

Bolton Little League 2009 Safety Manual

for

**Managers / Coaches
&
Staff Volunteers**

**League ID Number
79054**

Table of Contents

BLL Mission Statement.....	page	1
BLL League Code of Conduct.....	pages	1-2
Important Phone Numbers.....	page	2
BLL Board Officers.....	page	2
BYB Memorial Field Facility	page	3
Safety Code (Mgr/Coach Signature Required)	pages	4-7
Volunteer Screening.....	page	8
BYB Cori Policy on Volunteers	(insert)	
First Aid.....	pages	<u>9-21</u>
Emergency response	page	9-10
Body substance isolation	page	11
Bleeding emergencies	pages	11-12
Shock	page	12
Strains and Sprains	page	13
Dislocations and Fractures	page	13-14
Head, neck, spinal injuries	page	14
Heat related emergencies	page	14-15
Asthma	page	15
Allergic Reactions	page	16
First aid for Insect/snake bites	pages	16-17
Dog control and bites	page	18
Dental Injuries	page	19
Lightning Facts and Safety	page	20
Eye injuries	page	20
Nose bleed	page	20
Sternal Contusions	page	21
Fundamentals Training.....	pages	<u>22-24</u>
Training requirements	page	22
Pitch Count / Pitcher Training	page	22
Hitting / Sliding / Fielding	page	23
Warm Up / Preparing the Athlete	page	23
Accident Reporting Procedure.....	page	24
Accident Report Form	(insert)	
Concession Stand Safety Procedures.....	page	25
Directions to Hospital	page	26
Volunteer Application Form	(Insert)	

Welcome to Bolton Little League

Goals of the League

- 1) To provide an opportunity for the children of Bolton to learn to love the game of baseball and softball.**
- 2) To provide a safe, supportive environment for our children to learn the skills needed to play baseball and softball.**
- 3) To recognize that they were not born with these skills and will make many mistakes in the process.**
- 4) To recognize this is Little League and not Professional Baseball.**

Bolton Little League Code of Conduct

Players are expected

- 1) To be on time for all practices and games.**
- 2) To always do their best whether in the field or on the bench.**
- 3) To be cooperative at all times and share team duties**
- 4) To respect not only others, but themselves as well.**
- 5) To be supportive of other teammates at all times.**
- 6) To not become upset by their own mistakes or those of others**
- 7) To understand that it is important to accept losing and to be a gracious winner. Both are important parts of any sport.**
- 8) To help clean up trash in the dugout and around the stands after each game or practice.**

Coaches are expected

- 1) To be on time for all practices and games.**
- 2) To be as fair as possible in giving playing time to all players.**
- 3) To do their best to teach the fundamentals of the game.**
- 4) To be positive and respect each child as an individual.**
- 5) To set reasonable expectations for each child and for the season.**
- 6) To teach the players the value of winning and losing.**
- 7) To be open to ideas, suggestions, or help.**
- 8) To never holler at any member of team, opposing team or umpires.**
- 9) To handle any confrontation in a respectful, quiet, and individual manner.**

Parents, family, and friends are expected

- 1) To come out and enjoy the game.
- 2) To cheer and be supportive of all players.
- 3) To refrain from the use of profanity.
- 4) To allow the coach to run the team.
- 5) To try not to question the coach's leadership.
- 6) To refrain from hollering at the coaches, players, or umpires.
- 7) To set an example of good sportsmanship for our children.
- 8) To dispose of trash properly.
- 9) To support the league by helping when able.
- 10) To make complaints or suggestions using proper channels.
Do not confront coach in public. Call or email to discuss privately.

