***PIKE COUNTY LITTLE LEAGUE***

***SAFETY PLAN***

**POLICY STATEMENT**

**Pike County Little League**

**Is a Non-profit Organization**

**Run By Volunteers**

**Whose Mission Is To**

**Provide an Opportunity**

**For Our Community’s Children**

**To Learn the Game Of**

**Baseball/Softball in a Safe**

**And A Friendly Environment**

**SAFETY MANUAL AND FIRST AID KITS**

Each Team will be issued a Safety Manual and a First Aid Kit at the beginning of the season. The manager of the team will acknowledge the receipt of these by signing in the space provided below when taking possession of the manual.

Chemical ice packs will be available at all times in the concession stands.

All concession stands will have a First Aid Kit and Safety Manual in plain sight at all times.

The Safety Manual will include phone numbers for PCLL Executive Board, Local League mangers, and emergency services, Pike County Code of Conduct, and the Do’s and Don’ts of treating injured players.

The First Aid Kit will include the necessary items to treat an injured player until professional help arrives if need be.

Safety Manuals will also be given to all Local Leagues for distribution.

I have received my Safety Manual and will distribute the Safety manual to everyone in need of it, and have it present at all practices, batting cage practices, games, and any other event where team members could become injured or hurt.

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Print name of Local League Manager Town

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Local League Manager Date

Little League Phone Numbers

District Safety Officer, Ryon McNeff..............................(217)257-2888

Williamsport Insurance Claim Office............................(570)327-1674

Illini Hospital.................................................................(217)285-2113

Pike County Police-Emergency.....................................911 or (217)285-4471

Ambulance-Emergency...................................................911

Contact information

President - Emily Lowe (217) 653-2631

Vice President - Lila Martin (217) 430-1142

Treasurer - Nicole Noble (217) 491-5114

Secretary - Kimber Martin (217) 257-7579

Safety Officer - Suzanne Filbert (217) 779 - 1304

GP Local League – Lila Martin (217) 430-1142

Pittsfield Local League- Mike Starman (217) 490-0535

Pleasant Hill Local League – Emily Lowe (217) 653-2631

**CODE OF CONDUCT**

The Pike County Little League has mandated the following code of conduct. All coaches and managers will read this Code of Conduct and sign in the space provided below acknowledging that he or she understands and agrees to comply with the Code of Conduct. Tear the signatures sheet on the line below and return to the PCLL Safety Officer.

***Pike County Little League Code of Conduct:***

No Board Member, Manager, Coach, Player or Spectator shall:

1. At any time, lay a hand upon, push, shove, strike, or threaten to strike and official.
2. Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgement.
3. Be guilty of an objectionable demonstration of dissent at an official’s decision by throwing gloves, helmets, hats, balls, or any other forceful unsportsman-like action.
4. Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
5. Be guilty of a physical attack upon any board member, official, manager, coach, player or spectator.
6. Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
7. Appear on the field of play, stands or anywhere on the PCLL complex while in an intoxicated state at any time. Intoxicated will be defined as an odor or behavior issue.
8. Be guilty of gambling upon any play or outcome of any game with anyone at any time.
9. Speak disrespectfully to any manager, coach, official or representative of the game.
10. Smoke while in the stands or on the playing field or in any dugout at any time. Smoking will only be permitted in designated areas which will be 20 feet from any spectator stands or dugouts.
11. Be guilty of discussing publicly with spectators in a derogatory or abusive manner any play, decision or a personal opinion on any players during the game.
12. As a manager or coach be guilty of mingling with or fraternizing with spectators during the course of the game.
13. Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
14. Shall challenge an umpire’s authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including removal from the game.

The Local League will review all infractions of the PCLL Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

I have read the PCLL Code of Conduct and promise to adhere to its rules and regulations.

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Print name of Manager Team name and division

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Signature of Manager Date

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Signature of Coach #1 Signature of Coach # 2

Safety is Everyone’s Responsibility

**PCLL SAFETY CODE**

The PCLL Board has mandated the following *Safety Code*. All managers and coaches will read this *Safety Code* and then read it to the players on their team. Signatures are required in the spaces provided below acknowledging that the manager, coach and players understand and agree to comply with the *Safety Code*.

