra Report forms are located in the SAFETY BINDER located in the Concession shack.

A Report form can also be e-mailed upon request.

At the time of an incident, document the following: time, location, the involved person(s), who administered aid, a detailed factual description of the incident, and possible injuries.

Safety Officer Responsibilities (accident reporting):

Within 24 hours of receiving the Tracking Report, the Safety Officer will contact the injured party or the party's parents to:

- Verify the information received.
- Obtain any additional information deemed necessary.
- Check on the status of the injured party.

- Advise the parent or guardian of CNLL's insurance coverage and the provisions for submitting any claims for reimbursement. (In the event that the injured party required other medical treatment (i.e.: Emergency room visit, doctor's visit, etc.)
- If the extent of injuries is more than minor in nature, the safety officer shall periodically call the injured party to:
- Check on the status of the injuries.
- 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).

CORONA NATIONAL LITTLE LEAGUE CODE OF CONDUCT

- Speed limit is 5 mph in roadways and parking lots while attending any Corona National Little League function. Watch for small children around parked cars.
- No alcohol allowed in any parking lot, field or common areas within a CNLL complex.
- No playing in parking lots at any time.
- No playing or around field equipment.
- Use crosswalks when crossing roadways. Always be alert for traffic.
- No profanity please.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of CNLL complex.
- No throwing balls against dugouts or against backstops. Catchers or nets must be used during batting practice.
- No throwing rocks.
- No horse playing in walkways at any time.
- No climbing fences.
- Pets should not be brought to games or practices.
- Only a player on the field and at bat, may swing a bat. Juniors and above on the field at bat or on-deck may swing the bat. Be alert of area around you when swinging the bat while in the on-deck position.
- Observe all posted signs. Players and spectators should be ALERT at all times for foul balls and errant throws.
- During the games, players must remain in the dugout area in an orderly fashion at all times.
- After each game, each team must clean up trash in dugout. Fans should pick up all trash around stands.

SAFETY CODE FOR LITTLE LEAGUE

- Only players, managers, coaches, approved volunteers, and umpires are permitted on the playing field during play and practice sessions.
- Responsibility for safety procedures should be that of an adult member of the local league.
- Arrangements should be made in advance of all games and practices for emergency services.
- Managers, coaches, and umpires should have some training in first-aid. First-Aid kit should be available at the field.
- A facilities survey will be conducted of all fields annually, and the results, along with a safety plan, player registration data, and coach/manager data, are sent to Little League Baseball Headquarters.
- No games or practice should be held when weather or field conditions are not good, particularly when lighting is inadequate.

- Play area should be inspected frequently for holes, damage, glass and other foreign objects.
- Dugouts and bat racks should be positioned behind screens.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a regular player assigned for this purpose.
- Procedures should be established for retrieving foul balls batted out of the playing area.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.
- Equipment should be inspected regularly. Make sure it fits properly.
- Pitching machines, if used, must be in good working order (including extension cords, outlets, etc.) and must be operated only by adult managers and coaches.
- Batters must wear NOCSAE helmets during practice and games. A helmet with a face guard is provided to each team and is encouraged. Additional face guards are available at request.
- There are no on-deck circles in any division except Juniors and above. In all divisions, except Juniors and above, the "on deck batter" may not take any practice swings until he/she reaches the dirt around home plate. This is also the only place anyone is allowed to swing a bat.
- Catchers must wear catcher's helmets, mask, dangling-type throat protector, long model chest protector, shin-guards, and male catchers must wear a protective cup and supporter at all times.
- Catchers must wear catcher's helmet and mask with dangling throat protector when warming up pitchers. This applies between innings and in bullpen practice.
- Managers and coaches are not permitted to warm up pitchers before or during games.
- Except when runner is returning to base, head first slides are not permitted (12 and under).
- All divisions of CNLL will use disengage-able bases as mandated by Little League International.
- During sliding practice, bases should not be strapped down and should be located away from the base anchoring system.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "Safety Glasses."
- Players must not wear watches, rings, pins, jewelry or other metallic items.
- Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.

PARENT CODE OF CONDUCT

- The essential elements of character-building and ethics in sports are embodied in the concept of good sportsmanship and described by six core principles:
    1. Trustworthiness
    2. Respect
    3. Responsibility
    4. Fairness
    5. Caring
    6. Good citizenship
- The highest potential of sports is achieved when parents display these six characteristics by the following:
- Not forcing your child to participate in sports.
- Remembering that the game is for children not adults.
- Informing the coach of any physical disability or ailment that may affect the safety of your child or others.
- Learning the rules of the game and policies of the league.

- Being a positive role model for your child by showing courtesy, and by demonstrating positive support for all players, coaches, officials, and spectators at every practice, game or other sporting event.
- Encouraging good sportsmanship by refraining from booing, taunting, refusing to shake hands, or using profane language or gestures.
- Discouraging behaviors or practices that would endanger the health and/or well-being of the athletes.
- Teaching your child to play by the rules and to resolve conflicts without hostility or violence.
- Requiring that your child treat other players, coaches, officials, and spectators with respect regardless of race, creed, color, gender, or ability.
- Teaching your child that doing one's best is more important than winning, so that your child will never feel defeated by the outcome of a game or his/her performance.
- Praising your child for competing and trying hard, therefore making your child feel like a winner every time.
- Never ridicule or yelling at a child for making a mistake or losing a competition.
- Emphasizing skill development and practicing as a way to benefit your child over winning.
- Promoting the emotional and physical well-being of the athletes ahead of any personal desire for your child to win.
- Respecting the officials and their authority during games.
- Never confronting coaches at the game field.
- Taking time to speak to coaches when they are not busy coaching.
- Demanding a sports environment for your child is free from drugs, tobacco, and alcohol; therefore, refrain from these activities during all sports events.
- Never coaching my child or other players during games and practices, unless given that role as part of the official coaching staff.
- As a parent, coach, or manager there are things that need to be done that will promote safety. Parents should be encouraged to do the following to promote the safety of their child:
- Stay for all practices and games, in case your child becomes injured, ill, or needs your encouragement.
- Make sure your child has eaten a snack before practices and games.
- Get your child to practice on time. Warm-up time is extremely important to decrease injuries to children.
- Reinforce to your child the importance of drinking fluids before, during, and after practices and games.
- Provide your child with water for all practices and games.
- Stay calm and use words that are supportive of the child and volunteers.
- Provide safety glasses for children who wear glasses.
- Ensure that your child comes to practice or games with proper clothing and equipment (glove, cup, bat, etc.).
- Remind your child that the following items are not permitted during practice or games: gum, candy, jewelry, or metallic items.
- Avoid yelling instructions at your child when at practice or games.
- Do yell general encouragement (e.g. "good job!").
- Drive slowly when around the ballpark or practice areas.
- Remind all children to stay out of the streets surrounding the ballpark or practice fields.
- Tell others (parents, coaches, children or safety officers) when you see an unsafe situation. A suggestion box will be available at concession stands.
- Remember that every child who participates wins! Baseball teaches life-long skills.
- Volunteer to help coaches or managers. Here is a list of activities that are needed:

- Safety parent (medical training or CPR certified)
- Scorekeeper
- Announcer
- Rake and chalk fields before and after games
- Team parent
- Ask your coach or manager for more details on how you can help

ARE YOUR "EXPECTATIONS" REASONABLE AND CONSISTENT?

WHAT DO I EXPECT FROM MY PLAYERS?

- To be on time for all practices and games.
- To always do their best whether in the field or on the bench.
- To be cooperative at all times and share team duties.
- To respect not only others, but themselves as well.
- To be positive with teammates at all times.
- To try not to become upset at their own mistakes or those of others, we will make our share this year and we must support one another.
- To understand that winning is only important if you can accept losing, as both are important parts of any sport.

WHAT CAN YOU AND YOUR CHILD EXPECT FROM ME?

- To be on time for all practices and games
- To be as fair as possible in giving playing time to all players.
- To do my best to teach the fundamentals of the game.
- To be positive and respect each child as an individual.
- To set reasonable expectations for each child and for the season.
- To teach the players the value of winning and losing.
- To be open to ideas, suggestions or help.
- To never holler at any member of my team, the opposing team or umpires. Any confrontation will be handled in a respectful, quiet, and individual manner.

WHAT DO I EXPECT FROM YOU AS PARENTS AND FAMILY?

To come out and enjoy the game. Cheer to make all the players feel important.

Do not holler at the players, the umpires, or me. We are all responsible for setting examples for our children. We must be the role models in society today. If we eliminate negative comments, the children will have an opportunity to play without any unnecessary pressures and will learn the value of sportsmanship.

To try not to question my leadership. All players will make mistakes and so will I. If you wish to question my strategies or leadership, please do not do so in front of the players or fans. My phone number will be available for you to call at any time if you have a concern. Allow the coach to run the team.

Finally, don't expect the majority of children playing Little League baseball to have strong skills. We hear all our lives that we learn from our mistakes. Let's allow them to make their mistakes, but always be there with positive support to lift their spirits!

MANAGERS' AND COACHES' ROLES

The managers shall always to 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 and the Team Safety Officer (TSO). Managers are required to have current first-aid & concussion training.

