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CCLL 2018 Board of Directors

President – Keith Wemm 850-545-4508

Vice President – Adam Moore

Secretary – Tracy Chavez

Treasurer – Mike Conway

Player Agent (Major) Adam Moore

Player Agent (Minor) – Chad Pursell

Player Agent (Machine Pitch) – Craig Spickard

Player Agent (Tee -Ball) – Michele Garber

Safety Officer – Suzanna Malone

Concessions Manager – Michele Garber

Umpire-in-Chief – Mike Glantz

Equipment Manager – Craig Spickard

CCLL Board Member Responsibilities

President

- Present a report of the condition of the CCLL at the Annual Meeting.
- Responsible for the conduct of the CCLL in strict conformity to the Policies, Principles, Rules and Regulations of Little League Baseball Incorporated, as agreed to under the conditions of charter issued to the CCLL by that organization.
- Conduct the affairs of the CCLL and execute the policies established by the Board of Directors.
- Communicate to the Board of Directors such matters as deemed appropriate and make such suggestions as may tend to promote the welfare of the CCLL.
- Designate in writing other officers, if necessary, to have power to make and execute for/and in the name of the CCLL such contracts and leases they may receive, and which have had prior approval of the Board.
- Continue a long-range facility plan for safety improvements along with Safety Officer and all other board members.
- Prepare and submit an annual budget to the Board of Directors and be responsible for the proper execution thereof, including funds dedicated to equipment and safety.
- Continually inspect and audit lighting conditions at the park.
- Investigate complaints, irregularities and conditions detrimental to the CCLL and report thereon to the Board as circumstances warrant.
- With the assistance of the Player Agent, examine the application and support proof-of age documents of every player candidate and certify to residence and age eligibility before the player may be accepted for tryouts and selection.
- Appoint, with the approval of a majority of all Board Members, all managers, coaches, umpires, and non-elected positions. On an annual basis, in the By-Laws and/or Seasonal procedures the President may waive the power to appoint coaches and delegate it to individual team managers under the conditions set-out in the By-Laws and/or Seasonal Procedures

Vice President

- Perform the duties of the President in the absence of the President, provided he or she is authorized to do so by the President or Board. When so acting, the Vice President shall have all the powers of that office.
- Perform such duties as from time to time may be assigned by the Board of Directors or by the President.
- Responsible for generating on time, through meetings with relevant board and appointed persons, the proposed appendices to By-Laws and Seasonal Procedures so that they will be able to be submitted for approval in accordance with the CCLL Bylaws and Constitution.
- Shall organize and supervise the activities of the league directors, Fall Ball director and the equipment manager.
- Shall be responsible for organizing all friendship tournaments sponsored by CCLL but not for the actual running of the tournament; these duties will include inviting other teams to participate in each tournament, setting the rules for each tournament, and setting up the brackets for each tournament. Note: Both Vice President's may also directly hold one or more of the appointed positions for which they supervise and may hold one or more other appointed positions.

Secretary

- Be responsible for recording the activities of the CCLL and, along with the Information Officer, jointly maintain appropriate files, mailing lists and necessary records.
- In conjunction with the Information Officer, jointly maintain a list of all voting and non - voting regular members, Directors and committee members and give notice of all meetings of the CCLL, the Board of Directors and Committee.
- Keep the minutes of the meetings of the Members, the Board of Directors and the Executive Committee, which is to be recorded in a book kept for that purpose.
- Conduct all correspondence not otherwise specifically delegated in connection with the meeting and be responsible for carrying out all orders, votes and resolutions not otherwise committed.
- Notify Members, Directors, Officers and committee members of their election or appointment.
- To perform other duties as are customarily performed through the office of Secretary or as may be assigned by the Board of Directors.

Treasurer

- Perform the duties in that are customarily performed through the Office of Treasurer or may be assigned by the Board of Directors.
- Receive all monies and securities, and deposit same in a depository approved by the Board of Directors; as for funds from the snack bar, he/she may delegate these functions to the snack bar treasurer for funds collected for the activities of the snack bar, but the treasurer is responsible for ensuring that snack bar treasurer carries out these functions properly.
- Keep records for the receipt and disbursement of all monies and securities of the CCLL, including the Auxiliary, approve all payments from allotted funds and draw checks therefore in agreement with policies established in advance of such actions by the Board of Directors. All disbursements by check must have dual signatures.
- Prepare an annual budget, under the direction of the President, for submission to the Board of Directors at the Annual Meeting.
- Prepare an annual financial report, under the direction of the President, for submission to the Membership and Board of Directors at the Annual Meeting, and to Little League Headquarters.

Concessions Manager

- Supervise and organize the division and team parent coordinators, snack bar staff, league division press release and fund-raising coordinators,
- Responsible for planning, organizing and staffing all special events.
- Responsible to ensure the Concession Stand Volunteers are trained in the safety procedures as set forth in this manual such as safe food preparation, including food handling, safe barbecuing and cooking as well as the safe operation of the equipment.
- Responsible to ensure that all Concession Stand Volunteers adhere to all safety procedures and precautions.
- Will report any unsafe activities to the Safety Officer.
- Ensure that that the equipment is in proper working order.

