



SUFFIELD LITTLE LEAGUE SAFETY PROGRAM MANUAL

2019

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Mission Statement



Suffield Little League Is A Non-Profit Organization Run By Volunteers Whose Mission Is To Provide An Opportunity For Our Community's Children To Safely Learn And Enjoy The Games Of Softball and Baseball.

President's Letter

Dear Managers, Coaches, Umpires, League Officers and other Volunteers:

Welcome to another fun and exciting season of Suffield Little League Baseball & Softball!

This year we continue to improve the safety aspects of our league and further emphasize safety awareness. Our over-arching goal is to eliminate and prevent injury-causing accidents!

SLL's Safety Program is modeled directly after Little League's "A Safety Awareness Program", more commonly known as "ASAP". Introduced in 1995, ASAP has grown dramatically to more than 86% of all Little Leagues throughout the United States, reducing overall injuries by some 80% annually.

To help all our volunteers comply with our safety standards, the SLL Board of Directors has put forth a mandate of safety rules and procedures as depicted in this manual. A "SLL Safety Officer" position is a formal part of the SLL Board of Directors and the particular individual serving in that position is also registered every year with Little League International. Each team in Suffield Little League will also appoint a team Safety Officer (TSO) who will assist the manager and designated coaches to insure that the safety guidelines are met whether at practice or during a game.

The commitment to this official Safety Manual is proof that we at Suffield Little League are very serious and dedicated to this cause. Please read it carefully from cover to cover, as it will familiarize you with all our formal safety rules and procedures. Then, use the manual as a powerful reference guide throughout the season.

In closing, remember that safety rests with all of us, the volunteers of Suffield Little League. Always use common sense, never doubt what children tell you, and report all accidents or safety infractions when they occur.

Now, play ball, play for fun and play it safe!

Sincerely,

Bill Baril

President, SLL

Tribute to Ronald Joseph "Joey" Parise, Jr.

Joey died March 4, 2001, after an 18-month battle with cardiomyopathy, a condition requiring a heart transplant, which never became available for Joey. His condition was first diagnosed in September 1999 after he had experienced flu-like symptoms for a few days. The pediatric cardiologist told us the first day he saw Joey that he might require a transplant, if other preliminary treatments did not work. This doctor, and others who saw Joey in the following months, assured us that this illness had nothing to do with Joey's earlier heart problems. Joey was born with congenital heart disease, but all felt that after about age four, Joey was normal.

Sensing that Joey's best chance was to make his own heart healthy again, we got second and third opinions, sought all kinds of alternative treatments, and prayed a whole lot. Unfortunately, by December of 2000, his condition had deteriorated so much that his father Ron, went with him to Children's Hospital of Philadelphia where further tests showed that he needed not only a new heart, but new lungs as well, which made the likelihood of a successful transplant even more remote. His mother Terri, and siblings Katie, Tommy, and Robbie, along with Ron, visited Joey for the last time on December 25, 26, and 27, when he was still very alert, although somewhat uncomfortable. We all had a very wonderful visit, exchanging gifts, typical banter, and the usual family chatter about baseball, friends, and school. But then on the 29th, Joey's condition suddenly took a turn for the worse, and the only way to save him at that point was to put him on life support. Joey was sustained for two months on a heart-lung machine, vying for time while we waited for organs to become available. During this period he was in a drug-induced coma to alleviate his discomfort. Ron maintained a bedside vigil at the hospital, making sure the doctors and nurses did everything possible to keep Joey comfortable, and acting as Joey's advocate for appropriate treatment. Among Joey's last words to us in December was a plea that he just be kept anesthetized until the doctors figured out how to help him. Unfortunately, no help ever came, and he died on a miserable Sunday evening with the five of us by his side. What an excruciatingly painful experience. Sometimes God is difficult to figure out.

We miss Joey every day, but we have many happy memories to keep him always close to us and in our hearts - family vacations, holiday reunions, endless games of baseball and soccer in our yard, water fights with the garden hose and super soakers. We don't know why this had to happen to our Joey, but maybe someday we will understand. Until then, the pain and sense of loss are almost unbearable. How could this have happened to him? Why did he have to get sick in the first place? There were many times during his 1-1/2 year struggle that things could have gone the other way for Joey, but they never did; he didn't get a single break. He complained about all the medicine he had to take, and he occasionally told us he was uncomfortable, although we now understand that he was in much more pain than he ever let us know about. But he never once asked, "Why me?" Joey was an exceptional student and athlete who loved baseball and the Yankees above all else. As an honor student and mechanically proficient computer wiz, Joey excelled in math and science. He was selected to take the SATs in middle school where he scored in the 90th percentile for graduating high school seniors, yet he had barely started eighth grade.

Although too ill to play baseball after Little League, his last two at-bats while playing were home runs, two of many in his too short career. And his last home run was a grand slam. Undeniably, and unbeknownst at the time, Joey's short career ended in style.

Ironically, one of the last English papers Joey wrote in school was about Lou Gehrig's farewell speech to baseball after his fatal illness was diagnosed. This is the speech where Gehrig said he was "the luckiest man on the face of the earth" for having been able to play baseball, even though by that time Gehrig knew he was dying. How prophetic for our dear Joey! Joey was a gift to us for fourteen years, and we thank God that he was a part of our lives and our family. His sense of humor, his insight, and his input into daily life will be missed. We know that heaven is a more perfect place because Joey is there.



