



First Colony Little League 2019-2020 Safety Plan Handbook

Safety Policy

ASAP - What is it?

In 1995, ASAP (A Safety Awareness Program) was introduced "to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball." In order to be an ASAP-compliant league, FCLL must submit an approved Safety Plan to the Little League headquarters in Williamsport, PA. This plan, (the one you are reading now) along with other supporting documentation, will be submitted for compliance.

Goal?

The goal of ASAP (A Safety Awareness Program) is to raise safety awareness and make it "safer for the kids", now and into the future. Our league's success is measured not in dollars spent on safety or by becoming the "perfect league", but by improving our current situation.

“Safety is Everyone’s Responsibility”

FCLL’s highest priorities are to provide a fun and safe environment for our kids to play baseball. This includes being aware of safety concerns for siblings and other attendees. Prevention and awareness is the key to reducing accidents and knowing what to do or who to contact when they happen. In order for us to provide a safe environment for our kids, we need your commitment as Board Members, Managers, Coaches, Umpires and Parents. We want you to become our Safety Advocates.

Little League Pledges

Little League Pledge

I TRUST IN GOD
I LOVE MY COUNTRY
AND WILL RESPECT ITS LAWS
I WILL PLAY FAIR
AND STRIVE TO WIN
BUT WIN OR LOOSE
I WILL ALWAYS
DO MY BEST



The Little League Parent/Volunteer Pledge

I will teach all children to play fair and do their best
I will positively support all managers, coaches and players
I will respect the decisions of the umpires
I will praise a good effort despite the outcome of the game
From the ranks of youngsters who stand now
on the morning side of the hill
will come the leaders, the future strength
and character of the nation.

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Emergency Phone List

Emergency

Sugar Land Police/Fire/EMS	911
Poison Control	800-222-1222
Fire Department	281-980-0852
Fort Bend Sheriff	281-341-4704
Sugar Land Police	281-275-2500

Area Hospitals

Methodist Health Center 16655 Southwest Freeway Sugar Land, TX 77479	281-274-7000
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Memorial Herman Sugar Land 17500 W. Grand Parkway S. Sugar Land, TX 77479	281-725-5000
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Memorial S.W. Hospital 7600 Beechnut Houston, TX 77074	713-456-5000
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Utilities

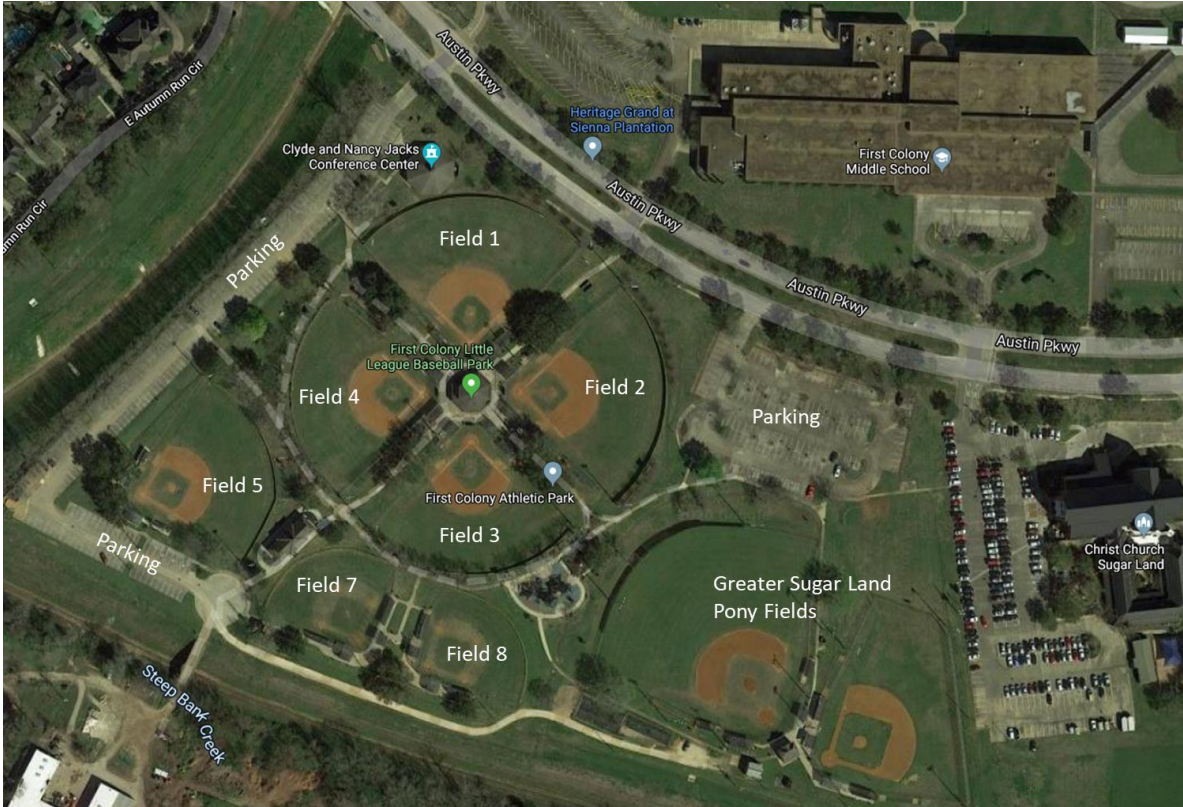
ECO Resources (Water/Sewer)	281-750-0653
Reliant Energy (Electricity)	866-222-7100
Reliant Entex (Gas)	281-342-6665

FCLL

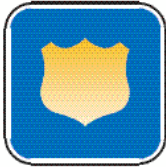
Shane Hudson, FCLL President	713-412-6970
Lawrence Duhon, FCLL Safety Officer	832-390-9524

First Colony Little League
3232 Austin Parkway
Sugar Land, Texas 77479

Map of the FCLL Complex



Emergency Procedures



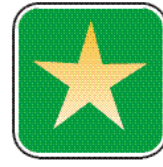
Police



Fire



Rescue



Sheriff

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

1) First dial 9-1-1.

2) Give the dispatcher the necessary information. Answer any questions that he or she might ask.

Most dispatchers will ask:

- **The exact location or address of the emergency?** Include the name of the city or town, nearby intersections, landmarks, etc. as well as the field name and location of the facility, if applicable.

Our address is:

Cross-streets are :

- **The telephone number from which the call is being made?**
- **The caller's name?**
- **What happened** — i.e., a baseball-related accident, bicycle accident, fire, fall, etc.?
- **How many people are involved?**
- **The condition of the injured person** — i.e., unconscious, chest pains, or severe bleeding?
- **What help is being given** (first aid, CPR, etc.)?

3) Do not hang up until the dispatcher hangs up.

The dispatcher may be able to tell you how to best care for the victim.

4) Continue to care for the victim until professional help arrives.

5) Appoint someone to go to the street and look for the ambulance or fire engine and flag them down if necessary. This saves valuable time. Remember, every minute counts.

Safety Plan Responsibility

President: Shane Hudson

The President of FCLL is responsible for ensuring that the policies and regulations of the FCLL Safety Officer are carried out by the entire membership to the best of his or her ability.

