



2022 ASAP Safety Manual

League ID #4054709



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Paradise Little League
Board of Directors
2021 Season

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*Indicates Board Member is CPR Certified

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Paradise, CA 95967

PLL Facility
Egleson Little League Complex
820 Buschmann Road
Paradise, CA 95969

Website
www.paradiselittleleague.org

Emergency Procedures & Phone Numbers

Procedures in the event that an emergency occurs:

- Stay calm
- Call 911
- Report all accidents/injuries to safety officer within 48 hours.
- Complete the prescribed ASAP Incident/Injury Tracking Report. Turn in to Safety Officer

Report all accidents/injuries within 48 hours to:

Katie Battaglia, PLL Safety Officer
(on file w/Little League International)
Phone: 530-228-0129
Email: katbatt6713@gmail.com

Emergency Phone Numbers:

Paradise Police Department	530-872-6241
Paradise Fire Department	530-872-6264
Butte County Sheriff's Department	530-538-7911
Butte County Fire Department	530-533-6363
Paradise Animal Control	530-872-6275
Butte County Animal Control	530-891-2907
Poison Control Center	1-800-222-1222

Nearby Urgent Care Facilities:

Enloe Hospital	530-332-7300	1531 Esplanade, Chico
Feather River Health Center Rapid Care	530-296-3399	5125 Skyway Rd, Paradise
Immediate Care Medical Center	530-877-5433	5875 Clark Rd, Paradise

Accident Reporting Procedures

What to report:

An incident that causes any player, manager, coach, umpire or volunteer to receive medical treatment and/or first aid must be reported to the PLL Safety Officer and/or President.

When to report:

All such incidents described above must be reported to the PLL Safety Officer or President **within 48 hours** of the incident.

How to make a report:

Reporting incidents can be done in a variety of ways. Most typically, they are telephoned in to the Safety Officer. The following information must be provided:

1. Name & phone number of the individual(s) involved
2. The date, time and location of incident.
3. A detailed description of events.
4. A preliminary estimation of the extent of injury.
5. The name & phone number of the person reporting the incident.

The form that must be filled out is the **ASAP Incident/Injury Tracking Report Form**. It is available on the Paradise Little League website, littleleague.org website, or from the Safety Officer. Forward this form on to the Safety Officer within 48 hours of the incident.

Responsibility of the Safety Officer:

Within 48 hours of receiving an incident report contact the injured party of the party's parents in an attempt to:

1. Check on the status of the injured party.
2. Verify the information received.
3. Obtain any other information deemed necessary.
4. In the event the injured party required other medical treatment (i.e. ER visit, doctor's visit, etc.), advise the parent/guardian of the PLL's insurance coverage and the provisions for submitting any claims.
5. The Safety Officer shall periodically call the injured party to check on the status of any injuries and provide additional assistance as deemed necessary until the incident is considered "closed".

Paradise Little League Code of Conduct

Vehicle and Pedestrian Traffic:

- Speed limit is 5 mph on roadways and in parking lots while attending any Paradise Little League function. Watch for small children around parked cars.
- No playing in parking lots at any time.
- Park cars in a manner that allows adequate room for cars and pedestrians to easily pass. Players should be dropped off after the car has come to a complete stop and in an area that provides safe exit from the vehicle.
- Pedestrians should always be alert for traffic and look to the left and right before proceeding across the roadway.
- Walk when crossing the roadway.

General Safety and Facility Guidelines:

- No Alcohol, Smoking, or smokeless tobacco is allowed in any parking lot, field or common areas within any Paradise Little League Complex. This includes all parking lots, and parking along the street within 100 feet of the ballpark.
- This is a Drug Free Zone and all laws and penalties apply.
- No profanity please. This will not be tolerated and may result in ejection/suspension.
- No glass containers are allowed at any Paradise Little League event or game.
- No rock throwing.
- No playing on or around lawn or mechanical equipment.
- No horseplay on walkways or bleachers at any time.
- No climbing fences or trees.
- No sitting on top of dugouts.
- No pets are permitted at PLL Little League games, practices or special events.
- Be alert for errant balls. Players and spectators must be alert at all times for foul balls and errant throws. Parking at all Paradise Little League events is at your own risk.
- No throwing balls against the backstops, walls or roofs of the dugouts, walls, or roofs of any of the buildings.
- Observe all posted signs.
- Rattlesnakes and bats may be present at the Paradise Little League facility. Never handle a snake or bat.
- Report all sightings of snakes or sick/dead bats to the snack bar personnel, facility manager or PLL board member. Play in the fields surrounding the facility is discouraged to avoid snake and other wildlife encounters.
- Refuse containers should be used to dispose of garbage and to recycle appropriate items.
- Excellent Sportsmanship is expected at all times by everyone attending a PLL event or game.
- PLL reserves the right to eject anyone from the game site for unsportsman like conduct or violations of the code of conduct.

Player Safety:

- Prior to all games the managers/coaches of both teams and the umpire are responsible for inspecting the playing field & dugouts for potential hazards & taking appropriate action should

a hazard be found.

