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Rockledge Little League Safety Plan

POLICY STATEMENT

**Rockledge 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
In A Safe And Friendly Environment.**

Dear Managers and Coaches:

Welcome to another fun and exciting season of Rockledge Little League Baseball!

The purpose of the safety plan is to provide information to help train managers and coaches in proper first aid training, CPR, proper mechanics and the little league philosophy. The plan will also focus on proper equipment and field conditions, which will make it safer for the players. The Safety Plan is distributed to all managers and copies are kept in all concession stands.

Managers and coaches will be actively involved in the league safety training and prevention program also. With proper training in the mechanics of baseball/softball and safety, our players will be better educated, therefore reducing the possibility of injury. The league hopes to prevent injuries from occurring in the first place but if an injury does occur we will be properly trained to deal with it. With all of us working together, our players will be safer.

Safety First! Baseball/Softball a close second!

Rockledge Little League's Board of Directors has implemented new safety goals for the 2020 season.

- some of which include:
- A First Aid training class will be encouraged for all Managers, Coaches, Umpires and interested parties.
- A Coaching clinic will be held for the purpose of educating everyone in the proper mechanics of baseball skills development.
- First Aid-Kits will be issued to each team and will also be located inside each concession stand.
- Our safety manual and all of the accident reporting forms, travel forms, medical forms and volunteer applications are now available @ RLL.com/ Littleleague.org if you have computer access . We also try to have them at registration to help those without access
- The Board of Directors will work closely with the Brevard County Parks & Recreation staff to insure that the park is receiving its fair share of budgeted resources for maintenance and improvements.

In an effort to help our managers and coaches comply with our safety standards, the Board of Directors has put forth a mandate of safety rules to be followed as outlined in this manual. The manager and the designated coaches of each team will insure that the safety guidelines are met whether at practice or during a game.

The commitment to this Safety Manual is proof that we at Rockledge Little League are dedicated to our cause. Please read it carefully, from cover to cover, as it will familiarize you with safety fundamentals. Then use the manual as a powerful reference guide throughout the season.

In closing, remember that safety rests with all of us, the volunteers of Rockledge Little League. Always use common sense, never doubt what children tell you, and report all accidents or safety infractions when they occur. Now, play ball and play it safe!

Sincerely,
Kelly Caceres,
Safety Officer
Rockledge Little League

Rockledge Little League Emergency Safety Procedures and Phone Numbers

In case of a medical emergency:

1. Give first aid and have someone call 911 immediately if an ambulance is necessary (i.e. severe injury, neck or head injury, no breathing - error on side of caution).
2. Notify parents/guardian immediately if they are not at the scene.
3. Notify league safety officer/Vice President within 24 hours.
4. Fill out a Rockledge Little League Incident Report Form and hand deliver within 24 hours to the league safety officer/Vice President. Copies of this form are included in this manual.
5. Talk to your team 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.
6. Talk to anyone in Rockledge Little League you feel will be helpful (i.e. league safety officer, VP of your league, etc.)
7. Rockledge Little League insurance is supplemental to your own insurance policy. Claims must be filed with the League Safety Officer.

Emergency Field Phone Locations

Field Addresses:

McLarty Park 790 Barton Blvd

Front field (Simmons field)

T-ball/Coach Pitch fields

Minor field (Jimmy Craig field)

Junior field (Brell Whited field)

Phone Locations (if any):

League phone inside concession stand

McNIGHT PARK 960 N. Cogswell St.

Softball fields

Senior field

It is strongly suggested
has a cellular phone to use!



someone at your practice/game

Rockledge Little League Emergency Phone Numbers

Emergency		911
Non-emergency Police		321-690- 3988
Non-emergency Fire		
Station #1		690 - 3968
Station #2		690 - 3974
Station #3		690 - 3973
Concession Stands		
McLarty Park (front field)		Cellular
McLarty Park (back field)		321-636-3229
Rockledge Park (softball)		Cellular
Rockledge Park (senior field)		Cellular
League President	John Crosser	719-510-0036
League Vice Presidents		
(Baseball)	Tim Schooley	321-614-2393
(Softball)	Phil Phipps	321-522-8087
Safety Officer	Kelly Caceres	321-794-8874
Secretary	Hailey Hill	754-816-0907
Treasurer	Maranda Krenz	321-427-9685
Player Agent	Mandy Wilcox	321-458-2971
Division Vice President		
Tee Ball	Rhaumon (Bo)Smith	321-210-9751
Coach Pitch	Brandon Roland	321-213-3052
Minor		
Major		
Junior/Senior/ 50-70	Tim Schooley	321-614-2393
Coaching Coordinator	Tylor Couture	321-682-0685
Equipment Officer		
Chief Umpire	John Crosser	719-510-0036
Auxiliary Coordinator	Brian Spinneweber	321- 704-9558
Field Maintenance		

League Info Officer

Heather Ashbaugh

321-507-6481



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 head umpire will be issued several copies of the Safety Manual.

The concession stand will have a First Aid Kit and a Safety Manual in plain sight at all time.

The Safety Manual will include maps to hospitals and other emergency services, phone numbers for all Board Directors, the Rockledge Little League Code of Conduct, 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 (*see First Aid section*).

TRAINING

Each year the prospective managers and coaches as well as returning managers and coaches are encouraged to go through training for proper mechanics, umpiring, first aid and cardiopulmonary resuscitation (CPR).

Instructional Training for Managers and Coaches

Each year the prospective managers and coaches as well as returning managers and coaches are expected to go through an instructional clinic. Areas of focus are, pitching, hitting, catching, stretching, fielding, and base running. An umpire's clinic is also held for any prospective umpires, managers, and coaches.

First Aid and CPR Training for Managers and Coaches

The Wuesthoff Hospital's education department offers a first aid and CPR certification class. The clinic focuses' on proper treatment of sprains, swelling, bleeding, breaks, and cardiopulmonary resuscitation (CPR). Prospective managers and coaches as well as returning managers and coaches are encouraged to go through the training.

Travel Safety Training for Players

A local police volunteer will conduct a safety class for all players. The class will focus on travel to and from practices and games. The officer will talk with the players about proper travel on bikes, (going against traffic instead of with it, crossing at designated crosswalks, etc...) using proper headgear, and being cautious with strangers. For the older players who drive the focus will be on using seat belts and driving defensively.

ROCKLEDGE LITTLE LEAGUE'S SAFETY CODE

Our Goals are Education and Prevention.

- Responsibility for safety procedures belong to every adult member of Rockledge Little League.
- Each player, manager, designated coach, umpire, team safety officer 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 cages and bullpens.
- Arrangement should be made in advance of all games and practices for emergency medical services.
- Managers, designated coaches and umpires will be encouraged to have training in First Aid.
- First-aid kits are issued to each team manager during the pre-season and additional kits will be located at each concession stand.
- No games or practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- 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 the umpires as "in play."
- Only players, managers, coaches, team mom and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Managers, coaches and players are not permitted to go to the concession stand during their game time.
- Foul balls batted out of playing area will be returned to the concession stand and not thrown over the fence during a game until our ball returns are installed.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.

- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endangering spectators, (i.e., playing catch, pepper, swinging bats etc.)
- Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
- Batters must wear Little League approved protective helmets that bear the NOCSAE seal during batting practice and games.
- Except when a runner is returning to a base, head first, slides are not permitted.
- During sliding practice, bases should not be strapped down or anchored.
- 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 in except in Junior, Senior and Big League divisions.
- Any pitcher warming up in foul territory during a game must have a spotter. If the spotter is a player, a batting helmet must be worn.
- Player's names shall not be placed on their uniform jerseys. It could increase the risk of abduction.
- LLB volunteer applications and background checks are required by all prospective volunteers. All applicants are checked through Little League approved sights. No volunteer is allowed on a field for practice or a game without a badge or background check.
- Managers will only use the official Little League balls supplied by Rockledge Little League.
- All male players will wear athletic supporters or cups during games. Catchers must wear a cup. Managers should encourage that cups be worn at practices too. (This is mandatory)
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with throat guard, shin guards and catcher's helmet and mask, all of which must meet Little League specifications and standards.
- Shoes with metal spikes or cleats are **not** permitted except in Junior, Senior and Big League divisions. Shoes with molded cleats are permissible.

- Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)
- No food at any time in the dugouts. (Exception: bottled water, Gatorade)
- Catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) of any shape, size or weight consistent with protecting the hand.
- Catchers may not catch, whether warming up a pitcher, in practices, or games without wearing full catcher's gear and an athletic cup as described above.
- Managers will never leave an unattended child at a practice or game.
- No children under the age of 13 are permitted in the Concession Stands.
- Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- No alcohol or drugs allowed on the premises at any time.
- No medication will be taken at the facility unless administered directly by the child's parent. This includes aspirin and Tylenol.
- No playing in the parking lots at any time.
- No throwing rocks.
- No climbing fences.
- No swinging on dugout roofs.
- No pets are permitted on the premises at any time. This includes dogs, cats, horses, etc.
- Observe all posted signs.
- Players and spectators should be alert at all times for foul balls and errant throws.
- 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.
- Players who are ejected, ill or injured should remain under supervision until released to the parent or guardian.
- No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.
- There is no running allowed in the bleachers.

Safety is Everyone's Responsibility



Rockledge Little League Code of Conduct:

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 verbal or physical abuse upon any official for any belief of a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing of gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of a physical attack upon any board member, official manager, coach, player or spectator.
- Be guilty of the use of profane, obscene or vulgar language in any manner at any time.
- Appear on the field of play, stands, or anywhere on the Rockledge Little League complex while in an intoxicated state at any time. Intoxicated 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.
- 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.
- 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.
- Speak disrespectfully to any manager, coach, official or representative of the league.
- 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 will review all infractions of the Rockledge Little League Code of Conduct. Depending on the seriousness or frequency, the board may assess additional disciplinary action up to and including expulsion from the league.