Pre-Season Managers will:

- Take possession of this Safety Manual and the First Aid Kit supplied by CNLL.
- Appoint a volunteer parent as Team Safety Officer (TSO). The TSO must be able to be present at all games and must own or have access to a cell phone for emergencies if games or practices take place off the complex.
- Attend a session on Little League Rules Training hosted by District 72, at the Norco Lions Club prior to the start of the Season. Time and date TBD and will listed on the CNLL website.
- It is recommended that ALL managers and coaches complete a first aid training at least once in the past three years.
- Meet with all parents on "parents' day" to discuss Little League philosophy and safety issues.
- Cover the basics of safe play with his/her team before starting the practice.
- Teach players the fundamentals of the game while advocating safety.
- Teach the 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.
- Notify parents that if a child is injured or ill, he or she cannot return to practice unless they have a note from their doctor. This medical release protects you if that child should become further injured or ill. There are no exceptions to this rule.
- Encourage players to bring water bottles to practices and games.
- Tell parents to bring sunscreen for themselves and their child.
- Encourage your players to wear mouth protection.
- Encourage your players to wear helmets that contain a face guard.

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 always be 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 motions 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 Kit and Safety Manual on hand.

Pre-Game & 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 doctors. Otherwise, they can't 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 to look for potential safety hazards.

- Agree with the opposing manager on the fitness of the playing field. In the event that 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 (see Conditioning Section):

    1. Calf Muscles
    2. Hamstrings
    3. Quadriceps
    4. Groin
    5. Back
    6. Shoulders
    7. Elbow/forearm
    8. Arm shake out
    9. Neck

- Prior to stretching, have players do a light jog around the field. After stretching, have players perform warm-up throws in the following order:

    1. Light tosses short distance.
    2. Light tosses medium distance.
    3. Light tosses large distance.
    4. Medium tosses medium distance.
    5. Regular tosses medium distance.
    6. Field ground balls
    7. Field pop flies.

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 players alert.
- Maintain discipline at all times.
- 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 keep players behind the screens at all times. No players should handle a bat in the dugouts at any time.
- Keep players off fences.
- Get players to drink often so they do not dehydrate.
- Attend to children that become injured in a game.
- Not play children that are ill or injured.
- Not lose focus by engaging in conversation with parents and passersby.

Post-Game Managers will address the following:

- Discuss post game ice with players:
    - Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows.
    - 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 CNLL.

- Discuss any safety problems with Team Safety Officer that occurred before, during, or after the game.
- If there was an injury, make sure accident report was filled out and given to the CNLL Safety Officer.
- Return the field to its pre-game condition, per CNLL policy.

**** IF A MANAGER HAS NOT APPOINTED A TSO THEN HE OR SHE MUST ASSUME THOSE RESPONSIBILITIES**.

If a manager knowingly disregards safety, he or she will come before the CNLL Board of Directors to explain his or her conduct.

UMPIRE'S ROLE

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 slivers.
- Make sure that 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 from both teams.

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 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 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.

After a game, the umpire shall:

- Check with managers of both teams regarding safety violations.
- Report any unsafe situations to the CNLL Safety Officer or BOD Member on duty by telephone and in writing.

TEAM SAFETY OFFICER (TSO)

The TSO is a:

- Role model to younger children.
- Defender of Safety.
- Liaison between the team and the CNLL Safety Officer.
- Hero when injuries are prevented by taking safety seriously.

During the pre-season the TSO must:

- Acquire this Safety Manual from the team manager and read it.
- Call the CNLL Safety Officer and introduce yourself.
- Have parents fill out the Medical Release Form and return them to you. (Photocopy sample in the appendix)
- Inspect the equipment when the Equipment Manager issues it to your team and replace any equipment that looks unsafe.
- Get to know the players on your team.
- Talk to parents, confidentially, and inquire if their child suffers from allergies, asthma, heart conditions, past injuries, AFF, ADHD, a communicable disease such as hepatitis, HIV, AIDS, etc. Fill out a medical history form on each child. (See sample in appendix)
- Find out if a child is taking any kind of medication.

During the season the TSO will:

- Keep a Safety Log of all injuries that occur on his or her team.
- Inspect players' equipment for cracks and broken straps on a routine basis.
- Have a five-minute safety meeting with the team each week.
- Communicate any safety infractions to the CNLL Safety Officer or any other Board Member.
- Help managers and designated coaches give First-Aid if needed.
- Act as a conduit between parents, managers, the CNLL Safety Officer and the kids.
- Fill out accident reports if an injury occurs.
- Report an injury to the CNLL Safety Officer within 24 hours of the occurrence.
- Track the First-Aid Kit inventory and ask the CNLL Safety Officer for replacements when needed.

Before the game the TSO will:

- Make sure that this Safety Manual and the First-Aid Kit are present.
- Greet the players as they arrive and make sure everyone is feeling all right.
- Watch the players when they stretch and do warm up exercises for signs of stress or injury.
- Check equipment for cracks and broken straps.
- Walk the field; remove broken glass and other hazardous materials.
- Be ready to go into action if anyone should get hurt.

During the game the TSO will:

- Watch players to see that they are alert at all time.
- In case of injury, help the team manager treat the child until professional help arrives.
- Act as the conduit between the CNLL Safety Officer, the team manager, the child and his or her parents.

After the game the TSO will:

- Record any safety infractions or injuries in his/her Safety Log.

- Report any injuries to the CNLL Safety Officer within 24 hours of the occurrence.
- Fill out an accident investigation report (see appendix) and send a copy to the CNLL Safety Officer if there is an injury requiring medical attention.
- Assist parents if child must go to a hospital or to see a doctor. Follow up with parents to make sure the child is all right.

****IF A MANAGER HAS BEEN APPOINTED A TSO THEN HE OR SHE MUST ASSUME THOSE RESPONSIBILITIES**.

FACILITIES & MAINTENANCE

It is essential that facilities & equipment used by CNLL during the league's season(s) are maintained and their uses adequately coordinated. This is necessary to provide a safe environment and successful league operation.

General Facility Maintenance

CNLL utilizes a public sports park during the season(s) that it operates. Prior to the CNLL season(s), conditions of the public facilities should be reviewed and confirmed to be in good repair. Any discrepancies in these facilities must be addressed and communicated prior to the season's start. The facility should be reviewed for, but not limited to, field conditions, lighting, access, snack bar condition, restroom facilities, public access, appearance, etc. Throughout the season the condition of the facilities must be constantly reviewed by the BOD and maintained appropriately. At the end of the CNLL season/use, the public facilities are "returned" in similar or better condition as "received."

BOD Roles in Facilities & Maintenance

In general, the condition of the facilities, equipment, and coordination thereof, is the responsibility of the BOD. Some of the specific BOD filled positions are as follows but are not limited to:

Field Maintenance Manager

The **CNLL Field Maintenance Manager** is either a BOD filled position or its responsibilities can be alternatively performed by a BOD approved method. The Field Maintenance Manager is responsible for maintaining CNLL playing fields and field maintenance equipment. The Field Maintenance Manager relies on, and coordinates with, Managers, City personnel, and BOD members to assist with the day-to-day field maintenance. Is responsible for repairing or replacing field maintenance equipment as reported/needed.

Concession Manager:

The **CNLL Concessions Manager** is responsible for ensuring the concession area/equipment is maintained and that the Snack Shack Volunteers are trained in the safety procedures as set forth in this manual.

Equipment Manager:

The **CNLL Equipment Manager** is responsible for the distribution, upkeep, and inventory of league provided equipment. The Equipment Manager will ensure that the distributed equipment is in good-safe condition. Is responsible for getting damaged equipment repaired or replaced as reported. The replacement or repair of any equipment will happen in a timely manner. The Equipment Manager will also exchange equipment if it doesn't fit properly.

EQUIPMENT



The Equipment Manager is an elected CNLL Board Member and is responsible for purchasing and distributing equipment to the individual teams. The 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 CNLL Equipment Manager 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.

At the end of the season, all equipment must be returned to the CNLL Equipment Manager. First-Aid kits and Safety Manuals must be turned in with equipment.

Each team, at all times in the dugout, shall have six (6) protective helmets, which must meet NOCSAE specifications and standards. These helmets will be provided by CNLL at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards. A face guard on the helmet is an available option.

Each helmet shall have an exterior warning label. NOTE: The warning label cannot be embossed in helmet but must be place on the exterior portion of the helmet and be visible and easy to read.

Use of a helmet by the batter, all base runners, and player-base coaches is mandatory. Make sure the helmets fit. Use of a helmet by an adult base coach is optional.

All male players must wear athletic supporters, though cups are highly encouraged.

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 catcher's mitt, chest protector 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.

Bats with composite barrels must be on Little League's approved bat list at all levels of play.
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.

Reduced impact balls will be used at the T-ball level.

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 Equipment Manager.

Replace questionable equipment immediately by notifying the CNLL Equipment Manager.

Make sure the players respect the equipment that is issued.

The pitcher's glove shall be of one solid color other than white or gray, or if multicolored, white or light gray may not be included in the colors. (Rule 1.15a)

Disengage-able bases will be used at first, second, and third at all levels of play.

Outfield fences should have warning tracks, and low fencing should have protective cover to protect fielders.

Taller bleachers shall have back guard rails and side rails.

FIRST AID KITS

Each team will have a first aid kit and a safety manual at each game and practice. This should be just as important as the bats, gloves, and other equipment.

Each team must have a designated safety liaison, which can be a coach, manager, or parent that regularly attends games. This person will be responsible for notifying the safety director of any needed supplies or information.

To replenish safety materials, contact the Safety Officer at safety@coronanational.org.

First aid kits will be turned in at the end of the season.

WHAT'S IN THE FIRST AID KIT?