- No swinging bats or throwing balls except in designated area while under adult supervision. Only a player at bat (Teeball-Majors Divisions) or at bat, or on deck (Juniors Division +) Always look around your self-360 degrees to ensure safe clearance from other players or spectators.
- Never stand directly behind a player who is swinging a bat.
- All players participating in the game must remain in the dugout area while on offense or while sitting out on defense. Players, managers and coaches must behave in an orderly fashion at all times.
- Each team must clean up trash after each game in the dugout area and around the stands.
- All gates to the fields must remain closed at all times. After the players have entered or left the playing field, gates should be closed and secured.
- After the final game of the day, both teams are responsible for dragging the infield and raking around home plate, each base, and the pitcher's mound. Each team is also responsible for doing so after each practice.

Reasonable and Consistent Expectations

What is expected from players?

- To be on time for practices and games
- To always do their best
- To be cooperative and respectful
- To be positive with teammates
- To not let mistakes – their own or others’ – affect their attitude or sportsmanship
- To support one another
- To understand that winning and losing happen, and that both have value

What can you and your child expect from league adults, volunteers and coaches?

- To be on time for all practices and games
- To be as fair as possible in giving playing time to all players
- To do their best to teach the fundamentals of the game
- To be positive and to respect each child as an individual
- To set reasonable goals for each player and for the team
- To teach players the values of winning and losing
- To be open to ideas, suggestions, or help from others
- To never shout at any member of the opposing team or umpires. Any confrontation will be handled in a respectful, quiet, and individual manner

What is expected from you as parents and family?

- To come out and enjoy the game. Cheer to make all players feel important and valued
- To allow the coach to coach and run the team
- Do not challenge coaching/leadership in front of players or fans. Just like players, they too will make mistakes. If you have an issue call the manager or coach and request a private meeting
- Do not yell at the coaches, players, or umpires. Set a good example so the kids can play without unnecessary pressure and learn the value of sportsmanship
- Parents/adults may only help at practice if agreed by the manager, cleared by the league, and with an approved volunteer form on file.
- Don't put unreasonable pressure on the players, even your own. The majority of children playing Little League will not play past their teens. Let them make and learn from mistakes. Offer positive support. And always remember, it's just a game!

Failure to comply with the above Codes of Conduct may result in expulsion from the Paradise Little League Facility.

Safety Code

1. Safety procedures are the responsibility of all members/volunteers and players of PLL.
2. An emergency plan should be in place BEFORE any game or practice.
3. Managers, coaches and umpires should have training in first aid and a league-issued first aid kit must be present at all games and practices. A first aid kit will be issued to each manager and must be turned in with the equipment at the end of the season to the equipment or safety officer.
4. Games and practices should only be held when weather and field conditions are safe, and when lighting is adequate.
5. The manager and/or coaches should inspect the play area before each meeting for holes, damage, stones, glass, or other foreign objects.
6. All team equipment must be stored within the team dugout, or behind screens, and not within the area defined by the umpires as “in-play”.
7. Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
8. Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose, or the team’s manager/coaches.
9. During practice and games, all players should be alert and watching the batter on each pitch.
10. All pre-game warm-ups should be spaced so that no one is endangered by wild throws or missed catches. These warm-ups should be performed within the confines of the playing fields and not within areas that are frequented by, and thus endanger spectators (i.e. playing catch, swinging bats, etc.).
11. Equipment should be inspected regularly for the condition of the equipment as well as for proper fit.
12. Pitching machines, if used, must be in good working order and must be operated only by adult managers and coaches.
13. Batters must wear Little League approved helmets during batting practice and games. Helmets must be free of any decoration except those placed or approved by the manufacturer. Chin straps and face masks are recommended.
14. Do not conduct sliding practice into a fixed base
15. Catchers MUST wear catcher’s helmet, mask, throat guard, long model chest protector, shin guards at all times for all practices and games – NO EXCEPTIONS!
16. Catcher’s must wear catcher’s helmet and mask with throat protector when warming up pitchers, either, between innings or in the bullpen. Managers and coaches are not allowed to warm-up pitchers. (Rule 3.09); this includes standing at backstop during practice as informal catcher for batting practice.
17. Except when a runner is returning to a base, head-first slides are not permitted. This rule applies to Little League (Majors/Minor and Farm/Tee-ball)
18. At no time should “horse-play” be permitted on the playing field or in the dugouts
19. Parents of players who wear glasses should be encouraged to provide “safety glasses”
20. Players must not wear watches, rings, pins, jewelry, or other metallic items.
21. Regulations prohibit on-deck batters (exception: Juniors+). No player who is not at bat should have a bat in their hand.
22. Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.

At www.littleleague.org there is a free “newsletter” that includes many ways and/or ideas in which coaches, parents, and umpires can make sure the safest season is achieved. It is recommended that this resource is referenced throughout the season for updated information.