1. Responsibility for safety procedure belongs to every adult member of Pike County Little League.
2. Each player, manager, coach and umpire shall use proper reasoning and care to prevent him/herself and to others.
3. Only league approved managers and coaches are allowed to practice teams.
4. Arrangements should be made before all practices and games for emergency medical services.
5. Managers, coaches and umpires will offer a training in CPR/First Aid/AED.
6. First Aid Kits are located in each concession stand.
7. No games or practices will be held when weather and field conditions are poor, particularly when lighting is inadequate.
8. Play area will be inspected before games or practices for any holes, damage, stones, glass and other foreign objects.
9. Team equipment should be stored within the team dugout or behind screens, and not within the area defined by the umpires as “in play”.
10. Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions
11. Responsibility for keeping bats and equipment off the field of play should be a player assigned for this purpose or the team’s manager or coaches.
12. During practice and games, all players should be alert and watching the batter on each pitch.
13. During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
14. All pre-game warm-ups should be performed within the confines of the playing field and not within the areas frequented by, and thus endangering spectators.
15. Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
16. Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games.
17. Except when a runner is returning to a base, head first slides are not permitted.
18. During sliding practice, bases should not be strapped down or anchored.
19. At no time should “horse play” be permitted on the playing field.
20. Parents of players who wear glasses should be encouraged to provide “safety glasses” for their children.
21. On-deck batters are not permitted.
22. Managers will only use the official Little League balls supplied by Local Leagues.
23. Once a ball becomes discolored, it will be discarded.
24. All male players will wear athletic supporters or cups during games. Catchers must wear a cup. Managers should encourage that cups be worn at practice too.
25. Male catchers must wear the metal, fiber or plastic type cup and a long model chest protector.
26. Female catchers must wear long or short model chest protectors.
27. All catchers must wear chest protectors with neck collar, throat guard, shin guards, and catcher’s helmet, all of which must meet Little League specifications and standards.
28. All catchers must wear a mask, “dangling” type throat protector and catcher’s helmet during practice, pitcher warm-ups, and games.
29. Shoes with metal spikes or cleats are **not** permitted. Shoes with molded cleats are permissible.
30. Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games.
31. Managers will never leave an unattended child at practices or games.
32. Never hesitate to report any present or potential safety hazard to the PCLL Safety Officer immediately.
33. Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
34. Speed limit is 5 mph in roadways and parking lots.
35. No alcohol or drugs on the premises at any time.
36. No medication will be taken at the facility unless administered directly by the children’s parent. This includes aspirin and Tylenol.
37. No playing in the parking areas at any time.
38. No playing in construction areas at any time.
39. No playing on or around lawn equipment, machinery at any time.
40. No smoking within 20 feet of the dugouts and concession stand.
41. No swinging bats or throwing balls at any time in the walkways or common areas of the complex.
42. No throwing rocks.
43. No climbing fences.
44. No swinging on dugout roofs.
45. Observe all posted signs.
46. Players and spectators should be alert at all times for foul balls and errant throws.
47. All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
48. Use crosswalks when crossing roadways. Always be alert for traffic.
49. No one is allowed on the premises with open wounds of any kind. Wounds should be properly treated and bandaged.
50.  There is no running on the bleachers.

I have read or have been read the Pike County Little League Safety Code and promise to adhere to it rules and regulations.

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Print name of Manager Team name and division

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Manager Date

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Coach #1 Coach #2

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Player #1 Player #2

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Player #3 Player #4

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Player #5 Player #6

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Player #7 Player #8

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Player #9 Player #10

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Player #11 Player #12

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Player #13 Player #14

**RESPONSIBILITY**

***Managers and Coaches:***

**Pre-Season**

Managers will:

1. *Take possession of the Safety Manual and the First Aid Kit* supplied by Local League. Both should be available at every game and practice.
2. Cover the basics of safe play with his/her team before starting the first practice.
3. Return the signed *Code of Conduct* and the *PCLL Safety Code* to the Local manger before the first game so they can get it the PCLL Safety officer.
4. Teach players the fundamentals of the game while advocating safety.
5. Teach players how to *slide* before the season starts.
6. Notify parents if a child is injured, he or she cannot return to practice unless they have a note from the doctor. This *medical release* protects you if that child should become further injured. *There are no exception to*

*this rule.*

1. Encourage players to bring water bottles to practice and games.
2. Tell parents to bring sunscreen for themselves and the kids.
3. Encourage players to wear mouth protection.

**Season Play**

Managers will:

1. Not expect more from your players than what the players are capable of.
2. Be open to ideas, suggestions, or help.
3. Teach the *fundamentals* of the game to players.

Catching fly balls.

Sliding correctly

Proper fielding of ground balls

Simple pitching motion for balance

1. Enforce that prevention is the key to reducing accidents to a minimum.
2. Have players wear sliding pad if they have scrapes or cuts on their legs.
3. Always have First Aid Kit and Safety Manual on hand.
4. Use common sense.

