



First Aid and Safety Training

Ponderosa Little League

2017

League ID# 4055412



Summary

- Prevention
 - Environmental
 - Thunder/Lightning
 - Baseball Specific
- First Aid
 - Emergency Plan
 - Types of injuries and what to do
- Concussion Awareness
- Protecting young arms
 - Prevention
 - PLL Pitching Rules
- Packets



Prevention

○ Environmental Issues

- Hydration
 - Remind players to drink fluids...especially water!
 - More to follow under heat illness
- Lyme disease
 - Tick checks
 - Tick removal
 - Insect repellant
- Smokey conditions that pose a health risk
- Sunscreen – **USE IT!!!!**
- Parking lot safety
- Stranger safety

Prevention: Thunder/Lightning

- **If you hear thunder, immediately suspend your event and instruct everyone to get to a safe place.**
- **"If you hear it.....clear it!"**
- After each incidence of thunder or lightning, there is a mandatory delay of 30 minutes before play can start or resume. If any thunder or lightning is present during the interval, the 30 minute wait time is reset at that occurrence.





Prevention: Baseball Specific

- NO on deck circle
- NO thrown bats
- NO holding bats in dugout
- Field assessment
 - Coaches and umpires should assess field/dugouts prior to practice and games
 - Notify board of conditions that need to be addressed
- Emphasize proper skills
 - Sliding, throwing, fielding
- Supervision of kids
 - **Control the bench!**
- Enforce equipment rules
 - Coaches should be continually checking equipment
 - Umpires should check/inspect equipment prior to start of play

Prevention: Baseball Specific

- Catcher's must wear full protective gear in practice, during warm-up throws and games. **No exceptions.**
- Batters must wear helmets in practice, warm-up hitting & during games. **No exceptions.**
- All players are encouraged to wear cups, it is mandatory for catchers.
- Prior to practice and games, manager should direct their players to stretch and warm up.
- Stretching/warm up can help cut down many types of injuries





Emergency Plan

In Case of an Emergency

- Assess player status
 - Can player be safely moved?
- Designate a person to call 911 or (530) 626-4911
 - Send someone to direct the ambulance
- Review Medical Release form for pertinent information and have available for EMS
- If parents are not available, go with the injured player and turn over team to asst. coach
- Complete incident report and forward to Safety Officer within 24 hours
- Get medical clearance before return to play if formal treatment was required

Injuries – Bruises/Contusions

- Causes – Hit by ball, collisions with other players, solid objects
- Signs – Pain, swelling, discoloration
- Treatment – PRICES = Protect, Rest, Ice, Compression, Elevation, Support
- Special evaluation for bruise/impact to head (see Concussion).





Injuries- Cuts & Scrapes

- Causes-Collisions, sliding, hit by ball, thrown bat, etc.
- Signs- Bleeding, torn skin
- Treatment – Use medical kit supplies to stop bleeding, direct pressure, keep sterile, advise wash. Bring injury to parents attention.
- Note – Equipment, balls, etc. with blood on them need to be removed from use

Injuries - Sprains

- Causes-Collisions with bases, players, ankle turning over while running, etc.
- Signs- Pain, swelling, dislocation, discoloration
- What to do – Notify parent, avoid movement, ice pack, rest, elevation
- Note – Player with suspected sprain should not rejoin game/practice





Injuries - Strains

- Causes - Muscle over-stretched, torn by sudden movements, inadequate stretching
- Signs – Pain
- What to do – avoid movement, rest, ice
- Note – Don't discount pain.