Standards and Requirements for Coaches/Umpires/Volunteers

- All managers, coaches, umpires, and volunteers must complete a standard Little League Volunteer application each season prior to being considered for a manager, coach, umpire or volunteer position.
- All managers, coaches, and umpires will ensure that players have required equipment at all times (including catchers warming up during infield). Coaches and managers will enforce rules at practices as well as games. Managers and coaches are not allowed to catch pitchers (Rule 3.09); this includes standing at the backstop during practice and as an informal catcher for batting practices.
- All managers, coaches, and umpires are responsible for safety of the grounds and playing field and must take immediate action to fix any safety concerns. Umpires will walk the playing field and check player equipment for safety prior to each game. When umpires are not in use the team manager is responsible to walk the playing field and check player equipment for safety prior to each game.
- A copy of this Safety Manual and a First Aid Kit will be issued to every team and be available online with league resources. Each manager of a team will acknowledge receipt of these two items by signing the acknowledgement form kept by PLL.
- Every manager/coach will be required to attend a coaching fundamentals clinic, (i.e. sliding, batting, pitching, fielding), with at least one representative from each team attending each year. The Clinic will be held at the District 47 coaches training event at a time to be announced. See website for times and location. This training is recommended yearly and is mandatory for each manager/coach at least once every two years.
- Every manager/coach will be required to attend a first aid/safety clinic, with at least one representative from each team attending each year. This training will be mandatory for each manager/coach every year. The Safety Training will be held at the District 47 Safety Training event or online education. See website for times and location. **The mandatory PLL Manager & Coaches Meeting** where additional safety review, policies and rules are covered will be held in the first two weeks of February. Check website or Facebook for details. For safety, this meeting will be offered via Zoom group education online. Information will also be communicated via e-mail to managers & coaches.
- Every umpire will be required to receive umpire training. An approved District 47-umpire clinic is recommended. Information about the CA D47 Umpire Clinic is available on the District 47 website.
- Coaches and umpires will inspect equipment before each use. No manager, coach or umpire will allow any bat, helmet, or piece of catcher's equipment to be used in a practice or game until the item has been inspected for defects. Any equipment found to have defects shall not be used, and should be given to the equipment manager for repair or disposal.

Storage Shed Procedures

The following procedures apply to all of the storage rooms/sheds used by Paradise Little League and apply to anyone who has been granted access.

- All individuals with keys/combos to the equipment sheds are aware of their responsibility for the orderly and safe storage of equipment, machinery, hazardous materials, fertilizers, poisons, tools, etc.
- Before the use of any machinery located in the shed (i.e. lawn mowers, weed whackers, edgers, lights, public address systems, etc.) please locate and read the written operating procedures for that equipment.
- All chemicals or organic materials stored in storage sheds shall be properly marked, labeled, and stored in its original container, if available.
- All chemicals or organic materials (i.e. lime, fertilizer, gypsum, etc.) stored within the storage sheds will be separated from the areas used to store machinery and gardening equipment (i.e. rakes, shovels, etc.) to minimize the risk of puncturing storage containers.
- Any witnessed “loose” chemicals or organic materials within these sheds should be cleaned up and disposed of as soon as possible to prevent accidental poisoning.

Snack Bar Safety Policy

Personnel:

A snack bar supervisor (age 18 or older) must be on duty at all times while the snack bar is open for business.

All snack bar supervisors must complete training in the safe use, care, and inspection of all appliances and machines in the snack bar. All snack bar supervisors must complete training in the safe handling/preparation of food. Only authorized personnel may be in the snack bar.

No person with a communicable disease or illness will be allowed to work in the snack bar. Covid-19 precautions will be in effect. Special training of the Snack Bar staff will be held prior to opening.

Food Handling:

All personnel must wash their hands with anti-bacterial soap prior to beginning work in the snack bar and any time they re-enter the snack bar after leaving. Prior to preparing food all counter tops and utensils must be cleaned. Prior to and after handling prepared foods (i.e. hotdogs and nachos) personnel must wash their hands with anti-bacterial soap. Anti-microbial hand sanitizer or wipes are permitted between gloves changes or when the sink is not immediately available.

Equipment Safety:

Prior to beginning food preparation all equipment must be inspected for hazards, defects, or damage. Do not place metal or foil in the microwaves. Clean-up all counter-tops must be cleaned with a disinfecting cleanser. All equipment and utensils must be cleaned with dishwashing detergent. Floor must be swept and mopped with disinfecting cleanser. All unsold prepared food must be disposed of in trash receptacle outside the snack bar.

Injuries:

Any injury must be reported to the board member on duty and an injury reporting form must be completed. A first aid kit is located in the snack bar (all employees must be made aware of this location). Any cuts or scrapes must be treated immediately, and that person should be removed from the snack bar.

Hazards:

Any actual or potential hazards must be reported to the snack bar manager and the safety officer immediately. Any equipment or appliance that appears to be defective or damaged must not be used.

Additional resource information is located at littleleague.org: **Concession Stand Safety**.

ASAP- What is It?

In 1995, ASAP (A Safety Awareness Program) was introduced with the goal of reemphasizing the position of safety officer to “create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball.” This manual is offered as a tool to place some important information at the manager’s and coach’s finger tips.

Suggestions for Prevention:

- Send any comments, concerns, and/or ideas regarding safety issues via email to: Paradiselittleleagued47@gmail.com
- It is recommended that each team have a parent volunteer as part of the “safety parent committee”. They will patrol during the game and report back to the safety officer if there are unsafe practices, an injury/incident, or conditions that need addressed.
- Coaches and managers should stay updated on safe coaching practices by visiting www.LittleLeagueCoach.org. It is a GREAT resource with many excellent suggestions.
- Never allow a game to be played in unsafe conditions. Some examples include but are not limited to: lightning, temperatures above 105 degrees, or where a dangerous person is presenting a threat.
- Be aware of the locations of first aid kits and fire extinguishers (you will be informed of their location at the mandatory safety meeting, and signs will be posted showing their locations).
- It is recommend that children not consume any food or gum DURING play as it can cause a choking hazard.
- Make sure any and all jewelry, and metal hair accessories are removed before play to avoid injury to a player or umpire.
- Make sure all equipment being used is legal for the age group and is in safe condition for kids to use.
- On hot days make sure that kids drink plenty of water and have water available to them.
- It is not mandatory but recommended that at least one of the coaches on a team be CPR certified. CPR training is not mandatory but the first aid/safety training is MANDATORY. It can save lives...not just at the ball field, but everywhere!
- Make sure that CPR and first aid signs in each dugout remain the entire season and are visible at each game.
- Know the signs of sudden cardiac arrest. Sudden cardiac arrest can happen by a blow to the chest, thus the importance of mandatory chest protectors being worn at ALL times by catchers. Following this list of preventative measures is a facts sheet on SCA, sudden cardiac arrest.
- All users of the pitching machine must be trained adults.
- Before the season begins, each team should hold a parent meeting to set expectations and address any safety concerns. Examples of potential dangers could be food/bee allergies, custody issues, and who a child cannot be released to etc.
- Inform parents on the safety benefits of mouth guards. Mouth guards can help prevent not just mouth injuries but more serious ones such as concussions, cerebral hemorrhages, jaw fractures, and neck injuries. According to the Academy of General Dentistry, an athlete is 70 times more likely to sustain damage to teeth when not wearing a mouth guard and almost on third of all dental injuries are sport related. During a single athletic season, athletes have a one in ten

chance of suffering a facial or dental injury.

- Stay current on safety measures by often visiting the ASAP newsletter link at Little League International website.
- Lastly, use common sense. Do what it takes to make sure the safety of everyone is the #1 priority and we can prevent problems before they arise!

FIRST AID GUIDE

First Aid Guide:

Following is a guide to some basic first aid techniques that each manager, coach, volunteer, or snack bar worker should be familiar with should an emergency arise. In an emergency, seconds can be the difference between life and death. When calling for emergency help, let the emergency person end the conversation. DO NOT HANG UP!

What is First Aid?

First Aid means exactly what the term implies – it is the first care given to an accident victim. It is usually performed by the first person on the scene and is continued until professional medical help arrives. At no time should anyone administering First Aid go beyond his or her capabilities. KNOW YOUR LIMITS!

The average response time on 911 calls is 5-7 minutes. En-route paramedics are in constant communication with the local hospital, preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

First Aid Kits:

First Aid kits will be furnished to each team at the beginning of the season with the PLL Safety Officer's name and phone number inside the kit. This First Aid kit will become part of the team's equipment and shall be taken to all practices, batting cage practices, games (including post-season), and any other PLL event where children are present.

A Larger First Aid Kit will be kept in the snack bar at Egleson Complex. To replenish materials in the team First Aid kit, or main kit, the manager/coach must contact the PLL Safety Officer.

Permission to Give Care:

If the victim is conscious, you must have his/her permission before giving first aid. To get permission you must tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. Player Medical Release forms give consent to any steward of PLL to seek necessary medical treatment when no parent/guardian is present to give consent. If the condition is serious, permission is implied if a supervising adult is not present.

Calling for Help - 911

- If the victim is NOT breathing: Call 911 at once or specifically assign someone to call for emergency help. If you have been trained in CPR, begin CPR procedures. (An Emergency CPR mask is located in the first aid kit in the snack bar).
- If the victim is in distress but breathing, call 911 at once.
- What to say when you call:
 - Give the phone number from which you are calling and your name.

- Give the address and directions to find the victim.
- Describe the victim's condition.
- Describe what happened, how many are injured, or what help is being given.

First Aid Kits- PLL's main first aid kit will be located in the snack bar at Egleson Complex. Additional first aid supplies are located in the equipment room.

Fire Extinguishers- Located in the equipment room, snack bar, and each score booth. Signs are posted as to location.

CPR GUIDELINES

CPR guidelines have been established by the American Heart Association (AHA). Parents and league officers who have completed an AHA or AHA approved course, with demonstrated competency, may perform CPR if the situation arises. It is important to stay up to date with the newest recommendations. The annual AHA CPR Guideline updates and class offerings are available on line at www.cpr.heart.org

INJURY 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 require it.
- When administering aid, remember to:
 - LOOK for signs of injury (blood, bruising, deformity of bone or joint, etc.).
 - LISTEN to the injured person describe what happened and what hurts. Before questioning, you may have to calm and soothe an excited child.
 - FEEL gently and carefully around the injured area for signs of swelling, or grating of broken bone.
- Know your limitations. Carry your first-aid kit to all games and practices. Keep this Safety Manual with your first aid kit. Player Medical Release forms should be present at all practices and games to authorize Medical Treatment if a player is injured and no parent/guardian is on hand to consent in case of an Emergency.
- Report any actual or potential safety hazards at the PLL complex to the safety officer immediately.

Don't:

- Hesitate in giving aid when needed.
- Administer any medication to players/children! This includes acetaminophen, ibuprofen and cough drops. Parent consent is required. It is best to allow the parent to administer medications.
- Provide any food or beverages (other than water) during play.
- Be afraid to ask for help if you are not sure of proper procedures (first aid, CPR, etc.).
- Transport injured individuals except in extreme emergencies. Call 911.
- Leave a child/children unattended at practices or games.
- Hesitate to report any actual or potential safety hazards at the PLL complex to the safety officer immediately.

