

# Concord National Little League



## 2008 Safety Manual for Officers, Managers, and Coaches

# TABLE OF CONTENTS

Mission Statement.....	3
Safety Plan, Safety Code, and Safety Officer.....	3
Code of Conduct.....	5
Emergency Phone Numbers.....	6
Community Safety Officials.....	6
Hospital and Poison Control.....	6
Concord National Little League Safety Officials.....	6
Safety Manuals and First Aid Kits.....	7
Player Equipment.....	7
Catcher’s Regulations.....	8
Mouth Guards.....	8
Reduced Impact Balls.....	8
Facilities and Field Equipment.....	8
League Facility Survey.....	8
Concessions Stand.....	8
Food Handling.....	8
Storage.....	9
Concessions Stand Safety.....	9
Training.....	9
Coaching Skills/Coaches Clinic.....	9
First Aid.....	10
CPR Training.....	10
First Aid Resource Materials .....	11
Concord National Little League Board Members Listing.....	26
Forms and Applications.....	27
Volunteer Application and Background Checks.....	28
Medical Release, Parent Contact.....	29
Injury Tracking Form.....	30
Accident Notification Form.....	31
Annual Little League Facility Survey.....	32

# Mission Statement

**Concord National Little League's primary goal is to provide a safe environment where children have the opportunity to develop skills in sportsmanship, teamwork, self respect, and respect for authority while learning the fundamental skills of baseball.**

## **Concord National Little League Safety Plan**

The goal of the Safety Plan is to develop guidelines for increasing the safety of activities, equipment, and facilities through education, compliance and reporting. In support of the attainment of this goal, CNLL also commits itself to providing the necessary organizational structure to develop, monitor, and enforce the aspects of the plan.

The Safety Plan, by reference, includes the CNLL Code of Conduct and the CNLL Safety Manual. The combination of these documents outlines specific safety issues and the CNLL policy or procedure for each issue. All participants, volunteers, employees, spectators, and guests are bound by the guidelines set forth in these documents.

## **League Safety Officer**

### **Authority**

By unanimous action of the 1965 Little League International Congress and subsequent ratification of the Board of Directors, it was resolved that every chartered Little League shall appoint a Safety Officer.

Concord National Little League has a Safety Officer who is a member of the Board of Directors. The current Safety Officer is David Picard. He is on file with National Little League. The main responsibility of a League Safety Officer is to develop and implement the league's safety program.

### **League Safety Officer's Authority**

The League Safety Officer's authority is mainly advisory with as much force behind advice as the league president has delegated that officer. It must be remembered that managers, player agents and umpires must carry out their own duties and responsibilities. Any differences of opinion on safety policy should be referred to the League President rather than argued. Further questions may be taken up with the District Safety Officer. The latter may refer such problems to Little League Headquarters.

## Responsibilities of Safety Officer

- ❖ At the playing field, the League Safety Officer's first duty is to insure first aid facilities are available and emergency arrangements have been made for an ambulance or doctor.
- ❖ The League Safety Officer's next obligation is to advise and follow up on the control of unsafe conditions. These will be brought to light by the adults in charge making a preliminary inspection of the field and being continually on the lookout for situations that might cause accidents.
- ❖ In addition to the League Safety Officer's advising on the control of unsafe conditions throughout the season, it is a specific responsibility to follow up on procedures and methods of instruction that will help control the human elements that may be the cause of accidents.

## Accident Reporting

### What to report

Any incident that requires any Player, Manager, Coach, Umpire, other Volunteer or Spectator to receive medical treatment or first aid must be reported. The terms "medical treatment and/or first aid" should include even passive treatments such as the evaluation and diagnosis of the extent of the injury. ***Any incident that (a) causes a player to miss any practice or game time; or (b) any event that has the potential to require medical assistance must be reported promptly***

### When to report

Reporting includes two steps:

- ❖ Within 48 hours the Manager of the injured player must call the Safety Officer and report the incident.
- ❖ The same Manager must also submit a written report to the Safety Office using the league's provided report form. This must be submitted within 1 week.