Score Sports First Aid Kit No. 642 91-Piece Kit with a zippered water- resistant case:

Includes:

36 Assorted Adhesive Bandages
1 Elastic Wrap,
1 First-Aid Guide
12 Assorted Gauze Pads
2 Pair Latex Gloves
2 Instant Ice Packs - DO NOT ALLOW A PLAYER TO PLACE A COLD PACK IN OR NEAR THEIR MOUTH!
3 Ointment Packs
12 Alcohol Prep Pads
12 Antiseptic Pads
3 Sting Relief Pads
1 Gauze Roll
1 Tape Roll
2 Skin Pads

CONCESSION STAND AND FOOD HANDLING SUGGESTIONS

12 steps to Safe and Sanitary Food Service Events

The following information is intended to help you operate a healthful concession stand. Following these simple guidelines will help minimize the risk of food-borne illness. This information is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County 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, 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 (if hot); 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, over Sterno units or other holding devices. Slow-cooking mechanisms may activate bacteria and never reach killing temperature.
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 deep 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 illnesses.
5) Hand Washing: Frequent and thorough hand washing remains the first line of defense in preventing food borne 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 shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the 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. Ideally, dishes and utensils should be washed in a four-step process:
    a) Washing in hot soapy water
    b) Rinsing in clean water
    c) Chemical or heat sanitizing
    d) 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 hands. Ice can become contaminated with bacteria and viruses and cause food borne illnesses.
10) Wiping Cloths: Rinse and store your wiping cloths in a bucket of sanitizing solution (i.e.: 1 gallon of water and ½ 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 foods 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 use 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.

Fire Extinguisher

Always check to make sure the fire extinguisher shows a charge (arrow in green area on gauge) and that it is properly mounted.

If there is a fire, remember **PASS**:

- **Pull** the pin on the fire extinguisher

- **Aim** nozzle towards the base of the fire (from three to five feet)
- **Squeeze** lever to activate the extinguisher
- **Sweep** across the base of the fire. Contact the fire department immediately.

If the fire is out of control and the fire extinguisher is not effective, GET OUT!

Clean Hands for Clean Food

Since the staff at concession stands may not be professional food workers, it is important that they be thoroughly instructed in the proper method of washing their hands. The following may serve as a guide:

1) Use soap and warm water.
2) Rub your hands vigorously as you wash them.
3) Wash all surfaces including the backs of hands, wrists, between fingers and under fingernails.
4) Rinse your hands well.
5) Dry hands with a paper towel.
6) Turn off the water using a paper towel, instead of your bare hands.
7) Wash your hands in this fashion before you begin work and frequently during the day, especially after performing any of these activities:

    a) After touching bare human body parts other than clean hands and clean, exposed portions of arms.
    b) After using the restroom.
    c) After caring for or handling animals.
    d) After coughing, sneezing, using handkerchief or disposable tissue.
    e) After handling soiled surfaces, equipment, or utensils.
    f) After drinking, using tobacco, or eating.
    g) During food preparation, as often as necessary, to remove soil and contamination, and to prevent cross-contamination when changing tasks.
    h) When switching between working with raw food and working with ready-to-eat food.
    i) Directly before touching ready-to-eat food or food-contact surfaces.
    j) After engaging in activities that contaminate hands.

Top Causes for Food Borne Illnesses

From experience, the US Centers for Disease Control and Prevention (CDC) list these circumstances as the most likely to lead to illness. Check this list to make sure your concession stand has covered these common causes of food borne illness:

- Inadequate cooling and cold holding
- Preparing food too far in advance for service
- Poor personal hygiene and infected personnel
- Inadequate reheating
- Inadequate hot holding
- Contaminated raw foods and ingredients

MACHINERY OPERATION

Tractors, mowers, and any other heavy machinery will:

- Be operated by appointed staff only.
- Be stored appropriately when not in use with the brakes in the on position, the blades retracted, the ignition locked and the keys removed.
- Never be operated under the influence of alcohol or drugs (including medication).
- Not to be operated by any person under the age of 16
- Never be operated in a reckless or careless manner.
- Never be operated or ridden in a precarious or dangerous way.
- Never leave outside the tool sheds or appointed garages if not in use.

PARENTAL CONCERNS ABOUT SAFETY

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

I'm worried that my child is too small or too big to play on the team/division he has been assigned.

Little League determines the rules concerning the ages of players on T-Ball, Minor, Major, and Junior teams. Corona National Little League observes those rules while taking into account your child's skill and ability based on their try-out ratings at the beginning of the season. If for some reason you do not think your child belongs in a division, please contact the CNLL Player Agent and share your concerns with him or her.

Should my child be pitching as many innings per game?

Little League has rules regarding pitching which all managers and coaches must follow. The rules are different depending on the division of play but the rules are there to protect the children.

Do mouth guards prevent injuries?

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

How do I know that I can trust the volunteer managers and coaches not to be child molesters?

Little League runs background checks on all board members, managers, and designated coaches before appointing them. Volunteers are required to fill out applications that give CNLL the information and permission it needs to complete a thorough investigation. If the League receives

inappropriate information on a Volunteer, that Volunteer will be immediately removed from his/her position and banned from the facility.

Will that helmet on my child's head really protect him while he or she is at bat and running around the bases?

The helmets used at CNLL must meet NOCSAE standards as evidence by the exterior label. These helmets are certified by Little League Incorporated and are the safest protection for you child. The helmets are checked for cracks at the beginning of each game and replaced if need be.

Is it safe for my child to slide into the base?

Sliding is part of baseball. Managers and Coaches teach children to slide safely in the pre-season. Disengage-able bases are used at all levels of play.

My child has been diagnosed with ADD or ADHD – is it safe for him to play?

Corona National League now addresses ADD and ADHD in their safety manual. Managers and coaches now have a reference to better understand ADD and ADHD. The knowledge they gain here will help them coach ADD an ADHD child effectively. The primary concern is, of course, safety. Children must be aware of where the ball is at all times. Managers and coaches must work together with parents in order to help ADD and ADHD children focus on safety issues.

Why can't I smoke on the field?

You can smoke but not within 25 feet of the dugouts, bleachers, and concession stands. There are posted signs throughout the park that stipulate this. The CNLL Board of Directors voted this rule on smoking into effect after the studies of secondhand smoke came out. Please obey the rules as they are there for the safety of our children.

Committing To Player Safety

BASICS OF CONDITIONING

Include organized warm-ups and cool downs for games and practices. This is a great opportunity for leaders in the team to help organize stretches and team building activities.

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.

Warm-up should consist of the following:

- 5-10 minutes of jogging – to increase body temperature.
- 15 minutes of dynamic stretching exercises to warm the body up through a full range of motion and increase blood flow and core temperature.
- 10-15 minutes of general and event-specific drills – to prepare for the competition or event.

A "cool-down" following the event is also an essential component of conditioning to:

- Aid in the dissipation of waste products – including lactic acid.
- Reduce the potential for Delayed Onset of Muscle Soreness (DOMS).
- Reduce the chances of dizziness or fainting caused by the pooling of venous blood at the extremities.
- Reduce the level of adrenaline in the blood.

Cool-down should consist of the following:

- 5-10 minutes jogging/walking – to decrease body temperature and remove waste products from the working muscles.
- 5-10 minutes static stretching – to decrease body temperature, remove waste products from the working muscles and increase range of motion.

THE EXERCISES

Warm-ups

1. Light jog
2. Dynamic stretches
3. Light tosses of balls (short, medium, and long distances)
4. Field ground balls and pop flies

Dynamic Stretching

Begin with slow, simple movements and progress toward quicker, more complex movements

Plan for at least 15 minutes of dynamic stretching

Sample stretches include: walking knee hugs, walking lunges, Frankenstein kicks, walking quad stretch, lateral skips, carioca, high knee run, jog out with back pedal, and butt kicks

Videos of dynamic stretching can be readily found on the internet

Cool Down Exercises

1. Light jog
2. Static Stretches (see below)
3. Ice shoulders and elbows for pitchers and catchers
4. Ice knees for catchers

Hints on Static Stretching

- Stretch necks, backs, arms, thighs, legs, and calves.
- Don't ask the child to stretch more than he/she is capable of.
- Hold the stretch for at least 20 seconds
- No Bouncing while stretching. This tears down the muscle rather than stretching it
- Have one of the players lead the stretching exercises

Example Stretching Exercises:

Chest Stretch (not pictured)

- Stand tall, feet slightly wider than shoulder-width apart, knees slightly bent
- Hold your arms out to the side parallel with the ground and the palms of the hand facing forward
- Stretch the arms back as far as possible
- You should feel the stretch across your chest

Biceps Stretch (not pictured)

- Stand tall, feet slightly wider than shoulder-width apart, knees slightly bent
- Hold your arms out to the side parallel with the ground and the palms of the hand facing forward
- Rotate the hands so the palms face to the rear
- Stretch the arms back as far as possible
- You should feel the stretch across your chest and in the biceps

Upper Back Stretch (not pictured)

- Stand tall, feet slightly wider than shoulder-width apart, knees slightly bent
- Interlock your fingers and push your hands as far away from your chest as possible, allowing your upper back to relax
- You should feel the stretch between your shoulder blades

Posterior Shoulder Stretch

- Stand straight while maintaining the natural arch in your lower back
- With your shoulders down and relaxed, reach one arm across your chest, parallel to the floor
- With the other arm, place your hand on the elbow
- Gently pull your elbow in toward your chest
- You should feel the stretch in the back of your shoulder
- Repeat with the other arm

Shoulder and Triceps Stretch

- Stand straight with your shoulders back, chest out, and feet shoulder width apart
- Raise one arm overhead, bend the elbow, and place your hand behind your neck
- With your other hand, grasp your elbow and gently pull it behind your head

