

# **Solana Beach Little League**

## **2015 Safety Manual**



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[www.solanabeachlittleleague.com](http://www.solanabeachlittleleague.com)

# Solana Beach Little League

## 2015 Safety Manual

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# Solana Beach Little League

## 2015 Safety Manual



### Mission Statement

To make Solana Beach Little League a safe, educational, and rewarding experience that will be remembered for a lifetime.

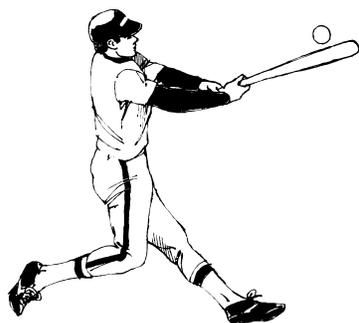


## ***INTRODUCTION***

Little League provides an unparalleled opportunity for physical, emotional, and social development of youngsters within the framework of the game of baseball. As part of this experience, it is the responsibility of Managers, coaches, volunteers, and parents to foster an environment in which the **safe** participation of all players is a priority, and is actively promoted. The purpose of this Manual is to outline a safety program with the following objectives:

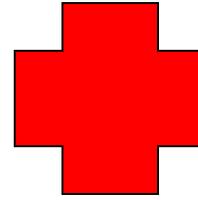
- (1) accident prevention;
- (2) rapid and appropriate response in the event injuries occur; and
- (3) facilitation of reporting, and investigation of significant accidents, in order to reduce or eliminate the potential for recurrence in the future.

**REMEMBER: PREVENTION OF ACCIDENTS IS THE BEST FIRST AID**



## ***THE SAFETY PROGRAM***

The Solana Beach Little League (SBLL) Safety Program is an integrated approach focusing on *proactive* prevention of unsafe practices and conditions, and rapid and effective *response* to accidents, or conditions or practices that may be responsible for same. Key elements of this program include:



- Mandatory background checks of all Managers, Coaches, League Officials, and other volunteers;
- Education of Managers, Coaches, players, volunteers, and other participants in appropriate safety practices, including first aid, food handling, and fundamental baseball skills;
- Provision of adequate equipment, fields, food preparation and handling facilities, spectator areas, and related facilities in safe and well-maintained condition;
- Promulgation of appropriate codes of behavior conducive to safe and respectful behavior on, and off, the playing field; and
- Publication and dissemination of this Safety Manual in paper version and on the SBLL website.

SBLL issues each Manager a Safety Manual and a First Aid Kit at the start of the season. The First Aid Kit contains basic items necessary to treat an injured participant until such time as professional medical help arrives. All Managers, and any interested Coaches, or Team Representatives, will be offered training in safety practices and basic First Aid at the start of the season.

**The Manager, Coach, or designated Team Representative from every team MUST attend and complete First Aid and safety training before conducting any team practice, or permitting their team to play a game.**

**A Manager, Coach, or designated Team Representative who has completed first aid and safety training MUST be present at all scheduled games or practices.**

**It is the responsibility of the Managers to assure that the Safety Manual and First Aid Kit, and an individual (Manager, Coach or Team Representative) who completed first aid and safety training, are present at all practices and games.**

The Safety Manual and additional First Aid supplies will also be available at the Solana Vista Snack Bar, and in the Skyline Elementary and CDC field storage lockers. The Safety Manual is also available for review by *any* person through the SBLL website ([www.solanabeachlittleleague.com](http://www.solanabeachlittleleague.com)).

Any First Aid supplies consumed in the treatment of a participant will be replenished at the earliest opportunity, but in any event, before the next practice or game.

The Safety Manual contains basic safety information, including the SBLL safety code, emergency procedures, emergency telephone numbers, maps to local hospitals, field and equipment safety check lists, safety reporting procedures, inclement weather procedures, a directory of key SBLL volunteers and their telephone numbers, and a description of fundamental first aid practices.

## ***ORGANIZATION***

A **Safety Officer** will be elected each year, and will be a voting member of the SBLI Board of Directors.

### **Responsibilities of Safety Officer:**

- Update Safety Manual on an annual basis. After approval by the Board of Directors, distribute Safety Manual to, and review Safety Program with, all Managers and Coaches.
- Organize the annual First Aid training program for Managers and Coaches.
- Collect safety improvement ideas, present them to the Board of Directors, and where appropriate, update the Safety Manual accordingly.
- Where potential safety problems are identified, institute follow-up to assure correction and/or control of identified unsafe conditions.
- Review accident reports for opportunities to improve safety and implement corrective measures, where appropriate, to reduce or eliminate the potential for recurrence in the future

**2015 SBLI Safety Officer: Bret Burnett**

Cell: (619) 884-6404

[bretjburnett@gmail.com](mailto:bretjburnett@gmail.com)

## ***SBLI TELEPHONE NUMBERS***



A **Board Directory (Attachment I)** containing the telephone numbers of SBLI Board of Directors will be distributed to each team Manager as part of the Safety Manual. Upon request, the Manager will make the Safety Manual and/or the Directory of SBLI Board Members, available to any parent. The Board Directory is also available on the SBLI website ( [www.solanabeachlitleague.com](http://www.solanabeachlitleague.com) ), and shall be updated at the beginning of each season.

A copy of the Safety Manual and Directory will also be maintained at the Solana Vista Snack Bar, and in the Skyline Elementary and CDC field storage lockers.

Team Managers will bring the Safety Manual with Directory to all practices, games, or other SBLI-sponsored events.

Team Managers and Coaches are responsible for assuring that cellular phone service is available at every practice, game, or other SBLI-sponsored event, where regular phone service is not readily available.