Injuries - Fractures

Open fracture

- Call 911 and get parent
- Control bleeding and keep clean
- Do not attempt to straighten
- No pressure
- Loose bandage
- Stabilize in place

Closed fracture

- Call 911 and get parent
- Stabilize in place
- Move as little as possible

Injuries – Head & Neck

- Any significant impact to head, neck, back (e.g. collision, hit by ball, hit the ground) needs careful evaluation.
- Signs- Nausea, confusion, blackout, bleeding from ears/nose, ringing in ears, pain in head and/or neck.
- Neck injury
 - Stinger
 - Pain in neck and arm, numbness and tingling in arm,
 - weakness in arm
 - Rest until function returns
- Possible neck fracture
 - Numbness/tingling or loss of feeling in extremities,
 - neck pain
 - inability or reluctance to move
- What to do-Contact parent, call 911, **do not move if possible neck/spinal injury**. Do not put pressure on bleeding head.

Injuries- Eye, Nose, Mouth

Eyes Minor

- Signs – Redness, Watery, Dirt in eyes
- What to do – Contact parents, avoid rubbing eyes.

Eyes Major

- What to do – Contact parents, 911, do not remove impaled objects, cover good eye, place cup over impaled object to prevent movement
- **Did you know?**
 - *Baseball is the leading cause of eye injuries in athletes under the age of 14 in the USA.*

Injuries – Eye, Nose & Mouth

Continued

Nose

- Signs – Swelling, discoloration, pain, bleeding
- What to do – Contact parent, Lean patient forward (not back), pinch nose closed should stop in 10 minutes, ice

Mouth Injuries

- Signs – Broken teeth, bleeding
- What to do – Contact parent, save teeth (do not put in liquid), hold by enamel, not root and wrap in gauze. Use gauze to control bleeding.



Injury – Commotio Cordis

Commotio Cordis

- “Concussion of the heart”
- Cause – An object like a baseball striking the chest wall at a sufficient velocity at a precise interval of the heart rhythm that can stop the heart
- Signs – Player collapses after being struck in chest and has no pulse.
- What to do – Call 911, contact parent, commence CPR.
- Note – This is a rare occurrence. There are a few in the U.S. each year.


Medical Problems – Allergies and Loss of Consciousness

Allergic Reactions

- Signs – Allergen (bee sting, peanut butter), Itchy, watery eyes, hives, red skin, swelling, tightness in chest and throat, difficulty breathing, player carries epi-pen
- What to do – Contact parent, call 911

Loss of Consciousness

- Signs – Player feels faint, swoons, loses consciousness (e.g. diabetic emergency).
- What to do – Contact parent, call 911, check breathing, check pulse, if no pulse then either commence CPR if trained, find someone who knows how if not trained.



Medical Problems- Heat cramps, Heat Exhaustion, Dehydration

- Signs: Heavy sweating, muscle cramps, weakness, nausea, excessive thirst, feeling faint, confused, irritability, lethargy, flushed face
- What to do – rest, get out of sun, drink water, wet towels
- Note: In extreme case of dehydration and loss of salts, plain water may not be enough.



Heat Illness: Prevention

- 12-16 oz. fluid 30 minutes before game
 - Every 20 minutes during game
 - <90 lbs. 5 oz.
 - >90 lbs. 9 oz.
- Every 20 minutes for 1 hour after game
- Sports drinks increase voluntary drinking by 90% in kids

*Adapted from the American Academy of Pediatrics



Medical Emergency -Heat Stroke

Very Serious/True emergency

- Signs - Doesn't sweat (too dehydrated), dry skin may be red, hot to the touch, nausea, faint, confused, rapid pulse
- What to do – Contact parent, 911, get out of sun, rest, cool down

****MORE PLAYER SUBSTITUTIONS!!****



Medical Problems - Seizures

Epilepsy/Seizure

- Signs - Stares into space, uncontrollable shaking, statement from person knowing that it is coming on, knowledge of this issue from health form.
- What to do – 911, contact parent, don't hold down, but protect person from injuring himself.
- Place on ground on side (to keep tongue out of airway), something soft under head.



Choking on Object

- Signs – holding throat, unable to cough, speak or breathe
- What to do –if they can pass air or cough leave them alone. If not, 911, contact parent. If you know how to administer heimlich maneuver, do so. If person becomes unconscious, commence CPR, if trained or find someone who is.