FCLL Safety Officer: Lawrence Duhon (on file with Little League International)

The Safety Officer of FCLL is responsible for developing and implementing the League's safety program. The FCLL Safety Officer is the link between the Board of Directors of FCLL Little League and its managers, coaches, umpires, team safety officers, players, spectators, and any other third parties on the complex in regards to the safety matters, rules and regulations.

The FCLL Safety Officer's responsibilities include:

- Coordinating the individual Teams Safety Officers in order to provide the safest environment possible for all, and have active safety officer on file with Little League International.
- Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
- Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- Keeping the First Aid Log. This log will list where accidents and injuries are occurring, to whom, in which divisions (major, minor and tee ball), at what times, under what supervision.
- Correlating and summarizing the data in the First Aid Log to determine proper accident prevention in the future.
- Installing First Aid Kits in the concession stand and restocking the kit as needed.
- Make Little League's "no tolerance with child abuse" clear to all.
- Inspecting concession stand and checking the fire extinguisher.
- Checking the fields with the Field Managers and listing areas needing attention.
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention. Allocate part of annual budget for safety amount, voted on by board for approval and acceptance.
- Making spot checks at practices and games to make sure all managers have their Safety Manuals and or First Aid Kits.
- Tracking all injuries and near misses in order to identify injury trends.
- Visiting other leagues to allow a fresh perspective on safety.
- Making sure that safety is a monthly Board Meeting topic and allowing experienced people to share ideas on improving safety, and have safety plan reviewed by DA or DSO.

Managers and Coaches:

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

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- The Manager shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.
- The Manager is also responsible for the safety of his players. He/she is also ultimately responsible for the actions of designated coaches and all other team representatives.
- If the Manager leaves the field, the Manager shall designate a Coach as a substitute and such Substitute Manager shall have the duties, rights and responsibilities of the Manager.
- Managers should ensure that their issued First Aid Kit is at every practice, game or activity. Additional First Aid Kits are at the concession stand.

Umpires:

Before the game starts, the umpire shall:

- Check equipment in the dugouts of both teams, equipment that does not meet specifications must be removed from the game.
- Make sure catchers are wearing helmets when warming pitchers and during infield warm up with coaches.
- Run hands along bats to make sure there are no splinters or cracks.
- Make sure bats have grips.
- Make sure there are foam inserts in helmets, inspect helmets for cracks and that the helmets meet Little League NOCSAE specifications and bear Little League's seal of approval.
- Walk the field for hazards and obstructions.
- Check players to see if they are wearing jewelry.
- Check players to see if they are wearing the proper 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.
- Use the Field Safety Checklist (included in the appendix of this safety manual) to document that all of the above was carried out. Note: The Field Safety Checklist is required to be completed prior to the first game played on a particular field on occasions when more than one is to be played on that field.

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 when play shall be suspended or terminated during a game because of unsuitable weather conditions and or the unfit condition of the playing field, low visibility or darkness. As to when play should be resumed after such suspension or if suspension of play shall be terminated.
- Enforce the rule that no spectators shall be allowed on the field during the game.
- Make sure catchers are wearing proper equipment.
- Continue to monitor the field for safety and playability.
- Make the calls loud and clear, signaling each call properly.
- Make sure players and spectators keep their fingers out of the fencing.

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After a game, the umpire shall:

- Check with Manager of both teams regarding safety violations.
- Report any unsafe situations to the FCLL Safety Officer.

Concession Stand Manager:

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

Equipment Manager:

The FCLL Equipment Manager is responsible to inventory and inspect equipment for damage at the beginning of every season. Equipment found damaged should be repaired or replaced in a timely manner. Equipment that cannot be repaired should be destroyed to prevent further use. The Equipment Manager will also exchange equipment if it doesn't fit properly.

Accident Reporting Procedures

What to Report?

Any incident that causes any person (player, manager, coach, umpire, or person at First Colony Little League complex) to receive medical treatment and/or first aid. This includes passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

Any incidents involving persons not on the playing field will be the responsibility of the FCLL Board Member on duty. This responsibility needs to be followed so as to reduce the potential risk to the FCLL and City of Sugar Land.

When to Report?

All incidents must be reported **within 24 hours** to FCLL Safety Director.

The Incident/Injury Tracking Report must be completed by the Manager or FCL Board Member on Duty for the specific date of incident.

Contact Information for Lawrence Duhon
(832) 390-9524 (cell)
Email: duhon@fcll.net

Why Report?

The Incident/Injury Report form is to be used by FCLL for the following reasons:

- Assist in Tracking Incidents to determine if additional training is needed (i.e.- Sliding)
- Field Maintenance (i.e.-bad hops, field conditions)
- Insurance
- Track “near-misses” to assist in proactive safety guidelines that might assist in preventing future injuries

How to Report?

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

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

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Managers Responsibility:

The Manager will fill out the **Incident/Injury Report** and submit it to the FCLL Safety Officer ***within 24 hours of the incident***. **Incident/Injury Report Forms** can be found in the Appendix.

Accidents occurring outside the team (i.e. spectator's injuries, concession stand injuries and third party injuries) shall be handled directly by the FCLL Safety Officer.

Safety Officers Responsibility:

Within 24 hours of receiving the Accident Investigation Form, the Safety Officer will contact the injured party or the party's parents and:

- Verify the information received.
- Obtain any other information deemed necessary.
- Check the status of the injured party.
- In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Insurance Coverage and the provision for submitting any claims.
- If the extents of the injuries are 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 the areas such as submission of insurance forms, etc until such incident is considered closed (i.e., no further claims are expected and/or the individual is participating in the League again.

Medical Release Form Policy

In order to be treated for a medical emergency, ALL FCLL players must have a completed Medical Release Form.

Each coach, prior to the start of the season, is provided with a Medical Release Summary form for all players on their team by FCLL. It is the responsibility of each coach/manager to ensure that they have this form present at all practices / games on the FCLL complex. FCLL reserves the right to randomly check for these forms by any FCLL Board Member.

This form ensures that the player will receive timely medical attention in the case of a medical emergency. In the event that this form is not present, parental approval must be received and could result in the delay of necessary medical treatment.

FCLL Volunteer Application

Managers, coaches, board members and any other persons, volunteers or hired workers, who provide regular services to the league and/or have repetitive access to or contact with players or teams must annually complete and submit a “Little League Official Volunteer Application” to the FCLL President. Annual background screenings must be completed prior to the applicant assuming his/her duties for the current season. Refusal to annually submit a fully completed application must result in the immediate dismissal of the individual from the league.

FCLL utilizes an online system for this application which can be found on the FCLL website (fcll.net). Once on the website, the applicant should click on the “Volunteer” button to begin the process. Any volunteer wishing not to complete an online application may download a form and complete the process manually. In completing the application, be sure to check name spellings and numbers for accuracy. All persons filling out an application will be subject to a search of appropriate governmental entity of the statewide sex offender registry.

FCLL reserves the right to conduct nationwide background check on any individual submitting a Volunteer Application. Anyone refusing to fill out a Volunteer Application is ineligible. The FCLL League President must retain these confidential records and forms for the year of service. Any questions or comments regarding this policy can be directed to the League President or Player Agent of the respective Age Division.