Emergency Phone Numbers

Bolton Police	Emergency	911	Non Emergency	978-779-2276
Ambulance	Emergency	911	Non Emergency	978-779-2251

Bolton Little League Officers

President

Herb Cabral 978-779-6573 (H)
978-333-2793 (C)

Vice President

Chris Parker 978-643-1691 (H)
508-769-9851 (C)

VP – Softball

Joyce Sidopoulos 978-779-0193

VP – Sr League

Scott Moran 978-770-6847 (H)
978-771-9338 (C)

Treasurer

Maureen Hayes 978-779-0412

Secretary

Ann Marie Hershberger
978-634-1109(H) 781-883-3459(C)

Player Agent – Majors/Minors

Todd Jackson 978-503-2360 (C)

Player Agent – T-Ball & IL

Jay McNamara 978-779-0016 (H)
781-635-7335 (C)

Information Officer

Karl Vinacco 978-634-1112 (H)
978-618-6171 (C)

Safety Officer

John McCaffrey 978-779-0045 (H)
978-875-1945 (C)

Umpire Chief

Ken Macko 978-779-6504 (H)
978-660-6034 (C)

Bolton Youth Baseball Facilities

**Bolton Memorial Field
20 Wattaquaddock Hill Road
Bolton, Massachusetts**

- **Majors** High Back Stop Fence
Player Section Protected
Outfield (Temporary) Fence in Season
Seating Available for Attendees
Enclosed Equipment Storage Area
- **Minors** High Back Stop Fence
Player Section Protected
Permanent Outfield Fence
Protected Pitching/Hitting Practice Area
Seating Available for Attendees
Scoreboard
Enclosed Equipment Storage Area
- **Softball** High Back Stop Fence with
Back Stop has Tarp Hiding Sun Glare
Player Section Protected
Enclosed Dugout for Players
Seating Available for Attendees
Enclosed Equipment Storage Area
- **IL / T Ball** High Back Stop Fence
Player Section Protected
Seating Available for Attendees
Enclosed Equipment Storage Area

Concession Stand

- Located adjacent to Minors Baseball Field

Parking

- Parking Lot off Wattaquaddock Hill Road & Sawyer School
- Parking Available at Trinity Church (next to fields)

Emergency Services

- Fire & EMT Services located nearby on Wattaquaddock Hill Road 3.

Introduction

ASAP (A Safety Awareness Program) was introduced with the goal of creating safety awareness through education for all participants in LL Baseball. This manual is offered as a tool to place some important information for Managers, Coaches and other LL Baseball Volunteers.

Safety Code: Dedicated to Injury Prevention

The Bolton Little League shall have an active Safety Officer on file with Little League Baseball\Softball. Headquarters shall be notified of the Safety Officer with the submission of this ASAP Safety Plan.

Aside from his\her duties of formulating this Safety Plan, the League Safety Officer shall also prepare, fill out and submit the National Facility Survey. This Facility Survey shall be an annual addition to this plan.

The Safety Officer and League President shall publish and distribute Safety Plan, on a yearly basis, to all League Managers\Coaches, Directors and league volunteers. A copy of this Bolton Little League Safety Plan shall be posted at the league concession stand for parental view. Copies must be made available to any parents who request it.

The Bolton Little League shall distribute to all Managers\Coaches and league volunteers a list of emergency phone numbers along with numbers of key league personnel. This phone posting shall be also posted at the League concession stand in a visible area.

The Safety Officer shall assist the Bolton LL Board of Directors in formulating a Concession Stand Safety Policy (page)

All Managers\Coaches, Directors and any volunteers or hired help that have repetitive access to the players or teams of the Bolton LL will fill out and submit a 2009 LL Volunteer Application along with providing a copy of a government issue photo ID verifying identification. All above members of the Bolton LL will have a criminal history background check done on them by the league through the Massachusetts Criminal History Systems Board and/or Rapsheets.com.

Managers, Coaches, and Umpires are required to attend a regular First Aid Training Clinic. At least one coach must attend from each team each year and every coach must attend at least once every three years. All are encouraged to attend the District Safety Meeting scheduled (see next page for meeting information). An alternative meeting date will be set up for those unable to attend this important Safety meeting.