**Pre-Game and practice**

Managers will:

1. Make sure players are healthy, rested and alert.
2. Make sure that players returning from being injured have a medical release signed by their doctor or they cannot play.
3. Make sure players are wearing the proper uniform and catchers are wearing a cup.
4. Make sure the equipment is in good working order and is safe.
5. Enforce the rule that no bats or balls be allowed on the field until all players have done their proper stretching.

1. Calf muscles 6. Shoulders

2. Hamstrings 7. Elbow/Forearm

3. Quadriceps 8. Arm Shake Out

4. Groin 9. Neck

5. Back

Then have players do a light jog around the field before starting throwing warm-ups that should follow this order.

1. Light tosses short distance
2. Light tosses medium distance
3. Light tosses long distance
4. Medium tosses medium distance
   * + 1. Regular tosses medium distance
5. Field ground balls
6. Field pop flies

**During the game**

Managers will:

1. Make sure the players carry all gloves and other equipment off the field and to the dugout when their team is at bat. No equipment shall be left on the field either in fair or foul territory.
2. Keep players *alert.*
3. Maintain *discipline* at all times.
4. Be *organized*.
5. 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.
6. Make sure catchers are wearing the *proper equipment*.
7. Encourage everyone to think *Safety First*.
8. Observe the *“no on deck”* rule for batters and keep players behind screens at all times. No player shall handle a bat in the dugout at any time.
9. Keep players off fences.
10. Get players to *drink* often so they do not dehydrate.
11. Not play children that are ill or injured.
12. Attend to children that become ill or injured in a game.
13. Not lose focus by engaging in conversation with parents or passerby’s.

**Post Game**

Managers will:

1. Do cool down exercises with the players.
   * 1. Light jog
     2. Stretching
     3. Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows.
     4. Catchers should ice their knees.
2. Not leave the field until every team member has been picked up by a known family member or a designated driver.
3. *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, Inc and PCLL.
4. Discuss any safety problems with the Safety Officer.
5. If there was an injury, make sure the accident report is filled out and given to the PCLL Safety Officer.
6. Return the field to its pre-game position.

***Umpires***

**Pre-Game**

Before a game starts, the umpire shall:

1. Check equipment in the dugouts of both teams, equipment that does not meet specifications must be removed from the game.
2. Make sure catchers are wearing helmets when warming up the pitchers.
3. Run hands along bats to make sure there are no slivers.
4. Make sure that bats have grips.
5. Make sure there are foam inserts in helmets and they meet Little League ***NOCSAE*** specifications and bear the Little League seal of approval.
6. Inspect helmets for cracks.
7. Walk the field for hazards and obstructions.
8. Check players to see if they are wearing jewelry.
9. Check players to see if they are wearing metal cleats.
10. Make sure that all playing lines are marked with non-caustic lime, chalk, or other white material easily distinguished from the ground or grass.
11. Secure official Little League balls for play.

**During the game**

During the game the umpire shall:

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

**After the game**

After the game the umpire shall:

1. Check with the managers of teams regarding safety violations.
2. Report any unsafe situation to the PCLL Safety Officer by telephone and in writing.



***League***

* Will submit league player registration data or player Roster data

and coach and manager data.

**CONDITIONING & STRETCHING**

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

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

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

*Hints on Stretching*

Repetitions of at least 10.

Have kids synchronize their movements.

Vary upper body with lower body.

Keep the pace up for a good cardio-vascular workout.

*Hints on Calisthenics*

Stretch necks, backs, arms, thighs, legs and calves.

Don’t ask the child to stretch more than he or she is capable of.

Hold the stretch for at least 10 seconds.

Don’t allow bouncing while stretching. This tears down the muscle rather than stretching it.

Have one of the players lead the stretching exercises.

***HYDRATION***

Good *nutrition* is important for children. Sometimes, the most important nutrient children need is *water*–especially when they are physically active. When children are physically active, their muscles generate *heat* thereby increasing their *body temperature*. As their body temperature rises, their cooling mechanism - sweat - kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity and their body’s cooling mechanism is not as efficient as adults. If fluids 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 winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body doesn’t cool as quickly.

It does no matter if it is January or July, thirst is not an indicator of fluid needs. Therefore, ***children must be encourage to drink fluids even when they don’t feel thirsty***.

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

During any activity, water is an excellent fluid to keep the body well hydrated. It’s economical too! Offering flavored fluids like sports drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 carbohydrates or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted. Beverages high in carbohydrates may cause stomach cramps, nausea and diarrhea when the child becomes active. ***Caffeinated beverages 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.

**EQUIPMENT**

The Local League is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but it is the Manager’s responsibility to maintain it. Managers should inspect equipment before each game or practice.