- You will feel the stretch in the shoulders and the triceps

Side Trunk Stretch

- Stand with your feet slightly apart, and arm pointing overhead, held by the opposite hand
- Keeping your hips stable, bend your torso to the side so that the stretch is felt along your opposite side
- Do not lean forwards or backwards

Quadriceps Stretch

- Clasp your foot behind your body with opposite hand
- Pull your foot upwards, and push the knee backward
- Contract your abdominals to stabilize the pelvis (do not arch your back)
- Press the front hip bone forward and slightly extend the hip
- You will feel the stretch along the front of the thigh

Upper Calf Stretch

- Stand with one leg in front of the other, with both feet pointed forward
- Place hands on a wall or similar for support
- Keep back knee straight, with the heel pressed to the floor
- Push your hips forward, while pressing your back heel to ground

Lower Calf Stretch

- Stand with one leg in front of the other, with both feet pointed forward. Place hands on a wall or similar for support
- Keep back knee bent, with the heel pressed to the floor
- Push your hips forward, while pressing your back heel to ground

Forward Lunge Stretch

- Position yourself with one leg forward and resting on the knee of the back leg
- Be sure that the front ankle is directly under the knee and that the trailing leg is straight out behind you
- You may use your hands on the ground to steady the body
- Gently lower the hips downward & forwards and hold that position

Side Lunge Stretch

- Stand upright, with both feet facing forward, double shoulder-width apart
- Place your hands on your hips or thighs, in order to keep your back straight
- Slowly exhale, taking your bodyweight across to one side
- Avoid leaning forward or taking the knee of the bent leg over your toes
- As you increase the stretch, the foot of the bent leg should point slightly outward

Hamstring Stretch

- Sit on the floor with the leg to be stretched extended, and the other leg bent with the foot towards your body
- Reach out with your hands, lean your upper body forward, and bring your chest towards your thigh
- Make sure you don't round the upper back, and your lower back should be slightly curved
- Get to the point of a mild stretch and hold

Groin Stretch (not pictured)

- Sit with tall posture
- Ease both of your feet up towards your body and place the soles of your feet together, allowing your knees to come up and out to the side
- Resting your hands on your lower legs or ankles and ease both knees towards the ground
- You will feel the stretch along the inside of your thighs and groin

Anterior Trunk Stretch

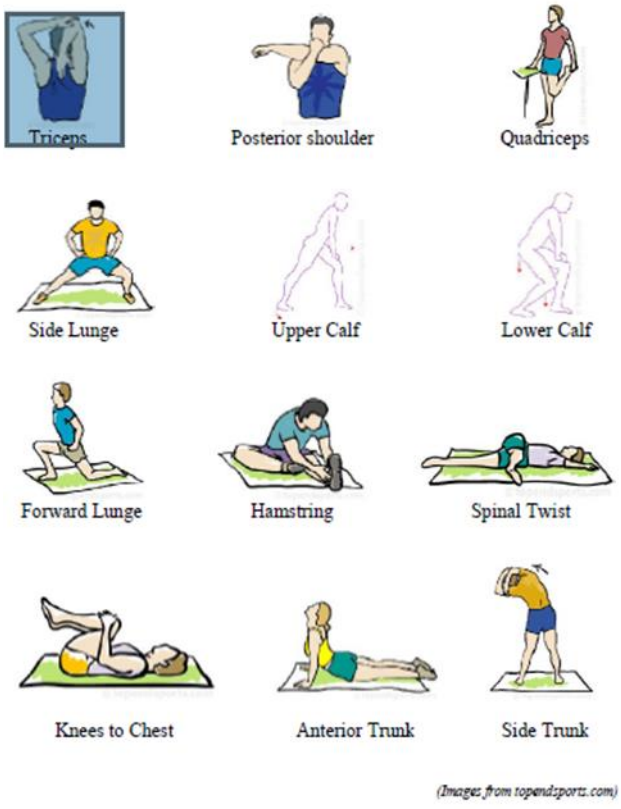
- Lie face down on the ground, fully outstretched
- Bring your hands to the sides of your shoulders and ease your chest off the floor, keeping your hips firmly pressed into the ground
- You will feel the stretch in the front of the trunk

Spinal Twist Stretch

- Lay flat on your back with your arms outstretched
- Lift one leg up and across the body, bringing the knee up to the level of the hips
- Keep your shoulders flat on the ground and the other leg straight
- Hold the stretch

Knees to Chest Stretch

- Lie on your back
- Lift both knees to your chest
- Wrap your arms around your legs just below your knees and pull them to your chest
- Hold the stretch



PITCHING

PITCH COUNT

Pitch count does matter! Every year, sports doctors lecture focuses most of their material on warning future managers and coaches about pitching injuries and how to prevent them.

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

In 2007, Little League Baseball, Inc. implemented a pitch count rule to minimize the potential for injuries to pitchers. See Section VI in the official

Little League rulebook for specific details. In short, managers must remove the pitcher when he/she reaches the limit for his/her age group as noted below, but the pitcher may remain in the game at another position.

League Age 17-18	105 pitches per day
League Age 13-16	95 pitches per day
League Age 11-12	85 pitches per day
League Age 9-10	75 pitches per day
League Age 7-8	50 pitches per day

A pitcher who delivers 40 or more pitches in a game cannot play the position of catcher for the remainder of that day (See Regulation VI (C) for exceptions along with Regulation VI (A) for catchers).

A study by the American Sports Medicine Institute studied hundreds of youth baseball pitchers and monitored their injuries and potential contributing factors. The scientific results confirmed that the number of pitches thrown was the most significant contributor to arm problems.

A 2011 follow-up study by ASMI followed hundreds of youth pitchers over a 10-year span and analyzed their pitching behaviors and injuries. The group concluded that pitching more than 100 innings in a year significantly increased the risk of injury. (Risk of Serious Injury for Young Baseball Pitchers: A 10-Year Prospective Study, Glenn S. Fleisig, James R. Andrews, et al., Am J Sports Med 2011 39: 253 originally published online November 23, 2010)

BREAKING BALLS

The previously mentioned studies also looked at the relationship between pitching injuries and the throwing of breaking balls and found no significant link. While there is no clear medical evidence linking breaking balls to higher incidences of injury, Little League strongly discourages breaking pitches for players younger than 14 years old.

POSITION STATEMENT FOR YOUTH BASEBALL PITCHERS (ASMI, April 2013)

With the rise in elbow and shoulder injuries in youth baseball pitchers, the adult community needs to take steps to prevent these injuries. Research points to overuse as the principle risk factor. Poor pitching mechanics also contribute to injury risk. Another suggested risk factor is poor physical fitness. Throwing curveballs has been suggested as a risk factor, but the existing research does not support this concern. However, a youth pitcher may not have enough physical development, neuromuscular control, and proper coaching instruction to throw a curveball with good mechanics. Throwing curveballs too early may be counter-productive, leading to arm fatigue as well as limiting the youth's ability to master fastball mechanics.

Recommendations for preventing injuries in youth baseball pitchers are:

1. Watch and respond to signs of fatigue (such as decreased ball velocity, decreased accuracy, upright trunk during pitching, dropped elbow during pitching, or increased time between pitches). If a youth pitcher complains of fatigue or looks fatigued, let him rest from pitching and other throwing.
2. No overhead throwing of any kind for at least 2-3 months per year (4 months is preferred). No competitive baseball pitching for at least 4 months per year.
3. Do not pitch more than 100 innings in games in any calendar year.
4. Follow limits for pitch counts and days of rest.
5. Avoid pitching on multiple teams with overlapping seasons.
6. Learn good throwing mechanics as soon as possible. The first steps should be to learn, in order: 1) basic throwing, 2) fastball pitching, 3) change-up pitching.
7. Avoid using radar guns.
8. A pitcher should not also be a catcher for his team. The pitcher/catcher combination results in many throws and may increase the risk of injury.
9. If a pitcher complains of pain in his elbow or shoulder, discontinue pitching until evaluated by a sports medicine physician. Inspire youth pitchers to have fun playing baseball and other sports. Participation and enjoyment of various physical activities will increase the youth's athleticism and interest in sports.

Ice is a universal First-Aid treatment for minor sports injuries. Ice controls pain and swelling. Pitchers should be taught how to ice their arms at the end of a game. If the manager or coach is unsure how to do this, he/she can consult teaching materials or contact a CNLL board member for further information.

HYDRATION

Good nutrition is important for children. Sometimes, the most important nutrient children need is water—especially when they're physically active. When children are physically active, their muscles generate heat thereby increasing their body temperature. As their body temperature rises, their cooling mechanisms- 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 aren't replaced, children can become overheated.

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

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

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

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

WEATHER

Most of our days in Southern California are warm and sunny but there are those days when the weather bad and creates unsafe weather conditions.

RAIN:

If it begins to rain:

1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
2. Determine the direction the storm is moving.
3. Evaluate the playing field as it becomes more and more saturated.
4. 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:

The average lighting stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less tenth a tenth of a second.

The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour.

Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.

On average, the thunder from a lightning stroke can only be heard over a distance of 3-4 miles, depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to with 3-4 miles!

The sudden cold wind that many people use to gauge that approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

If you can **HEAR, SEE, OR FEEL a THUNDERSTORM**:

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

HOT WEATHER:

One thing we do get in Southern California is hot weather. Precautions must be taken in order to make sure the players on your team do not **dehydrate** or **hyperventilate**.

1. Suggest players take drinks of water when coming on and going off the field between innings
2. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P.
3. If a player should collapse as a result 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 emergency medical team arrives. (See section on Hydration)

ULTRA-VIOLET RAY EXPOSURE:

This kind of exposure increases an athlete's risk of developing a specific type of skin cancer known as melanoma.