RESPONSIBILITY

The President:

The President of Rockledge Little League is responsible for ensuring that the policies and regulations of the Rockledge Little League Safety Officer are carried out by the entire membership to the best of his/her abilities.

Rockledge Little League Safety Officer:

The main responsibility of the Rockledge Little League Safety Officer is to develop and implement the League's safety program.

The Rockledge Little League Safety Officer is the link between the Board of Directors of Rockledge Little League and its managers, coaches, umpires, team safety officers, players, spectators, and any other third parties on the complex in regards to safety matters, rules and regulations

The Rockledge Little League Safety Officer's responsibilities include:

- Insuring that each team receives its Safety Manual and its First-Aid Kit at the beginning of the season.
- Installing First-Aid Kits in concession stand and re-stocking the kits as needed.
- Inspecting concession stands and checking fire extinguishers.
- Checking fields with the Field Managers and listing areas needing attention.
- Scheduling a First-Aid Clinic and CPR training class for managers, designated coaches, umpires, player agents and team safety officers during the pre-season.
- Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.

- Making spot checks at practices and games to make sure all managers have their First-Aid Kits and Safety Manuals.
- Tracking all injuries and near misses in order to identify injury trends.
- Making sure that safety is a Board Meeting topic, and allowing experienced people to share ideas on improving safety.
- 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, at what times, under what supervision.
- Correlating and summarizing the data in the First-Aid Log to determine proper accident prevention in the future.

The Rockledge Little League Members:

The Rockledge Little League Members will adhere to and carry out the policies as set forth in this safety manual.

Managers and Coaches:

The Manager is a person appointed by the president of Rockledge Little League 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.

(a) **The Manager** shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.

(b) **The Manager** is also responsible for the safety of his players. He/She is also ultimately responsible for the actions of designated coaches and the Team Safety Officer (**TSO**).

(c) If a **Manager** leaves the field, that **Manager** shall designate a **Coach** as a substitute and such **Substitute Manager** shall have the duties, rights and responsibilities of the **Manager**.

Pre-Season:

Managers will:

- *Take possession of this Safety Manual and the First-Aid Kit* supplied by Rockledge Little League.
- **Appoint a volunteer** parent or assume the role of *Team Safety Officer (TSO)*. The **TSO** must be able to be present at all games and must own or have access to a *cell phone* for emergencies if games or practices take place off the complex.
- Meet with parents to discuss Little League philosophy and *safety issues*.
- Cover the basics of *safe play* with his/her team before starting the first practice.
- Notify parents that if a child is injured or ill, he or she can not return to practice unless they have a note from their doctor. This *medical release* protects you if that child should become further injured or ill. ***There are no exceptions to this rule.***
- Encourage players to bring *water bottles* to practices and games.
- Tell parents to bring *sunscreen and mosquito repellent* for themselves and their child.
- Encourage your players to wear *mouth protection*.

***** First-time Managers and Coaches*** are requested to read books or view video on Little League Baseball mechanics.

Season Play:

Managers will:

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

Pre-Game and Practice:

Managers will:

- Make sure that players are healthy, rested and alert.
- Make sure players are wearing the proper uniform and catchers are wearing a cup.
- Make sure that the equipment is in good working order and is safe.
- Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, the President or a duly delegated representative shall make the determination.

- Make sure that all players have done their proper stretching. (*See Conditioning Section*)

- | | |
|-----------------|------------------|
| 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.

- Light tosses short distance.
- Light tosses medium distance.
- Light tosses large distance.
- Regular tosses medium distance.
- Field ground balls.
- Field pop flies

During the Game

Managers will:

- Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- Keep players *alert*.
- Maintain *discipline* at all times.
- Be *organized*.
- Keep players and substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- Make sure catchers are wearing the *proper equipment*.
- Encourage everyone to think *Safety First*.

- Observe the “*no on-deck*” rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.
- Keep players off fences.
- Get players to *drink* often so they do not dehydrate.
- Not play children that are ill or injured.
- Attend to children that become injured in a game.
- Not lose focus by engaging in conversation with parents and passerby’s.

Post Game

Managers will:

1. Make sure that;
 - a. Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows.
 - b. Catchers should ice their knees.
2. Not leave the field until every team member has been picked up by a known family member or 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, Incorporated and Rockledge Little League.
4. Discuss any safety problems with the Team Safety Officer that occurred before, during or after the game.
5. If there was an injury, make sure an accident report was filled out and given to the Rockledge Little League Safety Officer.

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

Umpires:

Pre- Game

Before a game starts, the umpire shall:

- Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.
- Make sure catchers are wearing helmets when warming up pitchers.
- Run hands along bats to make sure there are no splinters or cracks.
- Make sure that bats have grips.
- Make sure there are foam inserts in helmets and that helmets meet Little League ***NOCSAE*** specifications and bear Little League's seal of approval.
- Inspect helmets for cracks.
- Walk the field for hazards and obstructions (e.g. rocks and glass).
- Check players to see if they are wearing jewelry.
- Check players to see if they are wearing metal cleats.
- Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.
- Secure official Little League balls for play from both teams.
- Use the ***FIELD SAFETY CHECK LIST*** (included in the appendix of this safety manual) to document that all of the above was carried out.

During the Game:

During the game the umpire shall:

- Govern the game as mandated by Little League rules and regulations.
- Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.

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

Post- Game

After a game, the umpire shall:

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

Auxiliary Coordinator:

The Rockledge Little League Auxiliary Coordinator is responsible to ensure the Concession Stand Volunteers are trained in the safety procedures as set forth in this manual.

Equipment Manager:

The Rockledge Little League Equipment Manager is responsible to get damaged equipment repaired or replaced as reported. This replacement will happen in a timely manner. The Equipment Manager will also exchange equipment if it doesn't fit properly.

Team Safety Officer (TSO):

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

The **TSO** is a:

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

TSO Responsibilities;

- *Acquire this Safety Manual* from the team manager and read it.
- Call the Rockledge Little League Safety Officer and *introduce yourself*.
- Attend the *Emergency Medical Clinic* with your team manager.
- *Inspect the equipment* when the Equipment Manager issues it to your team and replace any equipment that looks unsafe.
- Get to *know the players* on your team.
- Talk to parents, confidentially, and inquire if their child suffers from allergies, asthma, heart conditions, past injuries, ADD, ADHD, a

communicable disease such as hepatitis, HIV, AIDS, etc. Fill out a *medical history form* on each child (see sample in appendix)

- Find out if a child is taking any kind of *medication*.
- *Report your findings* in a written summary and submit it to the Rockledge Little League Safety Officer for his/her records.
- Keep a *Safety Log* of all injuries that occur on his or her team.
- *Inspect players' equipment* for cracks and broken straps on a routine basis.
- *Communicate* any safety infractions to the Rockledge Little League Safety Officer or any other Board Member.
- Help managers and designated coaches *give First-Aid* if needed.
- Act as a *conduit* between parents, managers, the Rockledge Little League Safety Officer and the kids.
- Fill out *accident reports* if an injury occurs.
- Report an *injury* to the Rockledge Little League Safety Officer within 24 hours of the occurrence.
- Track the *First-Aid Kit inventory* and ask the Rockledge Little League Safety Officer for replacements when needed.
- Make sure that this *Safety Manual* and the *First-Aid Kit* are present.
- Greet the players as they arrive and *make sure everyone is feeling all right*.
- Watch the players when they stretch and do *warm up exercises* for signs of stress or injury.
- *Walk the field*; remove broken glass and other hazardous materials.
- *Be ready to go into action if anyone should get hurt*.
- *Watch players* to see that they are alert at all time.

- In case of injury, *help the team manager* treat the child until professional help arrives.
- *Assist parents* if child must go to a hospital or to see a doctor.
- Provide *insurance documentation* to the hospital if necessary (Claim form is in the appendix with all necessary insurance information).
- Follow up with parents to make sure the child is all right.

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

POST SEASON PLAY

County Tournament and All Star Play:

Everybody's responsibilities remain the same throughout the post season. This includes the County Tournament and All Stars.

SAFETY FIRST!

BE ALERT!

CHECK PLAYING FIELD FOR HAZARDS

**PLAYERS MUST WEAR PROPER
EQUIPMENT**

ENSURE EQUIPMENT IS IN GOOD SHAPE

ENSURE FIRST AID IS AVAILABLE

MAINTAIN CONTROL OF THE SITUATION

MAINTAIN DISCIPLINE

BE ORGANIZED

**KNOW PLAYERS' LIMITS AND DON'T
EXCEED THEM**

MAKE IT FUN!

Safety is everyone's job. Prevention is the key to reducing accidents to a minimum. Report all hazardous conditions to the Rockledge Little League Safety Officer or a member of the Board of Directors immediately. Don't play on a field that is not safe or with unsafe playing equipment. Be sure your players are fully equipped at all times, especially catchers and batters. Check you team's equipment often. Contact the Rockledge Little League Equipment Officer concerning problems with league issued equipment.

CONDITIONING & STRETCHING

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

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

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

Hints on Stretching

- ❖ Stretch necks, backs, arms, thighs, legs and calves.
- ❖ Don't ask the child to stretch more that 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.

Hints on Calisthenics

- ❖ Repetitions of at least 10.
- ❖ Have kids synchronize their movements.
- ❖ Vary upper body with lower body.
- ❖ Keep the pace up for a good cardio-vascular workout.

Suggestions for Warm-up Drills



Heel Cord Stretches

Lean up against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Slightly bend the leg that's closer to the wall. Lean forward. You should feel the stretch along the back of your calf. Repeat with the other leg.