## ***SOLANA BEACH LITTLE LEAGUE SAFETY CODE***

- **All Little League rules will be followed.**
- Responsibility for safety procedures must be that of an adult member of the SBLL.
- Managers, Coaches, SBLL officials, and other volunteers shall complete a 2015 **Volunteer Application (Attachment II)** authorizing a background check before the start of the season.
- **First Aid kits** are issued to each Manager, and must be available at all practices and games. Additional First Aid supplies are located in the Solana Vista Snack Bar, and in the storage lockers at the Skyline Elementary School and CDC fields.
- Managers and Coaches will be offered preseason training in First Aid, in general safety practices as described in the Safety Manual, and in baseball fundamentals. **At least one Manager, Coach, or designated Team Representative MUST have completed First Aid, safety, and fundamentals training, before that team will be permitted to practice or play a game, and MUST be present at every practice or game.**
- No games or practices shall be held when weather, field conditions, or lighting conditions are unsatisfactory. **Fields MUST be cleared immediately, and in an orderly manner, in the event of thunder or lightning.**
- The **area of play**, including dugouts and spectator areas, **should be inspected regularly** for holes, damage, stones, glass, other foreign objects or debris, or other unsafe condition. All bases must be detachable from the anchor.
- Dugouts and bat racks must be positioned behind appropriate protective fencing.
- Only players, Managers, Coaches, and Umpires are permitted on the playing field or in the dugouts during play and practice sessions.
- Bats and loose equipment must be stowed within the dugout behind fencing, and not on the playing field.
- All players should be alert, and watching the batter, on each pitch in practices and games.
- Players should be separated or spaced, and oriented appropriately, during warm-ups and drills so that no one is endangered by wild throws or missed catches.
- Equipment should fit properly, and will be inspected regularly. Broken or damaged equipment will be taken out of play until repaired or replaced.
- Catchers must wear a catcher's helmet, a mask with throat protection, a chest protector, shin guards, and a supporter with a hard, protective cup at all times during practices and games. Managers should encourage all other players to wear a supporter with a hard, protective cup.
- **Catchers must wear a helmet and mask when warming up pitchers** between innings, or in the bullpen, and when playing catcher during infield practice.
- **No head-first slides** are permitted, except when a runner is returning to a base.
- "Horseplay" is not permitted on the playing field at any time.
- Parents of players who wear glasses should be encouraged to provide their children with shatter-proof "safety glasses". Glasses should be secured by a strap.
- Players must not wear watches, rings, pins, chains, other jewelry, piercings, or other metallic items during games or practices.
- **On-deck batters are not permitted.** All players waiting to bat must remain behind the protective fence in the dugout. Any player with a bat in his hand must be wearing a helmet.

## ***EMERGENCY SAFETY PROCEDURES***

Medical Release for all players **MUST** be with the team at all times, during both practices and games. Medical Release is documented by on-line registration, or via signed Medical Release Form (Appendix III).

### **IN CASE OF EMERGENCY/ACCIDENT:**

- 1. Give appropriate first aid.**
- 2. Call 911 immediately if a player**
  - is not breathing, and/or has no pulse;
  - is having difficulty breathing;
  - is unconscious, or exhibits an altered state of consciousness;
  - is showing signs of shock (e.g., confusion, profuse sweating, thready pulse, uncontrolled bleeding);
  - has a serious head injury (including uncontrolled bleeding from the scalp, confusion, loss of consciousness, vomiting, severe dizziness);
  - has injured the neck or back, or may have a spinal injury;
  - has a possible serious fracture; or
  - is ill or injured, and cannot be easily moved



**If in doubt, always err on the side of caution.**

- 3. Notify parents immediately if they are not at the scene of the accident.**
- 4. Notify the SBLL Safety Officer by telephone within 24 hours:**

Safety Officer: Bret Burnett  
Cell: (619) 884-6404  
E-mail: [bretjburnett@gmail.com](mailto:bretjburnett@gmail.com)

The following information **MUST** be provided to the Safety Officer:

- Name and telephone number of the individual(s) involved;
- Date, time, and location of the accident;
- Description of the accident;
- Preliminary estimate of the nature and extent of any injuries;
- Name and telephone number of the person reporting the incident; and
- Name and telephone number of at least one witness to the accident.

Basic First Aid information is provided in **Attachment X**. This information is intended only to supplement appropriate first aid training, but is **NOT** intended to substitute for qualified medical or emergency care or assistance rendered by trained professionals.

Within 48 hours of notification, the Safety Officer will contact the injured person(s)/parents to (a) verify information received, (b) gather any relevant additional information, and (c) follow up on the status of the injured individual(s).

The Safety Officer will assist the injured person(s)/parents in completing a **Little League® Accident Notification Form (Appendix IV)**, and will forward the completed Form to Little League® International within the allotted timeframe.

If the injured person(s) should require professional medical treatment/evaluation, the Safety Officer will advise the parent or guardian of the SBLI insurance coverage and of those procedures to be followed to file a claim for reimbursement. The Safety Officer may assist in the preparation and submission of necessary forms.

The Safety Officer will evaluate the incident for opportunities to improve safety so as to reduce or eliminate the potential for recurrence of the same or similar incidents in the future. Where appropriate, the Safety Officer will follow-up to assure correction and/or control of any identified unsafe conditions.

Maps to local Hospitals and Emergency Rooms are contained in **Appendix V**.

### ***IMPORTANT "DOs" AND "DON'Ts"***

#### **Do...**

- Reassure and aid children who are injured, frightened, or lost
- Provide, or assist in obtaining, medical attention for those who may require it
- When administering aid, remember to
  - LOOK for signs of injury (e.g., blood, bruising, joint deformity)
  - LISTEN to the injured person describe what happened and what hurts, if conscious. Be patient, and ready to calm and soothe an excited child
  - FEEL the injured area gently and carefully for signs of swelling, fracture, etc.
- Know your limitations
- Have your First Aid kit with you at all games and practices
- Have your players' Medical Release Forms with you at all games and practices
- Be aware of the location of telephone services at all fields
- Make arrangements to have a cellular telephone available when a game or practice will take place at a facility that does not have access to telephone services

#### **Don't...**

- Administer any medications
- Provide any food or beverages (other than water) to an injured person
- Hesitate to give aid when needed
- Be afraid to ask for assistance if you're not sure of the proper procedures (e.g., CPR, etc.)
- Transport injured individuals, except in extreme emergencies
- Leave an unattended child at a game or practice
- Hesitate to report any present or potential safety hazard to the SBLI Safety Officer

## ***EMERGENCY TELEPHONE NUMBERS***

**Police/Fire (emergency): 911**

**Police/Sheriff: (858) 565-5200**

**Fire: (858) 755-1177**

## ***CODE OF CONDUCT***

### **Set the very best example of sportsmanship and behavior at all times.**

Managers, Coaches, parents, volunteers, and spectators will give their wholehearted support, and will seek to assist the League in every way to assure a safe, educational, and rewarding experience for all.