The American Academy of Dermatology estimates that children receive 80% of their lifetime sun exposure by the time they are 18 years old.

Therefore, CNLL will recommend the use of sunscreen with a SPF (sun protection factor) of at least 15 as a means of protection from damaging ultra-violet light.

CHILD ABUSE PROTECTION

Child Abuse: A Five-Step Review

1. Know what it is, and where to look. Defining child abuse and separating the truth from the myths; better enables us all to spot potentially dangerous situations.
2. Educate parents, volunteers, and children. They need to be supplied with the information necessary to protect everyone. Let the children know that it's never their fault.
3. Follow safety procedures. Employing basic rules, such as "buddy system" can keep child abuse from happening in the first place.
4. Screen applicants carefully. An effective three-step plan can keep potential child abusers out of our Little League programs and keep our kids safe.
5. Don't be afraid to speak out. Both Little League children and adults need to feel safe to come forward. If an individual honestly feels something is wrong, the laws are in place to protect them.

VOLUNTEERS

Volunteers are the greatest resource of 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.

Big Brothers/Big Sisters of America defines child sexual abuse as "the exploitation of a child by an older child, teen or adult for the personal gratification of the abusive individual." So, abusing a child can take many forms, from touching to non-touching offenses.

Child victims are usually made to feel as if they have brought the abuse upon themselves; they are made to feel guilty. For this reason, sexual abuse victims seldom disclose the victimization. Consider this: Big Brothers/Big Sisters of America contend that for every child abuse case reported, ten more go unreported. Children need to understand that it is never their fault, and both children and adults need to know what they can do to keep it from happening.

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 at Corona National Little League.

FICTION AND FACT

"Sex abusers are dirty old men." Not true. While sex abusers cut across socioeconomic levels, education levels and race, the average age of a sex offender has been established at 32.

"Strangers are responsible for most of the sexual abuse." Fact: 80-85% of all sexual abuse cases in the US are perpetrated by an individual familiar to the victim. Less than 20% of all abusers are strangers.

"Most sex abusers suffer from some form of serious mental illness or psychosis." Not true. The actual figure is more like 10% almost exactly the same as the figure found in the general population of the United States.

"Most sex abusers are homosexual." This is not true. Most are heterosexual.

“Children usually lie about sexual abuse, anyway.” In fact, children rarely lie about being sexually abused. If they say it, don’t ignore it.

“It only happens to girls.” While females do comprise the largest number of sexual abuse victims, it is now believed that the number for male victims is much higher than reported.

Like all safety issues, prevention is the key. Corona National Little League has a four-step plan for selecting caring, competent and safe volunteers.

VOLUNTEER BACKGROUND CHECK

Application: All volunteers must fill out the official Little League Volunteer Application, which requests residence information, employment history and three personal references from nonrelatives and clearly asks about prior criminal convictions. The form also points out that all positions are conditional based on the information received back from a background check.

Interview: Make all applicants aware of the policy that no known child-sex offender will be given access to children in the Little League Program.

Reference Checks: Make sure the information given by the applicants is corroborated by references.

Background Checks: Conducted on all volunteers through JD Palatine and US Dept of Justice National Sex Offender Public Registry

Reporting:

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

T. A. S. K. – TAKE A STAND FOR KIDS

Investigation

CNLL 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 League’s liaison with local law enforcement community. A Little League volunteer should not attempt to investigate suspected abuse on his or her own.

Suspending/Termination

When an allegation of abuse is made against a Little League volunteer, it is duty to protect the children from any possible further abuse by keeping the alleged abuser away from the 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 and Liability

According to Boys and Girls Clubs of America, “Concern is often expressed over the potential for criminal or civil liability of a report of abuse is subsequently found to be unsubstantiated.” However, we want adults and Little Leaguers to understand that they shouldn’t be afraid to come forward in these cases, even if it isn’t required and even if there is a possibility of being wrong. 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 adults and kids aware **that Little League Baseball and CNLL will not tolerate child abuse, in any form.**

BUDDY SYSTEM

It is an old maxim, but it is true: There is safety in numbers. Encourage kids to move 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. 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's 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 any 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.

SHOWER AND TOILET FACILITIES

Generally speaking, Little Leaguers can use toilet facilities on their own, so there should be no need for an adult to accompany a child into rest room areas. There can sometimes be special circumstances under which a child requires assistance to toilet facilities, for instance in the T-ball and Challenger divisions, but there should still be adequate privacy for that child. Again, we can utilize the "buddy system" here.

KEEPING OUR PARKS SAFE

There is nothing better than watching a bunch of kids playing baseball, if it's a family affair. But along with this great experience comes the responsibility of making the parks and ball fields safe for the players as well as the spectators.

Here are some important guidelines:

Traffic and Cars: Kids and cars can get along just fine if everyone who is driving a car watches out for the kids. Driving around our fields needs to be done with caution. Any unsafe driving should be reported to the league. Managers and coaches should also inform about the importance of driving safely around our fields. Also, have parents inform relatives and friends the importance of safe driving around our fields.

Kids and Bicycles: It's great to see kids riding bicycles but the ball field is not the place to do it. If a child is riding a bike it needs to be away from the players and spectators.

Strangers in the Park: We have all seen reports about a child being snatched from a school playground, daycare center, or sports field. It doesn't matter whether it's soccer, football, or baseball, unfortunately there is a possibility that a child may get snatched. You may also consider approaching the individual to introduce yourself; if he/she is a snatcher your advance will probably intimidate them and cause them to leave the area.

According to news reports, a typical snatcher is interested in the kids: He or she tries to befriend a child. They try to isolate the child from others. They try to entice the child away from everyone else. At a typical baseball game most managers, coaches, and spectators are watching the game on the field and the child snatcher takes advantage of that. The snatcher stays away from other adults but tries to stay very close to kids. Be aware of who is around your team. Please report to the league anyone who raises suspicion. Get a good description and keep your team together. Have parents keep an eye on their younger children who are at the park. Never leave your child unattended at the playgrounds.

ADDITIONAL RESOURCES

Additional resources for information, training, and policies can be found on Little League International's website. It is encouraged that managers, coaches, volunteers, players, and parents utilize the resources to better educate themselves on child abuse and the child protection program. The website listed below will direct you to the additional resources.

https://www.littleleague.org/university/articles/guide-to-the-little-league-child-protection-program/

First Aid & Recommended Procedures

WHAT IS FIRST AID?

It is the first care that is given to a victim.

It is performed usually by the first person on the scene and is continued until professional help arrives.

It is administered within limits – know yours!

The average response time for 9-1-1 calls is 5-7 minutes. Paramedics are in constant contact with dispatch and emergency room personnel so that they can perform whatever emergency action is needed on the scene or during transport. You cannot do this!!

Do not attempt to transport a victim to the hospital.

PROVIDING CARE

Unfortunately, accidents happen, and our main priority is to see the individual gets the medical attention needed in order to get healthy.

Administer first aid as quickly as possible and get the situation under control. Managers and coaches need to designate one person to take charge of the injured individual, and a second person to take control of the rest of the team and the numerous well-meaning parents who try to come on the field or into the dugout to help.

Good Samaritan Laws

There are laws to protect individuals that help someone in an emergency. The **"Good Samaritan Laws" give legal protection** to people who provide emergency care to ill or injured persons. When a citizen responds to an emergency, and acts as a reasonable and prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim's injury.

For Example, a reasonable or prudent person would:

1. Move a victim ONLY if the victim's life is endangered by the surroundings.
2. Ask a conscious victim for permission before giving care.
3. Check the victim for life-threatening emergencies before providing further care.
4. Summon professional help to the scene by dialing 9-1-1.
5. Continue with care until more highly trained personnel arrive. Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the "Good Samaritan" use common sense and a reasonable level of skill, not to exceed the scope of the individual's training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury. **Only perform care within your limitations**.

What is permission to give care?

If a victim is conscious you must obtain permission before giving care. This is done by the following:

- Give your name
- What is your training (first aid, CPR, EMT, M.D., etc.)
- How do you plan to help this person

Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is a child or infant, 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. If a victim is unconscious, then you have implied consent.

SOME IMPORTANT DO'S AND DON'TS

DO…

- Carry your first aid kit to all games and practices.
- Reassure and aid children who are injured, frightened, or lost.
- Provide or assist in obtaining medical attention for those who require it.
- Know your limitations.
- Assist those who require medical attention; and when administering aid remember to…
    - LOOK for signs of injury (blood, black-and-blue, deformity of joint, etc.).
    - LISTEN to the injured describe what happened and what hurts if conscious.
    - FEEL gently and carefully the injured area for signs such as swelling or grating of broken bone.
    - SPEAK calmly and clearly to the injured person.
- Call 9-1-1 immediately if the person is unconscious or seriously injured.

Talk with the team and parents following an incident. Players and parents can become worried or nervous after an injury. Coaches and managers should use this time as well for additional education purposes to prevent further injuries.

DON'T…

- Administer any medications. Again, DO NOT administer any medications!!
- Provide any food or beverages to seriously injured child.
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedures.
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game.
- Hesitate to report any safety hazard to the safety officer or any board member, immediately.

EMERGENCY MEDICAL SERVICES: 9-1-1

Activating 9-1-1

1. A phone system (cell or facility phone) should be in place at every game and practice for 9-1-1 activation.
2. Review how to contact 9-1-1 from cell phones. Each phone is different. Know how to use the phone.
3. If you are administering first aid and there is another adult present, appoint that adult to dial 9-1-1 and to return to you if the adult must leave the scene.
4. Ideally, emergency personnel will have direct access to the field or to the scene of the accident. If there are several adults available, appoint one or more to guide or flag down emergency personnel if you are in an inaccessible area. Appoint those adults to clear any spectators, equipment, vehicles that may be in the way.