SUDDEN CARDIAC ARREST (SAC)

It happens all too often. Every 3 days, one young athlete dies from SCA- the condition in which the heart unexpectedly ceases to function. When this occurs, blood stops flowing to the brain and other vital organs, causing loss of consciousness or seizure-like activity in seconds. If not treated within 3-5 minutes, SCA results in death. The normal rhythm of the heart can only be restored with defibrillation through an electric shock that is safely delivered to the chest by an automated external defibrillator (AED) as soon as one is available. It is the responsibility of parents and those working with youth, to ensure every precaution is taken to keep them safe. In the world of SCA, that preparation takes several forms:

- Person has collapsed and is unresponsive; gasping, gurgling, snorting, moaning or making labored breathing noises.
- Seizure-like activity is possible.
- Suspect SCA in a collapsed athlete after a blow to the chest by a ball or another player.

Take Action - Cardiac Chain of Survival:

1. Recognize SCA
2. Call 911 and other on-site responders
3. Qualified person to immediately begin CPR and use an AED, (if available), until EMS arrives and can provide advanced cardiac life support, including additional resuscitative measures and transfer to hospital

HEAD INJURIES/CONCUSSIONS

Concussions can occur when players are hit with a ball, or when falling or bumping into one another. Please make sure that helmets are being used when at bat, running bases, or base-coaching. Helmets must be kept on until the player is safely back inside the dugout. Do not allow players to swing bats unless they are at bat.

Please observe for signs and symptoms of a concussion: dazed or stunned appearance, confusion, forgets instructions, moving clumsily. If you suspect a concussion get medical assistance immediately. Do not allow the player to return to play/practice until cleared by a MD.

If there is bleeding from the hole in the ear, it can mean that there is a skull fracture and immediate medical attention should be sought.

- Call for emergency help. Let a professional medical person attend the wound.
- Always suspect a neck injury when there is a serious head injury. Keep the neck and head still.
- Keep the airway open.
- When stopping the bleeding, don't press too hard. DO NOT attempt to stop bleeding from within the ear by direct pressure.
- DO NOT give the victim any fluids or other drugs. They may mask important symptoms!

“Heads UP”

According to the Centers for Disease Control, if you suspect that an athlete has a concussion, implement a 4-step “Heads Up” action plan:

1. Remove the athlete from play.
2. Ensure that the athlete is examined by a healthcare professional experienced in evaluating for concussion.

3. Inform the athlete's parents or guardians and give them a concussion fact sheet.
4. Keep the athlete out of play the day of the injury and until an experienced healthcare professional confirms s/he is symptom free and able to return to play.

Many states have enacted laws designed to prevent concussions and protect the health and safety of young athletes. Little League International has compiled a summary of all currently existing and proposed state laws regarding concussions in young athletes which can be accessed from its website at: <http://www.littleleague.org/learn/programs/childprotection/concussions.htm>

BLEEDING

Wounds: The best way to control bleeding is with direct pressure over the site of the wound. Do not attempt to apply a tourniquet. Always avoid skin contact with the victim's blood. Use several layers of material, if necessary.

- Apply firm, steady, direct pressure for 5-15 minutes. Most bleeding will stop within a few minutes.
- If bleeding is from a foot, hand, leg, or arm, use gravity to help slow the flow of blood. If there are no broken bones, elevate the limb so that it is above the victim's heart.
- Applying direct pressure can often control severe nose bleeding. Pinch the nostrils with the fingers while sitting up and leaning forward. Apply pressure for 10 minutes without interruption.
- In the case of a mouth injury, control bleeding:
 - Inside the cheek, with folded dressings against the wound.
 - Outside of the cheek, with direct pressure to the wound and bandage so not to restrict breathing.
- If tooth is knocked out, place sterile dressing directly in space left by tooth.
 - Have victim bite down gently to apply direct pressure.
 - Preserve tooth by using the SAVE-A-TOOTH system (if available), or a clean moist cloth.
 - Always try to handle the tooth by the crown (chewing edge) and not the root.
 - Get the victim and the tooth to a dentist as soon as possible.

COMMUNICABLE DISEASE PROCEDURE

- Stop Bleeding. Cover open wounds. Change any blood covered or spattered uniform before resuming play.
- Use gloves when blood or other bodily fluid contact is possible. Take every precaution to prevent contact between skin and blood or other bodily fluids.
- Wash hands and other skin surfaces immediately after contact with any bodily fluid.
- Clean and disinfect all blood-contaminated surfaces and equipment.
- Properly and immediately dispose of dressings, gloves, or other disposable articles after use in contact with blood or other bodily fluids.

INJURIES TO MUSCLES, BONES, AND JOINTS

- Leg Injury – Immobilize an injured leg by binding it to the uninjured leg.
- Foot Injuries – Immobilize the ankle and foot by using a soft splint, such as a pillow or rolled blanket. Do not remove the shoes.
- Hand and Finger Injuries – Apply a bulky dressing to the injured area. For a possible fractured or dislocated finger, tape the injured finger to a finger next to it.

- Open Fractures – An open fracture occurs when a bone is severely injured, causing the bone ends to tear through the skin and surrounding tissue.
 - Place sterile dressings around the open fracture.
 - Bandage the dressings in place around the fracture. Avoid moving the exposed bone and limb; this may cause the victim a great deal of pain and may complicate recovery.

SNAKE BITES

Call 911 for emergency assistance immediately. Responding quickly in this type of emergency is crucial. While waiting for emergency assistance:

- Wash the bite with soap and water.
- Immobilize the bitten area and keep it lower than the heart.
- Cover the area with a clean, cool compress or a moist dressing to minimize swelling and discomfort.
- Monitor vital signs.