Joey at age 12

Suffield Little League Emergency Contacts & Facility Information

SLL Officers	Name:	Phone:
PRESIDENT	Bill Baril	860-299-3665
PAST PRESIDENT	Paul Mandirola	860-306-3494
VICE PRESIDENT - BASEBALL	Louis Riccelli	860-614-4744
VICE PRESIDENT - SOFTBALL	Kristen Smith	860-966-2760
PLAYER/COACHES AGENTS:		
BASEBALL	Rob Faber	860-243-6334
SOFTBALL	Laura Eisenhaure	860-463-0364
SECRETARY	Scott Lingenfelter	860-798-5582
TREASURER	Stephen Shanks	860-770-3833
SAFETY OFFICER	Heidi Crocker	860-620-7817
FOOD BOOTH COORDINATOR		
EQUIPMENT MANAGER	Doug Organ	508-930-5481
INFORMATION OFFICER	Keith Woods	413-575-8041
FUNDRAISING COORDINATOR	Christos Nikolis	860-796-3644
MAINTENANCE DIRECTOR	George VanCott	860-798-1680

Suffield Little League Field Addresses

Bruce Park Baseball & Softball Fields
911 Mountain Road, Suffield, CT 06078

Christian Field Complex
555 Hale Street, Suffield, CT 06078

McAlister Intermediate School
260 Mountain Road, Suffield, CT 06078

Suffield High School Fields
1060 Sheldon Street, Suffield, CT 06078

Regional Emergency Facilities & Contact Information

Police/Fire/Ambulance - Emergency **911**

Suffield Ambulatory Walk-In Center (860) 668-1211
162 Mountain Road, Suffield, CT 06078

Windsor Locks Medical Center (860) 627-0161
73 Old County Road, Windsor Locks, CT

Bay State Medical Center (413) 794-0000
759 Chestnut Street, Springfield, MA

Connecticut Children's Medical Center (860) 545-9000
282 Washington Street, Hartford, CT

Hartford Hospital (860) 545-5000
80 Seymour Street, Hartford, CT 06105

Saint Francis Hospital (860) 714-4000
114 Woodland Street, Hartford, CT 06105

Safety Material & Safety Training

Paper copies of this Safety Program Manual will be published and distributed to SLL Volunteers. All Team Managers will also be issued a First Aid Kit at the beginning of the season. Copies of this Safety Program Manual as well as additional First Aid Kits will also be available in all Snack Shacks.

As part of the First Aid Kit, two chemical ice packs of physical therapy quality will be issued to each team at the beginning of the season. Additional Ice Packs are available at all times in the concession stands.

The Safety Program Manual will include contact information of hospitals and other emergency services, phone numbers for all Suffield Little League Officers, the Suffield Little League Code of Conduct, and the Roles & Responsibilities of all members.

The First Aid Kit will include the necessary items to treat an injured player until professional help arrives.

All Managers and designated coaches will be required to attend a First Aid Training Session and Fundamentals Training Session to take place at the Coaches Safety/Rule Meeting to be held on April 2, 2019 in the Suffield Middle School Cafeteria from 6 to 7:30 pm.

Suffield Little League Safety Code

The Board of Directors of Suffield Little League has mandated the following “Adult Safety Code”. All Little League managers, coaches, umpires, and adult volunteers will read and do their utmost to abide.

Additionally, all managers and coaches will read and enforce the “Player Safety Code” as described in this manual to their players. Signatures are required of all managers, coaches and players, acknowledging understanding and compliance.

Adult Safety Code: (for all SLL Adult Volunteers, including Managers, Coaches & Umpires):

- ✓ Responsibility for safety procedures belong to every adult member of SLL.
- ✓ Each manager, coach, umpire, and team safety officer shall use proper reasoning and care to prevent injury to him/herself and to others.
- ✓ Only league approved managers and/or coaches are allowed to conduct practice with teams.
- ✓ Each and every year, all managers, coaches, umpires, board members and any other persons, 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 the most recent Little League Volunteer Application form as well as provide a government-issued photo identification card for ID verification. This Little League Volunteer Application will be used to conduct a search of appropriate governmental databases for statewide and/or nationwide background and sex-offender checks. Anyone refusing to fill out a Little League Volunteer Application is ineligible to be a league member.
- ✓ Only league-approved managers and/or coaches will supervise batting Cages.
- ✓ Arrangement should be made in advance of all games/practices for emergency medical services.
- ✓ Managers, designated coaches and umpires are strongly recommended to have training in First Aid.
- ✓ First-aid kits are issued to each team manager during the pre-season and additional kits will be located at each concession stand. AEDs have been added to all Suffield fields and schools.
- ✓ No games/practices will be held when weather or field conditions are poor, particularly when lighting is inadequate.
- ✓ Play area will be inspected before games & practices for holes, damage, stones, glass & foreign objects.
- ✓ Team equipment must be stored within the team dugout or behind screens, and not within the area defined by the umpires as “in play”.
- ✓ Only players, managers, coaches and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- ✓ Responsibility for keeping bats and loose equipment off the field of play should be that of the team manager or coach, or assigned by them to a specific player.