Parents will encourage each child to cooperate fully with his/her coach, and to abide by League rules.

Parents will try to attend all the games in which their child's team participates, and will:

- Refrain from booing or making derogatory remarks about players, Managers and Coaches, or Umpires;
- Cheer or applaud good plays made by players from either team; and
- Conduct themselves as they would wish their child to conduct him/herself at all times.

Managers, Coaches, parents, volunteers, and spectators will submit any suggestions or complaints to the League President in writing, and will refrain from airing them publicly or privately until proper adjudication by the Board of Directors.

Managers, Coaches, parents, volunteers, and spectators will be continually aware of their responsibility to keep this a game of, and for, the children, requiring the cooperation of all participants to assure continued success.

Participants will cheer *all* players for their efforts.

### **No Board Member, Manager, Coach, Player, Spectator, or other volunteer or participant shall, at any time:**

- Lay a hand upon, push, shove, strike, or threaten an official;
- Be guilty of heaping personal verbal or physical abuse upon any official for real or imagined wrong decision or judgment;
- Be guilty of an objectionable demonstration of dissent at an official's decision, by throwing gloves, helmets, bats, balls, hats, or any other unsportsmanlike action;
- Be guilty of using, or encouraging, 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, Manager, Coach, player, spectator, or other volunteer or participant;
- Be guilty of the use of profane, obscene, or vulgar language in any manner;
- Appear on the field of play, spectator stands, or surrounding field areas while in an intoxicated state, or in the act of drinking intoxicating beverages;
- Be guilty of gambling upon any play, or the outcome of any game;
- Smoke on the field of play, spectator stands, or surrounding field areas;
- Be guilty of discussing publicly with spectators, in a derogatory or abusive manner, any play, official decision, or player;
- Speak disrespectfully to any Manager, Coach, Official, player, volunteer, or representative of SBLL;
- Be guilty of tampering with, or manipulating, any team rosters, schedules, draft positions or selections, official score books, rankings, financial records, or procedures;
- Challenge an umpire's authority; or
- Willfully compromise the safety of any other SBLL participant.

## ***FIELD SAFETY CHECK LIST***

At least once per week, the SBLL Safety Officer will inspect all playing fields and surrounding fences, bleachers, and dugouts to assure that conditions are safe for play. The Safety Officer will complete a **Field Safety Checklist (Attachment VI)** documenting the condition of each field. In the event that an unsafe condition is observed, the Safety Officer will notify the SBLL President and Field Coordinator, and will assure that such measures as are necessary to correct the offending condition are implemented as soon as reasonably practicable. Where appropriate, corrective measures must be completed before play can occur on that field.



All Umpires, Managers, and Coaches are responsible to assure that field safety conditions are checked before each game. The home team Manager or Coach will inspect the playing field, dugouts, and spectator areas before each game. Where an unsafe condition is observed, it will be reported immediately to the SBLL President or the Safety Officer, who will arrange for corrective measures. If appropriate, the unsafe condition may be documented on a **Field Safety Checklist (Attachment VI)**.

## ***EQUIPMENT CHECK LIST***

Before each game, each team's Manager or Coach will inspect the condition of all catchers' gear, players' equipment, safety equipment, and First Aid kits. Where an unsafe condition is observed, the individual will notify the SBLL Equipment Coordinator and/or Safety Officer to arrange for repair or replacement of that equipment. Unsafe equipment is to be removed from use immediately. If appropriate, the unsafe equipment may be documented using an **Equipment Check List (Attachment VII)**.

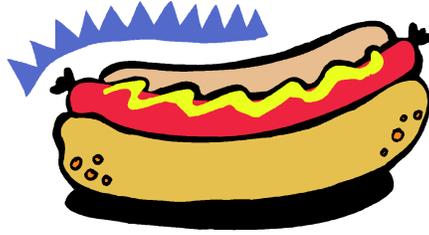


## ***SAFETY REPORTING***

Solana Beach Little League encourages *every* participant, whether Manager, Coach, volunteer, player, parent, or spectator, to promote the safety of the game through education, through personal action, and through vigilance.

**The safety of all SBLL participants is of *paramount* importance.**

In the event that an unsafe, or potentially unsafe, condition or practice is observed by a participant, SBLL encourages that individual to notify the League as soon as possible so that corrective action can be taken to remedy the condition or practice. For convenience, the League provides a **Safety Condition Report (Attachment VIII)** that may be used to report any potentially unsafe conditions. Alternatively, the condition may be reported by telephone or e-mail to the Safety Officer, or to any other SBLL Official.



## ***SNACK BAR***

The Snack Bar at Solana Vista will be operated by an adult Manager with experience in safe food preparation and handling, and an **Operations Manual (Appendix IX)** will be posted in a prominent place. In addition:

- No one under the age of 18 will be permitted to work unsupervised in the Snack Bar;
- The Snack Bar will maintain a cellular phone on the premises for emergency use only;
- The Snack Bar will maintain a copy of the SBLL Safety Manual on the premises at all times;
- The Snack Bar will maintain an all-purpose fire extinguisher, a First Aid Kit, and additional First Aid supplies (e.g., ice, examination gloves);
- The Snack Bar will maintain a list of emergency telephone numbers;
- Concession workers will be trained in the safe use of Snack Bar equipment, and in appropriate food preparation and handling methods;
- Snack Bar equipment will be inspected periodically, and if necessary, will be repaired or replaced;
- Food not purchased by the Snack Bar will not be prepared or sold by the Snack Bar; and
- Cleaning supplies will be stored separately from food and food handling and preparation materials.