Player Agent

- Record all player transactions and maintain an accurate and up-to-date record thereof.
- Receive and review applications for player candidates and assist the President in verifying residence and age eligibility.
- Conduct the tryouts, the player draft and all other player transaction or selection meetings.
- Prepare for the President's signature and submission to Little League Headquarters, team rosters, including players claimed under waivers, and the tournament team eligibility affidavit.
- Notify Little League Headquarters of any subsequent player replacements or trades.

Safety Officer

- Be responsible to create awareness, through education and information.
- Provide opportunities to provide a safer environment for youngsters and all participants of Little League Baseball.
- Develop and implement a plan for increasing safety of activities, equipment and facilities, through education, compliance and reporting. NOTE: In order to implement a safety plan using education, compliance and reporting, the following suggestions may be utilized by the Safety Officer:
 - **Education** - Should facilitate meetings and distribute information among participants including players, managers, coaches, umpires, league officials, parents, guardians and other volunteers.
 - **Compliance** - Should promote safety compliance leadership by increasing awareness of the safety opportunities that arise from these responsibilities.
 - **Reporting** - Define a process to assure that incidents are recorded, information is sent to league/district and national offices, and follow-up information on medical and other data that is available.
- Purchase, store and distribute all First Aid and Safety Equipment.
- Encourage players, parents and volunteers to suggest new ways to enhance safety.
- Assist in allocating funds for safety equipment.

League Information Officer

- Manage the league's official home page on www.chaireslittleleague.com
- Manage the online registration process and ensure that league rosters are maintained.
- Ensure that league news and scores are updated on a regular basis.
- Collect, post and distribute important information on League activities including direct dissemination of fund -raising and sponsor activities to Little League Baseball, district, public, league members and the media.
- Serve as primary contact person for Little League and regarding optimizing use of the Internet for league administration and for distributing information to league members and to Little League Baseball.
- Jointly maintain, with the Secretary, appropriate files, mailing lists and necessary records.
- In conjunction with the Secretary, jointly maintain a list of all Voting and Non -Voting Regular Members, Directors and committee members and give notice of all meetings of the CCLL, the Board of Directors and Committees.
- Aid the player agent in submitting rosters to Little League Baseball, Inc.

Equipment Manager

- Responsible to ensure that all equipment is safe and in proper working order before distribution to managers.
- If equipment is damaged the Equipment Manager will have the equipment repaired or replaced.
- If replacement or exchange of equipment is needed, the Equipment Manager will replace the equipment in a timely manner.
- The Equipment Manager is also responsible for inspecting all equipment when returned at seasons end.
- The Equipment Manager is an appointed CCLL Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is

checked and tested when it is issued but it is the Manager 's responsibility to maintain it. Managers should inspect equipment before each game and each practice.

- The CCLL Equipment Manager will promptly replace damaged and ill-fitting equipment.
- Furthermore, players who bring their own gear must meet the requirements as outlined in this Safety Manual and the Official Little League Rule Book.
- When you receive your equipment make sure that the equipment issued to you is appropriate for the age and size of the kids on your team including:
 - Properly fitting helmets and catchers gear.
- If you find that the equipment does not fit properly contact the Equipment Manager for replacements.
- Make sure that players respect the equipment that is issued.
- **Base Coaches**
 - Use of a helmet by a base coach who is a player is mandatory.
 - Use of a helmet by an adult base coach is optional.
- **Catchers**
 - Male catchers must wear the metal, fiber or plastic type cup and chest protector.
 - Female catchers must wear long or short model chest protectors.
 - All catchers 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 catchers must wear a mask, "dangling" type throat protector and catcher 's helmet during practice, pitcher warm -up, and games. NOTE: Skullcaps are not permitted.
- **Bats**
 - If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
 - Bats with dents, or that are fractured in any way, must be removed from play and discarded
- **Balls:**
 - Only Official Little League balls will be used during practices and games.

- Replace questionable equipment immediately by notifying the CCLL Equipment Manager.
- At the end of the season, all equipment must be returned to the CCLL Equipment Manager.

Safety Code

DISTRIBUTION

This document will be distributed to every manager of every team in every division of Chaires -Capitola Little League (CCLL) before any practices or games take place.

OVERVIEW

It is the policy of CCLL to provide an environment in which the risk of injury is reduced to the lowest possible level by the application of our published safety code. Behavior in violation of the safety code will be treated as misconduct and may remit in the application of appropriate corrective action up to and including dismissal.

The Safety Officer position is a part of CCLL Elected Board Members which is reported to Little League Headquarters. The Safety Officer is responsible for the communication, application, and enforcement of the safety code rests in the hand s of the Safety Officer.