Suffield Little League Safety Code (continued)

- ✓ Equipment should be inspected regularly for condition and fit.
- ✓ Parents of players who wear glasses should be encouraged to provide “safety glasses” for their children.
- ✓ Parents should be encouraged to provide mouth-guards for their children.
- ✓ Managers will only use the official Little League balls supplied by SLL.
- ✓ Managers/Coaches will never leave an unattended child at a practice or game.
- ✓ No unattended children under the age of 11 are permitted in the Concession Stands.
- ✓ Never hesitate to report any present/potential safety hazard to the SLL Safety Officer immediately.
- ✓ No smoking within twenty feet of the dugouts and concession stands.
- ✓ Make arrangements to have a cellular phone available when a game or practice is at a facility that does not have public phones.
- ✓ Speed Limit is 5 miles per hour in roadways and parking lots.
- ✓ No alcohol or drugs allowed on the premises at any time.
- ✓ Observe all posted signs.
- ✓ Spectators should be reminded to be alert at all times for foul balls and/or errant throws.
- ✓ All gates to the fields must remain closed at all times. After players have entered or left the playing field, gates should be closed and secured.
- ✓ No one is allowed on the complex with open wounds at any time. Wounds should be treated and properly bandaged.
- ✓ There is no running allowed on or under the bleachers.
- ✓ No pets are permitted on the premises at any time. This includes dogs, snakes, horses, cats, etc.

Player Safety Code:

- ✓ During practice and games, all players should watch the batter on each pitch and always be alert for foul balls and/or errant throws.
- ✓ During warm-up drills, players should be spaced so that no one is endangered by wild throws or missed catches.
- ✓ All pre-game warm-ups should be performed within the confines of the playing field, not outside it.
- ✓ Batters and base-runners must wear Little League approved protective helmets.
- ✓ Except when a runner is returning to a base, head-first slides are NOT permitted.
- ✓ At no time should "horse play" be permitted on the playing field.
- ✓ Players who wear glasses should be encouraged to procure "safety glasses".
- ✓ All players should be encouraged to wear mouth-guards.
- ✓ All male players are encouraged to wear athletic supporters or cups during games & practices.
- ✓ All male Catchers must wear a cup.
- ✓ All catchers must wear a catcher's mitt (not a first baseman's mitt or fielder's glove) as well as protective equipment that meets Little League specifications and standards, during practices as well as games.
- ✓ All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during practice, pitcher warm-up, and games.
- ✓ Shoes with metal spikes or cleats are not permitted. Shoes with molded cleats are permissible.
- ✓ Players will not wear watches, rings, pins, jewelry or other metallic items during practices or games. (Exception: Jewelry that alerts medical personnel to a specific condition is permissible and this must be taped in place.)
- ✓ No food/drinks at any time in the dugouts. (Except for: Water, Gatorade, chewing gum, sunflower seeds)
- ✓ No medication will be taken at the facility unless administered directly by the child's parent. This includes aspirin, Tylenol and/or asthma inhalers.
- ✓ No pets are permitted on the premises at any time. This includes dogs, cats, horses, snakes, etc.

Accident Reporting Procedure

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 SLL Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury.

When to report:

All such incidents described above must be reported to the SLL Safety Officer within 24 hours of the incident. The SLL Safety Officer, Heidi Crocker, can be reached at the following:

Address: 950 Mapleton Ave,
Suffield, CT 06078
Email: hcrocker950@sbcglobal.net
Phone: (860) 620-7817

*The SLL Safety Officer's contact information will also be posted at all concession stands.

How to make a report:

Accidents must be formally reported by completing a SLL Accident Report. (A blank SLL Accident Report form is included in this manual.) At a minimum, the following information must be provided:

- 1) The name and phone number of the individual involved.
- 2) The date, time, and location of the incident.
- 3) As detailed a description of the incident as possible.
- 4) The preliminary estimation of the extent of any injuries.
- 5) The name and phone number of the person reporting the incident.

Team Safety Officer's Responsibility

The TSO will fill out the SLL Accident Report Form (see page 48 of this manual for a blank form) and submit it to the SLL Safety Officer within 24 hours of the incident. If the team does not have a Safety Officer then the Team Manager will be responsible for filling out the form and turning it in to the SLL Safety Officer. Accidents occurring outside the team (i.e., spectator injuries, concession stand injuries and third party injuries) can be verbally relayed to the SLL Safety Officer for follow-up.

SLL Safety Officer's Responsibilities

Within 24 hours of receiving the SLL Accident Report, the SLL Safety Officer will contact the injured party or the party's parents and;

- 1) Verify the information received
- 2) Obtain any other information deemed necessary
- 3) Check on the status of the injured party; and
- 4) In the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Suffield Little League's insurance coverage and the provision for submitting any claims. If the extent of the injuries are more than minor in nature, the SLL Safety Officer shall periodically call the injured party to:
- 5) Check on the status of any injuries, and
- 6) Check if any other assistance is necessary in areas such as submission of insurance forms, etc., until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the League again).