## ***INCLEMENT WEATHER***



Games will be cancelled or terminated if:

- Standing water is present on the playing field;
- The playing field is so muddy or otherwise compromised that safe footing is not possible; or
- Weather or lighting conditions render visibility or the field of play unsafe.



## ***LIGHTNING & THUNDER***

**THE APPROACH OR OCCURRENCE OF LIGHTNING OR THUNDER WILL RESULT IN IMMEDIATE CESSATION OF PLAY, AT WHICH TIME THE FIELD WILL BE CLEARED OF ALL PLAYERS, SPECTATORS, MANAGERS, AND COACHES IN AN ORDERLY BUT PROMPT MANNER.**

When the leading edge of a thunderstorm approaches to within 10 miles of the field of play, you are at immediate risk of lightning strikes. Thunder can be heard up to 4 miles away, so when thunder is heard, you are already at risk of lightning strike.

Avoid high places, open fields, isolated trees, dugouts, flagpoles, light poles, bleachers, metal fences, and water. Large buildings are the safest places to be. Alternatively, seek shelter inside a fully enclosed motor vehicle with the windows all the way up.

## ***BEFORE THE GAME***

### **Umpires and Managers Meet at the Plate:**

- **Reinforce that all Little League rules will be followed.**
- Introductions of Umpires, Managers, and Coaches;
- Umpires receive official lineup cards for each team;
- Discussion of local rules (e.g., ground rules, time limit, boundaries, etc.);
- Discussion of strike zone;
- Discussion of innings pitched by pitchers;
- Clarify calling game due to darkness or weather;
- Inspection of field for unsafe conditions (check break-away bases);
- Inspection of equipment to ensure safe and meets regulations (bats must have BPF 1.15)
- Discuss rules on balks;
- Assure that players are not wearing jewelry or metallic objects;
- Assure players are in full uniforms, with hats; and
- Ensure game starts promptly, and note when game starts.

## ***DURING THE GAME***

### **Umpires and Coaches:**

- No on-deck batters / players must be wearing a helmet before picking up a bat
- Assure that catchers are wearing required equipment;
- Encourage everyone to "think safety";
- Encourage Coaches to help speed play by having catchers and players on the bench prepared and ready to take the field with two outs;
- While warming up a pitcher, a catcher must wear a helmet and a mask with throat protection, a rigid cup, and a catcher's glove;
- No arguing of any calls made by the Umpire;
- Managers are responsible for keeping their fans/spectators on their best behavior, and maintaining the spirit of good sportsmanship;
- Only Umpires, Managers, Coaches, and players are allowed in the dugout or on the playing field;
- No head-first sliding except when returning to a base;
- Managers should encourage all players to wear a protective cup at all times;
- "Horseplay" is not permitted on the field at any time;
- Players who wear glasses are encouraged to wear "safety" glasses, and straps are recommended to secure eyeglasses;
- Players may not wear rings, watches, chains, other jewelry, piercings, or other metallic items during the game;

## ATTACHMENT I: SBLL DIRECTORY

<b>Board Member</b>	<b>Roles</b>	<b>Email</b>
Steven Ford	President	<a href="mailto:steve.ford858@gmail.com">steve.ford858@gmail.com</a>
Nathan Johnson	Vice President, Player Agent, AA Division Rep	<a href="mailto:nathan@amrecorp.com">nathan@amrecorp.com</a>
Sean Pope	Treasurer, UIC (Umpire in Chief)	<a href="mailto:sean@premiumfunding.com">sean@premiumfunding.com</a>
Nico Marcolongo	Registrar, Special Events	<a href="mailto:buddies@buddybowl.org">buddies@buddybowl.org</a>
Tom Becker	Secretary, Equipment Manager	<a href="mailto:tbecker23@gmail.com">tbecker23@gmail.com</a>
Bret Burnett	Safety Officer, AAA Minors Division Rep	<a href="mailto:bretjburnett@gmail.com">bretjburnett@gmail.com</a>
Mike Stevenson	Snack Shack, Capital Improvements and Resource Development, Field Ops SV	<a href="mailto:mike@geogridwalls.com">mike@geogridwalls.com</a>
Tom Nicholas	Sponsorships, Rookie Division Rep	<a href="mailto:tom.nicholas@colliers.com">tom.nicholas@colliers.com</a>
Darryl Hall	Sponsorships, Carmel Valley Rep	<a href="mailto:dhall27@san.rr.com">dhall27@san.rr.com</a>
Mike Luther	Field Ops Skyline and CDC	<a href="mailto:mluther@qualcomm.com">mluther@qualcomm.com</a>
Kurt Maier	Player and Coaching Developmant	<a href="mailto:kurt@kurtmaier.com">kurt@kurtmaier.com</a>
Lyn Jutronich	Player Agent Non-Draft, CIO	<a href="mailto:jutronich.l@gmail.com">jutronich.l@gmail.com</a>
Andy Schmidt	Player and Coaching Developmant, A Division Rep	<a href="mailto:andydelmar@yahoo.com">andydelmar@yahoo.com</a>
Amy McQuade VanValkenburg	Scheduler, Snack Shack, Volunteer Coordinator	<a href="mailto:amygmd@gmail.com">amygmd@gmail.com</a>
Andy Meyer	Majors Division Rep, T-Ball Division Rep	<a href="mailto:natashaandandymeyer@gmail.com">natashaandandymeyer@gmail.com</a>

# Little League Volunteer Application -2015

Do not use forms from past years. Use extra paper to complete if additional space is required.



**A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Social Security # (mandatory with First Advantage or upon request)** \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

Previous volunteer experience (including baseball/softball and year): \_\_\_\_\_

Do you have children in the program? Yes  No  If yes, list full name and what level? \_\_\_\_\_

Special Certification (CPR, Medical, etc.): \_\_\_\_\_

Do you have a valid driver's license: Yes  No

Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor? Yes  No

If yes, describe each-in full: \_\_\_\_\_

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor? Yes  No  If yes, describe each in full: \_\_\_\_\_

Have you ever been refused participation in any other youth programs? Yes  No

If yes, explain: \_\_\_\_\_

In which of the following would you like to participate? (Check one or more.)