Coach / Manager Fundamentals Training

FCLL conducts Coaching Clinics prior to the start of each season and requires that one member of each team (minimum) attend the Manager and First Aid Clinic, although it does not need to be the same person for both.

Copies of this manual will be available at the clinics and on hand at the concession stand for games. A copy of this Safety Manual will be sent to the DA and District Safety Officer of District 16.

A copy of this Safety Manual can be downloaded at:

<https://fcll.net/Assets/1332/2019-2020 FCLL Safety Plan.doc.pdf>

Spring FCLL Coach Clinic:

- January 24, 2020

Spring FCLL Umpire Clinic:

- February 8, 2020 – Major and Minor Divisions
- February 9, 2020 – Machine Pitch Divisions (Rookie 6, Rookie 7 and Pee Wee)

Topics included in Clinics:

- Fundamentals of Coaching
- Communication with Players/Parents
- Code of Conduct for Coaches/Players/Parents
- Fundamentals of Baseball
- Training Methods and Suggestions
- Safety and Field Guidelines
- League Rules - Division Specific
- Handbook Guidelines
- Coach/Manager First Aid; CPR Training and AED Training

Each coach must attend Fundamentals and First Aid Training once every three years. In addition, one team representative is required to attend. Additional first aid information can be found on the Appendix section of this Handbook. A First Aid kit will be provided to each team as a part of your team's equipment bag and must be at all league activities. A First Aid kit is also located in the concession stand.

In addition to the in person clinics, FCLL provides access to Managers, Coaches and other Volunteers at the following websites for online training:

<https://www.littleleague.org/university/>

<https://headsup.cdc.gov/> (Concussion in Youth Sports – mandatory)

<https://usabdevelops.com/> (USA Baseball Sport Development – Abuse Awareness for Adults training is mandatory)

First Aid Guidelines

Baseball Injuries typically fall into one of the following categories: contusions, muscle pulls/strains, over-use injuries, sprains, fractures, injuries to small joints, facial injuries, injuries to teeth, eye injuries, insect bites and stings, heat illness, and Triage/Emergency Management.

In an effort to ensure we provide the best possible condition for any injured person, we suggest that all of the following procedures be followed:

- Make sure managers/coaches/umpires stop all play to protect player from further injury, as well as those note being closely monitored due to the focus on the injured player.
- Check player's breathing, pulse and alertness to immediately judge the seriousness of injury:
 - If necessary, call 911 for emergency services.
 - Call player's parents.
 - Send someone to entrance of FCLL complex to direct EMS
 - Review Medical Release Form for any important information/warnings about medical condition player may have.
- Evaluate the injury:
 - Can player be moved off field?
 - If not, clear area around player and begin examination;
 - If so, move player to sideline for closer examination;
 - Determine if player can return or needs first aid.
- Give the appropriate first aid to the injury.
- Turn over care to professionals when they arrive and help as directed.
- If parents are not available, go with the player to treatment center with ambulance; turn over team to authorized coach.
- If emergency medical treatment is not required, urge player and parents to see a doctor for a proper diagnosis and treatment plan.
- Record the injury on Incident/Injury Report and turn over to FCLL Board Member on Field Duty.
- Follow up on player until injury is healed and player can return to play.

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- Get medical release prior to allowing player to return, if formal treatment was required.

3 Types of Motion for Injuries;

1. Active Motion- Player is able to move the part themselves;
2. Active Assistive Motion- Player is able to move with a little help from you; watch for warning signs (like the player telling you it hurts to move), and;
3. Passive Motion- the player's injured part is moved by someone else; be especially cautious that you do not make the injury worse.

Look for DISABILITY (the player cannot use injured part); this is the most serious injury. Look for SWELLING; the more immediate and large the swelling, the more serious the injury. Swelling on the outside could mean bleeding on the inside. Also, a noticeable deformity means a serious injury. In the case of serious injury, use the PRICES guide for treating injury:

P – Protection
R – Rest
I – Ice
C – Compression
E – Elevation
S – Support

Ice packs are available in the concession stand, along with first aid kits.

This section is intended to be a synopsis of the First Aid Guidelines. FCLL requires that all Coaches/players consistently and properly use all protective equipment. Furthermore, all safety procedures should be followed anywhere on the FCLL complex property. Coaches are responsible for ensuring that players participate in proper warm-up and conditioning. Coaches are urged to stress the importance of proper hydration and nutrition.

Additional Safety Procedures and Guidelines can be found in the Appendix

Field Inspection

Before the start of each practice/game, it is the coach's responsibility to ensure that the playing field is in proper condition to ensure the safety of players. Additionally, the coach is responsible for checking that all safety equipment/gear is present and functions properly.

If field conditions are deemed unsafe, please make sure to contact the FCLL Board Member on duty for a determination of what/when action needs to be taken. FCLL maintains the fields, but they are owned and operated by the City of Sugar Land Parks and Recreation Department. In some cases, repairs need to be directed to the City and the sooner we are notified, the quicker the fix occurs. Minor repairs can/will be handled by FCLL if at all possible.



HAVE YOU:

- Walked field for debris/foreign objects**
- Inspected helmets, bats, catchers' gear**
- Made sure a First Aid kit is available**
- Checked conditions of fences, backstops, bases and warning track**
- Made sure a working telephone is available**
- Held a warm-up drill**
- Have players wear helmets**
- No bats in hands**

FCLL Safety Code

The Board of Directors of First Colony Little League 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 on the form that follows acknowledging that the manager, coaches and players understand and agree to comply with the SAFETY CODE.

- Responsibility for safety procedures belong to every adult member of First Colony Little League.
- Each player, manager, designated coach, umpire, team mom shall use proper reasoning and care to prevent injury to him/her and to others.
- Only league approved managers and / or coaches are allowed to practice teams.
- Only league approved managers and/or coaches will supervise Batting Cage sessions.
- No games or practices will be held when weather or field conditions are poor, especially when lighting is inadequate.
- Managers, designated coaches and umpires will have mandatory training in First Aid.
- First Aid Kits are issued to each team manager of a traveling team during the preseason and additional kits will be located at the concession stand or in the board room.
- Play area will be inspected before games and practices for holes, damage, stones, glass and other foreign objects.
- Team equipment should be stored within the team dugout or behind screens, and not within the area defined by umpires as "in play".
- Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of the team members or the team manager/coach.
- 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 errant throws or missed catches.
- ALL PRE-GAME WARM-UP SHOULD BE PERFORMED WITHIN THE CONFINES OF THE PLAYING FIELD OR BATTING CAGES AND NOT WITHIN AREAS THAT FREQUENTED BY AND

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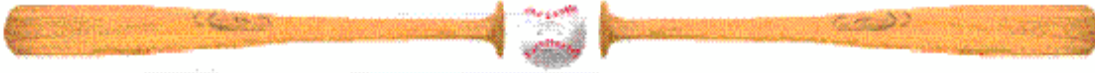
THUS ENDANGERING SPECTATORS.