2009 District Safety Meeting

**Saturday April 4, 2009
Sawyer School**

**General Coaches Meeting
Bolton, MA**

(Conducted by Bolton EMT)

Coaches will carry a First Aid Kit to all games and practices. Additional First Aid Supplies are provided at the Snack Shack.

The Bolton Little League will enforce all Rules and Regulations of Little League Baseball including safety related rules such as the use of proper equipment worn by catcher's during pitcher warm-ups and practice or pre-game infield drills. We shall also enforce the often ignored rule of adults not being allowed to warm up player pitchers.

All injuries, accidents and near misses must be reported to the Safety Officer and/or League President within 24-48hrs. The Safety Officer and League President will fill out all accident reports and insurance paperwork while the accident is still fresh in everyone's mind. These reports shall be shared with the District Safety Officer at year end.

Managers\Coaches (games and practices) and umpires (games) shall walk the fields to identify any safety hazards such as holes, broken glass, rocks, damaged fencing before any play takes place on fields. All hazards MUST be corrected before field may be used.

A list of Emergency Phone numbers along with the phone numbers of key league personnel shall be part of this safety manual and will be posted at all league buildings.

Bolton Little League Safety Code

The Board of Directors of Bolton Youth Baseball has mandated the following Safety Code. All Managers and Coaches will read this safety code and review it with their team. Signatures are required in spaces provided acknowledging that the Manager, Coach, and Players understand and agree to comply with the Safety Code.

Failure to enforce these provisions can lead to the dismissal of Coach or Manager. Repeated infractions by a player can lead to his/her suspension from participation in BLL. Responsibility for safety procedures belong to everyone involved in LLB - Managers, Coaches, Players, Umpires, Parents and Spectators.

Each Manager, Coach, Player, Umpire, and involved adult will use good judgment to prevent injury to themselves and others.

Only league-approved Managers and/or Coaches who have had background checks done are allowed to practice a team.

Only league-approved Managers/ Coaches will supervise batting cages.

The Manager and/or Coach in charge of practice/game/event will have the First Aid Kit, Safety Manual, and Cell Phone with them.

Managers, coaches, and umpires will have mandatory First Aid Training.

No games or practices will be held when weather or field conditions are poor. (inadequate light or hazardous weather)

Play area will be walked by the Coaches, Managers and Umpires before each game or practice. Look for unsafe hazards such as holes, fence damage, stones, glass, and other objects. All safety hazards found must be corrected before play begins.

All equipment to be stored within dugout or behind screens during play/practice.

Only Players, Managers, Coaches, and Umpires are permitted on playing field or in dugout during games/practices. All bats not in use stored on a rack in the dugout.

On-deck batters are not permitted. Bats are handled only when at bat. The Manager or Coach is responsible for keeping bats and loose equipment off the field.

Everyone present at a game or practice should be alert and watch the batter on each pitch. Players should be spaced during warm-up drills to prevent endangering others by missed throws and catches. All pre-game warm-ups should be performed within the confines of the playing field.

Team equipment will be checked before each game and/or practice by the team staff. All equipment found to be unsafe shall be repaired or destroyed before Players can put it back in play. Equipment manager shall be informed of any unsafe equipment. Coaches must remember that this check must be done whether league equipment or equipment brought to the field by the player.

Batters must wear Little League approved protective helmets with face shields. Except when returning to a base, head first slides are not permitted. During sliding practice, bases should not be anchored.

Parents of Players wearing glasses should be encouraged to provide 'safety glasses' for their children. Use of mouth guards during play will be encouraged. All male Players and Managers/Coaches will be encouraged to wear athletic supporters or cups during games.

Male catchers must wear a cup and long model chest protector. Female catchers must wear long or short model chest protector. All catchers must wear chest protectors with neck collar, throat guard, shin guards, catcher's glove, and catcher's helmet. All equipment must meet Little League specifications and standards.