League Official  Coach  Umpire  Field Maintenance

Manager  Scorekeeper  Concession Stand  Other

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If Minor/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

## LOCAL LEAGUE USE ONLY:

Background check completed by league officer \_\_\_\_\_

System(s) used for background check (minimum of one must be checked):

Sex Offender Registry  Criminal History Records  \*First Advantage

\*Please be advised that if you use First Advantage and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from LexisNexis in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.

**Only attach to this application copies of background check reports that reveal convictions of this application.**



# 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.

my documents/league supplies/medical release form

**LITTLE LEAGUE® BASEBALL AND SOFTBALL**  
**ACCIDENT NOTIFICATION FORM**  
**INSTRUCTIONS**



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.

League Name		League I.D.	
Name of Injured Person/Claimant	PART 1	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	<input type="checkbox"/> (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 (14-18)	<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.

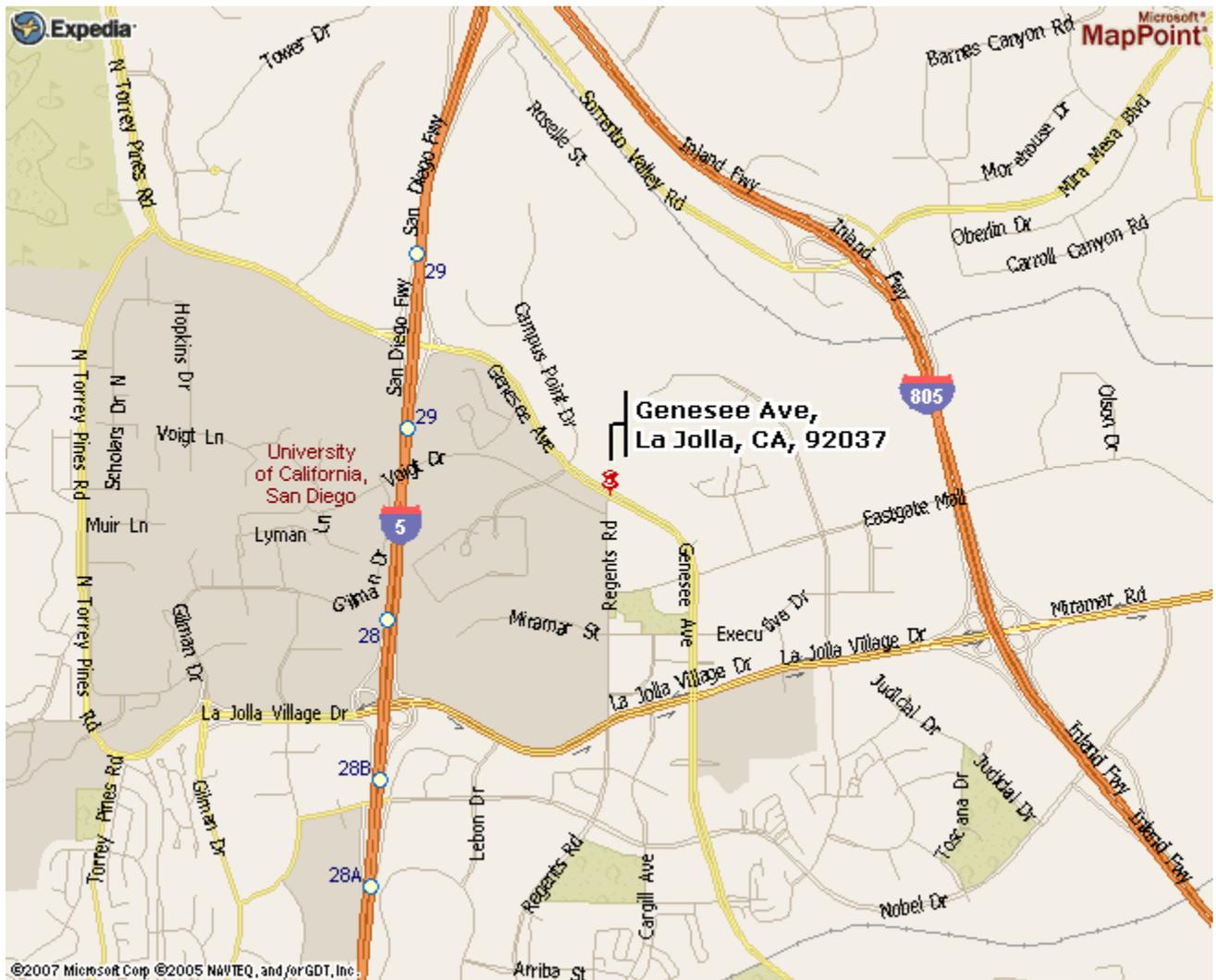
Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)
Date	Claimant/Parent/Guardian Signature