- Equipment should be inspected regularly for the condition of the equipment as well as proper fit.
- Batters must wear Little League approved protective helmets during all practices and games.
- Except when returning to a base, head first slides are not permitted.
- 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” for their children.
- On-deck batters are not permitted.
- Managers will use only Little League balls sanctioned by FCLL.
- Once a ball has become discolored, it will be discarded.
- All catchers will wear a protective cup. Managers should encourage that an athletic support or cup be worn at all practices and games for every player.
- All Majors/Minors catchers must wear “long” model chest protectors. Only Peewee and below can use “short” model chest protectors. All chest protectors must be Little League approved models.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher’s helmet, all of which must meet Little League specifications and standards.
- All catchers must wear a mask, “dangling” type throat protector and catcher’s helmet during practice, pitcher warm-up, and games. Dangling throat protectors are required for all catchers masks, including hockey-style masks.
- Shoes with metal spikes or cleats are not permitted.
- Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. The only exception would be items that alert medical personnel to medical conditions.
- No food is allowed in dugouts.
- Catchers may not catch, whether warming up a pitcher, in practices, or games without full catcher’s gear and an athletic cup as described above.
- Managers will never leave an unattended child at a practice or game.

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- No children under the age of fifteen are permitted in the Concession Stand.
- Never hesitate to report any present or potential safety hazard to a Board Member of FCLL.
- No alcohol or drugs are permitted on FCLL property.
- No Smoking within Sugar Land City Park.
- No playing in the parking lots at any time.
- No swinging bats or throwing baseballs at any time within the walkways and common areas of the FCLL complex.
- No throwing rocks.
- No climbing fences
- No swinging on dugout roofs.
- Observe all posted signs.
- Players and spectators should be alert at all times for foul balls and errant throws.
- All gates to the playing field and batting cages must remain closed at all times. After players have entered or exited, the gates should be closed and secured.
- Use crosswalk when crossing roadways. Always be alert for traffic.
- No running or climbing is allowed in the bleachers.
- Pitching machines will be properly transported from the equipment room to the playing field.
- Pitching machines will be returned to the equipment room after completion of play. The only exception would be the release of the equipment to the manager/coach of the next game on the field. The next game's manager/coach must be present.

Safety Code Sign Off



I have read or have been read the First Colony Little League Safety Code and promise to adhere to its rules and regulations.

Print Name of Manager: _____

Team Name and Division: _____

Signature of Manager: _____

Coach #1 _____

Coach #2 _____

Team Parent _____

Player #1 _____

Player #2 _____

Player #3 _____

Player #4 _____

Player #5 _____

Player #6 _____

Player #7 _____

Player #8 _____

Player #9 _____

Player #10 _____

Player #11 _____

Player #12 _____

Player #13 _____

FCLL Volunteer Code of Conduct

The Board of Directors of First Colony Little League has mandated the following Code of Conduct. All coaches and managers will read this Code of Conduct and sign the attached form below acknowledging that he or she understands and agrees to comply with the Code of Conduct. Please detach the form and return to the FCLL Office.

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

- At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of heaping personal, verbal or physical abuse upon any official for any real or imaginary belief or a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing gloves, helmets, bats, balls, or any other forceful unsportsmanlike- like action.
- Be guilty of using unnecessary rough tactics in the play of a game against the body of an opposing player.
- Be guilty of the use of profane, obscene, or vulgar language in any manner at any time.
- Appear on the fields of play, stands, or anywhere on the FCLL complex while in an intoxicated state at any time. Intoxication will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- No Smoking inside the City of Sugar Land Park.
- 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.
- As a manager or coach, be guilty of mingling with or fraternizing with spectators during the course of a game.
- Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, official score books, rankings, financial records or procedures.
- 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 Board of Directors takes this Code of Conduct in the most serious manner. The Board of Directors will review all infractions of the FCLL Code of Conduct. Depending on the seriousness and/or frequency, the Board may assess disciplinary action up to and including expulsion from the league.

Concession Stand Safety

- No person under the age of fifteen will be allowed behind the counter in the concession stand.
- Persons working in the concession stand will be trained in safe food preparation. Training will cover the safe use of the equipment. This training will be provided by the Concession Stand Manager.
- Equipment will be inspected periodically and repaired or replaced if need be.
- Propane tanks will be turned off at the grill and at the tank after use.
- Cleaning materials and chemicals will be stored properly.
- Ice packs and First Aid Kits will be maintained within the concession stand for use in the case of medical emergencies.
- Concession stand main door entrance will not be locked or blocked while people are inside.
- The Concession Stand Manager will provide all training.
- Food not purchased by FCLL to sell in its concession stands will not be cooked, prepared or sold in the concession stand.
- A Certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times
- All concession stand workers are to be instructed on the use of fire extinguishers.
- All concession stand workers will attend a training session in the *Heimlich maneuver*.

Risk Management

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 raises, their cooling mechanism, sweat kicks in. When sweat evaporated, the body is cooled. Unfortunately, children get hotter than adults do 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 that dehydration in the summer months when temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. It does not matter if its January or July, thirst is not an indicator of fluids needed. Therefore, *children must be encouraged to drink fluids even when they don't feel thirsty*.

Managers and Coaches should schedule drink breaks every 15 to 30 minutes during practice on hot days and should encourage players to drink between innings.

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 juices can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1-cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active. *Caffeinated beverages (tea, coffee, and sodas) 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:

If it begins to rain:

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

Lightning:

The average lightning strike is 5 to 6 miles long with up to 30 million volts of 100,000-amp flow. The average thunderstorm is 6 to 10 miles wide and moves at a rate of 25 miles per hour. Once the leading edge of the thunderstorm approaches to within 10 miles, you are

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at immediate risk due to the possibility of lightning strikes 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 strike can only be heard over a distance of 3 to 4 miles, depending on the terrain, humidity and the background noise around you. By the time you can hear thunder, the storm has already approached to within 3 to 4 miles. 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 storm's leading edge. By the time you feel the wind; the storm can be less than 3 miles away.

If You Hear, See or Feel A Thunderstorm:

- ◆ ***Suspend all games and practices immediately.***
- ◆ Stay away from metal including fencing and bleachers.
- ◆ Do not hold metal bats.
- ◆ Get players to walk, not run to their parent's or designated driver's care 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***.

- ◆ Suggest players take drinks of water when coming on and going off the field between innings.)
- ◆ 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.
- ◆ 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 the First Aid Kits to cool him/her down until the emergency medical teams arrive. (See section on Hydration)

General Facility:

- ◆ All bleachers will have safety rails.
- ◆ The dugouts will be clean and free of debris at all times.
- ◆ Home plate, batter's box, bases and the area around pitchers mound will be checked periodically for tripping and stumbling hazards.
- ◆ Materials used to mark the field will consist of a non-irritating white pigment (no lime).
- ◆ Chain link fences will be checked regularly for holes, sharp edges and loose edges and will be repaired or replaces accordingly.

Insurance Policies

Insurance Policies:

Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated. All FCLL division participants shall not participate as a League team in games with other teams of other programs in tournaments except those authorized by Little League Baseball, Incorporated. All FCLL divisions may participate in other programs during the regular season provided such participation does not disrupt the team.