Head and Neck Circles

Make a circle with your head, going around first in one direction five times. Then reverse and make five circles in the opposite direction.



Low Back Stretches

Lie on your back, bring one knee up, and pull the knee slowly toward your chest. Hold and repeat three times. Switch legs and repeat.



Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.



Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.



Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.



Thigh Stretches #1

Sit on the floor. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on your knees. You should feel the stretch along the backs of your legs.

Thigh Stretches #2

Sit on the floor with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.



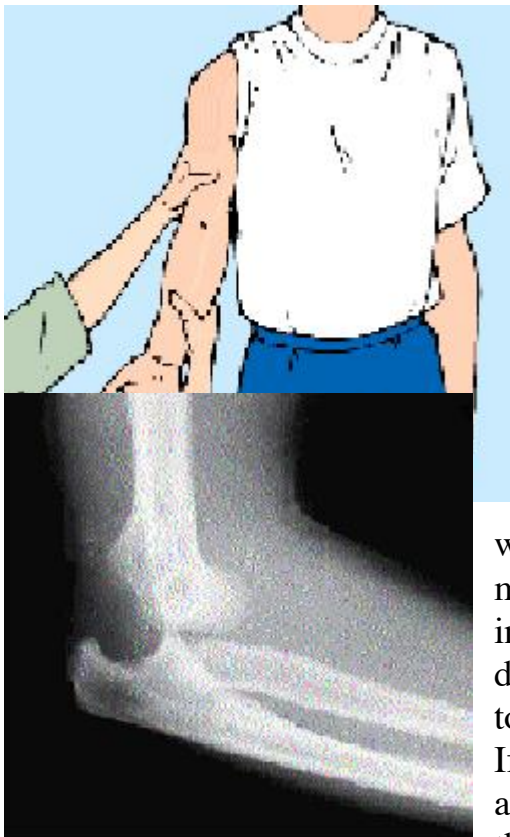
PITCHING

PITCH COUNT

Pitch count does matter. Sports doctor's lectures focus on warning future managers and coaches about pitching injuries and how to prevent them.

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

Little League managers and coaches are usually quick to teach their pitchers how to get movement on the ball. Unfortunately the technique that older players use is not appropriate for children thirteen (13) years and younger. The snapping of the arm used to develop this technique will most probably lead to serious injuries to the child as he/she matures.



Arm stress during the acceleration phase of throwing affects both the inside and the outside of the growing elbow. On the inside, the structures are subjected to distraction forces, causing them to pull apart. On the outside, the forces are compressive in nature with different and potentially more serious consequences.

The key structures on the inside (or medial) aspect of the elbow include the tendons of the muscles that allow the wrist to flex and the growth plate of the medial epicondyle (“Knobby” bone on the inside of the elbow). The forces generated during throwing can cause this growth plate to pull away (avulse) from the main bone. If the distance between the growth plate and main bone is great enough, surgery is the only option to fix it. This growth plate does not fully adhere to the main bone until age 15 for girls / 17 for boys!

Similarly, on the outside (or lateral) aspect of the elbow, the two bony surfaces can be damaged by compressive forces during throwing. This scenario can lead to a condition called Avascular Necrosis or Bone Cell Death as a result of compromise of the local blood flow to that area. This disorder is permanent and often leads to fragments of the bone breaking away (loose bodies) which float in the joint and can cause early arthritis. This loss of elbow motion and function often precludes further participation.

Studies have demonstrated that curveballs cause most problems at the inside of the elbow due to the sudden contractive forces of the wrist musculature. Fastballs, on the other hand, place more force at the outside of the elbow. Sidearm delivery, in one study, led to elbow injuries in 74% of pitchers compared with 27% in pitchers with a vertical delivery style.



Dr. Glenn Fleisig at the American Sports Medicine Institute is in the process of finalizing the results of a study funded by USA Baseball that evaluated pitch counts in skeletally immature athletes as they relate to both elbow and shoulder injuries. The study included 500 athletes, ages 9-14, from the Birmingham, Alabama area. Each child who pitched in a game was called after the game and interviewed over the phone. The investigators were able to conduct over 3000 interviews.

Approximately 200 of the 500 pitchers had videotape of their mechanics.

PRELIMINARY DATA HAVE DEMONSTRATED THE FOLLOWING:

- 1) A significantly higher risk of **elbow** injury occurred after pitchers reached 50 pitches/outing.
- 2) A significantly higher risk of **shoulder** injury occurred after pitchers reached 75 pitches/outing.
- 3) In one season, a **total of 450 pitches or more** led to cumulative injury to the elbow and the shoulder.
- 4) The mechanics, whether good or bad, **did not** lead to an increased incidence of arm injuries.
- 5) The preliminary data suggest that throwing curveballs increases risk of injury to the shoulder more so than the elbow; however, subset

analysis is being undertaken to investigate whether or not the older children were the pitchers throwing the curve.

6) The pitchers who limited their pitching repertoire to the fastball and change-up had the lowest rate of injury to their throwing arm.

7) A slider increased the risk of **both elbow and shoulder** problems.

- The pitch count limitations established by Little League International are strictly observed by Rockledge Little League.

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

Children should not be encouraged to “play through pain.” Pain is a warning sign of injury. Ignoring it can lead to greater injury.

HYDRATION



Good *nutrition* is important for children. Sometimes, the most important nutrient children need is *water* – especially when they're 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 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 it's January or July; thirst is not an indicator of fluid needs. Therefore, ***children must be encouraged to drink fluids even when they don't feel thirsty***.

Managers and coaches should schedule 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 sport drinks or fruit juice 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, Colas) should be avoided because they

are diuretics and can dehydrate the body further. ***Avoid carbonated drinks***, which can cause gastrointestinal distress and may decrease fluid volume.

COMMON SENSE

Playing safe; boils down to using ***common sense***. For instance, if you witnessed a strange person walking around the Rockledge Little League complex who looked like he/she didn't belong there you would report the incident to a Board Member. There will always be a Board Member on site (*see the telephone number list in the beginning of this manual to identify them or check the display cases outside the clubhouse*). The Rockledge Little League Board Member, after hearing your concerns, would investigate the matter and have the person in question removed before anything could happen if, indeed, that person did not belong there.

Another example of ***common sense*** – You witness kids throwing rocks or batting rocks on the Rockledge Little League complex. They are having fun but are unknowingly endangering others. Don't just walk on by figuring that someone else will deal with the situation. Stop and explain to the kids what they are doing wrong and ask them to stop.

Webster's Dictionary definition of ***common sense*** is:

Native good judgment; sound ordinary sense. In other words, to use ***common sense*** is to realize the obvious.

Therefore, ***if you witness something that is not safe, do something about it!*** And encourage all volunteers and parents to do the same.



EQUIPMENT

The Equipment Manager is an elected Rockledge Little League Board

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

The Rockledge Little League Equipment Manager will promptly replace damaged and ill-fitting equipment.

Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Book.

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

- Each team, at all times in the dugout, shall have seven (7) protective helmets which must meet NOCSAE specifications and standards. These helmets will be provided by Rockledge Little League at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards.
- Each helmet shall have an exterior warning label. **NOTE:** The warning label cannot be embossed in the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.
- Use of a helmet by the batter and all base runners is mandatory.
- Use of a helmet by a player/base coach is mandatory.
- Use of a helmet by an adult base coach is optional.
- All male players must wear athletic supporters.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors with neck collar, throat guard, shin guards and catcher's helmet, all of which must meet Little League specifications and standards.

- All catchers must wear a mask, “dangling” type throat protector and catcher’s helmet during practice, pitcher warm-up, and games. **NOTE:** Skullcaps are not permitted.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.
- Only Official Little League balls will be used during practices and games.
- No wood bats at any time.
- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Manager.
- Make sure helmets fit.
- Replace questionable equipment immediately by notifying the Rockledge Little League Equipment Manager.
- Make sure that players respect the equipment that is issued.
- Multi-colored gloves can no longer be worn by pitchers.

WEATHER



Inclement Weather and Lightning Safety Procedures

We all know the saying "if you don't like the weather, wait a few minutes it will change". This is more than just a saying in Florida. With the city of Rockledge situated so close to the ocean, storms can and do come in very quickly. With that in mind, the safety of our players is at the forefront when it

comes to severe weather. Florida is the lightning capital of the world and when it's around we need to take every precaution necessary to insure the safety of everyone involved with little league. The following are steps to be taken before or during severe weather:

- Once a game has started the Umpire has the responsibility of calling the game.
- Monitor weather conditions before and during games and practices. We have devices in the press boxes to help .
- The flash-bang method for lightning: For every five seconds after a flash of lightning to the bang of thunder, the strike is about one mile away. One strike to the next can be up to 1.5 miles so the National Lightning Safety Institute recommends you evacuate at a count of 15.
- Don't take chances, if you see lightning, move to a safe building or a car. Lightning kills between 100-200 people each year.
- If you feel your hair standing on end or hear "crackling noises" you are in an electrical field and are in danger. Remove all metal objects, put your feet together, duck your head, and crouch like a catcher with hands on knees.
- In high winds or a tornado, move to a safe building with few windows and strong support from closed wall and ceilings.
- Coaches and Managers are responsible for the safety of their player's before a game starts. **Don't put them at risk to get a game in!** Call the game, if it needs to be called!
- Make sure the field is playable before resuming a game, a slippery/muddy field can be hazardous.

Most of our days in Central Florida are warm and sunny but there are those days 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 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 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 storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead.