Catchers cannot warm-up pitchers without an approved catchers helmet, mask and dangling throat guard. Only players can warm up catchers and pitchers.

Shoes with metal spikes or cleats are not permitted. Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games.

Managers/Coaches will never leave a child unattended at a practice or game. No alcohol or drugs allowed on the premises at any time. No smoking within 20 feet of the dugouts, concession stands, and bleachers. No climbing fences. No throwing rocks. No roughhousing.

I have read the safety code and will follow the guidelines listed above.

Print name

Team name/division

Signature

Date

Volunteer Screening

Managers/Coaches, Board Members and any others volunteers or hired workers who provide regular services to the league and/or have repetitive access to or contact with players or teams must fill out application form as well as provide a government issued photo identification card for ID verification. Check name spellings and numbers for accuracy.

Little League must conduct a search of the Department of Justice's *nationwide* sex offender registry, using 2009 Volunteer Application Forms, on all applicable volunteers.

Information on running background checks that contain not only those on a sex offender registry, but other crimes of a sexual and nonsexual nature, can be found on the Little League website (www.littleleague.org.)

May conduct nationwide criminal background check using resources such as *Choice Point* or *CORI*.

Anyone refusing to fill out Volunteer Application is ineligible to be even league member.

League president must retain these confidential forms for the year of service.

Bolton Youth Baseball CORI Policy on this topic outlined on web site.

First Aid

First aid is the immediate care given to an injured or suddenly ill person. It is the temporary assistance that is rendered until competent medical care, if required, arrives and takes over.

Good Samaritan Law

The Good Samaritan laws will generally protect you from liability as long as you: act in good faith, are neither reckless or negligent, act as a prudent person would only, provide care that is within the scope of your training

Emergency Response: AAA

Assess: Assess the emergency scene. Is it safe to approach the victim
Assess victim for breathing, circulation, bleeding.

Alert: Call 911 for medical assistance if necessary.

Attend: Complete thorough exam and provide necessary care until advanced medical help arrives and takes over.

Victim Assessment: Check for Responsiveness

No Response: Call 911
Check Airway
Check for breathing and circulation
Provide CPR or rescue breathing if necessary
Control bleeding if necessary
Care for shock

Responsive: Request consent to help
Control bleeding if necessary
Complete examination of victim
Provide first aid if appropriate
Care for shock
Call 911 if necessary

When to Alert Emergency Medical System

Call 911 immediately if victim

- is or becomes unconscious
- has chest pain or pressure
- has severe bleeding
- has slurred speech, severe headache, or seizure
- has a head, neck, or back injury
- has possible broken bones
- has been poisoned
- has difficulty breathing
- irregular breathing
- wheezing, gurgling, high pitched noises
- short of breath or dizzy
- tingling sensation in extremities
- flushed, bluish, or pale

Attending the Victim

Never move a victim from the emergency scene unless remaining at that location is life-threatening.

If you must position a victim face-up, you should protect the head and neck from twisting and roll the victim as a single unit.

Complete exam

Check level of consciousness: Alert, Unresponsive, Confused

What is the chief complaint ?

Check vital signs: Breathing / Pulse

Skin condition: Moist, Clammy, Hot, Cool, Discolored

Eyes: Pupils dilated, Constricted, Different Sizes

Obvious Injuries: Head, Neck, Chest, Abdomen, Extremities

Standard Precautions and BSI **(Body Substance Isolation)**

Standard precautions means that all blood and certain body fluids that may contain blood should be considered potentially infectious and precautions should be taken to protect yourself against them.

Routinely wear the gloves provided in the first aid kit.

Bleeding must be stopped, any open wound covered, and the uniform changed (if there is blood on it) before the athlete may return to the game/practice.

Immediately wash hands and other skin surfaces if contaminated with blood.

Clean all blood contaminated surfaces and equipment and properly dispose of all contaminated materials.