Explanation of Coverage:

The Little League insurance policy is designed to afford protection to all participants at the most economical cost to FCLL. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, Little League insurance, which is purchased by FCLL, not the parent, takes over and provides benefits, after a \$50 deductible per claim, for all covered injury treatment costs up to the maximum stated benefits. This plan makes it possible to offer exceptional, low cost protection with assurance to parents that adequate coverage is in force at all times during the season.

How the Insurance works:

- First have the child's parents file a claim under their insurance policy.
- Should the family's insurance plan not fully cover the injury treatment, the Little League policy will help pay the difference, after a \$50 deductible per claim, up to the maximum stated benefits.
- If the child is not covered by any family insurance, the Little League Policy becomes primary and will provide benefits for all covered injury treatment costs, after the \$50 deductible per claim, up to the maximum of the policy.
- Treatment of the dental injuries can extend beyond the normal fifty-two week period if dental work must be delayed due to physiological changes of a growing child. Benefits will be paid at the time treatment is given; even though it may be some years later. Maximum dollar benefit is \$500 for eligible dental treatment after the normal fifty two-week periods, subject to the \$50 deductible per claim.

Filing a Claim:

When filing a claim, all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's employer explaining the lack of Group or Employer insurance must accompany a claim form. On dental claims, it will be necessary to fill out a Major Medical Form, as well as a Dental Form: then submit them to the insurance

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company of the claimant, or parent(s); guardian(s), if the claimant is a minor. "Accident damage to whole, sound, normal teeth as a direct result of an accident" must be stated on the form and bills. Forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, League ID and year of the injury on the form. Claims must be filed with the FCLL Safety Officer. He forwards them to Little League Baseball, Incorporated, and PO Box 3485, Williamsport, PA 17701. Claim officers can be contacted at (717) 327-1674 and fax (717) 326-1074.

Appendix

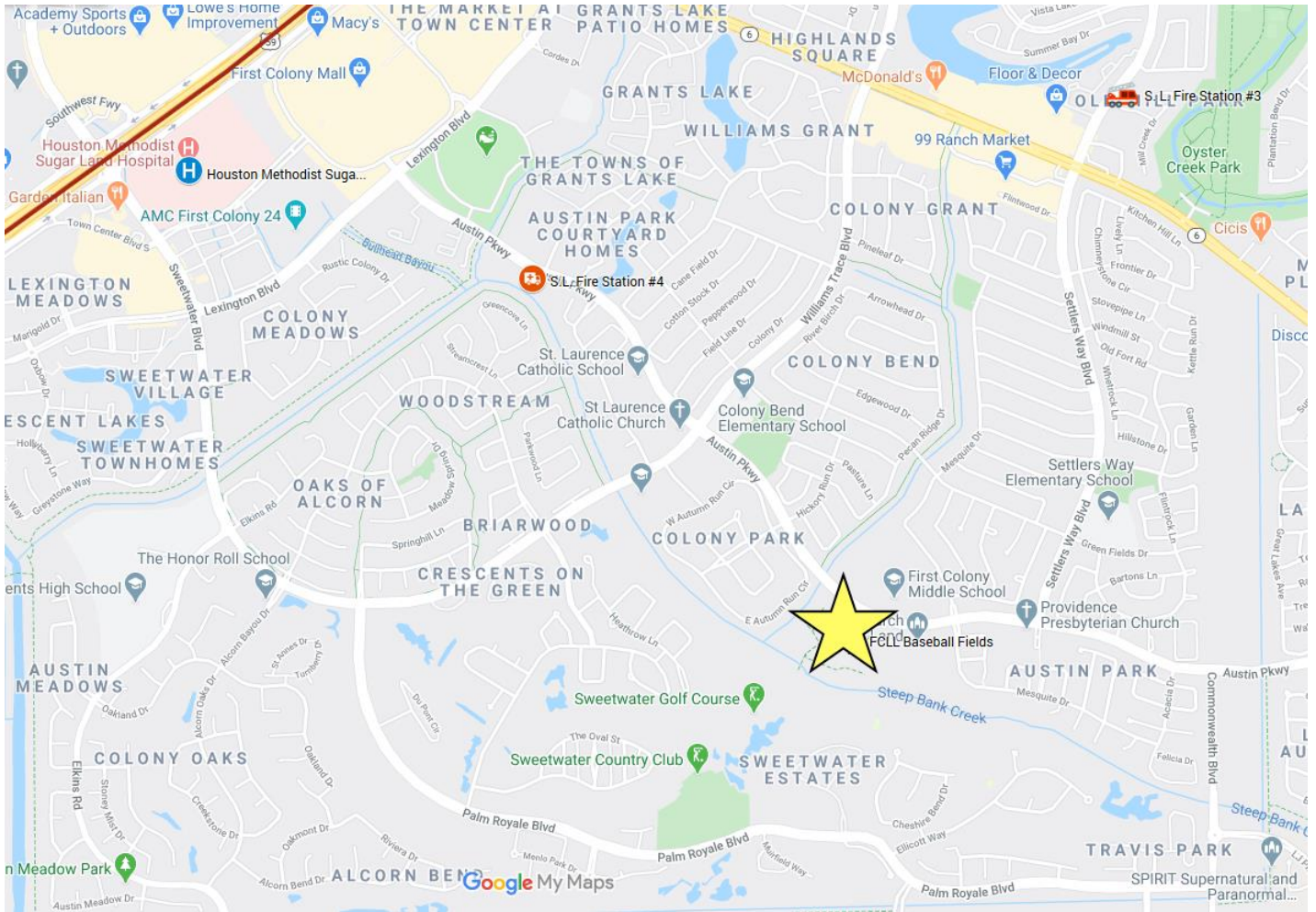
FCLL Board Members for 2019-20

(click on member name to send email or email the entire board board@fcll.net)

Position	Name	Email
President	Shane Hudson	HUDSON@fcll.net
Vice President	Scott Ruffing	RUFFING@fcll.net
Secretary	Kirk Gee	GEE@fcll.net
Treasurer	Jeff Hanhan	HANHAN@fcll.net
Registration / PR / Social Media	Scott Ruffing	RUFFING@fcll.net
Sponsorships	Gary Justice	JUSTICE@fcll.net
Scheduler	Tommy Waldron	WALDRON@fcll.net
Intermediates Player Agent	Scott Ruffing	RUFFING@fcll.net
Majors Player Agent	Shane Hudson	HUDSON@fcll.net
Minors Player Agent	Rhyan Mays	MAYS@fcll.net
Pee Wee Player Agent	Lawrence Duhon	DUHON@fcll.net
Rookie 7 Player Agent	Kirk Gee	GEE@fcll.net
Rookie 6 Player Agent	Shane Hudson	HUDSON@fcll.net
T-Ball Player Agent	Kirk Gee	GEE@fcll.net
Team Moms / SNL	Tara Rocha	TARAROCHA@fcll.net
Opening Day	Chris Caldwell	CALDWELL@fcll.net
Tournament Director	John Kimball	KIMBALL@fcll.net
Uniforms	Cindy Mehringer	CMEHRINGER@fcll.net
Safety & Equipment	Lawrence Duhon	DUHON@fcll.net
Awards & Photography	Cindy Mehringer	CMEHRINGER@fcll.net
Information Technology	Scott Ruffing	RUFFING@fcll.net
Umpire in Charge	Tony Gibson	COACHTONYGIB@GMAIL.COM
Concessions	Heidi Sternberg	HEIDI.STERNBERG@YAHOO.COM
Groundskeeper	Tony Gibson	COACHTONYGIB@GMAIL.COM