Concession Stand Safety

- ✓ No unattended person under the age of 11 will be allowed behind the counter in the concession stands.
- ✓ People working in the concession stands will be trained in safe food preparation and in the safe use of all equipment.
- ✓ Cooking equipment will be inspected periodically and repaired or replaced if need be.
- ✓ Propane tanks (if used) will be turned off at the grill and at the tank after use.
- ✓ Food not purchased by SLL to sell in its concession stands will not be cooked, prepared, or sold in the concession stands.
- ✓ Cooking grease will be stored safely in containers away from open flames.
- ✓ Cleaning chemicals must be stored in a locked container.
- ✓ All concession workers are encouraged to attend a 1st Aid training session.
- ✓ Carbon Dioxide tanks (if used) will be secured with chains so they stand upright and can't fall over. Report damaged tanks or valves to the supplier and discontinue use.
- ✓ A Certified Fire Extinguisher suitable for grease fires must be 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 each Concession Stand.
- ✓ The Concession Stand main entrance will not be locked/blocked while people are inside.

Suffield Little League – Safety Program Roles & Responsibilities

President:

The President of SLL is responsible for ensuring that the policies and regulations of the SLL Safety Officer are carried out by the entire membership to the best of his/her abilities.

SLL Safety Officer:

The main responsibility of the SLL Safety Officer is to develop and implement the League's safety program. The SLL Safety Officer is the link between the Board of Directors of Suffield Little League and its managers, coaches, umpires, team safety officers, players, spectators, and any other third parties on the complex in regards to safety matters, rules & regulations. Other responsibilities include:

- ✓ Coordinating the individual Team Safety Officers in order to provide the safest environment possible for all.
- ✓ Assisting parents and individuals with insurance claims and will act as the liaison between the insurance company and the parents and individuals.
- ✓ Explaining insurance benefits to claimants and assisting them with filing the correct paperwork.
- ✓ Keeping the Accident Log. This log will list where accidents and injuries are occurring, to whom, in which divisions (senior, major, minor, farm, tee ball), at what times, under what supervision.
- ✓ Correlating and summarizing the data in the Accident Log to determine proper accident prevention in the future.
- ✓ Insuring that each team receives its Safety Manual and First-Aid Kit at the beginning of the season.
- ✓ Installing First-Aid Kits in all concession stands and re-stocking the kits as needed.
- ✓ Make Little League's "no tolerance with child abuse" clear to all.
- ✓ Inspecting concession stands and checking fire extinguishers.
- ✓ Instructing concession stand workers on the use of fire extinguishers.
- ✓ Checking fields with the Field/Facilities Managers and listing areas needing attention.
- ✓ Scheduling a First-Aid Class for all managers, designated coaches, umpires, player agents and team safety officers during the pre-season.
- ✓ Creating and maintaining all signs on the SLL complex including No Parking signs, No Smoking signs, No Pets Allowed, cautionary signs etc.
- ✓ Acting immediately in resolving unsafe or hazardous conditions once a situation has been brought to his/her attention.
- ✓ Making spot checks at practices & games to make sure all managers have their First-Aid Kits, Safety Manuals, and Medical Release Forms.
- ✓ Tracking all injuries and near misses in order to identify injury trends.
- ✓ Visiting other leagues to allow a fresh perspective on safety.
- ✓ Making sure that safety is always a Board Meeting topic, & allowing people to share ideas on improving safety.

Managers & Coaches

The Manager is a person appointed by the President of SLL to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

(a) The Manager shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.

(b) The Manager is also responsible for the safety of his players. She/he is also ultimately responsible for the actions of designated coaches and the Team Safety Officer (TSO).

(c) If a Manager leaves the field, that Manager shall designate a Coach as a substitute and such Substitute Manager shall have the duties, rights and responsibilities of the Manager.

Pre-Season- Managers will:

- ✓ Take possession of this Safety Manual and the First-Aid Kit supplied by SLL and bring them to all practices and games. Also bring all Medical Reference Forms for all players.
- ✓ Appoint a volunteer parent as Team Safety Officer (TSO). The TSO must be able to be present at all games and must own or have access to a cell phone for emergencies.
- ✓ Attend a First Aid Training Session and Fundamentals Training Session given by SLL with his/her designated coaches and TSO. This year the mandatory meeting will be held March 27, 2017 at the Suffield Middle School Cafeteria from 6:00 to 7:30 pm.
- ✓ Meet with all parents to discuss Little League philosophy and safety issues.
- ✓ Cover the basics of safe play with his/her team before starting the first practice.
- ✓ Teach players the fundamentals of the game while advocating safety.
- ✓ Have all players sign the SLL Player Safety Code signature sheet on page 27 of this manual and return to the SLL Safety Officer before the first game.
- ✓ Teach players how to slide before the season starts.
- ✓ Notify parents that if a child is previously injured, he or she cannot return to practice unless they have a note from their doctor or parent. This Return to Play Release protects you should that child become further injured. (This Return to Play Release is basically a simple note providing authorization along with a doctor or parent signature and date.) There are no exceptions to this rule. (Please forward the Return to Play Release to the SLL Safety Officer.)
- ✓ Encourage players to bring water bottles to practices and games.
- ✓ Encourage players to wear mouth protection.