If a victim is unable to reach medical care within 30 minutes, the American Red Cross recommends:

- Apply a pressure immobilization bandage to any venomous snakebite, with pressure applied around the entire length of the bitten extremity.
- A suction device can be placed over the bite to help draw venom out of the wound without making cuts. These devices are often included in commercial snakebite kits. **DO NOT TRY TO SUCK THE VENOM FROM THE WOUND WITH YOUR MOUTH.**

Most often, physicians use antivenin -- an antidote to snake venom -- to treat serious snakebites. Antivenin is derived from antibodies created in a horse's blood serum when the animal is injected with snake venom. Because antivenin is obtained from horses, snakebite victims sensitive to horse products must be carefully managed.

Preventing snake bites

Some bites, such as those inflicted when you accidentally step on a snake in the woods are nearly impossible to prevent. However, there are precautions that can reduce your chances of being bitten by a snake. These include:

- Leave snakes alone. Many people are bitten because they try to kill a snake or get too close to it.
- Stay out of tall grass unless you wear thick leather boots and remain on hiking paths as much as possible.
- Keep hands and feet out of areas you cannot see. Do not pick up rocks or firewood unless you are out of a snake's striking distance.

ANIMAL BITES

For deeper bites or puncture wounds from any animal, or for any bite from a strange animal:

- If the bite or scratch is bleeding, apply pressure to it with a clean bandage or towel to stop the bleeding.
- Wash the wound with soap and water under pressure from a faucet for at least five minutes, but do not scrub, as this may bruise the tissue.

- Dry the wound and cover it with a sterile dressing, but do not use tape or butterfly bandages to close the wound, as this trap could harmful bacteria in the wound.
- Call your physician or healthcare professional for guidance in reporting the attack and to determine whether additional treatment, such as antibiotics, a tetanus booster, or rabies vaccination is needed. This is especially important for bites on the face, or for bites that cause deeper puncture wounds of the skin.
- If possible, locate the animal that inflicted the wound. Some animals need to be captured, confined, and observed for rabies. Do not try to capture the animal yourself; instead contact the nearest animal warden or animal control office in your area.
- If the animal cannot be found, or if the animal was a high-risk species (skunk or bat), or the animal attack was unprovoked, the victim may need a series of rabies shots.
- Call your physician or healthcare provider for any flu-like symptoms such as a fever, headache, malaise, decreased appetite, or swollen glands following an animal bite.
- Remember these facts to report about the incident to your healthcare provider:
 - Location of the accident.
 - Type of animal involved (domestic pet or wild animal).
 - Type of exposure (cut, scratch, licking of open wound).
 - Part of the body involved.
 - Number of exposures.
 - Whether or not the animal has been immunized against rabies.
 - Whether or not the animal is sick or well - if "sick," what symptoms were present?
 - Whether or not the animal is available for testing or quarantine.

DEHYDRATION AND HEAT STROKE

What causes dehydration?

Under normal conditions, we all lose body water daily through sweat, tears, urine, and stool. In a healthy person, this water is replaced by drinking fluids and eating foods that contain water. When a person becomes sick with fever, diarrhea, or vomiting or if an individual is overexposed to the sun, dehydration occurs. This is caused when the body loses water content and essential body salts such as sodium, potassium, calcium bicarbonate, and phosphate. Occasionally, drugs, such as diuretics, which deplete body fluids and electrolytes, can cause dehydration. Whatever the cause, dehydration should be treated as soon as possible.

What are the symptoms of dehydration?

The following are the most common symptoms of dehydration, although each individual may experience symptoms differently. Symptoms may include:

- Thirst
- Less-frequent urination
- Dry skin
- Fatigue
- Light-headedness
- Dizziness
- Confusion
- Dry mouth and mucous membranes

- Increased heart rate and breathing

In children, additional symptoms may include:

- Dry mouth and tongue
- No tears when crying
- Sunken abdomen, eyes, or cheeks
- High fever
- Listlessness
- Irritability
- Skin that does not flatten when pinched and released

Treatment for dehydration

If caught early, dehydration can often be treated at home under a physician's guidance. In children, directions for giving food and fluids will differ according to the cause of the dehydration, so it is important to consult your pediatrician. In cases of mild dehydration, simple rehydration is recommended by drinking fluids. Many sports drinks on the market effectively restore body fluids, electrolytes, and salt balance. For moderate dehydration, intravenous fluids may be required, although if caught early enough, simple rehydration may be effective. Cases of serious dehydration should be treated as a medical emergency, and hospitalization, along with intravenous fluids, is necessary. Immediate action should be taken.

How can dehydration be prevented?

Take precautionary measures to avoid the harmful effects of dehydration, including:

- Drink plenty of fluids, especially when working or playing in the sun.
- Make sure you are taking in more fluid than you are losing.
- Try to schedule physical outdoor activities for the cooler parts of the day.
- Drink appropriate sports drinks to help maintain electrolyte balance.
- For infants and young children, solutions like Pedialyte will help maintain electrolyte balance during illness or heat exposure. Do not try to make fluid and salt solutions at home for children.

What causes heat stroke?

Our bodies produce a tremendous amount of internal heat and we normally cool ourselves by sweating and radiating heat through the skin. However, in certain circumstances, such as extreme heat, high humidity or vigorous activity in the hot sun, this cooling system may begin to fail, allowing heat to build up to dangerous levels. If a person becomes dehydrated and cannot sweat enough to cool their body, their internal temperature may rise to dangerously high levels, causing heat stroke.