Managers, Coaches, and Volunteers with open wounds should refrain for all direct contact with athletes until the wounds are healed.

Bleeding Emergencies

First aid for minor wound with minimal bleeding

**Put on gloves found in first aid kit
Clean wound with water and antibacterial cleanser
Apply band aid/bandage**

Venous bleeding

**deep cuts/dark red blood/continuous flow
follow steps in bleeding control chart
If bleeding persists--transport to medical center**

Arterial bleeding

**deep cuts/bright red blood/spurts rhythmically
follow steps in bleeding control chart
Call 911**

Internal bleeding

may not see any bleeding
bruise/contusions
rapid pulse rate
cool/moist skin
nausea and vomiting
painful, tender or hard spot on abdomen or chest
Treat for shock
Call 911

Shock

Shock is a condition in which the body's circulatory system fails to deliver an adequate supply of blood to all parts of the body.

Signs of Shock

Anxiety
Altered Consciousness
Rapid pulse rate
Rapid breathing
Pale, cool, moist skin
Lackluster eyes, dazed look
Weak, helpless feeling
Thirst / Nausea

Care For Shock

Keep victim lying down, if possible.
Try to make victim comfortable.
Control any external bleeding (if necessary).
Elevate legs 10-12 inches, unless spinal or leg injuries.
Maintain body temperature. Cover victim.
Do not give victim anything to eat or drink.
Provide victim plenty of fresh air.
If victim is nauseous or begins to vomit, place victim on side

Call 911

Strains and Sprains

Injury to musculoskeletal system requires immediate care. Avoid unnecessary movement.

Types of Muscle Injuries

<u>Muscle Strain:</u>	occurs when the muscle is stretched beyond its normal range of motion resulting in a muscle fiber tear.
<u>Muscle Contusion:</u>	results from a blow to a muscle. This injury also known as a bruise.
<u>Sprain:</u>	Occurs when a joint is twisted beyond its normal range. A severe sprain requires advanced medical attention.

General first aid for strains, contusions, and sprains

Rest	Discontinue activity
Ice	Apply a cold pack (NOT directly to skin)
Compress	Use wrap to hold ice in place on the injury
Elevate	elevate injured area above heart level to limit internal bleeding.

Dislocations and Fractures

Signs and Symptoms

Deformity
Swelling and discoloration
Grating sound
Pain
Inability to move injured area
Exposed bone

First Aid for dislocations or fractures

Immobilize area

Use pillows, jackets, blankets etc.

Stop movement of area.

Utilize splinting techniques on following page

Call 911 or transport victim to a medical center

Care for shock

Treat any additional injuries.

Head, Neck, or Spinal Injury

Signs and symptoms

A change in consciousness

Difficulty breathing

Impaired vision

Inability to move a body part

Headache

Vomiting

Loss of balance

Tingling or numbness in hands, fingers, feet, or toes

First Aid for head, neck or spinal injuries

Stabilize the head and neck--stop movement

Maintain an open airway

Call 911

Care For shock

Heat Related Emergencies

Heat illness follows a continuum. After the onset of minor heat illness, major heat illness will occur if it is left uncared for.

Symptoms of Heat Cramps

Painful muscle cramps

Moist, cool skin

Heavy sweating

Treatment of Heat Cramps

Move to a cool place

Give water

Massage muscle

<u>Signs of Heat Exhaustion</u>	<u>Treatment for Heat Exhaust</u>
Cold and clammy	Move to a cool place
Heavy sweating	Elevate legs
Weak pulse	Remove sweat-soaked clothing
Shallow breathing	Apply cool packs
Nausea	Give water
Stomach cramps	Monitor
Weakness, fatigue	
Headache	

<u>Symptoms of Heat Stroke</u>	<u>Treatment for Heat Stroke</u>
Hot, dry, red skin	Move to a cool place
Confusion	Cool immediately
Unconsciousness	Fanning
Little or no sweat	Apply cool water
Full, rapid pulse	Remove excess clothes

Call 911-Life Threatening

Asthma

An episodic condition that narrows airway passages - makes breathing difficult.