** First-time Managers and Coaches are requested to read books or view video on Little League Baseball mechanics.

Managers & Coaches (continued)

Season Play - Managers will:

- ✓ Work closely with the Team Safety Officer to make sure equipment is in first-rate working order.
- ✓ Make sure that telephone access is available at all activities including practices. It is suggested that a cellular phone always be on hand.
- ✓ Not expect more from their players than what the players are capable of.
- ✓ Teach the fundamentals of the game to players, to include:
 - Catching fly balls
 - Sliding correctly
 - Proper fielding of ground balls
 - Simple pitching motion for balance
- ✓ Be open to ideas, suggestions or help.
- ✓ Enforce that prevention is the key to reducing accidents to a minimum.
- ✓ Have players wear sliding pads if they have cuts or scrapes on their legs.
- ✓ Always have your:
 - First-Aid Kit
 - Safety Manual
 - Medical Release Forms for all players on hand at all practices and games.
- ✓ Use common sense.

Pre-Game & Practice - Managers will:

- ✓ Make sure that players are healthy, rested and alert.
- ✓ Make sure that players returning from being injured have a Return to Play Release signed by their doctor or parent. Otherwise, they can't play. (This Return to Play Release is basically a simple note providing authorization along with a doctor or parent signature and date.)
- ✓ Make sure players are wearing the proper uniform and male catchers are wearing a cup.
- ✓ Make sure that the equipment is in good working order and is safe.
- ✓ Agree with the opposing manager on the fitness of the playing field. In the event that the two managers cannot agree, the President or a duly delegated representative shall make the determination.
- ✓ Enforce the rule that no bats and balls are permitted on the field until all players have done their proper stretching. Then have players do a light jog around the field before starting throwing warm-ups.

During the Game - Managers will:

- ✓ Make sure that players carry all gloves and other equipment off the field and to the dugout when their team is up at bat. No equipment shall be left lying on the field, either in fair or foul territory.
- ✓ Keep players alert.
- ✓ Maintain discipline at all times.
- ✓ Be organized.
- ✓ Keep players/substitutes sitting on the team's bench or in the dugout unless participating in the game or preparing to enter the game.
- ✓ Make sure catchers are wearing the proper equipment.
- ✓ Encourage everyone to think Safety First.
- ✓ Observe the "no on-deck" rule for batters and keep players behind the screens at all times. No player should handle a bat in the dugouts at any time.
- ✓ Keep players off fences.☒
- ✓ Get players to drink often so they do not dehydrate.
- ✓ Not play children that are ill or injured.
- ✓ Attend to children that become injured in a game.
- ✓ Not lose focus by engaging in conversation with parents and passerby's.

Post-Game- Managers are to:

- ✓ Not leave the field until every team member has been picked up by a known family member or designated driver.
- ✓ Optionally perform cool down exercises with the players.
 - Light jog.
 - Stretching as noted above.
 - Those who throw regularly (pitchers and catchers) should ice their shoulders and elbows.
 - Catchers should ice their knees.
- ✓ Notify parents if their child has been injured no matter how small or insignificant the injury is. There are no exceptions to this rule. This protects you, Little League Baseball Inc. and SLL.
- ✓ Discuss any safety problems with the Team Safety Officer that occurred before, during or after the game.
- ✓ If there was an injury, make sure an accident report is filled out and given to the SLL Safety Officer within 24 hours.
- ✓ Return the field to its pre-game condition.

If a manager knowingly disregards safety, he or she will come before the SLL Board of Directors to explain his or her conduct.

Lightning Procedure for Christian Field:

If inclement weather is in the forecast for any particular evening, one of the Majors coaches will make sure the Sky Scan Lightning Detector is turned on. Once the meter is on, one person in Chet's food booth will be responsible to monitor the scanner. If the lightning meter detects lightning under 8 miles, the bell at Chet's will be rung and all players must proceed to their parents or coaches vehicles until the all clear is given. After 20 minutes, the umpires and coaches will decide whether or not the baseball games can resume or whether to postpone the games.

Umpires- Safety Roles & Responsibilities:

Pre-Game - Before a game starts, the Umpire shall:

- ✓ Check equipment in dugouts of both teams. If it does not meet specifications, it must be removed.
- ✓ Make sure catchers are wearing helmets when warming up pitchers.
- ✓ Run hands along bats to make sure there are no splinters. Also make sure bats have grips.
- ✓ Inspect helmets for cracks. Also make sure there are foam inserts in helmets and that helmets meet Little League NOCSAE specifications and bear Little League's seal of approval.
- ✓ Walk the field for hazards and obstructions (e.g. rocks and glass).
- ✓ Make sure that all players are not wearing jewelry or metal cleats
- ✓ Make sure that all playing lines are marked with non-caustic lime, chalk or other white distinguishable material.
- ✓ Secure official Little League balls for play from both teams.
- ✓ Use the FIELD SAFETY CHECK LIST (included in appendix of this safety manual) to document all of above.

During the Game- During the game the Umpire shall:

- ✓ Govern the game as mandated by Little League rules and regulations.
- ✓ Check baseballs for discoloration and nicks and declare a ball unfit for use if it exhibits these traits.
- ✓ Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of unsuitable weather conditions or the unfit condition of the playing field; as to whether and when play shall be resumed after such suspension; and as to whether and when a game shall be terminated after such suspension.
- ✓ Act as the sole judge as to whether and when play shall be suspended or terminated during a game because of low visibility due to atmospheric conditions or darkness.
- ✓ Enforce the rule that no spectators shall be allowed on the field during the game.
- ✓ Make sure catchers are wearing the proper equipment.
- ✓ Continue to monitor the field for safety and playability.
- ✓ Make the calls loud and clear, signaling each call properly.
- ✓ Make sure players and spectators keep their fingers out of the fencing.