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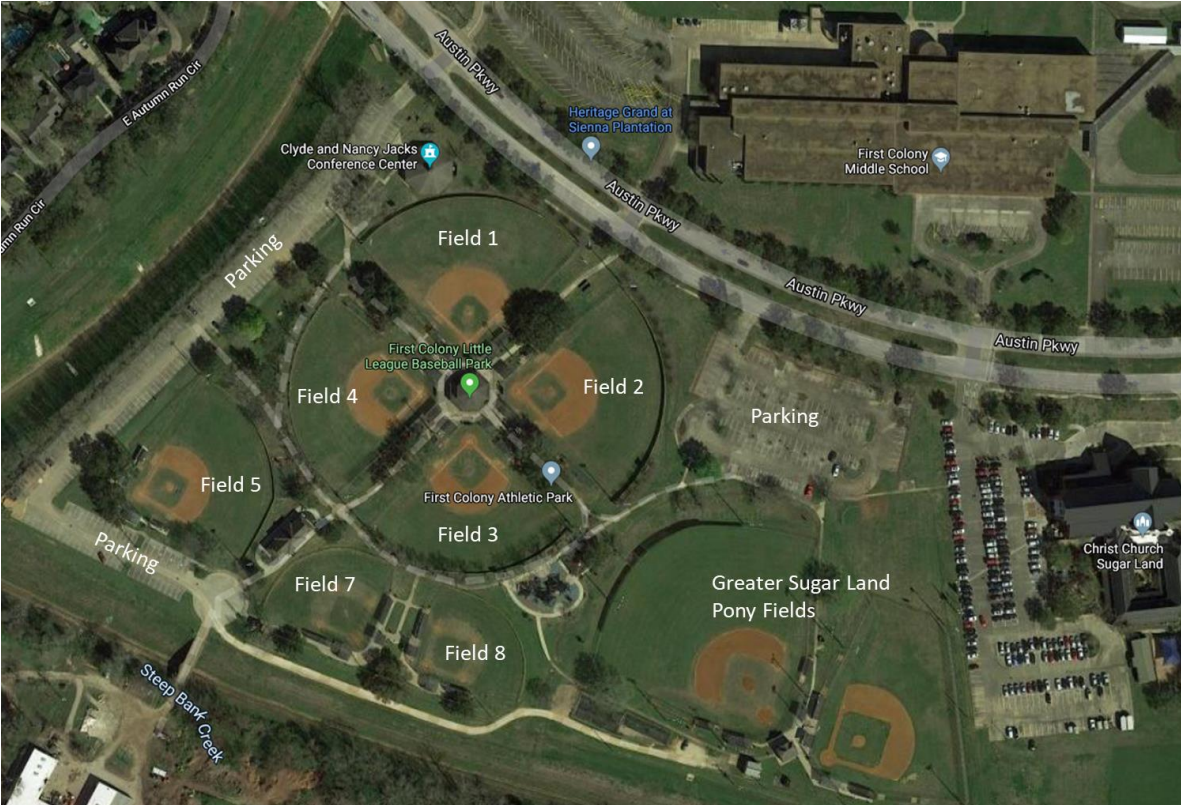
FCLL Location:



First Colony Little League
3232 Austin Parkway
Sugar Land, Texas 77479

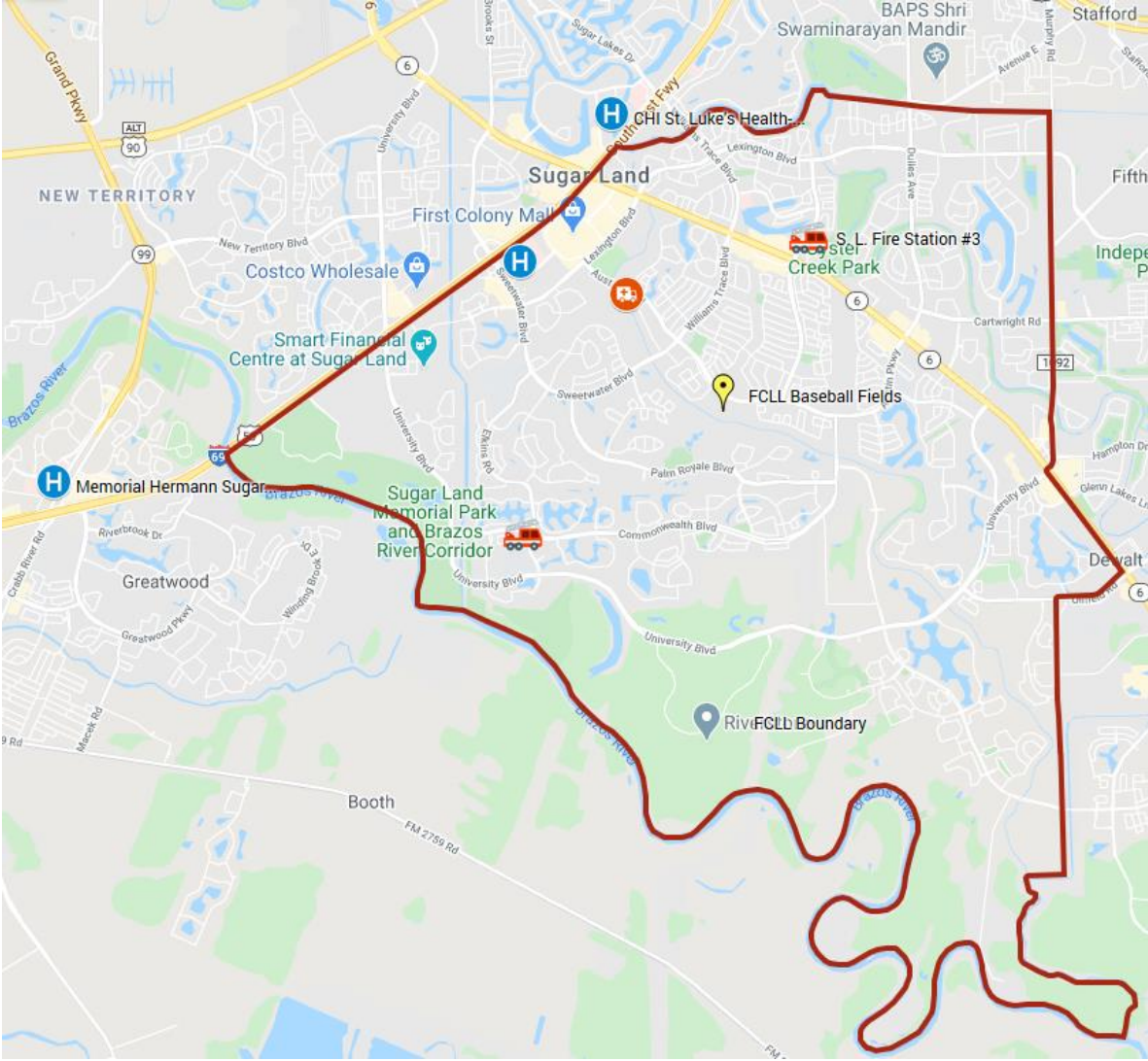
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Aerial Map:



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FCLL Boundaries:



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FCLL Divisions

Intermediate Division

Intermediate is designed for players who are league age 13. On an as-needed basis, players will be added from the Majors Division. Fields in this division have a pitchers mound which is 50' from home plate and base paths are 70' long.