All such incidents described above must be reported to the Director of Safety within 48 hours of the incident. The Director of Safety for 2006 is David Picard, and he can be reached as outlined previously in the emergency numbers section. If the Safety Officer is not available, then attempt to contact the CONCORD NATIONAL LITTLE LEAGUE President, currently Jay Swymer 715-2249 (home) or 738-5409 (cell phone).

### How To Make A Report

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations with follow up by fax or email. At a minimum, the following information must be provided to the Safety Officer or President of the League (**Accident reporting form is attached herein**):

- ❖ The name and phone number of the individual involved (or of their parents)  
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 individual reporting the incident.
- ❖

#### Safety Officer's Responsibilities:

1. The Director of Safety will receive this injury report and will enter it into the league's safety database.
2. Within 48 hours of receiving the incident report, the Director of Safety will contact the injured party or the party's parents and (1) verify the information received; (2) obtain any other information deemed necessary; (3) check on the status of the injured party; and (4) in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Concord National Little League insurance coverage's and the provisions for submitting any claims for reimbursement.
3. If the extent of the injuries are more than minor in nature, the Safety Officer shall periodically call the injured party to (1) check on the status of any injuries, and (2) to 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).

#### **Volunteers**

- ❖ Individuals volunteering for CNLL will be required to undergo nationwide background check.

# Code of Conduct

**This Code is enforced by the Director of Safety, the League President, and the League Vice President.** All league officers, participants, employees and volunteers are required to abide by this code. It is the job of the Director of Safety to author and/or make any revisions to this Code of Conduct from year to year, as necessary.

## **Concord National Little League Code of Conduct**

- ❖ No playing in parking lots at any time. Use crosswalks when crossing roadways. Always be alert for traffic.
- ❖ **No profanity.**
- ❖ No climbing on fences and no "horseplay" at any time.
- ❖ No pets are permitted at games or practices unless leashed.
- ❖ No games or practice should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- ❖ Play area should be inspected frequently for holes, damage, glass and other foreign objects.
- ❖ Dugouts and bat racks should be positioned behind screens.
- ❖ Only players, managers, coaches, and umpires are permitted on the playing field during play and practice sessions.
- ❖ Players and spectators should be alert at all times for foul balls and errant throws.
- ❖ Procedure should be established for retrieving foul balls batted out of the playing area.
- ❖ Batting helmets and catcher's gear must be worn at all times. Players must wear helmets during all hitting drills including soft-toss and when using batting tees.
- ❖ During games, only a player at bat on the field may swing a bat.
- ❖ Except when a runner is returning to a base, head first slides are not permitted
- ❖ During sliding practice bases should not be strapped down and should be located away from the base anchoring system.
- ❖ During games, players must remain in the dugout in an orderly fashion at all times. On deck batters are to remain behind protective screening until their turn at bat.
- ❖ After each game, each team must clean up trash in dugout and around stands.
- ❖ Managers, coaches and umpires should have some training in first-aid. A First-Aid Kit should be available at the field.
- ❖ Parents of players who wear glasses should be encouraged to provide "Safety Glasses."
- ❖ Mouth guards are not required, but use of such devices is encouraged for all players.
- ❖ Players must not wear watches, rings, pins, jewelry or other metallic items.
- ❖ No children under the Little League age of 16 are permitted in the concession stand(s). See "Concession Stand Safety" attached for more concession guidelines.

***Failure to comply with this Code of Conduct may result in expulsion from the Complex.***

## Emergency Phone Numbers

### Emergency - 911

### Non-emergency

Concord Police Dept.	225-8600
Concord Fire Dept.	225-8650
Concord Hospital	225-2711
N.H. Poison Control	1-800-222-1222

<u>CNLL Safety Officer</u>	David Picard
Home	225-0295
Pager	639-5274**
Cell phone	496-4888
Work	224-9661

\*08:00 a.m. -5:00 p.m., (key in phone# to be called back)

<u>CNLL President</u>	Jay Swymer
Home	715-2249
Cell phone	738-5409

## **Safety Manuals and First Aid Kits**

Each team will be issued a Safety Manual and First Aid Kit at the beginning of the season. The manager of the team will acknowledge the receipt of both by signing in the space provided below when taking possession of these articles. Both the Manual and First Aid Kit are to be returned to the equipment director following the season.