Signs and symptoms of asthma

Wheezing/difficulty exhaling
 Increased pulse rate
 Anxiety
 Distended, bulging neck veins
 Coughing
 Shoulders and chest pulled up by breathing effort

First Aid for Asthma

Calm victim, give reassurance
 Assist victim with any prescribed medication
 Use Nebulizer if provided by parent
 Make victim comfortable
 Contact 911 if symptoms get worse
Parents should alert a coach and manager if their child has a serious asthma condition.

Severe Allergic Reaction

A severe allergic reaction, also known as anaphylactic shock, is a life threatening reaction of the body to a substance to which the victim is extremely allergic.

Causes of an allergic reaction

- An insect bite or sting
- An ingested substance (food or medication)
- An inhaled substance (dust, pollen, chemicals)
- An absorbed substance (bug spray, sun screen)

Signs and Symptoms

- A rash, skin inflammation, itching, hives
- A feeling of tightness in the chest and throat
- Noisy or difficult breathing
- Nausea
- Swelling of the face, neck, lips, an or tongue
- Fainting, coma
- Confusion
- Dizziness

First Aid for an allergic reaction

- Call 911--this is a life-threatening emergency
- Administer prescribed medication if available (nebulizers, epinephrine auto injector)
- Monitor breathing and circulation
- Provide life support until EMS arrives (if necessary)

First Aid for Insect, arachnid, snake bites

Bees, wasps, hornets: These insects are only ones to leave behind a stinger.

First aid for Bees, wasps and hornets

- Use a credit card to scrape the stinger out.
- Tweezers and fingers will rupture the venom sack
- Wash site thoroughly / Apply an ice pack
- Monitor for allergic reaction

Spider bites

In this area the only venomous spiders are the Black Widow and the Brown Recluse.
Both inhabit dark, undisturbed areas
Symptoms may take 36 hours to develop

Symptoms include: abdominal pain, dizziness, headache, sweating, severe cramps, weakness, difficulty breathing if exposure to one of these spiders is suspected - seek medical attention

Tick Bites:

Ixodes, Dermacentor, and Rhipicephalus all live here

Ixodes Deer tick: Can transmit Lyme Disease & Ehrlichia

Dermacentor Can transmit Rocky Mountain Spotted Fever

Rhipicephalus Brown Dog tick Can transmit Ehrlichia

First Aid for tick bites

Ticks must be removed with tweezers (found in the first aid kit)

The tick should be secured by tape or a container

Identification and possible testing of tick for infectious agents may be desired

Wash the affected area / Apply Antiseptic ointment

Seek medical attention if fever, malaise, rash develop

Snake Bites

Copperheads, Timber Rattlesnakes, and Water Snakes found in this area

First Aid for snake bites

**Call the Poison Control Center or 911
Do not attempt to suck poison out of victim
Keep affected limb below heart level
Calm and reassure the victim**

Dog Control and Dog Bites

**Dogs on leashes and under direct control of the owner at all times.
Dogs not well socialized should not be brought to ball fields.
Owners should prevent dogs from defecating and urinating fields.
In the event they defecate, clean up and disposed of properly.**

First Aid for Dog Bites

**Control Bleeding
Clean area and soak in water and antibacterial for at least 5
minutes
Cover the wound with a sterile dressing
Seek medical attention for any wound breaking the skin
Tetanus vaccination
Rabies vaccination status of the dog**

First Aid for Wild Animal Bites

**Same as for dog bites except Rabies status is unknown
Secure the offending animal if possible
Seek medical attention
Rabies prophylactics may be necessary**

Emergency Treatment of Dental Injuries

LL Baseball recommends the use of mouth guards while on the field

Avulsion; (Entire Tooth Knocked Out)

Avoid additional trauma to the tooth
Do not scrub / Do not handle root / Do not sterilize
Gently rinse with water if covered with debris

If possible, re-implant into socket and have athlete bite down on towel/gauze to put pressure on it and hold in place.