The Safety Officer will:

Safety Committee:

- Facilitate Safety Committee Meetings.
- Delegate responsibilities to committee members and ensure follow through.

Equipment:

- Work in conjunction with the Equipment Manager to ensure that all equipment is in safe condition.
- Instruct all managers and umpires to inspect equipment and fields before and during each game for good working and safe condition.
- All equipment shall be kept in the dugout or in designated fenced -in areas.
- Equipment shall be inspected regularly for condition as well as for proper fit the pitching machine must be maintained in good and safe working order (including cords, electrical wiring, fencing, etc.
- See separate batting cage guidelines.

Accidents:

- Responsible for filing and following through on accident reports with Little League Headquarters.
- Establish that accident forms are completed in a timely manner.
- Safety Officer will contact the injured players parent or guardian within 24 hours upon receiving the report. During this contact S.O. will verify that all information received is correct and advise them of the League's insurance coverage. See attached Accident Reporting Procedures.

- Record accidents and near miss reports.
- Submit ideas to the safety committee on how to avoid such accidents/near misses.
- Create a plan on how to avoid if possible.

Safety Plan Distribution

- Safety Officer will submit and distribute safety plan to Little League Headquarters & District Administrator. All Managers will receive a copy of the safety plans requirements in their coaches' packet and will also have a copy on disk with safety pull-outs and a complete copy readily available copy in the concession stand.
- Safety Officer will fill out and submit the Annual Facility Survey on-line.
- Submit Annual Safety Plan and attach the completed questionnaire or make arrangements with the League President for him/her to prepare and submit these documents.

Games/Practices

- The responsibility of all bats and loose equipment to be removed from the field are that of a regular player assigned for this purpose by the manager. This player will wear a helmet when collecting bats and other equipment during a game.
- Only Background Cleared managers, coaches, umpires and players are permitted on the playing field or in the dugout during games and practice sessions.
- During practice sessions and games, all players should be alert and watching the batter on each pitch.
- Managers are required to have a phone available during all practices/games. If a manager does not have a cell phone available, a parent/volunteer or coach must be identified to stay during the entire practice.
- During warm -up drills, players should be spaced so that errant balls endanger no one. In addition, in our major and minor league facilities, no one is allowed to throw balls to others in non -enclosed areas.

Weather

- No games or practice sessions will be held when weather or field conditions are not good, or when lightning is inadequate.
- Managers/coaches must maintain strict compliance to our inclement weather/lightning policy. At the first sign of lightning, all activity shall stop. Players must return to their parent/guardian and asked to wait inside their car for further instructions. No one should carry a bat during this time. Activity may continue after the threat of lightning

has passed (30 minutes after the last flash) Games/practices should not be held on excessively wet fields.

Reporting

- Notify the appropriate League Director if any manager is not following the safety code or is not following safe procedures.
- Adhere to Chaires-Capitola Little League's Safety Mission Statement, continue to promote safety awareness, community partners, positive coaching, encourage volunteers, parents and players to participate in safety activities and create incentives for safety.

Safety Reminders:

Batters

- Batters must wear Little League approved NOCSAE protective helmets during batting practices and games. Batting/catcher's helmets shall not be painted unless approved by the manufacturer.

Catchers

- Catchers must wear catcher's helmet (with face mask and throat guard), chest protector, shin guards, long model chest protector, and protective cup with athletic supporter at all times during practice sessions and games.
- Catchers must wear catcher's helmet (with face mask and throat guard) when warming up pitchers. This applies prior to game time, between innings and in bullpen practice. No exceptions.
- Managers and Coaches are not to warm up pitchers.

Base-runners

- Head - first slides are not permitted.
- Breakaway bases are placed on both the Major and Minor League Fields.
- Anchored bases are not allowed.

Protective Equipment

- Players are encouraged to wear mouth guards.
- Managers should encourage all players to wear protective cups and supporters for practice sessions and games.
- Use reduced impact balls for the T-ball divisions.
- Parents of players who wear glasses should be encouraged to provide safety glasses.
- Players must not wear watches, rings, pins, jewelry, or other metallic items.

Miscellaneous

- Adhere to the 3 mile an hour speed limit in the parking lot.
- At no time shall "horse play" be permitted on the playing field.
- Little League regulations prohibit on-deck batters.

- Players are not to handle a bat, even while in the dugout, until it is his/her time at bat.
- Players who are ejected, ill, or injured should remain under supervision until released to the parent or guardian.
- For Minors and above: While on defense (in the field) all coaches and extra players must remain in the dugout with the gate closed. However, a coach or manager may enter the field when time has been called or, if after permission has been granted, the coach or manager wishes to confer with the Umpire.
- Managers should follow the procedures for minimizing the risk of the transmission of communicable diseases as published by Little League Baseball Inc. These procedures can be referenced in the “Official Regulations and Playing Rules” booklet 2018.