CONCUSSION

“Complex physiological process induced by trauma from biomechanical forces”

- Caused by direct blow or impulsive force
- May or not involve loss of consciousness
- Involves neurological impairment
- Post-concussive symptoms may persist
- Simple concussion
 - Progressively resolves over 7-10 days
- Complex concussion
 - Persistent neurological symptoms with exertion
 - LOC greater than 1 minute
 - Multiple concussions

Concussion Awareness

- Cognitive signs
 - Loss of consciousness
 - Confusion
 - Amnesia
 - Unaware of score, game
- Physical signs
 - Loss of balance
 - Slurred speech
 - Seizure
 - Delayed responses
 - Vacant stare
 - Poor play
- Symptoms
 - Nausea/vomiting
 - Headache
 - Dizziness
 - Vision/hearing disturbance
 - Irritability/emotional changes
- **Second Impact Syndrome**
 - Rare but serious condition. Getting another concussion before prior concussion has healed. Rapid swelling of brain, 50% chance of death, 100% certainty of brain damage.



Concussion Awareness

- The player should not be allowed to return to play in the current game or practice.
- The player should not be left alone; and regular monitoring for deterioration is essential over the initial few hours following injury.
- The player should be medically evaluated following the injury.
- Return to play must follow a medically supervised stepwise process.
- A player should never return to play while symptomatic.
- 'When in doubt, sit them out!'



Concussion Awareness

Prague International Symposium on Concussion in Sport (2004)

Return to Play Recommendations

- Following concussion:
 - 1. Removal from contest following and signs/symptoms of concussion.
 - 2. No return to play in current game
 - 3. Medical evaluation following injury
- Stepwise return to play
 - a. No activity: physical AND mental rest until asymptomatic
 - b. Light aerobic exercise
 - c. Sport-specific training
 - d. Non-contact drills
 - e. Full-contact drills
 - f. Game play



Concussion Awareness

2013 Rule Change

- If a medical professional, Umpire in Chief, the player's coach, the player's manager or the player's parent has determined a player sustains a possible concussion, the player must be, at a minimum, removed from the game and/or practice for the remainder of that day. The league must also be aware of its respective state/provincial/municipal laws with regards to concussions and impose any additional requirements as necessary. His/her return to full participation is subject to:
 - The league's adherence to its respective state/provincial/municipal laws,
 - An evaluation and a written clearance from a physician or other accredited medical provider and
 - Written acknowledgement of the parents

Protecting Young Arm's

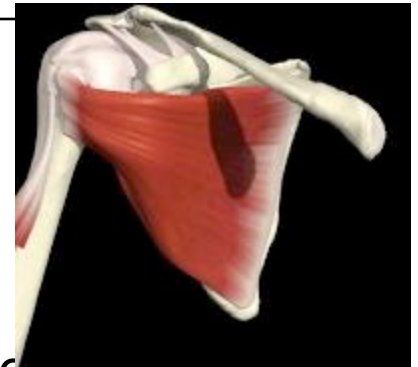
- Conditioning

- Flexibility,
- core stability
- strength and dynamic stability of throwing arm
- interval throwing program

- Mechanics

- Proper coaching

- Restriction on pitch counts and innings pitched
- NO curveballs prior to age 14





Prevention of throwing injury/ Curveballs

- 197% increase in shoulder injuries with curve balls (Lyman 1998)
- 86% increased risk of elbow pain with slider
- 12% decrease in elbow and 29% decrease in shoulder pain with change up
- "While there is no medical evidence to support a ban on breaking pitches, it is widely speculated by medical professionals that it is ill-advised for players under 14 years old to throw breaking pitches."
*Stephen Keener, CEO Little League International