What are the symptoms of heat stroke?

The following are the most common symptoms of heat stroke, although each individual may experience symptoms differently. Symptoms may include:

- Headache
- Dizziness
- Disorientation, agitation, or confusion
- Sluggishness or fatigue
- Seizure
- Hot, dry skin that is flushed but not sweaty

- A high body temperature
- Loss of consciousness
- Rapid heartbeat
- Hallucinations

How is heat stroke treated?

It is important for the person to be treated immediately as heat stroke can cause permanent damage or death. Here are some immediate first aid measures you can take while waiting for help to arrive:

- Get the person indoors or into the shade
- Remove clothing and gently apply cool water to the skin followed by fanning to simulate sweating
- Apply ice packs to the groin and armpits
- Have the person lie down in a cool area with their feet slightly elevated

Intravenous fluids are often necessary to compensate for fluid or electrolyte loss. Bed rest is generally advised, and body temperature may fluctuate abnormally for weeks after heat stroke.

How can heat stroke be prevented?

- Drink plenty of fluids during outdoor activities, especially on hot days. Water and sports drinks are the drinks of choice; avoid tea, coffee, soda, and alcohol as these can lead to dehydration.
- Wear lightweight, tightly woven, loose fitting clothing in light colors.
- Schedule vigorous activity and sports for cooler times of the day.
- Protect yourself from the sun by wearing a hat, sunglasses, and using an umbrella.
- Increase time spent outdoors gradually to get your body used to the heat.
- During outdoor activities, take frequent drink breaks and mist yourself with a spray bottle to avoid becoming overheated.
- Try to spend as much time indoors as possible on very hot and humid days.

If you live in a hot climate and have a chronic condition, talk to your physician about extra precautions you can take to protect yourself against heat stroke.

Hydration Safety

Managers and coaches should schedule water breaks every 15 to 30 minutes during games or practices. Players should be encouraged to drink between every inning. Thirst is not always an indicator of fluid needs. Therefore, children must be encouraged to drink – even if they don't feel thirsty. Beverages containing caffeine such as tea or sodas should be avoided as they are diuretics and can dehydrate the body. Carbonated drinks should also be avoided. Good nutrition is important for children. Sometimes the most important nutrient they need is water-especially when they are being physically active. When children are physically active, their muscles generate heat thereby increasing their body temperature. As their body temperature rises, their cooling mechanism, sweating, kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity do, and their cooling mechanism is not as efficient as an adult's. If fluids are not replaced, children can become overheated and dehydrated. Drink often!

CHOKING/THE HEIMLECH MANUEVER

The Heimlich maneuver is an emergency method of removing food or foreign objects from the airway to prevent suffocation. Only qualified and trained persons should perform the Heimlich maneuver when needed. General information – to determine if someone who is conscious is choking, ask: “Can

you cough? Can you speak?” If the person can speak or cough, do not perform the Heimlich Maneuver or pat them on the back. DO encourage them to cough to remove the foreign object from the airway.

To Perform the Heimlich (To be performed by qualified persons).

1. Grasp the choking person from behind.
2. Place a fist, thumb side in, just below the person’s breastbone (sternum), and above the navel.
3. Wrap the second hand firmly over the fist. Pull the fist firmly and abruptly into the top of the stomach. It is important to keep the fist below the chest bones and above the navel (belly button). These will be violent thrusts, as many times as it takes.
4. Repeat the procedure until the airway is free from obstruction or until the person who is choking loses consciousness and/or goes limp.

Most individuals are fine after the object is removed from the airway. However, occasionally the object will go into one of the lungs. If there is a possibility that the foreign object was not expelled, medical care should be sought. If the object cannot be removed completely by performing the Heimlich, immediate medical care should be sought by calling 911 or going to the local emergency room.

NEVER PLACE YOUR FINGERS IN THE MOUTH OF AN INDIVIDUAL WHO IS CHOKING IN AN ATTEMPT TO RETREIVE THE FOREIGN OBJECT.

Placing your fingers in the mouth of a choking victim puts you at risk for a bite injury and the victim at risk for the object being pressed further into the mouth/airway.

LIGHTNING

When you hear it – Clear it! When you see it – Flee it!

Consider the following facts:

- The average lightning strike is 6-8 miles long.
- The average thunderstorm is 6-10 miles wide and travels at a rate of 25 mph.
- Once the leading edge of a thunderstorm is within 10 miles, you are at immediate risk due to the possibility of lightning strikes coming from the storm’s overhanging anvil cloud.
- On average, thunder can only be heard over a distance of 3-4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

“Flash-Bang” Method

One method of determining the distance of a lightning strike is called the “flash-bang” method; count the number of seconds between the sight of a lightning strike and the sound of thunder that follows it. Halt play and call for evacuation of the field when the count between the lightning flash and sound of its thunder is 15 seconds or less.

The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager, coach, or umpire who feels threatened by an approaching storm should stop play and get the kids to safety. Where should you go? No place is completely safe from lightning, but some places are safer than others. Large enclosed shelters (substantially constructed buildings) are the safest (snack bars & press boxes). For the majority of participants, the best area to seek shelter is in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area and cannot get to shelter, put your feet together, crouch down, and put your hands over your ears (to try and prevent eardrum

damage). AVOID high places, open fields, isolated trees, unprotected gazebos, rain, or picnic shelters, dugouts, flagpoles, light poles, bleachers (metal or wood), metal fences and water.