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

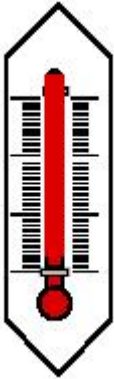
If you can ***HEAR, SEE OR FEEL*** a ***THUNDERSTORM***:

1. ***Suspend all games and practices immediately.***

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

Hot Weather:

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



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

Ultra-Violet Ray Exposure:

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

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



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

EVACUATION PLAN

Severe storms, lightning and fire are all possible in Central Florida. For this reason, Rockledge Little League must have an *evacuation plan*.

1. At that time all players will return to the dugout and wait for their parents to come and get them.
2. If a player's parent is not attending the game, the Manager will take responsibility for evacuating that child.
3. Once parents have obtained their children, they will proceed to their cars in a calm and orderly manner.
4. Drivers will then proceed slowly and cautiously out of the facility, observing the 5 MPH speed limit.
5. Once outside the facility, drivers will observe the posted speed limits.

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

FACILITIES

Since the incorporation of Little League in Rockledge in 1963 many improvements have been made to our facilities. As the league has grown so has the number of fields, bleachers, concession stands and parking areas. As of 2005 we have two fields for T-Ball/ Coach Pitch play, one Minor field, one Major field, one Junior field / 50-70 and a Senior field. On the softball side of the house we have two fields one for Minor/Major play and one for Junior/Senior play. Each field has adequate parking and a permanent concession stand.

We at Rockledge Little League are proud to announce the renovation on the infield area of the Junior Field (Brell Whited) making it 50-70 playable. Other recent New dugouts were built for both major /minor fields in 2017. We now have two fields that can be used for Junior/Senior tournament play. Years ago the Senior Field (Max Robertson) had the lighting system renovated as well as new fencing installed.

We are steadily trying to improve the quality of our facilities. In the near future we are hopeful redoing our senior concession stand .The batting cage at the softball complex has been renovated to include new netting, fencing, carpeting and a building to house the pitching machine. Four new hip toss areas have also been added adjacent to the batting cage.

STORAGE ROOM PROCEDURES

The following applies to all of the storage rooms used by Rockledge Little League and further applies to anyone who has been issued keys by Rockledge Little League to these rooms.

- Keys to the equipment rooms will only be issued by Rockledge Little League's President.
- A record shall be kept of all individuals possessing keys.
- Keys will be returned to the League President immediately once someone ceases to have responsibilities for equipment rooms.
- All storage rooms will be kept locked at all times.
- All individuals with keys to the equipment rooms are aware of their responsibility for the orderly and safe storage of hazardous materials, poisons, tools, etc...
- Before the use of any machinery located in the shed (i.e., lights, scoreboards, public address systems, etc.) please locate and read the written operating procedures for that equipment.
- All chemicals or organic materials stored shall be properly marked and labeled and stored in its original container if available.
- Any witnessed "loose" chemicals or organic materials within these sheds should be cleaned up and disposed of immediately to prevent accidental poisoning.
- Keep products in their original container with the labels in place.

- Use poison symbols to identify dangerous substances.
- Dispose of outdated products as recommended.
- Use chemicals only in well-ventilated areas.
- Wear proper protective clothing, such as gloves or a mask when handling toxic substances.

GENERAL FACILITY

- The dugouts will be clean and free of debris at all times.
- Dugouts and bleachers will be free of protruding bolt, screws, nails and wood splinters.
- Home plate, batter's box, bases and the area around the pitcher's 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 replaced accordingly.

ACCIDENT REPORTING PROCEDURE

What to report -

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

When to report -

All such incidents described above must be reported to the Rockledge Little League Safety Officer within 24 hours of the incident. The Rockledge Little League Safety Officer, Kelly Caceres, can be reached at the following:

Cell: 794-8874

Email: kcaceres@cfl.rr.com

How to make a report -

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

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

Team Safety Officer's Responsibility -

The **TSO** will fill out the *Rockledge Little League Accident Investigation Form* and submit it to the Rockledge Little League Safety Officer *within 24 hours of the incident*. If the team does not have a safety officer then the

Team Manager will be responsible for filling out the form and turning it in to the Rockledge Little League Safety Officer. (Rockledge Little League Accident Investigation Forms can be found in the Appendix)

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

Rockledge Little League Safety Officer's Responsibilities -

Within 24 hours of receiving the *Rockledge Little League Accident Investigation Form*, the Rockledge Little League Safety Officer will contact the injured party or the party's parents and;

- verify the information received;
- obtain any other information deemed necessary;
- check on the status of the injured party; and
- in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, et.) will advise the parent or guardian of the Rockledge Little League's insurance coverage and the provision for submitting any claims.

If the extent of the injuries are more than minor in nature, the Rockledge Little League Safety Officer shall periodically call the injured party to:

- Check on the status of any injuries, and
- Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the League again).

INSURANCE POLICIES

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

Rockledge Little League (Majors), Minor League and Tee Ball participants shall not participate as a Little League (Majors), Minor League and Tee Ball team in games with other teams of other programs or in tournaments except those authorized by Little League Baseball, Incorporated.

Rockledge Little League (Majors), Minor League and Tee Ball participants may participate in other programs during the Little League (Majors), Minor League and Tee Ball regular season and tournament provided such participation does not disrupt the Little League (Majors), Minor League and Tee Ball season or tournament team.

Unless expressly authorized by the Board of Directors of Rockledge Little League, games played for any purpose other than to establish a League champion or as part of the International Tournament are prohibited. (See IX - Special Games, pg. 51 in the Rule Book for further clarification)

Explanation of Coverage:

The *CNA Little League's insurance policy* is designed to afford protection to all participants at the most economical cost to Rockledge Little League. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, CNA Little League insurance - which is purchased by the Rockledge Little League, not the parent - takes over and provides benefits, after a \$50 deductible per claim, for all covered injury treatment costs up to the maximum stated benefits.

This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is in force at all times during the season.

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

How the insurance works:

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

Filing a Claim:

When filing a claim, (see claim forms in appendix) all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's/ guardian's or claimant's employer explaining the lack of Group or Employer insurance must accompany a claim form.

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 company of the claimant, or parent(s)/guardian(s), if 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 Rockledge Little League Safety Officer. He/she forwards them to Little League Baseball incorporated, PO Box 3485, Williamsport, PA, 17701. Claim officers can be contacted at (717) 327-1674 and fax (717) 326-1074. *Contact the Rockledge Little League Safety Officer for more information.*

Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball

CONCESSION STAND SAFETY

- No person *under the age of thirteen* will be allowed behind the counter in the concession stands.
- People working in the concession stands will be trained in safe food preparation. Training will cover safe use of the equipment. This training will be provided by the Concession Stand Manager (a Rockledge Little League Board Member certified in restaurant safety) and given to Team Mom's and Team Parents on Parent's Day in the beginning of the season.
- Cooking equipment will be inspected periodically and repaired or replaced if need be. (*see "Concession Stand Weekly Check List" in appendix*)
- Propane tanks will be turned off at the grill and at the tank after use.
- Food not purchased by Rockledge Little League to sell in its concession stands will not be cooked, prepared, or sold in the concession stands.
- Cooking grease will be stored safely in containers away from open flames.
- Carbon Dioxide tanks will be secured with chains so they stand upright and can't fall over. Report damaged tanks or valves to the supplier and discontinue use. (*see "Concession Stand Weekly Check List" in appendix*)
- 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 are to be instructed on the use of fire extinguishers.
- A fully stocked First Aid Kit will be placed in the Concession Stand.
- The Concession Stand main entrance door will not be locked or blocked while 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 upon themselves; they are made to feel guilty. For this reason, sexual abuse victims seldom disclose the victimization. Consider this:
Big Brothers/Big Sisters of America contend that for every child abuse case reported, *ten more go unreported*. Children need to understand that *it is never their fault*, and both children and adults need to know what they can do to keep it from happening.

Child Abuse: A Five-Step Review



1. Know what it is, and where to look.

Defining child abuse, and separating the truth from the myths, better enables us all to spot potentially dangerous situations.



2. Educate parents, volunteers and children.

They need to be supplied with the information necessary to protect everyone. Let the children know that it's never their fault.



3. Follow safety procedures.

Employing basic rules, such as the "buddy system," can keep child abuse from happening in the first place.



4. Screen applicants carefully.

An effective three-step plan can keep potential child abusers out of our Little League programs, and keep our kids safe.



5. Don't be afraid to speak out.

Both Little League children and adults need to feel safe to come forward. If an individual honestly feels something is wrong, the laws are in place to protect them.

established at 32.

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

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

"Most sex abusers are homosexuals." Also not true. Most are heterosexual.

"Children usually lie about sexual abuse, anyway." In fact, children *rarely* lie about being sexually abused. If they say it, don't ignore it.

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

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 Rockledge Little League.

Like all safety issues, **prevention** is the key. Rockledge Little League has a three-step 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.

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

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

Reporting

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

Fiction and Fact

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

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

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

Investigation

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

Suspending/Termination

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

Immunity from Liability

According to Boys & Girls Clubs of America, “Concern is often expressed over the potential for criminal or civil liability if a report of abuse is subsequently found to be unsubstantiated.” However, we want adults and Little Leaguers to understand that they shouldn’t be afraid to come forward in these cases, even if it isn’t required and even if there is a possibility of being wrong. All states provide ***immunity from liability*** to those who report suspected child abuse in “good faith.” At the same time, there are also rules in place to protect adults who prove to have been inappropriately accused.

Make Our Position Clear

Make adults and kids aware *that Little League Baseball and Rockledge Little League will not tolerate child abuse, in any form.*

The Buddy System

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

Access

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

Lighting

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

Restroom Facilities

Generally speaking, Little Leaguers are capable of using toilet facilities on their own, so there should be no need for an adult to accompany a child into rest room areas. There can sometimes be special circumstances under which a child requires assistance to toilet facilities, but there should still be adequate privacy for that child. Again, we can utilize the “*buddy system*” here.