The First Aid Kit will include the necessary items to treat an injured player until professional help arrives. Chemical ice packs will be included in the kits, and additional ice packs will be available at all times in the concession stand and from the safety officer. In addition, the concession stand will have a First Aid Kit and a Safety Manual available at all times. First aid kits shall be required equipment at every baseball game or practice. In the event a first aid kit is used, the safety officer must be notified to provide supplies to replace used items.

The Safety Manual has been developed to prevent accidents and injuries and to otherwise provide a safe environment for the enjoyment of little league baseball. The Manual shall be distributed in hand or electronically to all Board Members, Managers, Coaches, and Volunteers. Copies shall be made available to parents or others who would like a copy.

## **Player Equipment**

### **Inspection and Quality**

The Equipment Manager shall be responsible for ensuring that the inventory of player equipment is of acceptable quality, in good condition, and safe for play. Equipment shall be returned to the equipment manager at the end of each season for purposes of inventory and inspection.

Each year before issuing equipment, the Equipment Manager shall inspect all bats, gloves, catcher's equipment, batting helmets etc. to be issued to players and Managers. Any damaged equipment, or equipment found not to fully meet safe standards should be repaired or discarded. No incomplete or damaged equipment is to be issued to players or Managers.

Each Manager, upon receiving his/her equipment shall inspect all equipment to ensure that it is in good repair, complete, and safe to use. Any equipment found not to be so shall be returned to the Equipment Manager to be fully repaired or discarded.

### **Practices**

Batting Helmets: all batters, runners, and player base coaches must wear an approved Little League batting helmet. Any helmets where padding is damaged, or plastic is cracked, chipped, or notably stressed are not to be used.

Catchers: In practice or warm-ups where no batter is present, the player serving as catcher must at a minimum always wear a catcher's helmet/mask and protective cup. In game situations when a batter is present, the catcher must wear a catcher's helmet which is fully padded with all straps in place; must have a "dangling" throat guard. A chest protector, shin guards, catcher's glove/mitt (in good condition) must be used. A protective cup must be worn.

All players are expected to wear appropriate safety equipment (e.g., cups) at all practices and games.

Mouth Guards – the use of protective mouth/dental guards is strongly encouraged for all players, but not mandatory.

Safety Glasses – players that wear corrective eyewear (glasses) should be encouraged to use shatter proof "Safety Glasses"

Reduced Impact Balls – CNLL uses reduced impact balls for T-Ball division.

## **Facilities and Field Equipment**

### **Inspection**

Prior to the season, each field will be inspected by the Safety Officer and Field Maintenance Manager as part of this Safety Plan and reporting requirements.

### **Equipment**

Prior to the beginning of each season, the Equipment Manager will inspect each storage shed and box to ensure that proper storage conditions exist and that all equipment and supplies are complete and in good repair. Among the items are:

- ❖ Paint or chalk liner with adequate supplies of liner material.
- ❖ Bases
- ❖ Rakes, Shovels
- ❖ Umpire Equipment

### **Game Field Preparation**

It shall be the responsibility of the home team and umpire to inspect and prepare the field for play before each game.

Infield preparation shall include:

- ❖ Fill low spots, especially around bases, plate and mound that may be a hazard.
- ❖ Drag/rake field as necessary to remove any loose rocks that may be a hazard.
- ❖ Find base pegs and install bases, ensuring that bottoms are flush with ground.
- ❖ Line field.

### **League Facility Survey**

The League Facility Survey will be prepared each year and submitted as part of the Safety Plan.

### **Concession Stands**

### *Food Handling*

All concession stands shall provide one of the following for cleansing hands:

- ❖ Running water, hand soap and paper towels.
- ❖ "Dry" soap for cleansing hands without running water.

Concession volunteers will be instructed to wash hands prior to beginning shift. Appropriate tissues and gloves shall be provided, and all unpackaged foods shall be handled using such skin barriers.

### *Food Storage*

Perishable foods shall not be re-prepared (cheese for nachos, hot dogs etc. should be disposed if heated and not sold).

Perishable foods shall be stored in the refrigerator, and disposed at the perish date.