In unable to re-implant put tooth in transport solution
(listed in order of preference)

Balanced Saline (in first aid kit in snack shack)
Cold whole milk or Cold skim milk
Wrap in saline soaked gauze
Place under athletes tongue
Place in cup of water

Time very important: re-implantation should be done within 30 minutes.

Luxation: Tooth in socket-wrong position - 3 positions

Extruded Tooth: Tooth is loose in socket reposition in socket using firm finger pressure stabilize tooth by gently biting on gauze/towel

Lateral Displacement : Tooth pushed back or forward reposition in socket using firm finger pressure stabilized tooth by gently biting on gauze/towel

Intruded Tooth: Tooth pushed into gum line-short
Do nothing / Transport immediately to a Dentist.

Fracture:
(broken tooth) May be extremely painful if pulp exposed
Place all broken pieces in transport solution
Stabilize portion of tooth remaining in mouth
gently biting on a gauze/towel
Transport immediately to a Dentist

Lightning Facts and Safety Procedures

The average lightening stroke is 6-8 miles long
The average thunderstorm is 6-10 miles wide and travels 25 mph.
Thunder can be heard only over a distance of 3-4 miles

By the time you hear thunder you are already at risk

If you Hear it - Clear it / If you See it - Flee it

Where to go?

The best place to send your players is to their fully enclosed vehicles.
Permanent structures--Houses, schools are also relatively safe.

Where not to go!!

Avoid high places, open fields, isolated trees, gazebos, pavilions,
dugouts, flagpoles, light poles, bleachers, fences, and water.

Miscellaneous First Aid Procedures

Eye Injuries

Cuts or blows to the eye

Patch both eyes

Seek medical attention

Loose object in eye

Flush object out with sterile saline (in First Aid Kit)

Patch and seek medical attention if unsuccessful

Chemical in eye

Flush eye with water or sterile saline immediately.

Seek medical attention if necessary

Penetrating Object in eye

Protect eye with padding around object

Place a paper cup or cone over eye and tape in place

Patch other eye to minimize movement

Seek medical attention immediately

Nose Bleed Care

**Position victim in a sitting position
Keep head tilted slightly forward
Pinch both nostrils for approximately 5 minutes
In bleeding does not stop--seek medical attention**

Contusion to the Sternum

Contusions to the sternum usually result from a line drive striking a player in the chest.

First Aid for sternal contusions

If player appears to be all right--urge parents to take the child to the hospital for further evaluation.

If a player complains of pain in chest or difficulty breathing – call 911 immediately.

This can be a serious life-threatening emergency.

Safety / First Aid: Fundamentals Training

At least one Coach or Manager from each team is required to attend a fundamentals training session at least once every three years.

Coaches and Managers will learn appropriate techniques to keep athletes safe while hitting, sliding, fielding, and pitching.

Pitching Pitch count: Pitch count does matter !

**8-12 year olds should not exceed 50-60 pitches per outing
13-14 year olds should not exceed 50-75 pitches per outing**

Once pitch count is reached, we recommend replacing pitcher. If player stays in game, should not be catcher, number of throw mirrors a pitcher.

Types of pitches

Little league advises against the teaching or throwing curve balls under the age of 13. If a curve ball is taught, the child should be instructed to throw the curve ball like a football without snapping the arm or the wrist.

Techniques used to get movement on the ball (snapping of the arm) are not appropriate for children under 13 years of age.

Chest Protectors

While not required, Coaches should encourage use for pitchers.

First Aid for pitchers

Athletes should not be encouraged to play through pain. Pain is a warning sign of injury. Ignoring it can lead to greater injury. Pitchers should be taught how to ice their arms at the end of a game. Ice controls pain and swelling.