HEALTH AND MEDICAL - Giving First-Aid

What is First-Aid?

First-Aid means exactly what the term implies -- it is the ***first care*** given to a victim. It is usually performed by the ***first person*** on the scene and continued until professional medical help arrives, (9-1-1 paramedics). At no time should anyone administering First-Aid *go beyond* his or her capabilities. ***Know your limits!***

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 times, 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.

The Rockledge Little League 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 cage practices, games (whether season or post-season) and any other Rockledge Little League Little League event where children's safety is at risk.

To ***replenish materials*** in the Team First Aid Kit, the Manager, designated coaches or the appointed Team Safety Officer must contact the Rockledge Little League Safety Officer. (See contact information and address in phone # section of this Safety Manual or on First Aid Kit)

First Aid Kits and this Safety Manual must be turned in at the end of the season along with your equipment package.

The First Aid Kit will come in a plastic box and include the following items:

- 2 Cleansing Wipes
- 2 Knuckle Band-Aids
- 3 Flex Band-Aids 3/4 x 3
- 3 Flex Band-Aids 5/8x 2 1/4
- 2 Gauze Pad (2x2)
- Pair of gloves

If you are missing any of the above items, contact the Rockledge Little League safety officer immediately.

Three additional First-Aid Kits will be available in the Major Field concession stand, Minor Field concession stand, the senior Field concession. Materials from these additional Kits may not be used to replenish materials in the Team's Kit but only used in emergency situations.

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 --

- Move a victim only if the victim's life was endangered.

- Ask a conscious victim for permission before giving care.
- Check the victim for life-threatening emergencies before providing further care.
- Summon professional help to the scene by calling **9-1-1**.
- Continue to provide care until more highly trained personnel arrive.

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the “Good Samaritan” use common sense and a reasonable level of skill, not to exceed the scope of the individual’s training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury.

People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer’s response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

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 – FIRST MAKE SURE THE SCENE IS SAFE FOR YOU

Do ...

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

Don't ...

- ❖ **Administer** any medications.
- ❖ **Provide** any food or beverages (other than water).
- ❖ **Hesitate** in giving aid when needed.
- ❖ **Be afraid** to ask for help if you're not sure of the proper Procedure, (i.e., CPR, etc.)
- ❖ **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. Be sure that you or another caller follows these four steps.

- First Dial **9-1-1**.
- Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:
- The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc.

• **Park address: 790 Barton Blvd (Baseball)**
1100 Cogswell St (Softball)

Rockledge, FL 32955

- The telephone number from which the call is being made.
- The caller's name.
- What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
- How many people are involved.
- The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
- What help (first aid) is being given.
- Do not hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the victim.
- Continue to care for the victim till professional help arrives.

- Appoint somebody to go to the street and look for the ***ambulance*** and ***fire engine*** and flag them down if necessary. This saves valuable time. Remember, every minute counts.

When to call -

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

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

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

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



Checking the Victim

Conscious Victims: If the victim is conscious, ask what happened. Look for other life-threatening conditions and conditions that need care or might become life threatening.

The victim may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed. This check has two steps:

- Talk to the victim and to any people standing by who saw the accident take place.
- Check the victim from head to toe, so you do not overlook any problems.
- Do not ask the victim to move, and do not move the victim yourself.
- Examine the scalp, face, ears, nose, and mouth.
- Look for cuts, bruises, bumps, or depressions.
- Watch for changes in consciousness.
- Notice if the victim is drowsy, not alert, or confused.
- Look for changes in the victim's breathing. A healthy person breathes regularly, quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.



- Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- Ask the victim again about the areas that hurt.
- Ask the victim to move each part of the body that doesn't hurt.
- Check the shoulders by asking the victim to shrug them.
- Check the chest and abdomen by asking the victim to take a deep breath.
- Ask the victim if he or she can move the fingers, hands, and arms.
- Check the hips and legs in the same way.
- Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
- Look for odd bumps or depressions.
-
- Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
- Look for a medical alert tag on the victim's wrist or neck. A tag will give you medical information about the victim, care to give for that problem, and who to call for help.
- When you have finished checking, if the victim can move his or her body without any pain and there are no other signs of injury, have the victim rest sitting up.
- When the victim feels ready, help him or her stand up.

Unconscious Victims

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



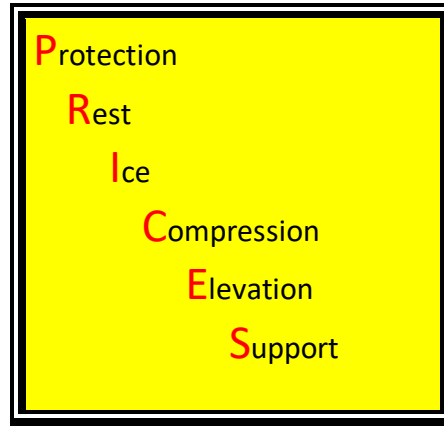
Checking an Unconscious Victim:

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



Finger sweep maneuver administered to an unconscious victim of foreign body airway obstruction.

When treating an injury, remember:



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 severe.

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

Treatment for muscle or joint injuries:

- If ankle or knee is affected, do not allow victim to walk. Loosen or remove shoe; elevate leg.

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

Treatment for fractures:

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

Treatment for broken bones:

Once you have established that the victim has a broken bone, and you have called **9-1-1**, all you can do is comfort the victim, keep him/her warm and still and treat for shock if necessary (see “Caring for Shock” section)

Osgood Schlaugther’s Disease:

Osgood Schlaugther’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: MANDATORY CERTIFICATION FOR COACHES
Go to [cdc.gov/ heads up concussion/take test/print out](https://www.cdc.gov/heads-up/concussion/take-test/print-out-certification)
certification turn in to Safety Officer

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 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) Maintain an open airway.
- 3) Check consciousness and breathing.
- 4) Allow No movement of the HEAD or SPINE do not remove BATTING HELMET let EMS remove if necessary.
- 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:

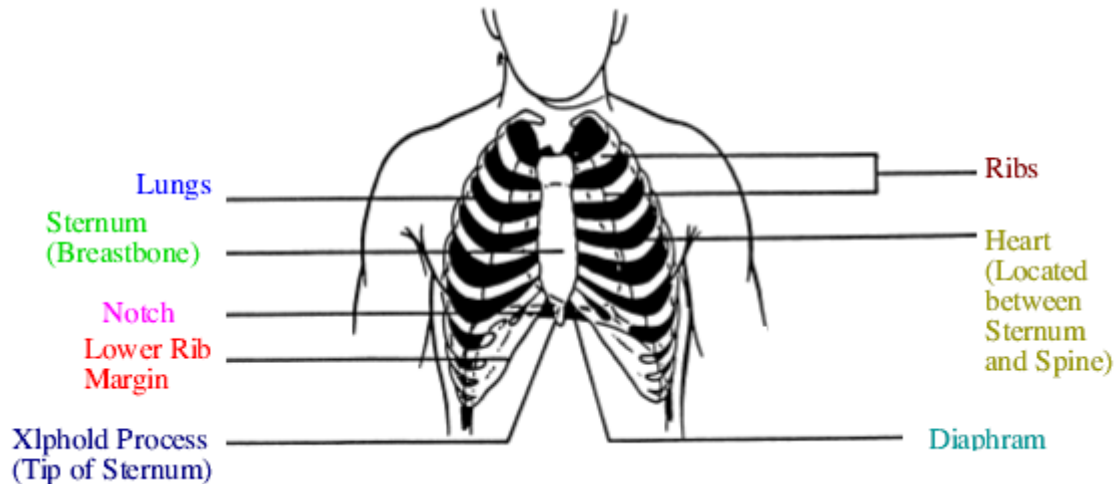
- 1) Position victim on back while supporting head and neck.
- 2) With victim's head tilted back and chin lifted, pinch the nose shut.
- 3) Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.
- 4) Check for a pulse at the carotid artery (use fingers instead of thumb).
- 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.

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.

- Victim feels short of breath.
- Victim breathes faster than normal.

○ Changes in pulse rate -

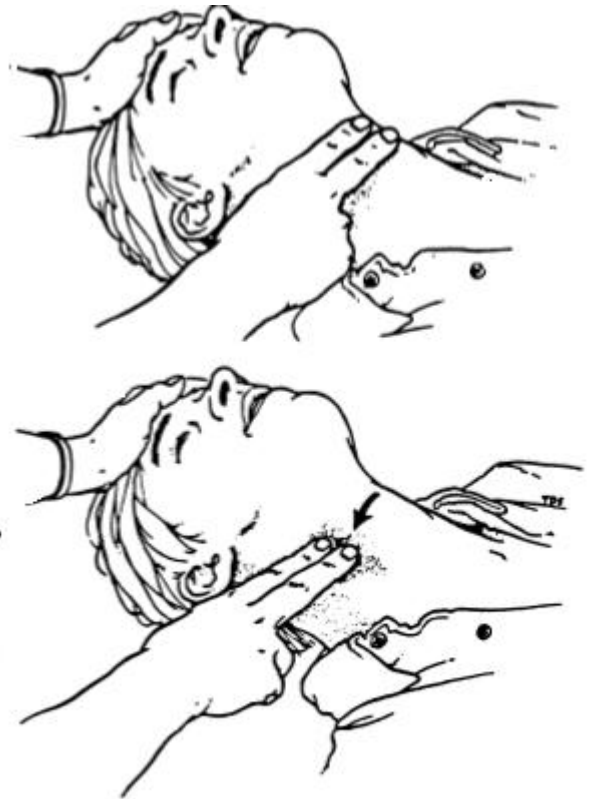
- Pulse may be faster or slower than normal
- Pulse may be irregular.