### *Concession Stand Safety*

- ❖ No unauthorized person will be allowed behind the counter in concession stands.
- ❖ No person under age **16** shall be allowed in concession stands
- ❖ People working in the concession stands will be instructed by the Concessions Manager on safe food handling.
- ❖ Cooking equipment will be inspected periodically and repaired or replaced if needed
- ❖ Food not purchased by CNLL to sell in its concession stands will not be cooked, prepared, or sold in the concession stands. The only exception is pizza delivery.
- ❖ Cleaning chemicals must be stored away from all food and service items.
- ❖ A certified and inspected fire extinguisher will be available at all times
- ❖ All individuals working in concession stands are to be instructed on the use of fire extinguishers
- ❖ A poster providing instructions for choking victims will be on display
- ❖ A copy of the league and emergency contact phone numbers will be available
- ❖ A fully stocked First Aid kit shall be provided in each concession stand
- ❖ A copy of the league Safety Manual will be available in concession stands
- ❖ No pets are allowed in the concession area

## **First Aid and Accidents**

### **First Aid Kits**

- ❖ It shall be the responsibility of the Safety Manager to supply a complete first aid kit for every concession stand at the beginning of the season, and to stock and provide replenishing supplies.
- ❖ It shall be the responsibility of the Concession Manager to ensure that the concession stand first aid kits are complete and replenished throughout the season.

## **Training**

### **Coaching Training**

Each team is expected to have a coach or manager attend coaching training that year. Training qualifies a volunteer for 3 years. Coaching clinics shall be held each year and include: baseball fundamentals, hitting, pitching, fielding etc.

The player agent holds a meeting for managers and coaches covering the logistics for the season. These sessions cover rules, parameters regarding playing or practicing in weather, complaint and accident procedures, and other procedures to be used during the season. These sessions also include guidance for how to coach.

### **First Aid**

Safety rules require all coaches and managers to have training in First Aid. Each team is expected to have at least one coach or manager attend training each year; training qualifies the volunteer for 3 years.

### **CPR**

Current certification in Heart Saver CPR is mandatory for at least one coach or manager for each team.

## **Accident Reporting**

### **What to report**

Any incident that requires any Player, Manager, Coach, Umpire, other Volunteer or Spectator to receive medical treatment or first aid must be reported. The terms "medical treatment and/or first aid" should include even passive treatments such as the evaluation and diagnosis of the extent of the injury. *Any incident that (a) causes a player to miss any practice or game time; or (b) any event that has the potential to require medical assistance* must be reported promptly

### **When to report**

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  - ❖ The same Manager must also submit a written report to the Safety Office using the league's provided report form. This must be submitted within 1 week.

All such incidents described above must be reported to the Director of Safety within 48 hours of the incident. The Director of Safety for 2006 is David Picard, and he can be reached as outlined previously in the emergency numbers section. If the Safety Officer is not available, then attempt to contact the CONCORD NATIONAL LITTLE LEAGUE President, currently Chris Mamos at 224-3491 (home) or 682-3848 (cell phone)

### **How To Make A Report**

Reporting incidents can come in a variety of forms. Most typically, they are telephone conversations with follow up by fax or email. At a minimum, the following information must be provided to the Safety Officer or President of the League (**Accident reporting form is attached herein**):

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3. If the extent of the injuries are more than minor in nature, the Safety Officer shall periodically call the injured party to (1) check on the status of any injuries, and (2) to 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).

### **Stopping Play for Weather or Darkness**

Managers, coaches, and umpires should exercise good common sense when it comes to stopping games or practices for impending severe weather or when it becomes too dark to continue. Use good judgment!

### **Weather Considerations**

Be aware of weather reports and heed weather advisories.

#### ***Rain:***

If it begins to rain:

- ❖ Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
- ❖ Evaluate the playing field as it becomes more and more saturated.
- ❖ Stop practice if the playing conditions become unsafe -- use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision.

#### ***Lightning:***

- ❖ The average lightning strike is 5-6 miles long with up to 30 million volts at 100,000 amps flowing 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 strikes coming from the storm's overhanging anvil cloud. This fact is the reason that **many lightning deaths and injuries occur with clear skies overhead.** On average, the thunder from a lightning strike can only be heard over a distance of 3-4 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 to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.

### ***Hot Weather:***

Precautions must be taken in order to make sure the players do not *dehydrate* or *hyperventilate*.