Consequences of ignoring these guidelines

Arm stress during the acceleration phase of throwing affects both the inside and the outside of the growing elbow. Forces generated during throwing can cause a separation of the growth plate on the inside of the elbow (medial epicondyle). If damage too extensive, surgery is the only option. This growth plate does not close until the age of 15.

Compressive forces on the outside of the elbow during throwing can lead to Avascular Necrosis (bone cell death) due to loss of blood flow to the area. The dead regions of bone break off and then float in the joint causing pain and arthritis. The only treatment is surgical removal of the fragments. Loss of elbow function can follow with loss of ability to play baseball entirely.

Hitting

In T-ball and Instructional League reduced impact balls are required. A batting helmet must be worn while hitting as well as running the base paths. Coaches must use helmets with protective face guards. Mouth guard use while batting should be encouraged.

Sliding

We use breakaway bases to reduce the potential for sliding injuries. Coaches should teach appropriate sliding techniques to their players. Head first sliding is prohibited, except when returning to a base.

Fielding

Coaches should encourage the use of protective cups for players, especially infielders. Coaches should encourage wearing mouth guards. Our fences tops are covered to protect the players from injury while fielding.

Preparing the Athlete -- Preventing Injury

Coaches need to provide adequate time for warm-up. Muscles need to be stretched and loosened prior to vigorous activity.

Keep the athletes well-hydrated. Allow adequate (every 15 minutes) opportunity for water breaks. Discourage drinking sodas and caffeinated drinks. Watch for signs of heat stress (pg.13-14). Children get hotter than adults during physical activity and their cooling mechanisms are less efficient.

Accident Reporting Procedures

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 Safety Officer.

This includes passive treatments such as evaluation and diagnosis of injury or periods of rest.

When to report: All incidents must be reported to the Safety Officer or League President within 48 hours. Numbers are in front of this manual and the Bolton LL web site (boltonlittleleague.org then contacts)

How to Report: Telephone conversation / Email
Completion of injury report (see report following pages)

Please include: Name of injured & contact information
Date/time/and location of incident
Description of incident / Estimate extent of injury
The name/number of individual reporting

Safety Officer's Responsibilities

Within 48 hours of receiving the incident report the Safety Officer will contact the injured party or the injured party's parents and verify the status of injured party

Obtain any additional pertinent information

Discuss with the parents BLL insurance coverage

Inquire if additional medical care was required.

Help with the submission of claims if necessary.

Monitor recovery or additional care required with more serious injury.

Injury Tracking Forms are included in the back of the Safety Manual.

Responsibility for reporting injuries ultimately lies with the parents of the injured child. It is recommended the coach/manager or adult administering first aid bring the situation to the attention of the Safety Officer.

However, the parents should complete the injury form and update the Safety Officer as to any additional treatment required.

Safety Procedures for Concession Stand

'Snack Shack' at Memorial Field

1) Menu:

'Snack Shack' Food & Beverage Menu will be limited so as to avoid any perishable foods. Food & Beverages sourced from reliable suppliers and kept refrigerated or frozen if required prior to serving.

2) Cooking:

'Snack Shack serves a few items requiring heating. These foods are kept in frozen and heated up per instructions by a micro-wave oven.

3) Food & Beverage Handling:

All food & beverages served are packaged and not handled by volunteers. Paper plates and napkins are provided. No utensils, glasses or cups are available.

4) Health & Hygiene:

Volunteers are adults. No children under 18 assist at the 'Snack Shack'. If volunteers are sick they are advised not to assist during any illness.

5) Insect Control & Waste:

All trash is disposed of in a secured waste barrel with top. These waste barrels are positioned in the 'Snack Shack' and throughout the facility. All trash is discarded regularly.

6) Food Storage & Cleanliness

All food & beverages are stored in either refrigerator, freezer or a secured storage area. 'Snack Shack' is regularly cleaned after each use by Volunteers.