○ 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.

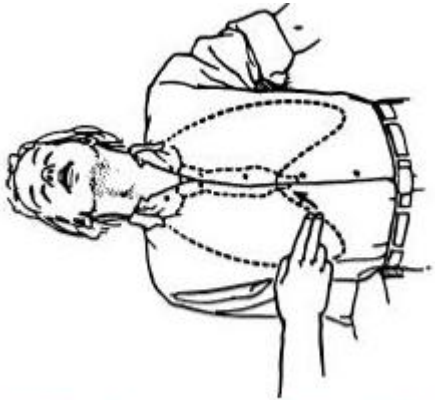
- The number one indicator that someone is having a heart attack is that he or she will be in denial. A heart attack means certain death to most people. People do not wish to acknowledge death therefore they will deny that they are having a heart attack.



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.
- 8) Monitor the victim's condition.
- 9) Be prepared to give CPR if the victim's heart stops beating.

Giving CPR



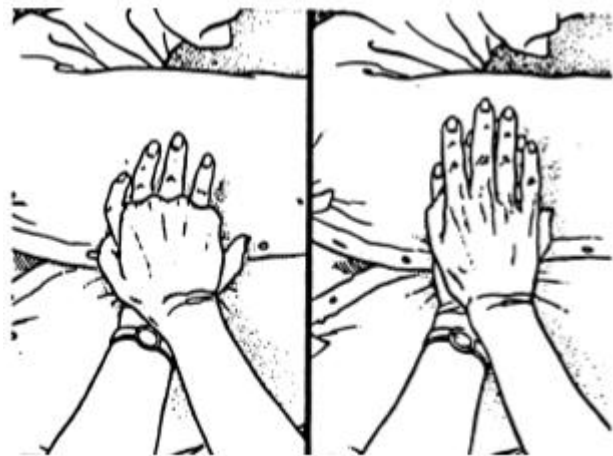
External Chest Compression - Locate rib margin



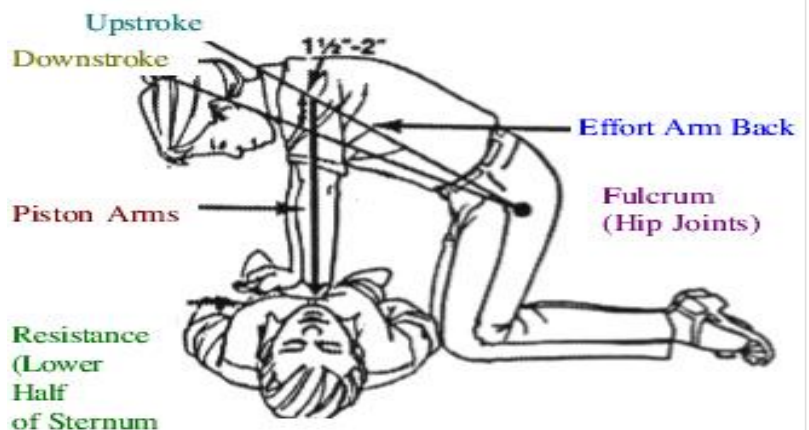
Locate where the rib margin meets sternum



Locate correct hand position on lower sternum



The correct hand position

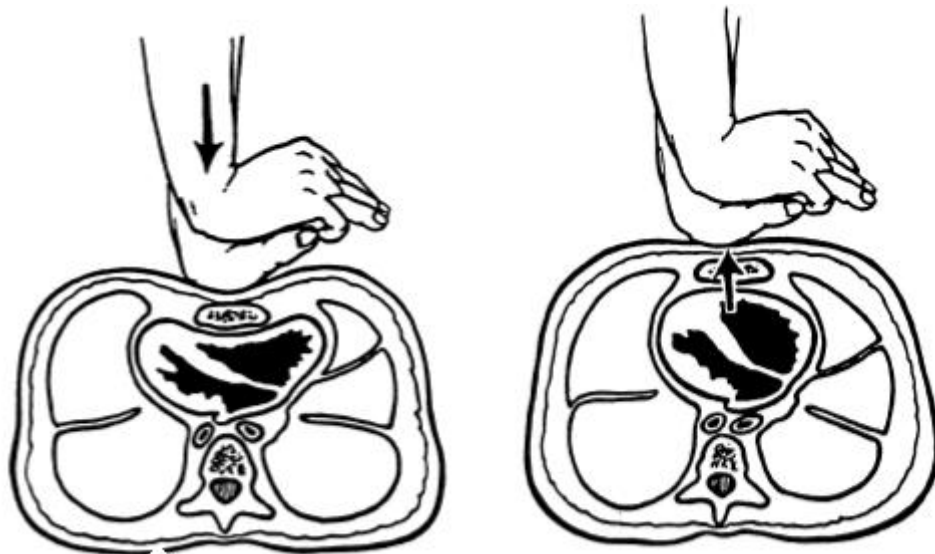


Proper position of rescuer: shoulders directly over victim's sternum; elbows locked.

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

When to stop CPR

- 1) If another trained person takes over CPR for you.
- 2) If Paramedics arrive and takes 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 – ABDOMINAL TRUSTS formerly called: **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)

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

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, 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.

Communicable Disease Procedures:

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

- A bleeding player should be removed from competition as soon as possible.
- Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game.
- Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid is anticipated (*latex gloves are provided in First Aid Kit*).
- Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap (Lever 2000).
- Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach (*supplied in the concession stand*). A 1:1

solution can be made by using a cap full of Clorox (2.5cc) and 8 ounces of water (250cc).

- Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.
- Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Facts about AIDS and hepatitis

AIDS stand for acquired immune deficiency syndrome. It is caused by the human immunodeficiency virus (HIV). When the virus gets into the body, it damages the immune system, the body system that fights infection. Once the virus enters the body, it can grow quietly in the body for months or even years. People infected with HIV might not feel or appear sick. Eventually, the weakened immune system gives way to certain types of infections.

The *virus* enters the body in 3 basic ways:

- 1) Through direct contact with the bloodstream. *Example:* Sharing an non sterilized needle with an HIV-positive person -- male or female.
- 2) Through the mucous membranes lining the eyes, mouth, throat, rectum, and vagina. *Example:* Having unprotected sex with an HIV positive person - - male or female.
- 3) Through the womb, birth canal, or breast milk. *Example:* Being infected as an unborn child or shortly after birth by an infected mother. The virus cannot enter through the skin unless there is a cut or break in the skin. Even then, the possibility of infection is very low unless there is direct contact for a lengthy period of time.

Currently, it is believed that saliva is not capable of transmitting HIV. The likelihood of HIV transmission during a First-Aid situation is very low.

Always give care in ways that protect you and the victim from disease transmission.

- If possible, wash your hands before and after giving care, even if you wear gloves.
- Avoid touching or being splashed by another person's body fluids, especially blood.

- Wear disposable gloves during treatment.

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

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

Prescription Medication

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

Asthma and Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have a difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to fill out the medical history forms (*included in the appendix of this safety manual*). Study their comments and know which children on your team need to be watched.

Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial **9-1-1** and request emergency service.

Colds and Flu

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

Attention Deficit Disorder

What is Attention Deficit Disorder (ADD)

ADD is now officially called Attention-Deficit/Hyperactivity Disorder, or **ADHD**, although most lay people, and even some professionals, still call it ADD (the name given in 1980).

ADHD is a neurobiological based developmental disability estimated to affect between 3-5 percent of the school age population. This disorder is found present more often in boys than girls (3:1).

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

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

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

Hopefully the parent of an ADHD child will alert you to his/her condition.

Treatment of ADHD usually involves medication. **Do not, at any time, administer the medication** -- even if the child asks you to. Make sure the parent is aware of how dangerous the game of baseball can be and suggest

that the child take the medication (if he or she is taking medication) before he or she comes to the practice/game.

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

What are the symptoms of ADHD? -

Inattention - This is where the child:

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

Hyperactivity - This is where the child:

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

Impulsivity - This is where the child:

- Often blurts out answers before questions have been completed;
- Often has difficulty awaiting turn;

- Often interrupts or intrudes on others (e.g., butts into conversations or games).

Emotional Instability - This is where the child:

- often has angry outbursts;
- is a social loner;
- blames others for problems;
- fights with others quickly;
- is very sensitive to criticism.

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

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

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

There is no way to know for sure that a child has ADHD. There is not simple test, such as a blood test or urinalysis. An accurate diagnosis requires an assessment conducted by a well-trained professional (usually a developmental pediatrician, child psychologist, child psychiatrist, or pediatric neurologist) who knows a lot about ADHD and all other disorders that can have symptoms similar to those found in ADHD.

PARENTAL CONCERNS ABOUT SAFETY

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

I'm worried that my child is too small or too big to play on the team/division he has been assigned to. Little League has rules concerning the ages of players on T-Ball, Farm, Minor, Major and Senior teams. Rockledge Little League observes those rules and then places children on teams according to their skills and abilities based on their try-out ratings at the beginning of the season. If for some reason you do not think your child belongs in a particular division, please contact the Rockledge Little League Player Agent and share your concerns with him or her.

Should my child be pitching as many innings per game? Little League has rules regarding pitching which all managers and coaches must follow. The rules are different depending on the division of play but the rules are there to protect children.

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

How do I know that I can trust the volunteer managers and coaches not to be child molesters? Rockledge Little League runs background checks on all board members, managers and designated coaches before appointing them. Volunteers are required to fill out applications which give Rockledge Little League the information and permission it needs to complete a thorough investigation. If the League receives inappropriate information on a Volunteer, that Volunteer will be immediately removed from his/her position and banned from the facility.