## ATTACHMENT V: DIRECTIONS TO LOCAL HOSPITALS

### Directions to Scripps La Jolla

9888 Genesee Avenue  
La Jolla, CA 92037  
(858) 626-4123

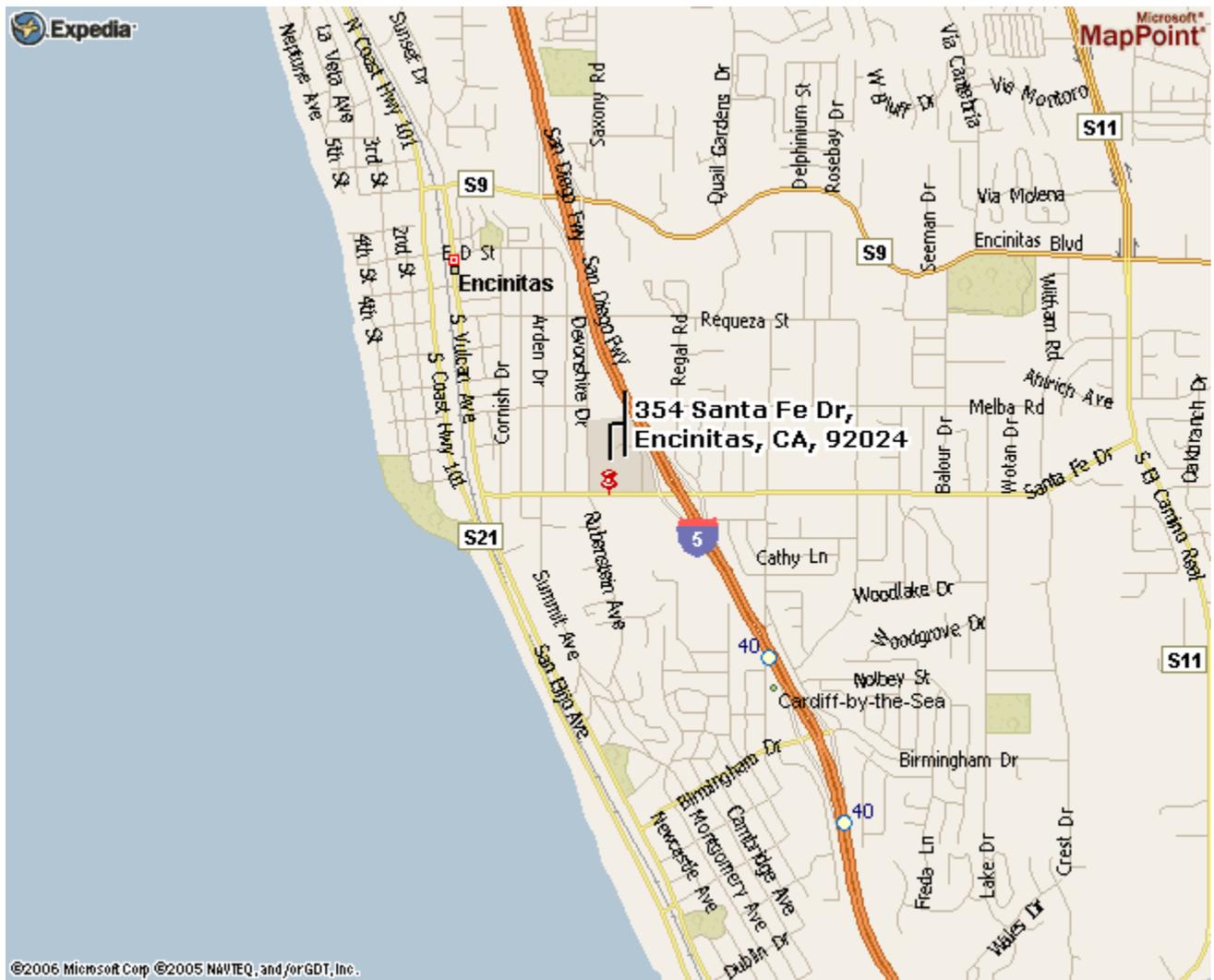
From Interstate 5, South to Genesee Avenue Exit;  
Take Genesee Avenue exit and turn East;  
Go to first traffic light, and turn Right onto Scripps campus.



## Directions to Scripps Encinitas

354 Santa Fe Drive  
Encinitas, CA 92024  
(760) 633-6501

From Interstate 5, North to Santa Fe Drive Exit;  
Take Santa Fe exit and go West;  
Go approximately 1/5 of a mile and turn Right into main campus.



**ATTACHMENT VI: SBLL FIELD SAFETY CHECK LIST**

Field: \_\_\_\_\_

Date: \_\_\_\_\_

Area Inspected	Repairs Needed	
	YES*	NO
<b>Playing Field Conditions</b>		
Backstop		
Home Plate		
Bases (disengage from anchor type)		
Pitcher's Mound		
Batter's Box Level		
Batter's Box Marked		
Grass Surface		
Outfield Fence		
Foul Line Marker		
Sprinkler Heads/Controls		
Dirt Area		
Other (specify)		
<b>Dugouts</b>		
Fencing		
Benches		
Trash Cans		
General Clean-up Required		
Other (specify)		
<b>Spectator Area/Bleachers</b>		
Bleacher Seats		
Hand Rails		
General Clean-up Required		
Other (specify)		

\*Where possible, specify nature of damage, or of repair/action required:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspected by: \_\_\_\_\_

**ATTACHMENT VII: SBLL EQUIPMENT CHECK LIST**

Team: \_\_\_\_\_

Date: \_\_\_\_\_

Equipment Inspected	Equipment Present and in Good Condition	
	YES	NO
<b>Catcher's Gear</b>		
Shin Guards		
Helmet(s)		
Face Mask(s)		
Throat Protection		
Hard Cups (Boys)		
Chest Protector(s)		
Catcher's Mitt(s)		
<b>Players' Equipment</b>		
Batting Helmets		
Bats		
Jewelry Removed		
Shoes Checked		
Uniforms Checked		
Athletic Supporters (recommended for Boys)		
<b>Safety Equipment</b>		
First Aid Kit (ea. Team)		
Medical Releases (all Players)		
Ice/Ice Packs		
Injury Report Forms		

\*Where possible, specify nature of unacceptable condition, and repair/action required:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspected by: \_\_\_\_\_

**ATTACHMENT VIII: SAFETY CONDITION REPORT**

Date of Report: \_\_\_\_\_

Person Reporting Condition: \_\_\_\_\_

Location of Condition Posing Potential Safety Hazard:

\_\_\_\_\_

Description of Condition Posing Potential Safety Hazard:

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

**Notify Safety Officer of condition by telephone at (619) 884-6404 or  
via e-mail at [bretjburnett@gmail.com](mailto:bretjburnett@gmail.com)**