- ❖ Suggest players take drinks of water when coming on and going off the field between innings.
- ❖ If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout A.S.A.P.
- ❖ If a player should collapse as a result of heat exhaustion, call **9-1-1** immediately. Get the player to drink water and use the instant ice bags supplied in 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 and 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, WBSL 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.

### ***Mosquitoes and West Nile Virus***

West Nile Virus (WNV) is a virus carried by mosquitoes and it is now found throughout the continental United States. The virus is transmitted to humans most commonly by insect bites, but can also be transmitted by exposure other animal's tissues and/or blood. Most human infections are asymptomatic (80%), but 20% cause flu-like symptoms such as fever, muscle or joint aches, headache, or fatigue. Fewer than 1% of infected individuals become severely ill with symptoms such as high fever, stiff neck, disorientation, muscle weakness, paralysis.

Mosquitoes are most prevalent at dusk and dawn and are found in areas where standing water is present. During the season when mosquitoes are biting, the best protection is avoidance of outdoor exposure during times when mosquito numbers are highest, dusk or dawn. Given many games are played in the evening, just prior to dusk, players should be encouraged to wear long sleeve shirts and pants. Insect repellents containing 20% DEET are recommended if the above clothing is not possible.

## First Aid Resource Materials

### ***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.

#### **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.

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

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

## **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.

- 1) Talk to the victim and to any people standing by who saw the accident take place.
- 2) Check the victim from head to toe, so you do not overlook any problems.
- 3) Do not ask the victim to move, and do not move the victim yourself.
- 4) Examine the scalp, face, ears, nose, and mouth.
- 5) Look for cuts, bruises, bumps, or depressions.
- 6) Watch for changes in consciousness.
- 7) Notice if the victim is drowsy, not alert, or confused.
- 8) 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.
- 9) Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray.
- 10) Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
- 11) Ask the victim again about the areas that hurt.
- 12) Ask the victim to move each part of the body that doesn't hurt.
- 13) Check the shoulders by asking the victim to shrug them.
- 14) Check the chest and abdomen by asking the victim to take a deep breath.
- 15) Ask the victim if he or she can move the fingers, hands, and arms.
- 16) Check the hips and legs in the same way.
- 17) Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
- 18) Look for odd bumps or depressions.
- 19) 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.
- 20) 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.
- 21) 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:

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

When treating an injury, remember:

**P**rotection

**R**est

**I**ce

**C**ompression

**E**levation

**S**upport

## Muscle, Bone, or Joint Injuries

### Symptoms of Serious Muscle, Bone, or Joint Injuries:

- ❖ Always suspect a serious injury when the following signs 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 Schlaugter's Disease:**

Osgood Schlaugter's Disease is the "growing pains" disease. It is very painful for kids that have it. In a nutshell, the bones grow faster than the muscles and ligaments. A child must outgrow this disease. All you can do is make it easier for him or her by:

- 1) Icing the painful areas.
- 2) Making sure the child rests when needed.
- 3) Using Ace or knee supports.

### **Concussion:**

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

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

## **Head And Spine Injuries**

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

- ❖ A fall from a height greater than the victim's height.
- ❖ Any bicycle, skateboarding, rollerblade mishap.
- ❖ A person found unconscious for unknown reasons.
- ❖ Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.
- ❖ Any injury that penetrates the head or trunk, such as an impalement.
- ❖ A motor vehicle crash involving a driver or passengers not wearing safety belts.
- ❖ Any person thrown from a motor vehicle.
- ❖ Any person struck by a motor vehicle.
- ❖ Any injury in which a victim's helmet is broken, including a motorcycle, batting helmet, industrial helmet.
- ❖ Any incident involving a lightning strike.

### **Signs of Head and Spine Injuries**

- ❖ Changes in consciousness

- ❖ Severe pain or pressure in the head, neck, or back
- ❖ Tingling or loss of sensation in the hands, fingers, feet, and toes
- ❖ Partial or complete loss of movement of any body part
- ❖ Unusual bumps or depressions on the head or over the spine
- ❖ Blood or other fluids in the ears or nose
- ❖ Heavy external bleeding of the head, neck, or back
- ❖ Seizures
- ❖ Impaired breathing or vision as a result of injury
- ❖ Nausea or vomiting
- ❖ Persistent headache
- ❖ Loss of balance
- ❖ Bruising of the head, especially around the eyes and behind the ears

### **General Care for Head and Spine Injuries**

- 1) Call 9-1-1 immediately.
- 2) Minimize movement of the head and spine.
- 3) Maintain an open airway.
- 4) Check consciousness and breathing.
- 5) Control any external bleeding.
- 6) Keep the victim from getting chilled or overheated till paramedics arrive and take over care.