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 Local League Manager. First Aid Kits must be turned in with the equipment.

**WEATHER**

Most of our summer days here are warm and sunny but there are times when the weather turns 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 condition becomes unsafe–use common sense. If playing a game, consult with the other manager and umpire to formulate a decision.

***Lightning***

The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than 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 storms 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 the terrain, humidity and background noise around you. By the time you hear thunder, the storm has already approached to withing 3-4 miles of you!

The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storms 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 or 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 your decision on whether or not to continue the game or practice.

***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 in 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 instant ice bags supplied in your First Aid Kits to cool him/her down until the emergency medical team arrives.

**STORAGE SHED PROCEDURES**

The following applies to all of the storage sheds used by Pike County Little League and further applies to anyone who has been issued keys to the sheds.

1. Keys to the equipment sheds will only be issued by Local Leagues.
2. A record shall be kept of all individuals possessing keys.
3. Keys will be returned to the League President immediately once someone ceases to have responsibilities for equipment sheds.
4. All storage sheds will be kept locked at all times.
5. All individuals with keys to the equipment sheds are aware of their responsibility for the orderly and safe storage of heavy machinery, hazardous materials, fertilizers, poisons, tools, etc.
6. Before the use of any machinery located in the sheds, please locate and read the written operating manual for that equipment.
7. All chemicals and organic materials storage sheds shall be properly marked and labeled and stored in its original container.

**MACHINERY**

Tractors, mowers and any other heavy machinery will:

1. Be operated by appointed staff only.
2. Never be operated under the influence of alcohol or drugs.
3. Never be operated in a careless or reckless manner.
4. Be stored appropriately when not in use with the brakes in the on position, the blades retracted, the ignition locked, and the keys removed.

**ACCIDENT REPORTING PROCEDURE**

**What to report-**

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

**When to report-**

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

Cell Phone: (217) 779-1304

Email:

**How to make a report-**

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

1. The name and phone number of the individual involved.
2. The date, time and location of the incident.
3. As detailed description of the incident as possible.
4. The preliminary estimation of the extent of any injuries.
5. The name and phone number of the person reporting the incident.



**PCLL Safety Officer Responsibilities**

Within 24 hours of receiving the *PCLL Accident Investigation Form*, the PCLL Safety Officer willcontact the injured party or the party’s parents and:

1. Verify the information received.
2. Obtain any other information deemed necessary.
3. Check on the status of the injured party: and
4. in the event that the injured party required other medical treatment will

advise the parent or guardian of PCLL’s insurance coverage and the provision for submitting a claim.

If the extent of the injuries are more than minor in nature, the PCLL Safety Officer shall periodically callthe injured party to:

1. Check on the status of the injuries; and
2. 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”.

**CONCESSION STAND SAFETY**

* Cooking equipment will be checked periodically and repaired or replaced if need be.
* Food not purchased by Local Leagues to sell in its concession stands will not by cooked, prepared, or sold in the concession stands.
* Carbon dioxide tanks will be secured with chains so they stand upright and can’t fall over. Report damaged tanks or valves to the supplier and discontinue use.
* Cleaning chemicals must be stored in a locked container.
* A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.
* All concession stand workers should be instructed on the use of fire extinguishers.
* All concession stand workers should be instructed in the Heimlich maneuver.
* A fully stocked First Aid Kit will be placed in each Concession Stand.
* The Concession Stand main entrance will not be locked or blocked when people are inside.

**CHILD ABUSE**

***Volunteers***

*Volunteers* are the greatest resource Little League has in aiding children’s development into leaders of tomorrow. But some potential volunteers may be attracted to Little League to be near children for *abusive reasons*.

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 on 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 it 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 PCLL. Like all safety issues, *prevention* is the key. PCLL has a plan for selecting caring, competent and safe volunteers.

**Application**: To include *residence information, employment history* and three *personal references* from non-relatives. All potential volunteers must fill out the application that clearly asks for information about *prior criminal convictions*. The form also points out that all positions are conditional based on the information received back from a background check.

**Reference checks**: Make sure the information given by the applicant is corroborated by the references.

**HEALTH AND MEDICAL - Giving First Aid**

***What is First Aid?***

***First Aid*** means exactly what the term implies – it is the ***first care*** given to a victim. It is usually performed but the ***first person*** on the scene and continued until professional medical help arrives. At no time should anyone administering First Aid go beyond his or her capabilities. ***Know you limits!***

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

***First Aid Kits***

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

The PCLL Safety Officer’s name and phone number are taped on the inside lid of all First Aid Kits.

The First Aid kit will become part of the team’s equipment package and shall be taken to all practices, batting cages practices, games, and any other PCLL Little League event where children’s safety is at risk.