PLL Pitching Rules

- Age 7-8
 - Max of 50 pitches
- 9-10 years old
 - Max 75 pitches
- 11-12 years old
 - Max 85 pitches
- 13-16 years old
 - Max 95 pitches
- 17-18 years old
 - Max 105 pitches
- Rest Requirements 14 years old or younger
 - 1- 20 pitches – no rest required
 - 21-35 pitches – 1 calendar day
 - 36-50 pitches – 2 calendar days
 - 51-65 pitches – 3 calendar days
 - 66 or more pitches – 4 calendar days
- Rest Requirements 15-18 years old
 - 1- 30 pitches – no rest required
 - 31-45 pitches – 1 calendar day
 - 46-60 pitches – 2 calendar days
 - 61-75 pitches – 3 calendar days
 - 76 or more pitches – 4 calendar days



Protecting Young Arms

- Is the pitcher losing his/her effectiveness?
- Is he/she still controlling his/her pitches?
- Has his/her velocity dropped (no longer popping the catcher's mitt)?
- Are his/her mechanics breaking down?
- Is he/she complaining of sore, tired arm or localized pain?



Packets

- Safety Manual

- Code of Conduct
- Safety Code
- Player Accident Report
 - Filled out by coach when there is an injury and forwarded to Safety Officer
- Medical Release Form
 - Kept with coaches and contains players information including medical info.

- Insurance Forms

- <http://www.eteamz.com/PonderosaLittleLeague/>
- www.Littleleague.org



Code of Conduct

No Board Member, Manager, Coach, Player, or Spectator Shall:

- At any time, lay a hand upon, push, shove, strike, or threaten to strike an official.
- Be guilty of heaping personal verbal or physical abuse upon any official for any real or imaginary belief of a wrong decision or judgment.
- Be guilty of an objectionable demonstration of dissent at an official's decision by throwing gloves, helmets, hats, bats, balls, or any other forceful unsportsmanlike action.
- Be guilty of using unnecessarily rough tactics in the play of a game against the body of an opposing player.
- Be guilty of physical or physical attack upon any board member, official, manager, coach, player, or spectator.
- Be guilty of the use of profane, obscene, or vulgar language in any manner at any time.



Code of Conduct Cont.

- Appear on the field of play, stands, or anywhere in the vicinity of the field in an intoxicated state at any time, intoxicated will be defined as an odor or behavior issue.
- Be guilty of gambling upon any play or outcome of any game with anyone at any time.
- Smoke while in the stands or on the playing field or in any dugout at any time.
- Speak disrespectfully to any manager, coach, official, or representative of the league.
- Challenge an umpire's authority. The umpires shall have the authority and discretion during a game to penalize the offender according to the infraction up to and including expulsion from the game.

PLL Safety Code

The Board of Directors of the PLL has mandated the following safety code. All managers and coaches will read this safety code and then read it to the players on their team.

- Responsibility for safety procedures belong to every adult member of the Ponderosa Little League.
- Each player, manager, coach, and umpire shall use proper reasoning and care to prevent injury to him/herself and to others.
- Only league approved managers and coaches are allowed to practice players.
- Only league approved managers and coaches shall supervise batting cages.
- Managers and coaches will have mandatory training in first aid.
- No games or practices will be held when weather or field conditions are poor or when lighting is inadequate.



PLL Safety Code Cont.

- Play area will be inspected before games and practices for safety concerns including holes, damage, glass, etc. and any safety issues will be rectified before the start of the practice or game.
- All team equipment will be stored inside the dugout during games.
- Only players, managers, coaches, and umpires are permitted on the playing field or in the dugouts during games and practices.
- During practices and games, all players should be alert and watching the batter on each pitch.
- All pre-game warm-ups should be performed within the confines of the field and not in areas that are frequented by spectators (playing catch, etc.)
- Equipment will be regularly inspected for damage and safety concerns.
- Batters, base runners, and player base coaches must wear little league approved helmets that bear the NOCSAE seal during batting practice and games.

PLL Safety Code Cont.