Post-Game- After a game, the Umpire shall:

- ✓ Check with the managers of both teams regarding safety violations.
- ✓ Report any unsafe situations to the SLL Safety Officer by telephone and in writing.

Facilities Manager:

The SLL Facilities Manager is responsible to ensure the fields and structures used by SLL meet the safety requirements as set forth in this manual.

Concession Stand Manager:

The SLL Concession Stand Manager is responsible to ensure the Concession Stand Volunteers are trained in the safety procedures as set forth in this manual.

Equipment Manager:

The SLL Equipment Manager is responsible to get damaged equipment repaired or replaced as reported. This replacement will happen in a timely manner. The Equipment Manager will also exchange equipment if it doesn't fit properly.

Team Safety Officer (TSO): Safety Roles & Responsibilities:

The TSO is a:

- ✓ Role model to younger children.
- ✓ Defender of safety.
 - Liaison between the team & SLL Safety Officer.
 - Hero when injuries are prevented by taking safety seriously.

Pre-Season- In the pre-season, the TSO must:

- ✓ Acquire this Safety Manual from the team manager and read it.
- ✓ Attend the First Aid Training Session with your team manager if possible.
- ✓ Receive/acquire all Medical Release Forms for each player of your team from the SLL Player Agent. Note any significant conditions/issues that could affect that child's safety. (These forms were completed by parents/guardians during registration. See Page 31 of the Appendix for a sample form.)
- ✓ Confirm any/all medications that are being taken by each child.
- ✓ Talk to parents, confidentially, and confirm/compare their health status with Medical Release forms. (i.e. inquire if anything has changed since form was submitted in Feb/March. Note any special issues/precautions with Manager and other coaches. Examples include: allergies, asthma, heart conditions, past injuries, ADD, ADHD, a communicable disease such as hepatitis, HIV, AIDS, etc.)
- ✓ Report any significant findings/issues to the SLL Safety Officer.
- ✓ Bring all Medical Release Forms to every practice and game for emergency contact as well as medical reference information.
- ✓ Inspect the equipment and replace any that looks unsafe.

Season- During the season, the TSO will:

- ✓ Fill out an accident report (sample form in appendix) within 24 hours when an injury occurs and submit to SLL Safety Officer.
- ✓ Report periodically as part of a Safety Committee to the SLL Safety Officer, even if nothing is wrong.
- ✓ Inspect equipment for cracks and broken straps on a routine basis.
- ✓ Have a five-minute safety meeting with the team each week.
- ✓ Communicate any safety infractions to the SLL Safety Officer or any other Board Member.
- ✓ Help managers and designated coaches give First-Aid if needed.
- ✓ Act as a conduit between parents, managers, the SLL Safety Officer and the kids.
- ✓ Track the First-Aid Kit inventory and ask the SLL Safety Officer for replacements when needed.

Pre-Game - the TSO will:

- ✓ Make sure that this Safety Manual, Health & Medical Reference Manual and the First-Aid Kit are present along with Medical Release Forms for each and every player.
- ✓ Greet the players as they arrive and make sure everyone is feeling all right.
- ✓ Watch the players when they stretch and do warm up exercises for signs of stress or injury.
- ✓ Check equipment for cracks and broken straps.
- ✓ Walk the field, remove broken glass and other hazardous materials.
- ✓ Be ready to go into action if anyone should get hurt.

During the Game - the TSO will:

- ✓ Watch players to see that they are alert at all time.
- ✓ In case of injury, help the team manager treat the child until professional help arrives. Have Medical Release Forms available to reference medical history and/or emergency contact information.
- ✓ Act as the conduit between the SLL Safety Officer, the team manager, the child and his or her parents.

Post-Game - the TSO will:

- ✓ Report any safety infractions to the SLL Safety Officer.
- ✓ Fill out an accident report (see appendix) if there are any injuries and send a copy within 24 hours to the SLL Safety Officer.
- ✓ Assist parents if a child must go to a hospital or to see a doctor.
- ✓ Follow up with parents to make sure the child is all right.

Little League - Volunteer Application Form

Managers, coaches, board members and any others, 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 application form as well as provide a government-issued photo identification card for ID verification

<https://www.littleleague.org/downloads/volunteer-application/>

Suffield Little League - Accident Report

NAME: (injured) _____

DATE/TIME OF INJURY: _____

TEAM: _____ MANAGER: _____

ADDRESS OF INJURED: _____

INJURED'S HOME PHONE: _____

PERSON FILLING OUT THIS FORM: _____

PHONE NUMBER: _____

MEDICAL TREATMENT DISPENSATION (Circle One)

First Aid at field

To Doctor/Dentist

To Walk-In/Hospital

Other

Brief Statement of What Happened _____

Brief Description of Injuries _____

NOTE: This form is for Little League purposes only. When an accident happens, obtain as much information as possible. Send a copy of this form to the SLL Safety Officer within 24 hours. Its purpose is to establish a record of all accidents and to ultimately make our overall Little League program safer for all participants and spectators.

Field & Game Safety Checklist

All umpires, managers & coaches are responsible for checking field safety conditions before each game.

Repair Required?