=====

**SBLL Use**

Report Received By: \_\_\_\_\_

Date: \_\_\_\_\_

## **ATTACHMENT IX: SBLL SNACK BAR OPERATION MANUAL**

1. The dates of operation of the SBLL Snack Bar shall be from Opening Day through season Closing Ceremonies. (March – June).
2. The Snack Bar shall be open for business during all Minors and Majors Division games played at Solana Vista School.
3. The Snack Bar shall be ready for operation at least one half hour prior to the start of the first daily game(s) at Solana Vista.
4. There shall be a Manager named by the SBLL Board of Directors who will be responsible for the operation of the Snack Bar, including:
  - a) Daily opening and closing of the Snack Bar;
  - b) Quality control, cleanliness, hygiene, and waste removal;
  - c) Weekly ordering of products and supplies;
  - d) Accounting of daily sales, purchases, and receipts;
  - e) Training of Snack Bar volunteers; and
  - f) Proper food handling techniques.
5. The Manager of the Snack Bar will assure that a trained adult 18 years of age or older is present to supervise work in the Snack Bar at all times.
6. Minors who assist in the Snack Bar must be 9 years of age or older.
7. The Manager shall have on site, at all times, appropriate First Aid supplies (e.g., First Aid kit, Band-Aids, ice, examination gloves, etc.), an all-purpose fire extinguisher, and a list of emergency telephone numbers prominently displayed in the Snack Bar.
8. All Snack Bar workers/volunteers will wash their hands with soap and warm water:
  - a) Prior to starting work in the Snack Bar;
  - b) After handling raw foods;
  - c) After handling trash or waste; and
  - d) After using the restrooms.
9. All warm foods shall be cooked to a minimum internal temperature of 155°F; and any reheated foods to a temperature of 165°F;
10. Perishable food items shall be refrigerated at all times.
11. All utensils, equipment, dishes, and other food-contact items shall be washed daily in hot soapy water, rinsed thoroughly in clean water, and either air-, or towel-dried.
12. Floors shall be mopped at least weekly with soap and warm water solution.

## ATTACHMENT X: **Little League First Aid**

### INTRODUCTION

#### *Importance of First Aid to Little League*

For over a decade, Little League has implemented a comprehensive program to increase the safety of our Leagues for their participants, and to concentrate League efforts on *prevention* of injuries. This program, “**A Safety Awareness Program**” (**ASAP**), encourages all Leagues and their participants to recognize that *prevention* of accidental injury, by eliminating potential causes, is the very best way to assure safe play. During this period, the **ASAP** program has been effective in reducing injuries by over 77 percent annually! To continue to improve upon this record of safety requires the constant attention and vigilance of all participants.

Nonetheless, it is important to recognize that, despite the very best efforts of all participants – Managers, Coaches, Volunteers, Parents and Players – accidental injuries to our players can, and will, occur. It is in every participant’s best interest to understand how to address these injuries quickly and safely, so as to provide comfort to the injured player, to promptly address the injury itself, and to prevent any worsening of the injury. The judicious and prompt application of First Aid is an important component of this effort.

#### *Basic Safety Issues for SBLL*

As part of the **ASAP** initiative, a number of safety rules have been implemented, including:

- **Background checks** for all Volunteers;
- Assuring safe and adequate **field conditions** at all games and practices;
- Imposing rules governing **behavior in the dugouts**, including storing all equipment in the dugouts during games, and assuring that all players remain behind protective fences in the dugouts during games;
- Imposing rules governing **protective equipment**, such as requiring protective cups for catchers and recommending them for all other players, requiring full catcher’s gear for any player squatting to receive pitches when a batter is present, requiring a catcher’s helmet with face guard for any child catching balls near a batter, requiring throat guards on all catcher’s helmets, and prohibiting the wearing of jewelry by players.
- Prohibiting **head-first slides** (except when returning to a base); and
- Prohibiting **on-deck batters**.

## **EMERGENCY SAFETY PROCEDURES**

### ***Manager/Coaches Responsibilities***

Medical Release for each player must be carried by the Manager AT ALL TIMES.

Basic Procedures to follow in the event of an injury include:

**First Aid.** Appropriate First Aid should be provided to the injured person, as warranted by the injury.

**Call 911.** Do not hesitate to call 911 and request emergency medical responders in the event the injury is serious, or appears to require care in excess of basic First Aid available on scene.

**Notify Parents.** Contact the parents of the injured player as soon as possible, and be prepared to provide as much information about the nature of the injury as possible. In the event that emergency medical personnel have transported the injured player to a hospital or other acute care facility for treatment, be prepared to provide the name and location of that facility.

**Notify SBLL Safety Officer within 24 hours.** The SBLL Safety Officer must be provided the name of the injured player, the nature and extent of the injury, and the conditions under which the injury occurred, within 24 hours of the incident. An accident Notification Form is contained in the Safety Manual for purposes of documenting this and related information.

### ***Important “Dos and Don’ts”***

#### **Do...**

- a. Reassure and aid the frightened or upset person.
- b. Know your limitations! Ask for help, if needed.
- c. Have First Aid Kit available at *all* times.
- d. Have Medical Release Forms at *all* games and practices.
- e. Have telephone available at *all* games and practices.

#### **Don’t...**

- a. Administer medications (a possible exception is Asthma).
- b. Give food or beverages (water OK).
- c. Transport an injured individual (unless circumstances demand it).
- d. Leave a child unattended at any game or practice.
- e. Hesitate to report any potential safety issue to the Safety Officer.

### ***Review Contents of First Aid Kit***

Before the start of the season, check the First Aid Kit issued by the League, and familiarize yourself with its contents.

Be prepared to replenish any articles in the Kit immediately after consumption, or in the event that they appear damaged or are missing.

### ***General First Aid***

Typical injuries incurred during the course of Little League games and practices may include the following:

- bruises, or contusions;
- cuts, scrapes, or more severe lacerations;
- sprains and muscle strains;
- fractures or dislocations;
- head/neck injuries;
- eye injuries, facial injuries, and tooth or jaw injuries;
- nosebleeds;
- insect bites or stings;
- over-use injuries (most typically to the arm and shoulder); and
- dehydration or heat illness.