Tips for calling 9-1-1

1. For anyone needing emergency medical help, quickly dial 9-1-1 from a nearby phone or cell phone. One person should be designated to dial 9-1-1 and should return to the scene if the phone is not on the field.
2. The dispatcher may ask questions. Talk slowly and accurately to provide the information he/she wants. Most dispatchers will ask:
    a. The **exact location** or address (use street names, intersections, or nearby landmarks).
    b. The **telephone number** from which the call is being made.

c. The **caller's name**.
d. **What happened** – e.g., baseball injury, bicycle accident, fall, fire, etc.?
e. The **number of persons** involved.
f. **Condition** of the injured person – e.g., not breathing, no pulse, severe bleeding, chest pains, unconsciousness, not moving, or strange behavior.
g. Indicate to the dispatcher if there is any **first aid being performed**.

3. **DO NOT** hang up until the dispatcher says it is okay.
4. Continue to update care until professional help arrives.
5. Indicate to the dispatcher that you have appointed someone or several people to flag down emergency personnel if you are in an inaccessible area. Remember, every minute counts!!

When to Call

If the injured person is unconscious, call 9-1-1 immediately. Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do. Call 9-1-1 anyway and request paramedics if the victim:

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

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

Also call 9-1-1 for any of these situations:

- Fire or explosion
- Downed electrical wires
- Swiftly moving or rapidly rising water
- Presence of poisonous gas
- Vehicle collisions
- Vehicle/Bicycle collisions
- Victims who cannot be moved easily.

CHECKING THE VICTIM

Conscious Victims:

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

1. Talk to the victim and to any people standing by who say the accident take place.
2. Check the victim from head to toe, so you do not overlook any problems.
3. Do not ask the victim to move, and do not move the victim yourself.
4. Examine the scalp, face, ears, nose, and mouth.
5. Look for cuts, bruises, bumps, or depressions.

6. Watch for changes in consciousness.
7. Notice if the victim is drowsy, not alert, or confused.
8. Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
9. Notice how the skin looks and feels. Not if the skin reddish, bluish, pale or gray.
10. Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
11. Ask the victim again about the areas that hurt.
12. Ask the victim to move each part of the body that doesn't hurt.
13. Check the shoulders by asking the victim to shrug them.
14. Check the chest and abdomen by asking the victim to take a deep breath.
15. Ask the victim if he or she can move the fingers, hands and arms.
16. Check the hips and legs in the same way.
17. Watch the victim's face for signs of pain, and listen for sounds of pain such as gasps, moans or cries.
18. Look for odd bumps or depressions.
19. Think how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
20. Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim, care to give for that problem, and who to call for help.
21. When you have finished checking, if the victim can move his or her body without pain and there are no signs of injury, have the victim rest sitting up.
22. When the victim feels ready, help him or her to stand.

Unconscious Victims:

If the victim does not respond to you in any way, assume the victim is unconscious. Call 9-1-1 and report the emergency immediately. Follow the steps below to check an unconscious victim.

1. Tap and shout to see if the person responds. If no response –
2. Look, Listen and feel for breathing for 5 seconds.
3. If there is no response, position victim on back, while supporting head and neck.
4. Tilt head back, lift chin and pinch nose shut. (See breathing section)
5. Look, listen, and feel for breathing for about 5 seconds.
6. If the victim is not breathing, give 2 slow breaths into the victim's mouth.
7. Check pulse for 5 to 10 seconds.
8. Check for severe bleeding.

MUSCLE, BONE, OR JOINT INJURIES

Symptoms of Serious Muscle, Bone, or Joint Injuries:

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

- Significant deformity
- Bruising and swelling
- Inability to use affected part normally
- Bone fragments sticking out of a wound
- Victim feels bones grating; victim felt or heard a snap or pop at the time of injury
- The injured area is cold and numb
- Cause of the injury suggests that the injury may be severe

If any of these conditions exist, call 9-1-1 immediately and administer care to the victim until the paramedics arrive.

Treatment for muscle or joint injuries:

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

Treatment for fractures:

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

Treatment for broken bones:

Once you have established that the victim has a broken bone and you have called 9-1-1, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary.

OSGOOD-SCHLATTER DISEASE

Osgood-Schlatter Disease is the "growing pains" disease. It is very painful for kids that have it. In a nutshell, the bones grow faster than the muscles and ligaments. A child must outgrow this disease. All you can do is make it easier for him or her by:

1. Icing the painful areas.
2. Making sure the child rests when needed.
3. Using Ace or knee supports.

CONCUSSION

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

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

HEAD AND SPINE INJURIES

When to suspect head and spine injuries:

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

- Any injury that penetrates the head or trunk, such as impalement.
- A motor vehicle crash involving a driver or passengers not wearing safety belts.
- Any person thrown from a motor vehicle.
- Any person struck by a motor vehicle.
- Any injury in which a victim's helmet is broken, including a motorcycle, batting helmet, industrial helmet.
- Any incident involving a lightning strike.

Signals of Head and Spine Injuries

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

General Care for Head and Spine Injuries:

1. Call 9-1-1 immediately.
2. Minimize movement of the head and spine.
3. Maintain an open airway.
4. Check consciousness and breathing.
5. Control any external bleeding.
6. Keep the victim from getting chilled or overheated until paramedics arrive.

CONTUSION TO STERNUM

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

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

SUDDEN ILLNESS

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

Symptoms of sudden illness include:

- Feeling light headed, dizzy, confused, or weak
- Changes in skin color (pale or flushed skin), sweating

- Nausea or vomiting
- Diarrhea
- Changes in consciousness
- Seizures
- Paralysis or inability to move
- Slurred speech
- Impaired vision
- Severe headache
- Breathing difficulty
- Persistent pressure or pain

Care For Sudden Illness:

1. Call 9-1-1
2. Help the victim rest comfortably
3. Keep the victim from getting chilled or overheated
4. Reassure the victim
5. Watch for changes in consciousness and breathing
6. Do not give anything to eat or drink unless the victim is fully conscious

If the victim:

Vomits—Place the victim on his or her side.

Faints—Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.

Has a diabetic emergency—Give the victim some form of sugar.

Has a seizure—Do not hold or restrain the person or place anything between the victim's teeth. Remove any nearby objects that might cause injury. Cushion the victim's head using folded clothing or a small pillow.

SHOCK

Shock is likely to develop in any serious injury or illness.

Signs of shock include:

- Restlessness or irritability
- Altered consciousness
- Pale, cool, moist skin
- Rapid breathing
- Rapid pulse

Caring for shock involves the following simple steps:

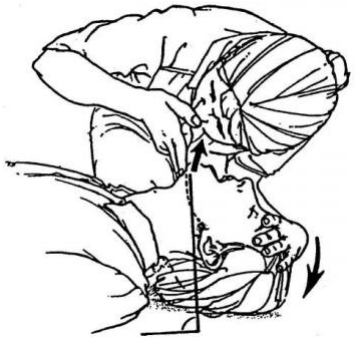
1. Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
2. Control any external bleeding.
3. Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
4. Try to reassure the victim.
5. Elevate the legs about 12 inches unless you suspect head, neck or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.

6. Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
7. Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone.
8. A victim of shock requires advanced medical care as soon as possible.

BREATHING PROBLEMS / EMERGENCY BREATHING

If a victim is suspected of not breathing:

1. Position victim on back while supporting head and neck.
2. Open the airway by tilting the victims head back and lifting the chin.



3. Check to see if the victim's chest is rising and listen for breathing. If there is no breathing continue to the next steps.
4. With the head tilted and the chin up, give two slow breaths into the victim's mouth. Breathe in until the chest gently rises or for approximately 1 second.
5. Check the pulse at the carotid artery (use fingers instead of thumb). If no pulse, perform CPR.
6. If a pulse is present but person is still not breathing give one slow breath about every 6 seconds. Do this for about one minute (10 breaths).
7. Continue rescue breathing as long as a pulse is present but person in not breathing.

If Victim is not Breathing and Air Won't Go In:

1. Re-tilt person's head.
2. Give breaths again.
3. If air still won't go in, place the heel of one hand against the middle of the victim's abdomen just above the navel.
4. Give up to 5 abdominal thrusts.
5. Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.
6. Tilt head back, lift chin, and give breaths again.
7. Repeat breaths, thrust, and sweeps until breaths go in.

Once the victim requires emergency breathing you become the life support for that person – without you the victim would be clinically dead. You must continue to administer emergency breathing and/or CPR until the paramedics get there. It is your obligation and you are protected under the "Good Samaritan" laws.

HEART ATTACK

Signs of a Heart Attack

Heart attack pain is most often felt in the center of the chest, behind the breastbone. It may spread to the shoulder, arm, or jaw. Signs of a heart attack include:

- Persistent chest pain or discomfort. Victims have persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication. Pain may range from discomfort to an unbearable crushing sensation.
- Breathing difficulty.
- Victim's breathing is noisy.
- Victim feels short of breath.
- Victim breathes faster than normal.
- Changes in Pulse rate - Pulse may be faster or slower than normal. Pulse may be irregular.
- Skin appearance - Victim's skin may be pale or bluish in color. The victim's face may be moist. The victim may perspire profusely.
- Absence of pulse - The absence of pulse is the main signal of cardiac arrest.