To ***replenish materials*** in the team First Aid Kit, the Manager or designated coaches must contact the Local League.

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

***Good Samaritan Laws***

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

1. Move a victim only if the victim’s life was endangered.
2. Ask a conscious victim for permission before giving care.

Check the victim for life-threatening emergencies before providing further care.

1. Summon professional help to the scene by calling 9-1-1.
2. Continue to provide care until more highly trained personnel arrive.

*Good Samaritan laws were developed to encourage people to help others in an emergency situation.* 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.

***Permission to Give Care***

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

Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

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

***Treatment at Site***

Some important Do’s and Don’ts

Do...

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

Don’t...

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

***9-1-1 EMERGENCY NUMBER***

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

**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 injuries to the head, neck or back.
* Has possible broken bones.

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

***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 the 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 sever

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 a towel or cloth. Then apply cold, wet compresses or cold packs to the 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.

**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 Schlaughter’s Disease***:

Osgood Schlaughter’s 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.

***Concussions:***

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

1. If a player, remove player from game.
2. See that victim gets adequate rest.
3. Note any symptoms and see if they change over a short period of time.
4. If the victim is a child, tell parents about the injury and have them monitor their 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.

***Head and Spine Injuries***

**When to suspect head and spine injuries:**

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

**Signals of Head and Spine injuries:**

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

**General care for Head and Spine injuries:**

1. Call 9-1-1 immediately.
2. Minimize the 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.

***Caring for Shock***

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

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

**Caring for shock involves following these 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 including hips and legs. If you are unsure of the victim’s condition, leave him or her laying 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. A victim of shock requires advanced medical care as soon as possible.

***Breathing Problems/Emergency Breathing***

**If the victim is not breathing:**

1. Position victim on back while supporting head and neck.
2. With victim’s head tilted back and chin lifted, pinch the nose shut.
3. Give two (2) slow breaths into victim’s mouth. Breathe in until chest gently rises.
4. Check for a pulse at the carotid artery. Use fingers not thumb.
5. If pulse is present but person is still not breathing, give 1 slow breath every 5 seconds. Do this for about a minute.
6. Continue rescue breathing as long as a pulse is present but the person is not breathing.

**If victim is not breathing and air won’t go in:**

1. Re-tilt persons 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, thrusts and sweep until breaths go in.

***Heart Attack***

**Signals 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. Signals of a heart attack may include:

* Persistent chest pain or discomfort-Victim has 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 breaths 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.
* Victim’s face may be moist.
* Victim may perspire profusely.
* Absence of a pulse - The absence of a pulse is the main signal of a heart attack.
* 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 do not wish to acknowledge death therefore they will deny they 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 to 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 the medication, if prescribed.
8. Monitor the victim’s condition.
9. Be prepared to give CPR if the victim’s heart stops beating.

***Giving CPR***

1. Position victim on back on a flat surface.
2. Position yourself so that you can give rescue breaths and chest compressions without having to move.
3. Find hand position on the breast bone.
4. Position shoulders over hands. Compress chest 15 times.
5. With the victim’s head tilted back and chin lifted, pinch the nose shut.
6. Give two (2) slow breaths into the victim’s mouth. Breathe in until the chest gently rises.
7. Do three (3) sets of compressions and breaths.
8. Recheck pulse and breathing.
9. If there is no pulse, continue sets of compressions and breaths.
10. When giving CPR to small children, use one hand for compressions instead of two to prevent breaking ribs.

**When to stop CPR:**

1. If another trained person takes over CPR for you.
2. If paramedics arrive and take over care for the victim.
3. If you are exhausted and unable to continue.
4. If the scene becomes unsafe.

***If a Victim is Choking***

**Partial Obstruction with Good Air Exchange:**

**Symptoms** may include forceful cough with wheezing sounds between coughs.

**Treatment**:

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

**Partial or Complete Airway Obstruction in Conscious Victim:**

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

**Treatment** - The Heimlich Maneuver:

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

***Bleeding in General***

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

**If a victim is bleeding,**

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

***Nose Bleed***

To control a nosebleed, have victim lean forward and pinch the nostrils together until the bleeding stops. DO NOT tilt the head back.

***Insect Stings***

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**:

Signs of an allergic reaction may include: nausea, severing 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 could be released into the victim’s blood.
3. For multiple stings, soak affected area in cold water. Add on tablespoon of baking soda per quart of water.
4. If victim has gone into shock, treat accordingly.

***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 to 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.

***Heat Stroke***

**Symptoms** may include: extremely high body temperature; hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.

**Treatment:**

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

Facility survey was completed online.