Code of Conduct

I. Purpose

This document highlights certain rules and regulations concerning member 's conduct and discipline. The below disciplinary steps are not the exclusive means for dealing with offenders; nor does this document include all League or Little League Baseball Inc. rules and regulations for which offenders may be disciplined. The rules and regulations concerning member conduct are found in several sources including the Little League Rule Book and the CCLL Constitution and Bylaws.

II. Applicable League Regulations

The following is an excerpt from the current League Constitution and Bylaws that are approved by Little League Baseball Inc. prior to granting our League charter.

Article 3 Section 4. Suspension or Termination

Resignation or action of the Board of Directors may terminate membership as follows.

- The Board of Directors, by a two-thirds vote of those present at any duly constituted Board meeting, shall have the authority to discipline or suspend or terminate the membership of any member of any class, including managers and coaches, when the conduct of such person is considered detrimental to the best interest of the CCLL and/or Little League Baseball.
- The member involved shall be notified of such meeting, informed of the general nature of the charges and give an opportunity to appear at the meeting to answer such charges.
 - (b) The Board of Directors shall, in the case of a Player Member, give notice to the manager of the team for which the player is a player member. Said manager shall appear, in the capacity of an adviser, with the player before the Board of Directors or a duly appointed committee of the Board of Directors. The player 's parent(s) or legal guardian(s) may also be present.
 - The Board of Directors shall have full power to suspend or revoke such player's rights to future participation by two-thirds vote of those Board members present at any duly constituted meeting in which quorum is present.

In addition, Little League Baseball Inc. Regulation XIV, (a) states: “The action of players, managers, coaches, umpires, and league officials shall be above reproach. Anyone who violates this Code of Conduct will be subject to the disciplinary actions set forth by this document. The authority on discipline will be the sole responsibility of the CCLL board of directors and their actions or penalties will be final.

Common Sense on Safety

COMMON SENSE

Your safety and the safety of our children is based on our common sense!

Perhaps you have noticed a person that doesn't seem to look like he/she belongs here, report this incident immediately to a Chaires-Capitola Board Member or report this incident directly to your coach.

The CCLL Board Member, after hearing your concerns, will investigate the matter and have the person in question removed if, indeed, that person did not belong there.

Another example of safety. We are all responsible for the safety of our children and the safety of the children in our community. If you feel that our children are in an unsafe situation, try to locate their parents and/ or coach and help explain why this is an unsafe situation. If you witness something that is not safe, do something about it! And encourage all volunteers and parents to do the same.

Chaires-LL Facility

- The dugouts will be clean and free of debris at all time.
- Dugouts and bleachers will be free of protruding nails and wood slivers.
- Handicap spaces will be clearly marked.
- Home plate, batter's box, bases and the area around the pitcher's mound will be checked periodically for tripping and stumbling hazards.
- Materials used to mark the field will consist of a non -irritating white pigment.
- Chain -link fences will be checked regularly for holes, sharp edges, and loose edge and will be repaired or replaced accordingly.
- Concession Stand facilities will be monitored regularly.

Batting Cage Guidelines

1. Children are NOT allowed in Batting Cages unless supervised by an Adult. NO EXCEPTIONS.
2. Bats are not allowed in the batting cage area unless supervised by an adult.
3. There will be only ONE batter inside the batting cage at one time.
4. The batter will wear a helmet at all times while in the batting cage. NO EXCEPTIONS
5. Any balls on overhead netting will be retrieved by an ADULT only.
6. Climbing on the fence is NOT Allowed.
7. When retrieving balls in the batting cage, all bats must be placed on the ground.

- 8 The batting cage should be locked at all times when it is not in use. This is to prevent any possible vandalism, which might occur.

Snack Bar

- Cooking equipment will be inspected periodically and repaired or replaced if need be.
- Food that is not purchased by CCLL to sell within the snack bar will not be cooked, prepared, or sold.
- Cleaning chemicals must be stored away from any food items.
- A certified Fire Extinguisher suitable for grease fires must be placed in plain sight at all times.
- All concession stand workers are to be instructed on the use of fire extinguishers.
- A fully stocked First Aid Kit will be placed in the Concession stand.
- The Concession Stand main entrance door will not be locked or blocked while people are inside.

Clean Hands

CCLL has wonderful volunteers who help support our league by volunteering in the concession stand! It is vitally important for the volunteers to be aware and instructed how to properly wash their hands.

The following information may serve as a useful guide:

Wash your hands in this fashion before you begin work and frequently during the day, especially after performing any of these activities:

- After touching bare human body parts other than clean hands and clean, exposed portions of your arms, after using the restroom, after coughing, sneezing, using a handkerchief or disposable tissue.
- After handling soiled surfaces, equipment or utensils. After drinking, using tobacco, or eating.
- During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks, when switching between working with raw food and working with ready -to-eat food, directly before touching ready -to-eat food or food contact surfaces, after engaging in activities that contaminate hands. There may be times when you have to handle food and money
- ALWAYS wash your hands after handling money. Chaires-Capitola Little League provides our volunteers with *latex gloves. If you have handled any of the preceding while using gloves you must re -wash your hands and replace your gloves with a new pair.
- *If you have a known Latex Allergy, please contact the safety officer.