How can I complain about the way my child is being treated by the manager, coach, or umpire? You can directly contact the Rockledge Little League Player Agent for your division or any Rockledge Little League board

member. Their names and telephone numbers are posted in the glass case outside the clubhouse. The complaint will be brought to the Rockledge Little League President's attention immediately and investigated.

Will that helmet on my child's head really protect him while he or she is at bat and running around the bases? The helmets used at Rockledge Little League must meet NOCSAE standards as evidenced by the exterior label. These helmets are certified by Little League Incorporated and are the safest protection for your child. The helmets are checked for cracks at the beginning of each game and replaced if need be.

Is it safe for my child to slide into the bases? Sliding is part of baseball. Managers and coaches teach children to slide safely in the pre-season.

My child has been diagnosed with ADD or ADHD - is it safe for him to play? Rockledge Little League now addresses ADD and ADHD in their Safety Manual. Managers and coaches now have a reference to better understand ADD and ADHD. The knowledge they gain here will help them coach ADD and ADHD children effectively. The primary concern is, of course, safety. Children must be aware of where the ball is at all times. Managers and coaches must work together with parents in order help ADD and ADHD children focus on safety issues.

Why can't I smoke at the field? You can smoke but not within 20 feet of the dugouts, bleachers and concession stands. There are posted signs throughout the park that stipulate this. The Rockledge Little League Board of Directors voted this rule on smoking into effect after the studies on second-hand smoke came out. Please obey the rules as they are there for the safety of our children.

SUBMIT YOUR IDEAS FOR SAFETY

Your safety ideas are welcome at Rockledge Little League. Please submit them in written form and deliver them to the Rockledge Little League Safety Officer. If your safety idea warrants further investigation, you will be contacted. Safety ideas which are implemented at our ball park will appear in next year's Safety.

APPENDIX

Map to Rockledge Little League



Our addresses are:

McLarty Park : 790 Barton Blvd
Rockledge, Fl. 32955

Cross streets: Cedar St / Barton Blvd

McKnight Family : 960 Cogswell St
Sports Complex Rockledge, Fl. 32955

Cross streets: Barton Blvd/ Cogswell St.

Map and Directions to Local Hospitals



Rockledge Regional Medical Center

From: McLarty Park,
790 Barton Blvd. Rockledge, FL

To: Rockledge regional Medical Center—Rockledge
110 Longwood Avenue
Rockledge FL 32955
Main Number: 321-636-2211

Distance: 1.7 miles **Time:** 5 minutes

	Directions	Total Miles
Start	Start out heading South on Cedar St toward Barton blvd @ BARTON BOULEVARD turn left	0.9
1	Go 0.5 miles and then Turn SHARP LEFT onto HIGHWAY US !	1.0

End approx 250 ft turn on to 110 Longwood Ave Emergency Room on Left hand side	1.7
--	-----

Holmes Regional Medical Center



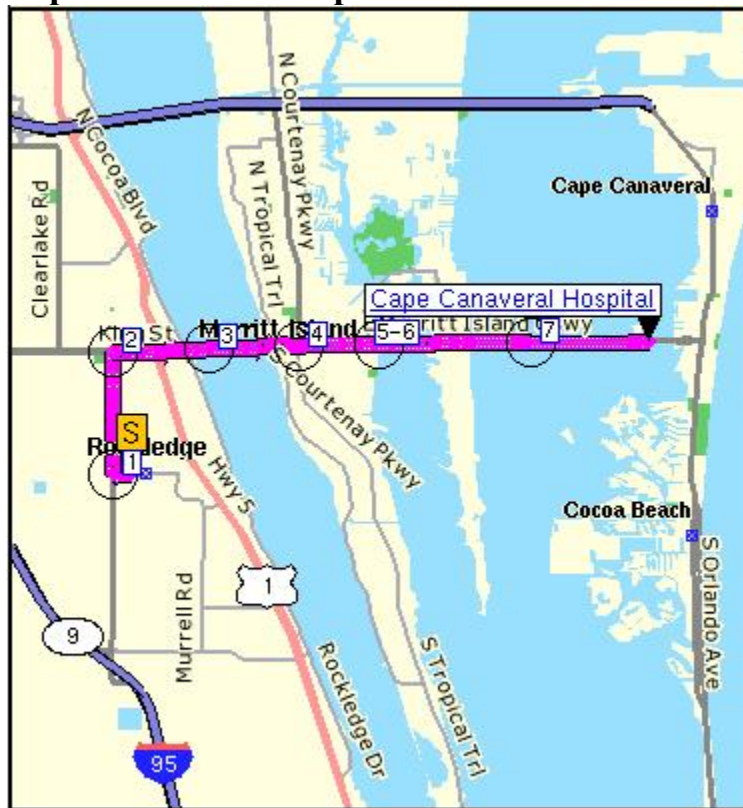
Holmes Regional Medical Center

1350 Hickory St
Melbourne, FL 32901-3276
321-434-7000

	Directions	Total Miles
Start	Start out heading WEST on BARTON BOULEVARD towards FLOYD DRIVE, From Start Point (790 Barton Boulevard, rockledge, FL)	0.0
1	Go 0.3 miles and then Turn LEFT onto FISKE BLVD S	0.3
2	Go 2.9 miles and then Turn LEFT to get on I-95 S	3.1
3	Go 14.8 miles and then Take LEFT EXIT 180 towards US 192 / MELBOURNE	17.9
4	Go 0.3 miles and then Turn LEFT to get on W NEW HAVEN AVE heading EAST	18.2
5	Go 5.2 miles and then Turn LEFT onto S BABCOCK ST	23.4
6	Go 0.5 miles and then Turn RIGHT onto E HIBISCUS BLVD	23.9
7	Go 0.5 miles and then Turn LEFT onto HICKORY STREET	24.4

End	Go 0.2 miles to Holmes Regional Medical Center , 321-434-7000, 1350 Hickory St Lbby, Melbourne, FL 32901-3276	24.5
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Cape Canaveral Hospital



Cape Canaveral Hospital

701 W Cocoa Beach Cswy
Cocoa Beach, FL 32931-3585
321-799-7111

	Directions	Total Miles
Start	Start out heading WEST on BARTON BOULEVARD towards FLOYD DRIVE, From Start Point (790 Barton Boulevard, rockledge, FL)	0.0
1	Go 0.3 miles and then Turn RIGHT onto FISKE BLVD S	0.3
2	Go 1.7 miles and then Turn RIGHT onto KING STREET	2.0
3	Go 1.3 miles and then KING STREET becomes W MERRITT ISLAND CSWY	3.3
4	Go 1.3 miles and then Go STRAIGHT on E MERRITT ISLAND CSWY	4.5
5	Go 1.0 miles and then E MERRITT ISLAND CSWY becomes KIWANIS ISLAND PARK RD	5.6
6	Go less than .1 miles and then KIWANIS ISLAND PARK RD becomes E MERRITT ISLAND CSWY	5.6
7	Go 2.0 miles and then Go STRAIGHT on W COCOA BEACH CSWY	7.6
End	Go 1.6 miles to Cape Canaveral Hospital , 321-799-7111, 701 W Cocoa Beach Cswy, Cocoa Beach, FL 32931-3585	9.2

LITTLE LEAGUE® BASEBALL AND SOFTBALL
ACCIDENT NOTIFICATION FORM
INSTRUCTIONS

CHARTIS

Send Completed Form To:
 Little League International
 539 US Route 15 Hwy, PO Box 3485
 Williamsport PA 17701-0485
Accident Claim Contact Numbers:
 Phone: 570-327-1674 Fax: 570-326-9280

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. **Limited** deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name		League I.D.	
Name of Injured Person/Claimant	SSN	DATE OF BIRTH (MM/DD/YY)	Age Sex
			<input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor	Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)	
Address of Claimant		Address of Parent/Guardian, if different	

The Little League Master Accident Policy provides benefits in excess of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Accident	Time of Accident	Type of Injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

Describe exactly how accident happened, including playing position at the time of accident.

Check all applicable responses in each column:

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CHALLENGER (5-18) | <input type="checkbox"/> PLAYER | <input type="checkbox"/> TRYOUTS | <input type="checkbox"/> SPECIAL EVENT (NOT GAMES) |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> T-BALL (5-8) | <input type="checkbox"/> MANAGER, COACH | <input type="checkbox"/> PRACTICE | <input type="checkbox"/> SPECIAL GAME(S) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (7-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | (Submit a copy of your approval from Little League Incorporated) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12) | <input type="checkbox"/> PLAYER AGENT | <input type="checkbox"/> TRAVEL TO | |
| | <input type="checkbox"/> JUNIOR (13-14) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | |
| | <input type="checkbox"/> SENIOR (14-16) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> BIG LEAGUE (16-18) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe) | |

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)
Date	Claimant/Parent/Guardian Signature

For Residents of California:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of All Other States:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)		
Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()
Were you a witness to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide names and addresses of any known witnesses to the reported accident.		

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN	<input type="checkbox"/> 20 PARAPLEGIC	<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use breakaway bases on: ☐ ALL ☐ SOME ☐ NONE of your fields?