### **Contusion to Sternum (Breast bone):**

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. This can cause dangerous heart arrhythmias or bleeding around the heart which can eventually compress the heart 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.

**Diabetic emergency** -- Give the victim some form of sugar.

**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. Signs of shock include:

- ❖ Restlessness or irritability
- ❖ Altered consciousness
- ❖ Pale, cool, moist skin
- ❖ Rapid breathing
- ❖ Rapid pulse

Caring for shock involves the following simple steps:

- 1) Have the victim lie down. Helping the victim rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
- 2) Control any external bleeding.
- 3) Help the victim maintain normal body temperature. If the victim is cool, try to cover him or her to avoid chilling.
- 4) Try to reassure the victim.
- 5) Elevate the legs about 12 inches unless you suspect head, neck, or back injuries or possible broken bones involving the hips or legs. If you are unsure of the victim's condition, leave him or her lying flat.
- 6) Do not give the victim anything to eat or drink, even though he or she is likely to be thirsty.
- 7) Call 9-1-1 immediately. Shock can't be managed effectively by first aid alone. A victim of shock requires advanced medical care as soon as possible.

### **Breathing Problems/Emergency Breathing**

#### **If Victim is not Breathing:**

- 1) Position victim on back while supporting head and neck.
- 2) With victim's head tilted back and chin lifted, pinch the nose shut.
- 3) Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.

***Once a victim requires emergency breathing you become the life support for that person -- without you the victim would be clinically dead. You must continue to administer emergency breathing and/or CPR until the paramedics get there. It is your obligation and you are protected under the "Good Samaritan" laws.***

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

#### **If Victim is not Breathing and Air Won't Go In:**

- 1) Re-tilt person's head.
- 2) Give breaths again.
- 3) If air still won't go in, place the heel of one hand against the middle of the victim's abdomen just above the navel.
- 4) Give up to 5 abdominal thrusts.
- 5) Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.
- 6) Tilt head back, lift chin, and give breaths again.
- 7) Repeat breaths, thrust, and sweeps until breaths go in.

### **Heart Attack**

#### **Signs 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. Signs of a heart attack include:

- ❖ Persistent chest pain or discomfort –
  - Victim has persistent pain or pressure in the chest that is not relieved by resting, changing position, or oral medication.
  - Pain may range from discomfort to an unbearable crushing sensation.
- ❖ Breathing difficulty -
  - Victim's breathing is noisy.
  - Victim feels short of breath.
  - Victim breathes faster than normal.
- ❖ Changes in pulse rate -
  - Pulse may be faster or slower than normal
  - Pulse may be irregular.
- ❖ Skin appearance -
  - Victim's skin may be pale or bluish in color.
  - Victim's face may be moist.
  - Victim may perspire profusely.
- ❖ Absence of pulse -
  - The absence of a pulse is the main signal of a cardiac arrest.

***A very common indicator that someone is having a heart attack is that he or she will be in denial. People believe that a heart attack means certain death. 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 signs 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.

### **Performing CPR**

- 1) Position victim on back on a flat surface.
- 2) Position yourself so that you can give rescue breaths and chest compression without having to move (usually to one side of the victim).
- 3) Find hand position on breastbone.
- 4) Position shoulders over hands. Compress chest **30** times (at a quick pace 1/sec).
- 5) With victim's head tilted back and chin lifted, pinch the nose shut.
- 6) Give two (2) slow breaths into victim's mouth. Breathe in until chest gently rises.
- 7) Do 4 more sets of 30 compressions and 2 breaths.

**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.**

9) When giving CPR to small children only use one hand for compressions to avoid breaking ribs.

10) Continue this procedure until help arrives or signs of circulation return.