For your Information:

From past experience, the US Centers for Disease Control and Prevention (COG) list these circumstances as the most likely to lead to illness. Check this list to make sure your concession stand has covered these common causes of food born e illness.

- Inadequate cooling and cold holding.
- Preparing food too far in advance for service. Poor personal hygiene and infected personnel.
- Inadequate reheating and Inadequate hot holding.

In case of Emergency

Administering First Aid

1. First-Aid is the first care given to a victim. It is usually performed by the first person on the scene and continued until professional medical help arrives, (paramedics).
2. A representative. Managers/ Coaches from each team and board members are CPR and First Aid Certified. No-One should ever administer First-Aid beyond their capabilities. Always know your limits.
3. The average response time on 9-1-1 calls is 5-7 minutes. En-route Paramedics are in constant communication with the local hospital at all times preparing them for whatever emergency action that may need to be taken. You cannot do this. Therefore, NEVER attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.
4. A First-Aid Kit is maintained in the Concession stand and is available for any team to use.

**To ensure the continuous improvements to your leagues safety; always report any safety incident or near miss incident to the safety officer as soon as possible

First Aid

HYDRATION

1. Good nutrition is important for children. Sometimes, the most important nutrient children need is water. Especially when they're physically active. When children are physically active, their muscles generate heat, thereby increasing their body temperature. As their body temperature rises, their cooling mechanism - sweat . Kicks in. When sweat evaporates, the body is cooled.
2. Unfortunately, children get hotter than adults during physical activity and their body's cooling mechanism is not as efficient as adults. If fluids aren't replaced, children can become overheated.
3. Allow water breaks every 15-30 minutes and allow players to obtain a drink when they feel it is needed if before the scheduled breaks!!

Treatment at Site -

Do . . .

1. Access the injury. If the victim is conscious, find out what happened, where it hurts, watch for shock.
2. Know your limitations.
3. Call 9-1-1 immediately if person is unconscious or seriously injured.
4. Look for signs of injury (blood, black -and -blue, deformity of joint etc.)
5. 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.
6. Feel gently and carefully the injured area for signs of swelling or grating of broken bone.
7. 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 . . .

1. Administer any medications.
2. Provide any food or beverages (other than water).
3. Hesitate in giving aid when needed.
4. Be afraid to ask for help if you're not sure of the proper Procedure, (i.e., CPR, etc.) Do Not
5. Transport injured individual except in extreme emergencies. 9-1-1 EMERGENCY NUMBER
6. 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. Be sure that you or another caller follows these four steps.
7. *First Dial 9-1-1.

8. *Give the dispatcher the necessary information. Answer any questions that he or she might ask.
9. ** 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 request paramedics.

Also call 9-1-1 for any of these situations:

**Fire or explosion

**Downed electrical wires

**Presence of poisonous gas

**Vehicle Collisions

**Vehicle/Bicycle Collisions

**Victims who cannot be moved easily

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. This check has two steps:

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. Feel with the back of your hand on the forehead to see if the skin feels unusually damp, dry, cool, or hot.
10. Ask the victim again about the areas that hurt.
11. Ask the victim to move each part of the body that doesn't hurt.
12. Check the shoulders by asking the victim to shrug them.
13. Check the chest and abdomen by asking the victim to take a deep breath.
14. Ask the victim if he or she can move the fingers, hands, and arms.
15. Check the hips and legs in the same way.
16. Watch the victim's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
17. Look for odd bumps or depressions.
18. Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
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 Persons

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 Person:

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. Finger sweep maneuver administered to an unconscious victim of foreign body airway obstruction
6. Look, listen, and feel for breathing for about 5 seconds.
7. If the victim is not breathing, give 2 slow breaths into the victim's mouth.
8. Check pulse for 5 to 10 seconds.
9. Check for severe bleeding.

When treating an injury, remember:

- Protection
- Rest
- Ice
- Compression
- Elevation
- Support

Muscle, Bone, or Joint Injuries

Symptoms of Serious Muscle, Bone, or Joint Injuries:

Always suspect a serious injury when the following signals 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.

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, roller blade 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.

Signals 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.

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 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.

Contusion to Sternum:

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 and start filling up with fluid. Eventually the heart is compressed, 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 parent 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.

Sudden Illness

When a victim becomes suddenly ill, he or she often looks and feels sick.

Symptoms of sudden illness include:

- *Feeling light-headed, dizzy, confused, or weak
- *Changes in skin color (pale or flushed skin), sweating
- *Nausea or vomiting
- *Diarrhea
- *Changes in consciousness
- *Seizures
- *Paralysis or inability to move
- *Slurred speech
- *Impaired vision
- *Severe headache
- *Breathing difficulty
- *Persistent pressure or pain.