Field Condition	Yes	No
Backstop Repair		
Home Plate Repair		
Bases Secure		
Bases Repair		
Pitcher's Mound		
Batter's box level		
Batter's box marked		
Grass surface (even)		
Gopher/Mole Holes		
Infield fence repair		
Outfield fence repair		
Foul Ball net repair		
Foul Lines marked		
Sprinkler Issues		
Warning Track		
Coaches boxes level		
Coaches boxes marked		
Dirt Needed		

Safety Equipment	Yes	No
1 st Aid Kit		
Ice on-hand		
Blanket for Shock		
Safety/Health Manuals		
Accident Forms		

Dugouts	Yes	No
Fencing needs repair		
Bench needs repair		
Roof needs repair		
Bat Racks		
Trash Cans		

Repair Required?

Spectator Areas	Yes	No
Bleachers need repair		
Hand rails need repair		
No Smoking		
Parking Area Safe		
Protective Screens OK		
Bleachers Clean		

Catchers Equipment	Yes	No
Shin Guards OK		
Helmets OK		
Face Masks OK		
Throat Protector OK		
Catchers Cup (boys)		
Chest Protector		
Catcher's Mitt		

Players Equipment	Yes	No
Batting Helmets		
Jewelry Removed		
Bats Inspected		
Shoes Checked		
Uniforms checked		
Athletic Cups/Supporters (for boys)		

Report all unresolved Safety Issues to the SLL Safety Officer as soon as possible.

Suffield Little League - Medical Release Form

This form is to be completed and signed by the parent or legal guardian.

Player: _____ Date of Birth _____
League Name _____ I.D. Number _____

If the child named above is injured or ill, I understand that the team manager or another authorized representative from Suffield Little League will attempt to contact me, the other parent, or the legal guardian at the telephone number provided below.

Parent (legal guardian's) name (s): _____

Day Phone: _____ Evening Phone _____

Day Phone: _____ Evening Phone _____

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

Name _____ phone _____ relationship to player _____

Name _____ phone _____ relationship to player _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First responder, E.R.

Physician and to be transported to the nearest hospital for treatment if necessary.

Signature: _____ Date: _____

Medical Insurance Plan: _____ Date of last Tetanus Shot _____

Group Number: _____ ID Number: _____

Please list any allergies/medical problems, including those requiring maintenance medication (i.e. Diabetic, Asthma, and Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage
_____	_____	_____	_____
_____	_____	_____	_____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

A photocopy of this agreement is considered the same as the original.

Allergic Reactions

Allergic reactions can be triggered by foods, medications, insect stings, pollen, or other substances. Although most allergic reactions aren't serious, severe reactions can be life threatening and require immediate medical attention.



Signs and Symptoms

Mild:

- itchiness
- skin redness
- slight swelling
- stuffy, runny nose
- sneezing
- itchy, watery eyes
- red bumps (hives) anywhere on the body

Severe:

- swelling of the mouth or tongue
- difficulty swallowing or speaking
- wheezing or difficulty breathing
- abdominal (belly) pain, nausea, vomiting, or diarrhea
- dizziness or fainting



What to Do:

- Contact a doctor if the child has an allergic reaction that is more than mild or concerns you.
- If the symptoms are mild, give an oral antihistamine such as diphenhydramine.
- If the symptoms are severe and you have injectable epinephrine (EpiPen), immediately use it as directed and call for emergency medical help.



Think Prevention!

Have kids avoid substances that are known to trigger an allergic reaction. Keep an oral antihistamine such as diphenhydramine available. If the child has a severe allergy, be sure doctor-prescribed injectable epinephrine is kept nearby at all times, and that you, the child (if old enough), and anyone who cares for the child know how to use it.

Asthma Flare-Ups

During an asthma flare-up or attack, the airways in a child's lungs become more irritated and swollen, making breathing more difficult. While some flare-ups are mild, others can be life threatening, so it's important to deal with them right away.



Signs and Symptoms

Signs of an asthma flare-up include:

- wheezing
- coughing
- chest tightness
- shortness of breath

Signs of a **severe** asthma flare-up may include:

- trouble breathing even when sitting still
- difficulty speaking without pausing
- feeling tired or drowsy
- blueness around the lips
- the areas below the child's ribs, between the ribs, and in the neck sink in with each attempt to inhale



What to Do:

If the child is having an asthma flare-up, be sure to follow his or her specific asthma treatment guidelines. Many doctors provide a detailed asthma action plan for their patients. Because each child's experience with asthma is different, each action plan will be too.

Seek Emergency Medical Care or Call 911 if the Child:

- begins to show signs of a severe flare-up
- has a flare-up that enters the danger zone (red zone) of his or her action plan



Think Prevention!

Help prevent flare-ups by taking these steps:

- Encourage and help the child to avoid substances that you know trigger flare-ups.
- Make sure the child takes the controller medicine as directed by the doctor – even if the child is feeling better.
- Make sure the child gets a flu shot every year.
- Work with the child's doctor to follow an asthma action plan.
- Make sure the child never runs out of the prescribed medications.
- Ensure that the child takes the medications to school and on trips.

Broken Bones

Broken bones (or fractures) are a common injury in kids, especially after a fall. No matter what part might be broken or how big or small the injury may seem, all broken bones need medical care.