Majors Division

Majors is designed for players who are league age 12. All 12-year-old players will play Majors unless a parent requests Minors only. League age 11 players are eligible to try out, but may or may not be drafted. During the season, if a Major league player is unable to participate, a replacement player will be chosen from the Minors division.

Minors Division

Minors is designed for players who are league age 10 and players league age 11 who were not drafted by Majors. League age 9-year old players are eligible to try out, but may or may be drafted. During the season, if for any reason a Minor league player is unable to participate, a replacement player will be chosen from the Varsity Division.

Pee Wee Division

The Pee Wee Division is for players who are league age 8. All league age 8 year olds must tryout. Players that are league age 7 are eligible to try out, but may or may not be drafted. A pitching machine set to 42 MPH will be used.

Rookie 7 Division

The Rookie 7 Division is for players who are league age 7. A pitching machine set to 38 MPH will be used.

Rookie 6 Division

The Rookie 6 Division is for players who are league age 6. A pitching machine set between 28 and 32 MPH will be used.

Tee-Ball

FCLL welcomes children participating in the league for the first time. Tee ball is an instructional league for players who are league age 4 or 5. The Tee-Ball division uses smaller, reduced impact baseballs.

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Qualified Safety Plan Registration Form will be submitted with this Safety Plan to Little League International no later than **April 1st, 2020.**

League Player Registration Data or Player Roster Data and Coach and Manager Data will be submitted via the Little League Data Center at www.LittleLeague.org.

Necessary Forms are found filed online at the links below:

National Facility Survey

<https://www.littleleague.org/downloads/national-facility-survey/>

Incident / Injury Tracking Form:

<https://www.littleleague.org/downloads/incident-injury-tracking-form/>

Accident Claim Form:

<https://www.littleleague.org/downloads/accident-claim-form/>

Accident Claim Form Instructions:

<https://www.littleleague.org/downloads/accident-claim-form-instructions/>

2020 Volunteer Application:

http://www.littleleague.org/Assets/forms_pubs/volunteer-app.pdf

2020 Returning Volunteer Application:

http://www.littleleague.org/Assets/forms_pubs/returning-volunteer-app.pdf

Medical Release Form:

http://www.littleleague.org/Assets/forms_pubs/asap/Medical_Release_Form.pdf

First Aid and CPR Supplement

Osgood Schlaugter's Disease:

Osgood Schlaugter'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.

Concussion:


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

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

Head And Spine Injuries

When to suspect head and spine injuries:

- A fall from a height greater than the victim's height.
- Any bicycle, skateboarding, rollerblade 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 an 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

- Changes 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 over the spine
- Blood or other fluids in the ears or 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 till paramedics arrive and take over care.

Contusion to Sternum:

Contusions to the Sternum are usually the result of a line drive that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed and the 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.

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 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. A victim of shock requires advanced medical care as soon as possible.

Breathing Problems/Emergency Breathing



If 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.

Once a 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.

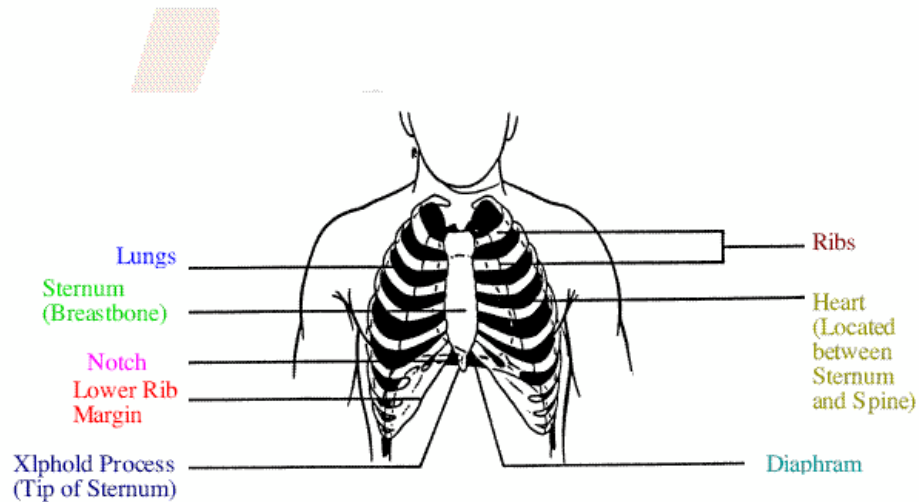
- 4) Check for a pulse at the carotid artery (use fingers instead of thumb).
- 5) If pulse is present but person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).
- 6) Continue rescue breathing as long as a pulse is present but person is not breathing.



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.

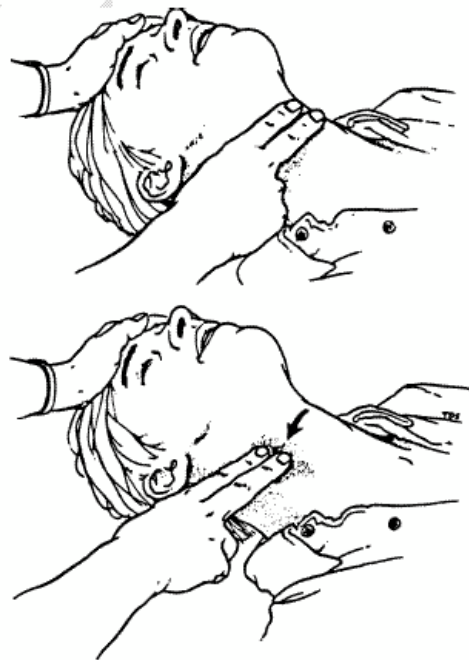


Heart Attack →

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 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 breathes faster than normal.



⇒ Changes in pulse rate -

- Pulse may be faster or slower than normal
- Pulse may be irregular.

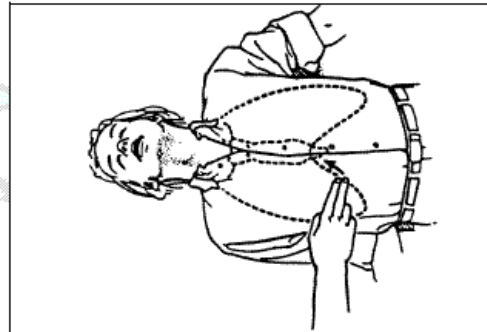
➤ Skin appearance -

- Victim's skin may be pale or bluish in color.
- Victim's face may be moist.
- Victim may perspire profusely.

➤ Absence of pulse -

- The absence of a pulse is the main signal of a 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 do not wish to acknowledge death therefore they will deny that they are having a heart attack.