### **When to stop CPR**

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

### **If A Victim is Choking -**

#### **Partial Obstruction with Good Air Exchange:**

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

#### **Treatment:**

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

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

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

#### **Treatment - The Heimlich Maneuver:**

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

### **Bleeding in General**

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

If a victim is bleeding,

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

### **Nose Bleed**

To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops.

### **Bleeding On The Inside and Outside of the Mouth**

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

### **Infection**

To prevent infection when treating open wounds you must:

**Cleanse...** the wound and surrounding area gently with mild soap and water or an antiseptic pad; rinse and blot dry with a sterile pad or clean dressing. **Treat...** to protect against contamination with ointment supplied in your First-Aid Kit. **Cover...** to absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads supplied in your First-Aid Kit. (Handle only the edges of sterile pads or dressings). **Tape...** to secure with First-Aid tape (included in your First-Aid Kit) to help keep out dirt and germs.

### **Deep Cuts**

If the cut is deep, stop bleeding, bandage, and encourage the victim to get to a hospital so he/she can be stitched up. **Stitches prevent scars**

### **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.

#### **Treatment:**

- 1) For mild or moderate symptoms, wash with soap and cold water.
- 2) Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the victim's body.
- 3) For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
- 4) If victim has gone into shock, treat accordingly (see section, "Care for Shock").

### **Emergency Treatment of Dental Injuries**

#### **Avulsion (Entire Tooth Knocked Out)**

If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the victim to bite down. Dentists can successfully replant a knocked-out tooth if they can do so quickly and if the tooth has been cared for properly.

- 1) Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
- 2) If debris is on tooth, gently rinse with water.
- 3) If possible, re-implant and stabilize by biting down gently on a towel or handkerchief. **Do only** if athlete is alert and conscious.
- 4) If unable to re-implant:
  - ❖ Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Saveatooth."
  - ❖ 2nd best - Place tooth in milk. Cold whole milk is best, followed by cold 2% milk.
  - ❖ 3rd best - Wrap tooth in saline soaked gauze.
  - ❖ 4th best - Place tooth under victim's tongue. **Do only** if athlete is conscious and alert.

- ❖ 5th best - Place tooth in cup of water.

**Time is very important.** Re-implantation within 30 minutes has the highest degree of success rate. **Transport immediately to dentist..**

### **Luxation (Tooth in Socket, but Wrong Position)**

THREE POSITIONS -

**Extruded Tooth** - Upper tooth hangs down and/or lower tooth raised up.

- 1) Reposition tooth in socket using firm finger pressure.
- 2) Stabilize tooth by gently biting on towel or handkerchief.
- 3) **Transport immediately to dentist.**

**Lateral Displacement** - Tooth pushed back or pulled forward.

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

**Intruded Tooth** - Tooth pushed into gum - looks short.

- 1) Do nothing - avoid any repositioning of tooth.
- 2) **Transport immediately to dentist.**

### **FRACTURE (Broken Tooth)**

- 1) If tooth is totally broken in half, save the broken portion and bring to the dental office as described under Avulsion, Item 4. Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding.
- 2) Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
- 3) Save all fragments of fractured tooth as described under Avulsion, Item 4.
- 4) **Immediately transport patient and tooth fragments to dentist** in the plastic baggie supplied in your First-Aid kit.

## **Burns**

### **Care for Thermal 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. Thermal injuries can continue for several minutes after the heat source is removed. Cooling the injured area can actually reduce the extent of burning. 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.

### **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) **DO NOT INDUCE**

### **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 and avoid 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.
- ❖ Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach (supplied in the concession stands and club house). A 1:1 solution can be made by using a cap full of Clorox (2.5cc) and 8 ounces of water (250cc).
- ❖ CPR Masks will be available in the concession stands.
- ❖ 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 a nonsterilized 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 HIVpositive 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 encouraged 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 CNLL 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 often 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. 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. Encourage parents to fill out the medical history forms (*included in the appendix of this safety manual*).

### **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. ADHD is a neurobiologically 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.

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### Forms and Applications

The following forms are attached as appendices.

- ❖ Volunteer Application Form
- ❖ Medical Release Form
- ❖ Injury Tracking Form
- ❖ Accident Notification Form
- ❖ Annual Little League Facility Survey