Does your league use batting helmets with attached face guards? ☐ YES ☐ NO

If YES, are they ☐ Mandatory or ☐ Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date	League Official Signature
------	---------------------------

General Liability Claim Form

Send Completed form to:
Little League Baseball and Softball
539 US Route 15 Hwy
P.O. Box 3485
Williamsport, Pennsylvania 17701-0485
(570) 326-1921 Fax (570) 326-2951

Telephone immediate notice to Little League® International

(LEXINGTON USE ONLY)
 CN

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Insured	Name of League		League I.D. Number (Used as location code)		
	Name of League Official (please print)		Position in League		
	Address of League Official (Street, City, State, Zip)		Phone No. (Res.)		
			Phone No. (Bus.)		
Time and Place of Accident	Date of Accident	Hour	<input type="checkbox"/> AM <input type="checkbox"/> PM	Accident occurred at (Street, City, State, Zip)	
	Arising out of Operations conducted at				
	Was Police Report made? If yes, where? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Description of Accident	State cause and describe facts surrounding accident (Use reverse side if needed)				

Who owns Premises		Person in charge of Premises			
Coverage Data	Limits BI/PD:		Elevator:	Products:	Cont:
	Med. Pay: None		Yes	Yes	Yes
	Policy Number		Policy Dates: Begin: End:		
Is there any other insurance applicable to this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Property Damage	Name of Owner		Description of Property		
	Address (Street, City, State, Zip)		Name of Insurance Co.		
			Nature and Extent of Damages and Estimate of Repair		

Insured Person and Injuries	Name		Phone No. (Res.)		
	Address (Street, City, State, Zip)		Occupation	Age	<input type="checkbox"/> Married <input type="checkbox"/> Single
	Employers Name and Address		Phone No. (Bus.)		
	Did you provide or authorize medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attending Doctor's Name and Address		
	Description of Injury				
	Where was the injured taken after accident?		Probable length of Disability		

Witnesses:	Name, Address, Phone Number				
	Name, Address, Phone Number				
	Name, Address, Phone Number				

Date of Report	Signature of League Official:	Position in League
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USE REVERSE SIDE FOR DIAGRAM AND ANY OTHER INFORMATION OF IMPORTANCE IN REPORTING THE ACCIDENT

CHARTIS

FIELD AND GAME SAFETY CHECKLIST

All umpires, managers and coaches are responsible for checking field safety conditions before each game.

Repair needed? Repairs needed?

Field Condition	Yes	No	Catchers Equipment	Yes	No	SAFETY FIRST! BE ALERT! CHECK PLAYING FIELD FOR HAZARDS ENSURE EQUIPMENT IS IN GOOD SHAPE MAINTAIN CONTROL OF THE SITUATION PLAYERS MUST WEAR PROPER EQUIPMENT BE ORGANIZED KNOW PLAYERS' LIMITS AND DON'T EXCEED THEM MAINTAIN DISCIPLINE MAKE IT FUN!
Backstop repair			Shin guard OK			
Home plate repair			Helmets OK			
Bases Secure			Face masks OK			
Bases repair			Throat protector OK			
Pitchers mound			Catchers cup (boys)			
Batters box level			Chest protector			
Batters box marked			Catchers mitt (boys)			
Grass surface (even)						
Gopher holes						
Infield fence repair			Safety Equipment			
Outfield fence repair			First-aid Kit each team			
Foul ball net repair			Medical Release forms			
Foul lines marked			Ice for injuries			
Sprinkler condition			Blanket for shock			
Warning track			Safety Manual			
Coaches boxes level			Injury report forms			
Coaches box marked						
Dirt Needed						
Dugouts	Yes	No	Players	Yes	No	
Fencing needs repair			Batting helmets OK			
Bench needs repair			Jewelry removed			
Roof needs repair			Bats inspected			
Bat racks			Shoes checked			
Helmet racks			Uniforms checked			
Trash cans			Athletic cups (boys)			
Clean up needed			Little League patch			
Spectator Areas	Yes	No				
Bleachers need repair						
Hand rails need repair						
No smoking						
Parking area safe						
Protective screens OK						
Bleachers clean						

Concession Stand Safety Check List

Grill Area

Date: _____

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	1. Propane tanks are properly connected.
<input type="checkbox"/>	<input type="checkbox"/>	2. Fuel lines from the propane tanks to the grill have been inspected for leaks.
<input type="checkbox"/>	<input type="checkbox"/>	3. Propane tank valves are turned off when not in use.

Sanitation

Date: _____

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	4. Proper dishwashing method used
<input type="checkbox"/>	<input type="checkbox"/>	5. Hand sanitizer dispensers are mounted and in use.
<input type="checkbox"/>	<input type="checkbox"/>	6. Personal items stored correctly (medication, drinks, food, clothing, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	7. Floors clean a. floor drains unobstructed; proper drainage flow b. no leaks or openings around pipes/plumbing
<input type="checkbox"/>	<input type="checkbox"/>	8. No sign of pest infestation (insects, rodents, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	9. All trash is emptied from the inside containers.

Other

Date: _____

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	10. Concession stand workers have gone through Rockledge Little League's initiation safety and food preparation training before working in the concession stand.
<input type="checkbox"/>	<input type="checkbox"/>	11. Children under 15 are not allowed in the concession stand or in other areas where food is prepared.
<input type="checkbox"/>	<input type="checkbox"/>	12. A fire extinguisher with a current certification is in plain sight.
<input type="checkbox"/>	<input type="checkbox"/>	13. A fully stocked First-Aid kit is in plain sight.

Corrective Action Report

If any item on this check list is checked “No” then complete the steps below:

Stop the person, food, process, or use of equipment, as appropriate.

Determine if the product(s) or ingredient(s) are not safe to serve (for example, cross contamination has occurred, or ingredient is undercooked). **If not safe, discard the item!**

Identify source of problem.

Take corrective action, as appropriate.

- Troubleshoot equipment problem using the Equipment Management Reference Manual.
- Re-train Concession Stand workers.
- Wash and sanitize hands.
- Wash and sanitize counter/equipment.

Notify the Concession Stand Manager, and/or another Rockledge Little League Board Member if the problem cannot be resolved.

Note corrective action below (include number identification of infraction):



Little League Baseball®

Medical Release



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

Player: _____ Date of Birth: _____

League Name: _____ I.D. Number: _____

Parent or Guardian Authorization:

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

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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

Date of last Tetanus Toxoid Booster: _____

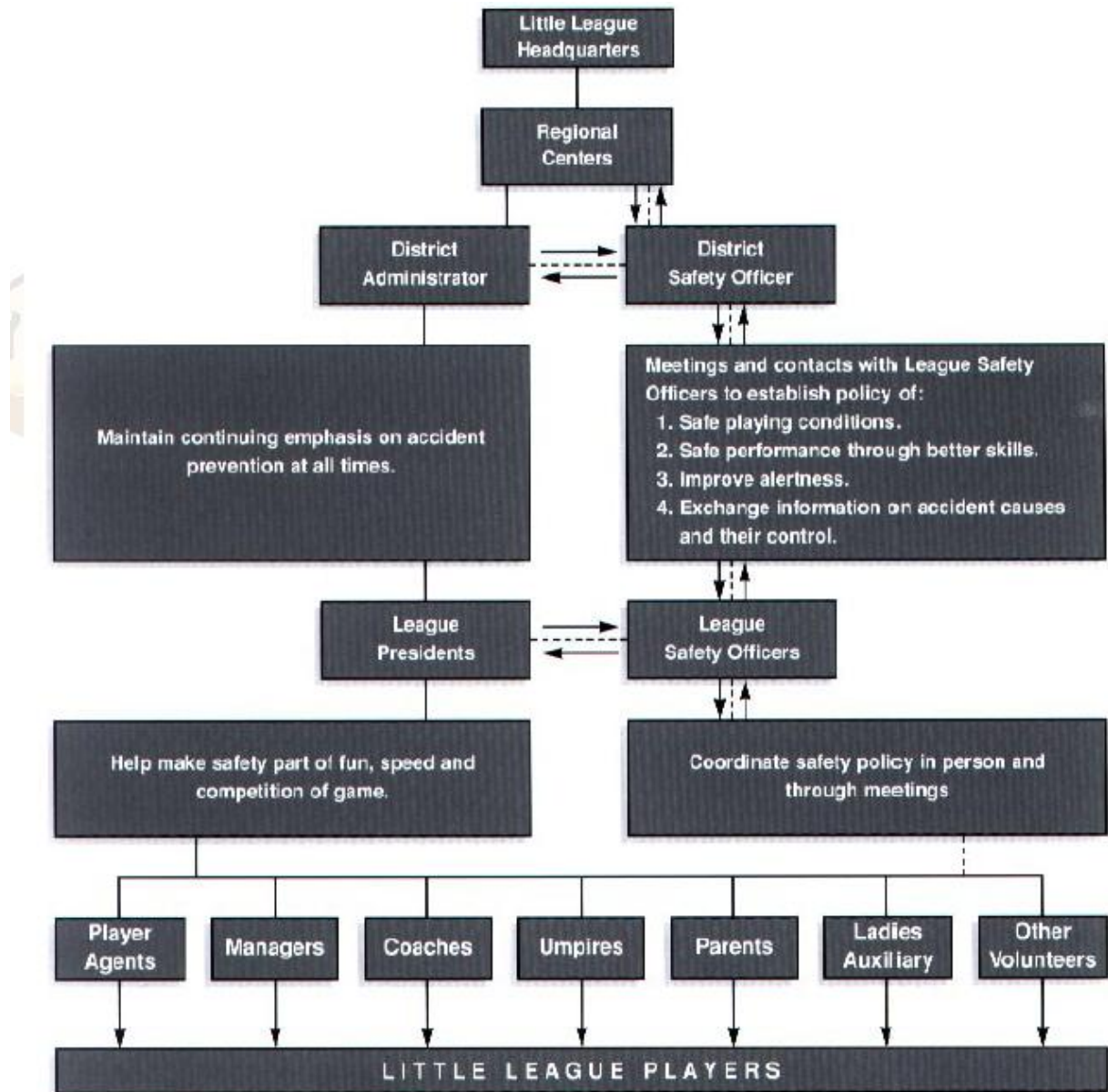
Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.

Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

LITTLE LEAGUE ORGANIZATION



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