First Aid for a Lightning Victim:

Typically, the lightning victim exhibits similar symptoms as those of someone suffering from a heart attack. In addition to calling 911, the rescuer should consider the following:

- The first tenet of emergency care is “make no more casualties”
- If the victim is in a high-risk area (open field, isolated tree, etc.) the rescuer should determine if movement from that area is necessary – lightning can and does strike the same place twice. If the rescuer is at risk, and movement of the victim is a viable option, it should be done.
- If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving the victim. Determine if the victim has a pulse. If no pulse is detected, start cardiac compression. Please note that CPR should only be administered by a person knowledgeable and trained in cardiopulmonary resuscitation.

COVID-19 BEST PRACTICES

In order to help keep our kids on the field, Paradise Little League has considered all federal, state, and local guidance, as well as that of Little League International, on organized youth sports, public gatherings, and sporting events. We believe that the following Code of Conduct will help mitigate the risk of spreading COVID-19 to our players, volunteers, and community.

Self-monitoring and Quarantine

- Stay home if fever, cough, worsening respiratory symptoms, or any known exposure to a person with COVID-19 is present. Resume activities only after being cleared by a medical professional.
- Any individual, including players, at risk for severe illness or with serious underlying medical or respiratory condition should only attend Little League activities with permission from a medical professional.

District 47 General COVID-19 Guidelines

- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, blowing your nose, coughing, sneezing, or using the restroom. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol to cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth.
- Cover your mouth and nose with a cloth face mask when practical.
- Practice social distancing of six feet wherever possible from individuals not within your household.
- No spitting. This includes sunflower seeds and gum.

Players

- Follow all General Guidelines as outlined above
- Refrain from unnecessary contact with others, including high fives, handshakes, fist/elbow bumps, group celebrations, etc.
- Do not share food/beverages. Bring your own water bottle, labeled with your name. Post-game snack is allowed but should be pre-packaged.
- Do not share towels, clothing, hats, or any other items that may be used to wipe face or hands.
- Players may, but are not required to, wear face masks while on the field or while batting.
- Players may not wear medical gloves on the field during game play.
- Players should have their own individual batter's helmet, glove, bat, and catcher's equipment. All equipment should be cleaned and disinfected by parents after each game/practice. When it is necessary to share critical or limited equipment, each piece of equipment must be cleaned and disinfected before being used by a new player.
- Players must follow all instructions given by managers, coaches, umpires, and other league officials in effort to mitigate the spread of COVID-19. Failure to do so may result in players being asked to leave.

Fans

- Follow all General Guidelines as outlined above.
- Bring your own chairs/seating to games when possible. Keep 6' between other fans in the bleachers.
- Paradise Little League reserves the right to limit attendance of any Little League activity to essential volunteers and family.
- Fans must follow all instructions given by managers, coaches, umpires, and other league officials in effort to mitigate the spread of COVID-19. Failure to do so may result in fans being asked to leave.

2022 VOLUNTEER REQUIREMENTS

- Managers, coaches, board members and any other volunteers or hired workers who provide regular services to the league and/or have repetitive access to or contact with players or teams must fill out an application form as well as provide a government-issued photo identification card for ID verification. Name spelling and numbers must be checked for accuracy.
- PLL will use Little League recommended method(s) to conduct a search of the volunteer's background and appropriate status to serve as a volunteer.
- Information on running background checks that contain not only those on a sex offender registry, but other crimes of a sexual and non-sexual nature, can be found on the Little League website (www.littleleague.org).
- PLL may conduct nationwide, state and/or local criminal background checks as deemed necessary to establish appropriate status to serve as a volunteer.
- Anyone refusing to fill out a Volunteer Application is ineligible to be a volunteer or a league member. PLL retains the right to decline a volunteer application or remove a volunteer. The PLL Board of Directors shall be notified of such actions.
- League President will retain these confidential forms for the year of service.

Safety Manual & COVID-19 Best Practice Guidelines Acknowledgement Form

Each team manager will review the Safety Manual and COVID-19 Best Practice Guidelines. This Safety Manual will serve as the main resource document for safety for PLL. First aid kits are provided at the beginning of each season. The manager of the team will be responsible to provide access to the Safety Manual, The COVID-19 Guidelines, infection prevention supplies, and a First Aid Kit at practices and games. There is a large First Aid kit in the snack bar at Egleson Complex.

Manager (or team representative) acknowledgement: I acknowledge my responsibility for the information and access to the PLL Safety Manual, COVID-19 Prevention Guide and First Aid Kit. I understand that I am required to have all of these items at all team practices, batting cages practices, games (season and postseason) and any other events where team members could become injured or ill. I will return the first aid kit at the end of the season along with my equipment. I will review the Best Practice for Prevention of COVID-19 with the team parents prior to the start of the season. CSLL recommends reinforcing prevention measures, conducting team meetings via online, email and communication platforms to reduce in person meetings where possible. For in person meetings adhere to outside space requirements and physical distancing.

Date

Team Name and Division

Print Name of Manager

Signature of Manager

Complete and sign form and give to the PLL President, League Official or Safety Officer

Note: All Managers are required to know and acknowledge this information which is provided online in several formats or printed per request. Signature or no signature on the Safety Training sign-in sheet carries the same acknowledgement of information as stated and contained on this form.