Care for Sudden Illness

1. Call 9-1-1
2. Help the victim rest comfortably.
3. Keep the victim from getting chilled or overheated.
4. Reassure the victim.
5. Watch for changes in consciousness and breathing.
6. Do not give anything to eat or drink unless the victim is fully conscious.

If the victim:

- Vomits -- Place the victim on his or her side.
- Faints -- Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury.
- Has a diabetic emergency -- Give the victim some form of sugar?
- Has a 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. Signals 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.

Bleeding in General First Aid

Before initiating any First Aid to control bleeding, be sure to wear the *latex gloves to avoid contact of the victim's blood with your skin. If a victim is bleeding, Act quickly.

1. Have the victim lie down.
2. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.

3. Control bleeding by applying direct pressure on the wound with a sterile pad or clean cloth.
4. If bleeding is controlled by direct pressure, bandage firmly to protect wound. Check pulse to be sure bandage is not too tight.
5. If bleeding is not controlled by use of direct pressure, apply a tourniquet only as a last resort and call
6. 9-1-1 immediately.

Nose Bleed

2. 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

1. To control bleeding inside the cheek, place folded dressings inside the mouth against the wound.
2. 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:

1. 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.
2. TREAT... to protect against contamination with ointment.
3. COVER... to absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads. (Handle only the edges of sterile pads or dressings)
4. TAPE... to secure with First-Aid tape 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.

Splinters

Splinters are defined as slender pieces of wood, bone, glass or metal objects that lodge in or under the skin. If splinter is in eye, DO NOT remove it.

Symptoms:

May include: Pain, redness and/or swelling.

Treatment:

1. First wash your hands thoroughly, then gently wash affected area with mild soap and water.
2. Sterilize needle or tweezers by boiling for 10 minutes or heating tips in a flame; wipe off carbon (black discoloration) with a sterile pad before use.
3. Loosen skin around splinter with needle; use tweezers to remove splinter. If splinter breaks or is deeply lodged, consult professional medical help. Cover with adhesive bandage or sterile pad, if necessary.

Emergency Treatment of Dental Injuries

AVULSION (Entire Tooth Knocked Out)

1. If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth.
2. 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.
3. Avoid additional trauma to tooth while handling. Do Not handle tooth by the root. Do Not brush or scrub tooth. Do Not sterilize tooth.
4. If debris is on tooth, gently rinse with water.
5. If possible, re -implant and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert and conscious.
6. If unable to re -implant:
 - * Best - Place tooth in Hank's Balanced Saline Solution, i.e. .Save -a -tooth..
 - * 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)

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.

- A. Do nothing - avoid any repositioning of tooth.
- B. 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 FRAGMENT TO DENTIST.

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:

1. Carefully turn victim toward you and slip a half-rolled blanket under back.
2. Turn victim on side over blanket, unroll, and return victim onto back.
3. Drag victim head first, keeping back as straight as possible.

If victim must be lifted:

1. Support each part of the body. Position a person at victim's head to provide additional stability.
2. Use a board, shutter, tabletop or other firm surface to keep body as level as possible.

Burns

Care for Burns:

The care for burns involves the following 3 basic steps.

1. Stop the Burning -- Put out flames or remove the victim from the source of the burn.
2. Cool the Burn -- Use large amounts of cool water to cool the burned area. 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.
3. 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.

If an eye has been burned:

1. Immediately flood face, inside of eyelid and eye with cool running water for at least 15 minutes.
2. 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.
3. 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. Cover both eyes with dry sterile pads, clean cloths, or eye pads; bandage in place.

Sunburn:

If victim has been sunburned,

1. Treat as you would any major burn (see above).
2. Treat for shock if necessary
3. Cool victim as rapidly as possible by applying cool, damp cloths or immersing in cool, not cold water.
4. Give victim fluids to drink.
5. Get professional medical help immediately for severe cases.

Prescription Medication

Do not, at any time, administer any kind of prescription medicine. This is the parent's responsibility and Chaires -Capitola Little League 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 usually 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. Encourage parents to fill out the medical history forms. Study their comments and know which children on your team need to be watched. 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.

Colds and Flu

The baseball season usually coincides with the cold and flu season. There is nothing you can do to help a child with a cold or flu except to recognize that the child is sick and should be at home recovering and not on the field passing his cold or flu on to all your other players. Prevention is the solution here. Don't be afraid to tell parents to keep their child at home.

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.

Symptoms:

Signs of allergic reaction may include: nausea; severe swelling; breathing difficulties; bluish face, lips and fingernails; shock or unconsciousness.

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

WEATHER

Unsafe Weather Conditions:

Rain:

If it begins to rain:

1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
2. Determine the direction the storm is moving.
3. Evaluate the playing field as it becomes more and more saturated.
4. Stop practice if the playing conditions become unsafe -- use common sense.
5. 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 flow 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, not run to their parent's or designated driver's cars and wait for your decision on whether or not to continue the game or practice.
5. Please use the free weather app: Little League WeatherBug to monitor weather at Chaires.