A useful acronym that can assist in determining what First Aid to give an injured player is “**P.R.I.C.E.**”, which stands for the five (5) elements of the type of immediate care that should be considered:

**Protection.** Protect the injury from further damage;

**Rest.** Have the injured player lie or sit down to rest, provide them reassurance, and continue to keep him/her calm;

**Ice.** Apply ice or a cold pack to injuries such as sprains, black eyes, bruises/contusions, fractures/dislocations, minor head injuries, or insect bites or stings, to control swelling;

**Compression.** Apply direct pressure to control severe or persistent bleeding;

**Elevation.** Raise or elevate the injured area above trunk level in the event of bruises/contusions, sprains/strains.

## ***First Aid for Specific Injuries***

### Black Eye

1. Typically results from bleeding underneath the skin after impact/blunt trauma;
2. Apply ice to the area for 10-15 minutes;
3. Seek medical care if blood is observed inside eye, player reports visual problems, or if there is severe pain.

### Bruise/Contusion

1. Results from bleeding under skin as a result of impact/blunt trauma;
2. Elevate the injured area;
3. Ice for 15 minutes 3-4 times a day for 1-2 days.

### Cuts/Scrapes

1. Stop bleeding, using direct pressure if necessary;
2. Clean wound with tap water;
3. Apply antibiotic ointment;
4. Apply clean bandage;
5. Stitches may be required for uncontrolled bleeding, gaping wounds, deep wounds, or for cosmetic repair (e.g., facial wounds).

### Fractures & Dislocations

Fracture = any broken bone

Dislocation = joint misalignment

1. Look for any deformity of bone or joint, or severe pain or swelling;
2. Don't move the injured extremity;
3. Control any bleeding, using direct pressure if necessary;
4. Apply ice to control swelling;
5. Immobilize affected area if possible (splint, ace wrap, sling);
6. ***Call 911 for severe fractures, or compound fractures (where bone has broken the skin). Do not attempt to retract the bone back beneath skin.***

## Head/Neck Injury

1. Severe: Look for changes in level of consciousness, confusion, severe weakness, and/or severe bleeding;
  - a. ***Do not attempt to move injured person, due to possible spine injury which can be worsened by motion. Call 911. Attempt to control severe bleeding, if present. Wait for paramedics.***
2. Minor: Mild swelling, pain, no neurological abnormalities (i.e., person is conscious, alert, and no muscle weakness, coordination problem);
  - a. Treat with ice and rest, and observe person closely for several hours for any changes in status.

## Insect Bites & Stings

Reaction is due to insect venom. Severity of reaction depends on each individual's immune/allergic response to the specific venom.

1. Mild = itching, tingling, local swelling and/or redness;
  - a. Remove any stinger by scraping the location lightly;
  - b. Apply ice to the sting, and rest.
2. Severe = difficulty breathing, swelling of face/throat, faintness, confusion, neurovascular symptoms;
  - a. ***Call 911***
  - b. Try to keep victim quiet and calm;
  - c. Keep victim lying down unless breathing difficulty prohibits.

## Nosebleeds

1. Cause may be spontaneous or traumatic;
2. Sit person upright;
3. Pinch nose until bleeding stops;
4. Seek medical care immediately if:
  - a. Bleeding persists for 30 minutes or more;
  - b. Rapid or profuse bleeding;
  - c. Victim feels faint.

## Sprain

1. Results from injury to ligaments around a joint;
2. Symptoms: pain, swelling, inability to use or put weight on the joint;
3. Can be difficult to differentiate from fracture or dislocation;
4. Treatment: P.R.I.C.E. (Protection, Rest, Ice, Compression, Elevation).

## Heat Illness

Can include the following:

1. Heat Cramps. Painful muscle spasms caused by overwork of muscles in a hot environment without adequate fluid and salt intake;
  - a. Treatment: Have person rest in a cool place and give fluids with electrolytes (e.g., Gatorade, PowerAde, other sports drinks with salts).
2. Heat Exhaustion. A state of weakness usually caused by dehydration in a hot environment, typified by pale, cool, moist or clammy skin, and often associated with nausea, dizziness, and/or headache;
  - a. Treatment: Have person lie down in a cool place, loosen any tight clothing, and provide fluids with electrolytes.
3. Heat Stroke (or sunstroke). An acute and very dangerous reaction to heat exposure, where the body's internal temperature rises to life-threatening levels; typified by red, dry, hot skin, labored or difficult breathing and often confusion/disorientation.
  - a. **Call 911 immediately**
  - b. Have person lie down in cool place, with head elevated, loosen any restrictive clothing, and apply cold compresses to body surfaces until emergency medical personnel arrive.

## Tooth Injury

1. Loose tooth: See dentist as soon as possible.
2. Tooth knocked completely out: Rinse tooth *gently* with clean water if soiled to remove dirt/debris. **DO NOT** scrub tooth, or place tooth under running water.
  - a. Try to replace tooth in socket (minutes count);
  - b. If unable to replace tooth, place in milk, saliva, or mild saltwater;
  - c. ***See dentist immediately.*** Note: The best place to keep a dislodged tooth is in the injured person's mouth (e.g., between cheek and gum).

### Over-Use Injury

1. Typically caused by overuse of muscles and joints, e.g., throwing arm;
2. Symptoms can be sudden or more slow in onset, and can include muscle or joint pain, tenderness of a joint (e.g., elbow, shoulder), or swelling;
3. Treat like a sprain: P.R.I.C.E. (Protection, Rest, Ice, Compression, and Elevation).

### ***Injuries Can Happen to Anyone***

Players are not the only persons at risk of injury. Foul balls and other unexpected occurrences can injure spectators, volunteers, Managers and Coaches. Be prepared to address accidental injury at all times, and for anyone requiring First Aid.

### ***Exceptional Circumstances***

Occasions may arise when medical emergencies occur unrelated to League baseball, which exceed your ability to render medical aid, or which cannot be adequately addressed by simple First Aid. Examples might include heart attack, unexplained loss of consciousness, trauma, or seizure. In all such cases:

- Keep calm – don't panic;
- ***Call 911 immediately***;
- Seek on-site professional medical expertise (e.g., doctor among spectators);
- Protect the injured person, and keep them calm and comfortable;
- **DO NOT MOVE ANYONE WITH POSSIBLE NECK/SPINE INJURY.**

**REMEMBER: PREVENTION IS THE BEST FIRST AID.**