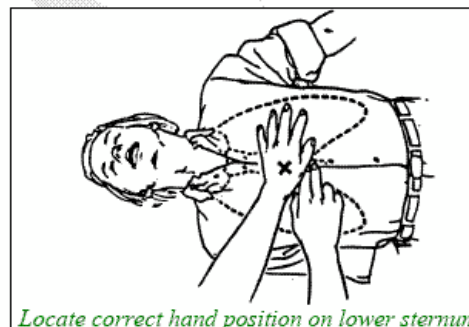
External Chest Compression - Locate rib margin



Locate where the rib margin meets sternum

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 medication, if prescribed.



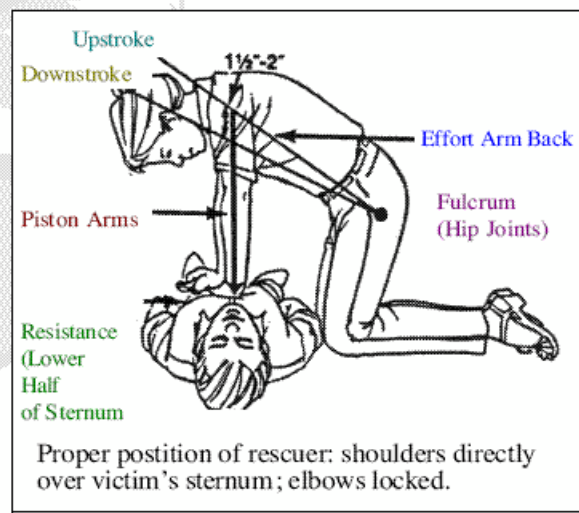
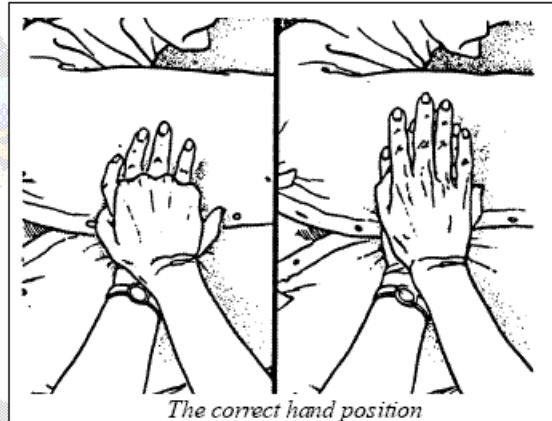
Locate correct hand position on lower sternum

- 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 compression without having to move (usually to one side of the victim).
- 3) Find hand position on breastbone. (See figure above)
- 4) Position shoulders over hands. Compress chest 15 times. (For small children only 5 times)
- 5) With victim's head tilted back and chin lifted, pinch the nose shut.
- 6) Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises. (For small children only 1 time)
- 7) Do 3 more sets of 15 compressions and 2 breaths.
- 8) (For small children, 5 compressions and 1 breath)
- 9) Recheck pulse and breathing for about 5 seconds.

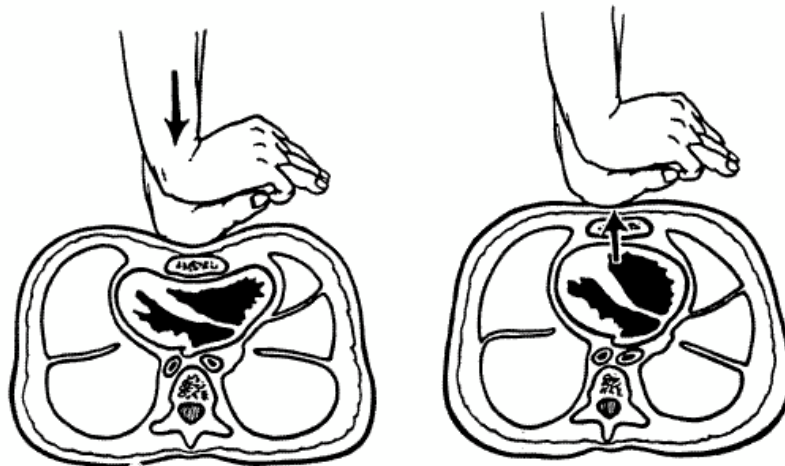


It is possible that you will break the victim's ribs while administering CPR. Do not be concerned about this. The victim is clinically dead without your help. You are protected under the "Good Samaritan" laws.


- 10) If there is no pulse continue sets of 15 compressions and 2 breaths. (For small children, 5 compressions and 1 breath)
- 11) When giving CPR to small children only use one hand for compressions to avoid breaking ribs.

When to stop CPR

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



The sternum should be compressed to a depth of 1 1/2 - 2 inches.

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


Partial or Complete Airway Obstruction in Conscious Victim

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

Treatment - The Heimlich Maneuver:

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



Bleeding in General 

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


If a victim is bleeding,

- 1) **Act quickly.** Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.

- 2) **Control bleeding** by applying direct pressure on the wound with a sterile pad or clean cloth.
- 3) If bleeding is controlled by direct pressure, **bandage firmly** to protect wound. Check pulse to be sure bandage is not too tight.
- 4) If bleeding is not controlled by use of direct pressure, **apply a tourniquet** only as a last resort and call **9-1-1** immediately.

Nose Bleed 

To control a nosebleed, have the 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 

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 clean dressing.

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

COVER... to absorb fluids and protect wound 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 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 splinter. If splinter breaks or is deeply lodged, consult professional medical help.
- 4) Cover with adhesive bandage or sterile pad, if necessary.

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 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.

- 1) Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
- 2) If debris is on tooth, gently rinse with water.
- 3) If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. **Do only** if athlete is alert and conscious.
- 4) If unable to re-implant:
 - * Best - Place tooth in Hank's Balanced Saline Solution, i.e. "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.



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- * 4th best - Place tooth under victim's tongue. **Do only** if athlete is conscious and alert.
- * 5th best - Place tooth in cup of water.

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

LUXATION (Tooth in Socket, but Wrong Position)

THREE POSITIONS -

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

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



LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

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

INTRUDED TOOTH - Tooth pushed into gum - looks short.

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

FRACTURE (Broken Tooth)

- 1) If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding.



- 2) Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
- 3) Save all fragments of fractured tooth as described under Avulsion, Item 4.
- 4) **IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST** in the plastic baggie supplied in your First-Aid kit.

Burns

Care for Burns:

The care for burns involves the following 3 basic steps.

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

Cool the Burn -- Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available-tub, shower, or garden hose, for example. You can apply soaked towels, sheets or other wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the 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 helps keep out air and reduces pain. 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 for 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 a 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 from further injury; loosen tight clothing if possible.
- 2) If professional medical help does not arrive immediately:
 - DO NOT induce vomiting if poison is unknown, a corrosive substance (i.e., acid, cleaning fluid, lye, drain cleaner), or a petroleum product (i.e., gasoline, turpentine, paint thinner, lighter fluid).
 - 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 vomitus 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 (106°F or higher); hot, red, dry skin; absence of sweating; rapid pulse; convulsions; unconsciousness.

Treatment:

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

Transporting an Injured Person 

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

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

- a) Carefully turn victim toward you and slip a half-rolled blanket under back.

- b) Turn victim on side over blanket, unroll, and return victim onto back.
- c) Drag victim head first, keeping back as straight as possible.

If victim must be lifted:

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