Hot Weather:

Precautions must be taken in order to make sure the players on your team 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.

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, CCLL 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.

PARENTAL CONCERNS ABOUT SAFETY

The following are some of the most common concerns and questions asked by parents regarding the safety of their children when it comes to playing baseball. We have also included appropriate answers

I'm worried that my child is too small or too big to play on the team/division he has been assigned to.

Little League has rules concerning the ages of players on T-Ball, Minor and Major teams. Chaires -Capitola Little League observes these rules and then places children on teams according to their skills and abilities based on their try-out ratings at the beginning of the season. If for some reason you do not think your child belongs in a particular division, please contact the CCLL Safety Officer to share your concerns with him or her. At that point, the Safety Officer will contact the appropriate board members in order to make an informed decision.

Should my child be pitching so many innings per game?

Little League has rules regarding pitching which all managers and coaches must follow. The rules are different depending on the division of play, but the rules are there to protect children. Chaires -Capitola Little League has implemented pitching regulations set forth by Little League Inc. These regulations can be found within the safety manual and each team's coach has been educated on pitch counts and how many days rest a pitcher needs. For more information on the pitch count regulations for your child's age, please contact your coach or any board member

How do I know that I can trust the volunteer managers and coaches?

Chaires -Capitola Little League performs a comprehensive background check approved by Little League Inc. on all board members, managers and designated coaches before appointing them. Volunteers are required to fill out applications which give Chaires -Capitola Little League the information and permission it needs to complete a thorough investigation. Once the background check has been cleared, the safety officer will have an identification system in place for each volunteer. If the league receives inappropriate information on a volunteer, that volunteer will be immediately removed from his/her position and banned from the facility.

What do I do if I have a complaint about my child's coach or other volunteer?

You can directly contact the Player Agent for the division your child plays in or any CCLL board member. We encourage open communication with all league managers

and coaches. However, if a complaint is filed it will be brought to the CCLL President's attention immediately and investigated.

How can I tell if my child is developing an overuse injury?

An overuse injury may be developing when musculoskeletal symptoms are occurring more frequently and lasting longer. Overuse injuries generally progress as follows: soreness lasting several hours or less only after activity; soreness or pain during and after activity, not resolved by the next morning; soreness or pain during activities of daily living as well as during sports. Symptoms showing this progression should be evaluated by a health care provider for overuse injury.

Does my child need extra salt?

In most situations, water is an adequate fluid to prevent dehydration. It should be readily available during exercise. Sports drinks, which usually contain 6-8% carbohydrate, are beneficial only for exercise activities lasting longer than 90 minutes. However, children may drink a flavored drink if they prefer the taste. Children should be encouraged to drink before they feel thirsty, because mild dehydration occurs before one feels thirsty. Approximately one cup of fluid is required for every 15 to 20 minutes of strenuous exercise to prevent dehydration. Young athletes should understand that even mild dehydration impairs performance and leads to fatigue. Salt tablets should be avoided; they can cause dangerous side effects and are unnecessary, because salt loss is adequately replaced through a normal diet.

What should a parent do to treat a sports injury initially?

How can I tell if the injury needs to be evaluated by a doctor? First, all injuries should be reported right away to the coach or manager. All injuries should be treated initially with rest, icing, compression and elevation (R.I.C.E.). Rest from any activity causing pain. Ice the injured part twenty minutes at a time, protecting the skin with a thin towel. Compress swelling with an ice wrap applied firmly but not too tightly. Elevate the injured part above the level of the heart. Any injury in which there is significant swelling, deformity or limitation of function does that does not improve quickly should be evaluated by a doctor.

Should my child be stretching and warming up before exercising?

What is the best way to do this? Stretching and warming up are most important during periods of rapid growth, such as during the adolescent growth spurt. Stretching and warming up have not been proven to prevent injury, but they seem prudent. In general, activity sessions should be structured to include: Limbering up (5 minutes), Stretching (5-10 minutes), Warm-up (5 minutes) Primary activity and Cool down and stretching (5-

15 minutes) Stretching should involve the major muscle groups and be done slowly and steadily, holding each stretch 15-20 seconds and repeating the stretch several times.

Is it safe for my child to slide into the bases?

Sliding is part of baseball. Managers and coaches teach children to slide safely in the preseason. CCLL uses break-away bases on both the Minor and Major League Fields this is to prevent injuries while sliding into the bases.

My child has been diagnosed with ADD or ADHD - is it safe for him to play?

Our goal is for Managers and Coaches to gain the knowledge they need to help them coach children who have been diagnosed effectively and confidentially. The primary concern is, of course, safety. Children must be aware of where the ball is at all times. Managers and coaches must work together with parents in order help children who are diagnosed with ADD/ADHD focus on safety issues and to put a plan into place. CCLL is committed to partnering with parents to assist our coaches. You are the expert of your child and your knowledge will be vital in assisting in ways for your child to be successful.