The number one indicator that someone is having a heart attack is that he or she will be in denial. A heart attack means certain death to most people. People who do not wish to acknowledge death therefore they will deny that are having a heart attack.

Care for a Heart Attack:

1. Recognize the signals of a heart attack.
2. Convince the victim to stop activity and rest.
3. Help the victim rest comfortably.
4. Try to obtain information about the victim's condition.
5. Comfort the victim.
6. Call 9-1-1 and report the emergency.
7. Assist with medication, if prescribed.
8. Monitor victim's condition.
9. Be prepared to give CPR if the victim's heart stops beating.

CARDIOPULMONARY RESUSCITATION - CPR

CPR Procedure

1. Check the scene for safety.
2. Check the victim for responsiveness & condition.
3. If unresponsive, call for 9-1-1 or have somebody do so and continue to the next step.
4. Position victim on back and on a flat solid surface.
5. Give 30 chest compressions
    - Hand position: Two hands centered on the chest
    - Body position: Shoulders directly over hands; elbows locked
    - Depth: At least 2 inches
    - Rate: 100 to 120 per minute
    - Allow chest to return to normal position after each compression
6. Give 2 breaths
    - Open the airway to a past-neutral position using the head-tilt/chin-lift technique
    - Ensure each breath lasts about 1 second and makes the chest rise; allow air to exit before giving the next breath
        - ***Note:*** *If the 1st breath does not cause the chest to rise, retilt the head and ensure a proper seal before giving the 2nd breath If the 2nd breath does not make the chest rise, an object may be blocking the airway*

7. Continue giving sets of 30 chest compressions and 2 breaths. Use an AED as soon as one is available!

It is possible that you will break the victim's ribs while administering CPR. Do not be concerned about this. The victim is clinically dead without your help. You are protected under the "Good Samaritan" laws.

When to stop CPR

- If another trained person takes over CPR for you.
- If Paramedics arrive and take over care of the victim.
- If you are exhausted and unable to continue.
- If the scene becomes unsafe.

CHOKING

Partial Obstruction with Good Air Exchange:

Symptoms may include forceful cough with wheezing sounds between coughs. If these conditions exist treat the victim by continuing to encourage them to cough as long as good air exchange continues. DO NOT interfere with attempts to expel object.

Partial or Complete Airway Obstruction to Conscious victim:

Symptoms may include weak cough; high pitching crowing noises during inhalation; inability to breathe, cough or speak; gestures of clutching neck between thumb and index finger; exaggerated breathing efforts; dusky or bluish skin color. The treatment – Heimlich maneuver:

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

GENERAL BLEEDING

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

If a victim is bleeding:

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

NOSE BLEED

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.

INFECTION PREVENTION

To prevent infection when treating open wounds you must:

CLEANSE…the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clan dressing.

TREAT… to protect against contamination with ointment supplied in your First-Aid Kit.

COVER… to absorb fluids and protect wounds from further contamination with Band-Aids, gauze, or sterile pads supplied in your First-Aid Kit. (Handle only the edges of sterile pads or dressings)

TAPE… to secure with First-Aid tape (included in your First-Aid Kit) to help keep out dirt and germs.

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. Stitches prevent scars.

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 eye, DO NOT remove it.

Symptoms may include:

Pain, redness, and/or swelling.

Treatment:

1. First wash your hands thoroughly, then gently wash affected area with mild soap and water.
2. 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.

3. Loosen skin around splinter with needle; use tweezers to remove splinters. If the splinter breaks or is deeply lodged, consult professional medical help.
4. Cover with adhesive bandage or sterile pad, if necessary.

BEE STINGS & INSECT BITES

In highly 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:

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

Treatment:

1. For mild or moderate symptoms, wash with soap and cold water.
2. 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.
3. For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
4. If victim has gone into shock, treat accordingly (see section, "Care for Shock").

EMERGENCY TREATMENT OF DENTAL INJURIES

AVULSION (Entire Tooth Knocked Out)

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down.

Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

Avoid additional trauma to the tooth while handling. DO NOT handle tooth by the root. DO NOT brush or scrub tooth. DO NOT sterilize tooth.

If debris is on the tooth, gently rinse with water.

If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. DO ONLY if athlete is alert and conscious. Should be seen by a dentist as soon as possible.

If unable to re-implant immediately, find the tooth and place it in:

- Best – place tooth in Hank's Balanced Saline Solution, e.g. "Save a tooth."
- 2nd best – place tooth in milk. Cold whole milk is best, followed by cold 2% milk.
- 3rd best – wrap tooth in saline soaked gauze.
- 4th best – place tooth in saliva.

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

LUXATION (Tooth in socket, but wrong position)

Extruded Tooth – upper tooth hangs down and/or lower tooth rose up.

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

Lateral displacement – Tooth pushed back or pulled forward.

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

Intruded Tooth – Tooth pushed into gum; looks short.

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

FRACTURE (Broken Tooth)

If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, item #4. Stabilize portion of tooth left in mouth by gently biting on towel or handkerchief to control bleeding. Should extreme pain occur, limit contact with other teeth, air, or tongue. Pulp nerve may be exposed, which is extremely painful to athlete. Save all fragments of fractured tooth as described under Avulsion, item #4.
IMMEDIATELY TRANSPORT VICTIM AND TOOTH FRAGMENTS TO DENTIST (use plastic baggie supplied in your first aid kit).

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 clothes to a burned face or other areas that cannot be immersed. Be sure to keep the cloths cool by adding more water.

Cover the Burn – Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn also helps prevent infection. IF the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

Chemical Burns:

If a chemical burn:

1. Remove contaminated clothing.
2. Flush burned area with cool water for at least 5 minutes.
3. Treat as you would any major burn (see above).

If an eye has been burned:

1. Immediately flood face, inside of eyelid and eye with cool running water for at least 15 minutes. Turn head so water does not drain into uninjured eye. Lift eyelid away from eye so the inside of the lid can also be washed.
2. If eye has been burned by a dry chemical, lift any loose particles off the eye with the corner of a sterile pad or clean cloth.
3. Cover both eyes with dry sterile pads, clean cloths, or eye pads; bandage in place.

Sunburn:

If victim has been sunburned,

1. Treat as you would any major burn (see above).
2. Treat for shock if necessary (see section on "Caring for Shock").
3. Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water.
4. Give victim fluids to drink.
5. Get professional medical help immediately in severe cases.

DISMEMBERMENT

If part of the body has been torn or cut off, try to find the part and wrap it in sterile gauze or any clean material, such as washcloth. Put the wrapped part in a plastic bag. Keep the part cool by placing the bag on ice, if possible, but do not freeze. Be sure the part is taken to the hospital with the victim. Doctors may be able to reattach it.

PENETRATING OBJECTS

If an object, such as a knife or a piece of glass or metal, is impaled in a wound:

1. Do not remove it.
2. Place several dressings around object to keep it from moving.
3. Bandage the dressings in place around the object.
4. If object penetrates chest and victim complains of discomfort or pressure, quickly loosen bandage on one side and reseal. Watch carefully for recurrence. Repeat procedure if necessary.
5. Treat for shock if needed (see "Care for Shock" section).
6. Call 9-1-1 for professional medical care.

POISONING

Call 9-1-1 immediately before administering First Aid then:

1. Do not give any First Aid if victim is unconscious or is having convulsions. Begin rescue breathing techniques or CPR if necessary. If victim is convulsing, protect further injury; loosen tight clothing if possible.
2. If professional medical help does not arrive immediately:
    a. **DO NOT** induce vomiting if poison is unknown, a corrosive substance (i.e., acid, cleaning fluid, lye, drain cleaner), or petroleum product (i.e., gasoline, turpentine, paint thinner, lighter fluid).
    b. Induce vomiting if poison is known and is not a corrosive substance or petroleum product. To induce vomiting: Give adult one ounce of syrup of ipecac (1/2 ounce for child) followed

by four or five glasses of water. If victim has vomited, follow with one ounce of powdered, activated charcoal in water, if available.

3. Take poison container, (or vomit if poison is unknown) with victim to hospital.

HEAT EXHAUSTION

Symptoms may include:

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

Treatment:

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

SUNSTROKE (HEAT STROKE)

Symptoms may include:

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

Treatment:

1. Call 9-1-1 immediately.
2. 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 sheet or towels in well-ventilated room or use fans and air conditioners until body temperature is reduced.
3. DO NOT give stimulating beverages (caffeine beverages), such as coffee, tea or soda.

TRANSPORTING AN INJURED PERSON

If injury involves neck or back, DO NOT move victim unless absolutely necessary.

Wait for paramedics.

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

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

Medical Concerns & Considerations

COMMUNICABLE DISEASE PROCEDURES

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

- A bleeding player should be removed from competition as soon as possible.
- Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game.
- Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid are anticipated (latex gloves are provided in First Aid Kit).
- Immediately wash hands and other skin surface if contaminate with blood with antibacterial soap.
- Clean all blood contaminated surfaces and equipment with 1:1 solution of Clorox Bleach (supplied in the concession stands and club house). A 1:1 solution can be made by using a cap full of Clorox (2.5cc) and 8 ounces of water (250cc).
- Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.
- Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Currently, it is believed that saliva is not capable of transmitting HIV.

The likelihood of HIV transmission during a First-Aid situation is very low. Always give care in ways that protect you and the victim from disease transmission.

- If possible, wash your hands before giving care, even if you wear gloves.
- Avoid touching or being splashed by another person's body fluid, especially blood.
- Wear disposable gloves during treatment.