- Head first slides are not permitted unless returning to a previously occupied base.
- At no time, will horseplay be permitted on the field.
- On-deck batters are not permitted.
- Catchers must wear a cup. Managers should encourage all players to wear a cup.
- All catches must wear chest protectors with neck collar, throat guard, shin guards, and catcher's helmet, all of which must meet little league specifications and standards.
- All catcher's must wear a mask with dangling type throat protector and catcher's helmet during practice, pitcher warm-ups, and games.
- Shoes with metal spikes are NOT permitted.
- Players will not wear jewelry of any kind. (Exception for medical alert type jewelry).
- Managers will never leave an unattended child at a practice or a game.
- No children under the age of 12 are permitted in the concession stand.

PLL Safety Code Cont.

- Never hesitate to report any kind of present or potential safety hazard to the league safety officer.
- No alcohol or drugs are allowed at any of the fields, including stands and concession stand at any time.
- No playing on or around lawn equipment, machinery at any time.
- No climbing on fences.
- No climbing on dugouts.
- Players and spectators should be alert at all times for foul balls and errant throws.
- All gates to the fields must be closed at all times.

Parent Code of Conduct

Sport Parent Code of Conduct

We, the _____ Little League, have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness,
- Respect,
- Responsibility,
- Fairness,
- Caring, and
- Good Citizenship.

The highest potential of sports is achieved when competition reflects these “six pillars of character.”

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Parent/Guardian Signature

Player Accident Report Form

For Local League Use Only

Activities/Reporting

A Safety Awareness Program's Incident/Injury Tracking Report

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____

Field Name/Location: _____ Incident Time: _____

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: ☐ Male ☐ Female

City: _____ State _____ ZIP: _____ Home Phone: () _____

Parent's Name (If Player): _____ Work Phone: () _____

Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

- A.) ☐ Baseball ☐ Softball ☐ Challenger ☐ TAD
- B.) ☐ Challenger ☐ T-Ball ☐ Minor ☐ Major ☐ Intermediate (50/70)
- ☐ Junior ☐ Senior ☐ Big League
- C.) ☐ Tryout ☐ Practice ☐ Game ☐ Tournament ☐ Special Event
- ☐ Travel to ☐ Travel from ☐ Other (Describe): _____

Position/Role of person(s) involved in incident:

- D.) ☐ Batter ☐ Baserunner ☐ Pitcher ☐ Catcher ☐ First Base ☐ Second
- ☐ Third ☐ Short Stop ☐ Left Field ☐ Center Field ☐ Right Field ☐ Dugout
- ☐ Umpire ☐ Coach/Manager ☐ Spectator ☐ Volunteer ☐ Other: _____

Type of injury: _____

Was first aid required? ☐ Yes ☐ No If yes, what: _____

Was professional medical treatment required? ☐ Yes ☐ No If yes, what: _____

(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

Type of incident and location:

- A.) On Primary Playing Field
- ☐ Base Path: ☐ Running *or* ☐ Sliding
- ☐ Hit by Ball: ☐ Pitched *or* ☐ Thrown *or* ☐ Batted
- ☐ Collision with: ☐ Player *or* ☐ Structure
- ☐ Grounds Defect
- ☐ Other: _____
- B.) Adjacent to Playing Field
- ☐ Seating Area
- ☐ Parking Area
- C.) Concession Area
- ☐ Volunteer Worker
- ☐ Customer/Bystander
- D.) Off Ball Field
- ☐ Travel:
- ☐ Car *or* ☐ Bike *or*
- ☐ Walking
- ☐ League Activity
- ☐ Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

Prepared By/Position: _____ Phone Number: (____) _____

Signature: _____ Date: _____



Have Fun and Be Safe!

Safety officer: Spencer Morgan
smorgan2249@yahoo.com Cell #(530)417-1924

Lightning Safety
www.weather.gov/media/grr/brochures/CoachGuide.pdf

Concussion safety
www.cdc.gov/headsup/pdfs/youthsports/coaches_engl.pdf

Website to take concussion test, coaches must keep certificate with them

www.cic.gov/concussion/HeadsUp/Training

Incident/Injury tracking forms
www.littleleague.org/Assets/forms_pubs/asap/Injury_Tracking_Form.pdf