Why can't I smoke or use tobacco at the field?

You cannot smoke, vape, or use any tobacco product on any part of the baseball facility, AT ALL. This is done for the safety of the children and to be good examples to the children. There are posted signs throughout the park that stipulate this. Please obey the rules as they are there for the safety of our children.

Accident Reports

Accident Reporting Procedures

What should be reported? -

1. An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the Safety Director. This includes even passive treatments such as evaluation and diagnosis as to the extent of an injury, application of an ice pack, or the need for extra periods of rest.

When should this be reported? -

All such incidents described above must be reported to the Safety Officer within 24 hours of the incident. (Please see contact information)

How is this information reported? -

All accident reports are to be reported on the injury reporting form. It is located in a folder marked **Injury Reports** maintained in the concession stand. In some cases, you may contact the Safety Officer directly. At a minimum, the following information must be provided.

1. The name and phone number of the individual(s) involved.
2. The date, time, and location of the incident.
3. As detailed a description of the incident as possible.
4. A preliminary estimate of the extent of the injury.
5. A description of any treatments given.
6. The name and phone number of the person reporting the incident.
7. Place completed Injury Report in the Injury Report binder located in the concession stand.

The Safety Officer and/or Board Member in the concession stand each night/day will check injury reports daily and report injuries to the President.

You may contact the safety officer at any time to discuss any injuries.

Insurance

INSURANCE POLICIES

Little League accident insurance covers only those activities approved or sanctioned by Little League Baseball, Incorporated.

Chaires -Capitola Little League Majors, Minor League and Tee Ball participants shall not participate as a Little League (Majors), Minor League and Tee Ball team in games with other teams of other programs or in tournaments except those authorized by Little League Baseball, Incorporated. Chaires -Capitola Little League (Majors), Minor League and Tee Ball participants may participate in other programs during the Little League (Majors), Minor League and Tee Ball regular season and tournament provided such participation does not disrupt the Little League (Majors), Minor League and Tee Ball season or tournament team. Unless expressly authorized by the Board of Directors of CCLL, games played for any purpose other than to establish a League champion or as part of the International Tournament are prohibited.

Explanation of Coverage:

The Little League's insurance policy (see in Appendix) is designed to afford protection to all participants at the most economical cost to CCLL. It can be used to supplement other insurance carried under a family policy or insurance provided by a parent's employer. If there is no other coverage, Little League insurance - which is purchased by the CCLL, not the parent - takes over and provides benefits, after a \$50 deductible per claim, for all covered injury treatment costs up to the maximum stated benefits. This plan makes it possible to offer exceptional, low-cost protection with assurance to parents that adequate coverage is in force at all times during the season.

How the insurance works:

First have the child's parents file a claim under their insurance policy. Should the family's insurance plan not fully cover the injury treatment, the Little League Policy will help pay the difference, after a \$50 deductible per claim, up to the maximum stated benefits. If the child is not covered by any family insurance, the Little League Policy becomes primary and will provide benefits for all covered injury treatment costs, after a \$50 deductible per claim, up to the maximum benefits of the policy.

Treatment of dental injuries can extend beyond the normal fifty-two-week period if dental work must be delayed due to physiological changes of a growing child.

Benefits will be paid at the time treatment is given, even though it may be some years later. Maximum dollar benefit is \$500 for eligible dental treatment after the normal fifty-two-week period, subject to the \$50 deductible per claim.

Filing a Claim:

When filing a claim, all medical costs should be fully itemized. If no other insurance is in effect, a letter from the parent's/guardian's or claimant's employer explaining the lack of Group or Employer insurance must accompany a claim form. On dental claims, it will be necessary to fill out a Major Medical Form, as well as a Dental Form; then submit them to the insurance company of the claimant, or parent(s)/guardian(s), if claimant is a minor. Accident damage to whole, sound, normal teeth as a direct result of an accident must be stated on the form and bills. Forward a copy of the insurance company's response to Little League Headquarters. Include the claimant's name, League ID, and year of the injury on the form. Claims must be filed with the CCLL Safety Officer. He/she forwards them to:

Little League Baseball Risk Purchasing Group, Inc. 539
U.S. RT. 15 Highway
South Williamsport, PA, 17702
Claim officers can be contacted at:

Contact the CCLL Safety Officer for more information.

Protective equipment cannot prevent all injuries a player might receive while participating in Baseball

LITTLE LEAGUE PLEDGE
I TRUST IN GOD
I LOVE MY COUNTRY
AND WILL RESPECT IT. S LAWS
I WILL PLAY FAIR
AND STRIVE TO WIN
BUT WIN OR LOSE
I WILL ALWAYS
DO MY BEST
--PETER J. MCGOVERN