If you think you have put yourself at risk, get tested. A blood test will tell whether or not your body is producing antibodies in response to the virus. If you are not sure whether you should be tested, call your doctor, the public health department, or the AIDS hot line (1-800-342-AIDS). In the meantime, do not participate in activities that put anyone else at risk.

Like AIDS, hepatitis B and C are viruses. Even though there is a very small risk of infecting others by direct contact, one must take the appropriate safety measures, as outlined above, when treating open wounds. There is now a vaccination against hepatitis B.

PRESCRIPTION MEDICINE

Do not, at any time, administer any kind of prescription medicine. This is the parent's responsibility and CNLL 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 the 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. 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 services.

Everybody doesn't feel the same things when they have an asthma attack. Victims may:

- Cough repeatedly
- Feel like they can't catch their breath
- Feel like air is trapped in their lungs and they can't get it out
- Have pain in their chest
- Have very noisy breathing

The American Lung Association Family Guide to Asthma and Allergies (1997) gives several tips for coping with Exercise Induced Asthma (EIA). These tips include:

- Warming up the body before exercise
- Reduce exposure to other asthma and allergy triggers (ex. Recently mowed grass, high pollen count, or refinished gym floor)
- Minimize outside time when it is cold and if you are out, try wearing a scarf or cold air mask to warm and moisten the air before it gets to the lungs
- Cool down for at least 10 minutes after exercise.

By following these tips, and properly administering a child's medication, he or she should be able to participate in any sport. There are a few exceptions, and these children should try sports that are less likely to trigger asthma symptoms. Helen M. Evrard, MD, with the American Lung Association, suggests avoiding sports that require a lot of running with little time for breaks, such as soccer or basketball. Her recommendations include sports such as baseball, which provide periods of rest, as well as swimming and other water sports, which take place in warm, humid air.

Exercise Induced Asthma does have an effect on athletes, but it does not have to limit their participation. Many Olympic medal winners have successfully managed their asthma in demanding sports like track and field, cross-country skiing, swimming and basketball. The key is to be aware of the individual child's symptoms, make their medication available, and follow their asthma management plan.

COLD AND FLU

The baseball season usually coincides with the cold and flu season. There is nothing you can do to help a child with a cold or flu except to recognize that the child is sick and should be at home recovering and not on the field passing his cold or flu on to all your other players. Prevention is the solution here. Don't be afraid to tell parents to keep their child at home.

ATTENTION DEFICIT HYPERACTIVITY DISORDER

What is Attention Deficit Hyperactivity Disorder (ADHD)?

ADHD, formerly known as Attention Deficit Disorder (ADD), is a neurobiologically based development disability estimated to affect between 3-5 percent of the school age population. This disorder is found present more often in boys than girls (3:1).

No one knows exactly what causes ADHD. Scientific evidence suggests the disorder is genetically transmitted in many cases and results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior.

Why should I be concerned with ADHD when it comes to baseball?

Unfortunately, more and more children are being diagnosed with ADHD every year. There is a high probability that one or more of the children on your team with have ADHD. It is important to recognize that child's situation for safety reasons because not paying attention during the game or practice could lead to serious accidents involving the child and/or his teammates. It is equally as important to not call attention to the child's disability or to label the child in any way.

Hopefully the parent of the ADHD child will alert you to his/her condition. Treatment of ADHD usually involves medication. Do not, at any time, administer the medication -- even if the child asks you to. Make sure the parent is aware of how dangerous the game of baseball can be and suggest that the child take the medication (If he or she is taking medication) before he or she comes to the practice/game.

A child on your team may in fact be ADHD but has not been diagnosed as such. You should be aware of the symptoms of ADHD in order to provide the safest environment for that child and the other children around him.

What are the symptoms of ADHD?

Inattention – This is where the child:

- Often fails to give close attention to details or make careless mistakes in schoolwork, work, or other activities;
- Often has difficulty sustaining attention in tasks or play activities;
- Often does not seem to listen when spoken to directly;
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions);
- Often has difficulty organizing tasks and activities);
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework);
- Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools);
- Often easily distracted by extraneous stimuli;
- Often forgetful in daily activities.

Hyperactivity – This is where the child:

- Often fidgets with hands or feet or squirms in seat;
- Often leaves seat in classroom or in other situations in which remaining seated is expected;
- Often runs about or climbs excessively in situation in which is inappropriate (in adolescents or adults, may be limited to subjective feelings or restlessness);
- Often has difficulty playing or engaging in leisure activities quietly;
- Often "on the go" or often act as if "driven by a motor";
- Often talks excessively.

Impulsivity- This is where the child:

- Often blurts out answers before the questions have been completed;
- Often has difficulty awaiting turn;
- Often interrupts or intrudes on others (e.g., butts into conversations or games).

Emotional Instability- This is where the child:

- Often has angry outbursts;
- Is a social loner;
- Blames others for problems;

- Fights with others quickly;
- Is very sensitive to criticism.

Most children with ADHD experience significant problems socializing with peers and cooperating with authority figures. This is because when children have difficulty maintaining attention during an interaction with an adult, they may miss important parts of the conversation. This is called “memory problems” due to not listening in the first place.

When giving directions to ADHD children it is important to have them repeat the directions to make sure they have correctly received them. For younger ADHD children, the directions should consist of only one or two-step instructions. For older children more, complicated directions should be stated in writing.

Children with ADHD often miss important aspects of social interaction with their peers. When this happens, they have a difficult time “fitting in.” They need to focus in on how other children are playing with each other and then attempt to behave similarly. ADHD children often enter a group play situation like the proverbial “bull in the china closet” and upset the play session.

There is no way to know for sure that a child has ADHD. There is no simple test such as a blood test or urinalysis. An accurate diagnosis requires as assessment conducted by a well-trained professional (usually a developmental pediatrician, child psychologist, child psychiatrist, or pediatric neurologist) who knows a lot about ADHD and all other disorders that can have symptoms similar to those found in ADHD.

Appendix

INCIDENT REPORT

For Local League Use Only

Activities/Reporting — **A Safety Awareness Program's Incident/Injury Tracking Report**

League Name: _____ League ID: ___ - ___ - ___ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: ❒ Male ❒ Female

City: _____ State _____ ZIP: _____ Home Phone: ( ) _____

Parent's Name (If Player): _____ Work Phone: ( ) _____

_____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

A.) ❒ Baseball ❒ Softball ❒ Challenger ❒ TAD

B.) ❒ Challenger ❒ T-Ball ❒ Minor ❒ Major ❒ Intermediate (50/70)
❒ Junior ❒ Senior ❒ Big League

C.) ❒ Tryout ❒ Practice ❒ Game ❒ Tournament ❒ Special Event
❒ Travel to ❒ Travel from ❒ Other (Describe): _____

Position/Role of person(s) involved in incident:

D.) ❒ Batter ❒ Baserunner ❒ Pitcher ❒ Catcher ❒ First Base ❒ Second
❒ Third ❒ Short Stop ❒ Left Field ❒ Center Field ❒ Right Field ❒ Dugout
❒ Umpire ❒ Coach/Manager ❒ Spectator ❒ Volunteer ❒ Other: _____

Type of injury: _____

_____

Was first aid required? ❒ Yes ❒ No If yes, what: _____

Was professional medical treatment required? ❒ Yes ❒ No If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

Type of incident and location:

A.) On Primary Playing Field
- ❒ Base Path: ❒ Running *or* ❒ Sliding
- ❒ Hit by Ball: ❒ Pitched *or* ❒ Thrown *or* ❒ Batted
- ❒ Collision with: ❒ Player *or* ❒ Structure
- ❒ Grounds Defect
- ❒ Other: _____

B.) Adjacent to Playing Field
- ❒ Seating Area
- ❒ Parking Area

C.) Concession Area
- ❒ Volunteer Worker
- ❒ Customer/Bystander

D.) Off Ball Field
- ❒ Travel:
- ❒ Car *or* ❒ Bike *or*
- ❒ Walking
- ❒ League Activity
- ❒ Other: _____

Please give a short description of incident: _____

_____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

Prepared By/Position: _____ Phone Number: (_____) _____

Signature: _____ Date: _____

MEDICAL RELEASE FORM

Little League® Baseball and Softball
MEDICAL RELEASE

NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F):_____

Parent (s)/Guardian Name:_____ Relationship _____

Parent (s)/Guardian Name:_____ Relationship _____

Player's Address:_____ City:_____ State/Country:_____ Zip:_____

Home Phone:_____ Work Phone:_____ Mobile Phone:_____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City:_____ State/Country:_____

Hospital Preference: _____

Parent Insurance Co:_____ Policy No.:_____Group ID#:_____

League Insurance Co:_____ Policy No.:_____League/Group ID#:_____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

_____
Name Phone Relationship to Player

_____
Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date:

FOR LEAGUE USE ONLY:

League Name:_____ League ID:_____

Division:_____Team:_____ Date:_____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

FIRST AID KIT REPLENISHMENT FORM

First Aid Kit Replenishment Form

Getting supplies is as easy as 1-2-3

1. Managers, coaches, and safety representatives please fill out this form for any needed supplies for your team.

2. Place the form in the SAFETY BINDER located in the El Cerrito snack shack or contact the safety officer.

3. Pick up your supplies at the SHACK.

Your Name: _____

Your Team: _____

Your Phone Number: _____

What do you need? (Please indicate with an "X" in the space provided)

_____Alcohol Prep Pads

_____Antibiotic Ointments _____Gauze pads

_____Antiseptic Wipes _____Gauze Roll

_____Roll of Tape _____Skin Pads

_____Latex gloves _____Adhesive bandages

_____Sting Relief Pads

_____Other: _____