Signs and Symptoms

The child may have a broken bone if:

- you heard a “snap” or a grinding noise during an injury
- there’s swelling, bruising, or tenderness
- the injured part is difficult to move or hurts when moving, being touched, or bearing weight



What to Do:

- Remove clothing from the injured area.
- Apply an ice pack wrapped in cloth.
- Keep the injured limb in the position you find it.
- Place a simple splint, if you have one, on the broken area.
- Get medical care, and don’t allow the child to eat in case surgery is required.

Do Not Move The Child and Call 911 Right Away If:

- You suspect a serious injury to the head, neck, or back.
- A broken bone comes through the skin. While waiting for help:
 - Keep the child lying down.
 - Do not wash the wound or push in any part that’s sticking out.



Think Prevention!

It’s practically impossible to prevent every fracture — but you can help curb the likelihood of a break by:

- using safety gates at bedroom doors and at both the top and bottom of stairs (for babies or toddlers)
- enforcing helmet and safety gear rules for young athletes and any child riding a bicycle, tricycle, skateboard, scooter, or any type of skates and roller blades
- avoiding the use of infant walkers

Cuts

Many kids get cut from falls or using sharp objects like scissors. Some cuts can be safely treated at home. Large, gaping, and deeper cuts – or any wounds that won't stop bleeding – need medical treatment.



What to Do:

If the cut is severe and you can't get the child to a hospital right away or must wait for an ambulance, begin this treatment:

- Rinse the cut or wound with water and apply pressure with sterile gauze, a bandage, or a clean cloth.
- If blood soaks through the bandage, place another bandage over the first and keep applying pressure.
- Raise the injured body part to slow bleeding.
- When bleeding stops, cover the wound with a new, clean bandage.
- **Do not apply a tourniquet.**

Seek Medical Care if:

- the cut is deep or its edges are widely separated
- the cut continues to ooze and bleed even after applying pressure
- the bite is from an animal or human

Call 911 Right Away if the Child:

- has a body part, such as a fingertip, that is cut off (**Put the part that was cut off in a sealed plastic bag right away. Dunk the bag in a container with ice water.**)
 - has a cut and the blood is spurting out and difficult to control
 - is bleeding so much that bandages are becoming soaked with blood
-



Think Prevention!

- Childproof so that infants and toddlers are less likely to fall or become injured on table corners, sharp objects, or doors that may slam shut.
- Be sure children wear shoes when playing outside.
- Watch teens when they are cutting with sharp knives.

Dehydration

Dehydration can occur if a child is not drinking enough fluids. Kids can also become dehydrated when a large amount of fluid is lost through vomiting, diarrhea, or both. In cases of dehydration, it's important to replenish fluid losses as quickly as possible.



Signs and Symptoms

Mild to moderate:

- tongue becomes dry
- few or no tears when crying
- rapid heart rate
- fussiness in an infant
- no wet diapers for 6 hours in an infant
- no urination for 8 hours in children

Severe:

- very dry mouth (looks "sticky" inside)
- dry, wrinkly, or doughy skin (especially on the belly and upper arms and legs)
- inactivity or decreased alertness and excessive sleepiness
- sunken eyes
- sunken soft spot on top of an infant's head
- no urination for 8 or more hours in an infant and 10 or more hours in a child
- deep, rapid breathing
- rapid or weakened pulse



What to Do:

Mild dehydration can often be treated at home. If the child has diarrhea but no vomiting, continue feeding a normal diet.

If the child is vomiting, stop milk products and solid foods and:

- Give infants an oral electrolyte solution (a solution that restores lost fluids and minerals) – about 1 tablespoon every 15-20 minutes.
- Give children over 1 year old sips of clear fluids such as an oral electrolyte solution, ice chips, flat non-caffeinated soda, clear broth, or ice pops – 1 to 2 tablespoons every 15-20 minutes.

Seek Emergency Medical Care if the Child:

- shows **any** sign of severe dehydration
- is unable to keep clear fluids down



Think Prevention!

- Frequent hand washing is key to avoiding many of the illnesses that can lead to dehydration.
- Encourage frequent, small amounts of fluids to avoid dehydration during illnesses.
- If vomiting occurs, use only clear fluids to rehydrate.

Dental Injuries

If a baby tooth accidentally comes out, it can't — and doesn't need to — be put back in. However, losing a permanent tooth is a dental emergency. Many other dental injuries are less urgent, but may need to be looked at by a dentist. Most dental injuries in preschool and school-age children occur from falls, while dental injuries in teenagers are often sports related.



What to Do:

When a baby, toddler, or young child injures the gums or teeth:

1. Apply pressure to the area (if it's bleeding) with a piece of cold, wet gauze.
2. Offer an ice pop to suck on to reduce swelling.
3. Give acetaminophen or ibuprofen as needed for pain.

When a permanent tooth is chipped or broken:

1. Collect all pieces of the tooth.
2. Rinse the mouth with warm water.
3. Hold a cold compress (such as an ice cube wrapped in cloth or gauze) against the injured tooth.
4. Contact a dentist.

Seek Medical Care if a Permanent Tooth Is Knocked Out:

Go to the dentist or emergency room right away after following these steps:

- Find the tooth. Call a dentist or emergency room right away if you aren't sure if it's a permanent tooth (baby teeth have smooth edges).
 - Hold the tooth by the crown (the surface farthest from the gumline) — not the root.
 - Try to put the tooth back in the socket right away and have the child hold it in place.
 - If the tooth cannot be put back in the socket, store it in cold milk. **Do not store it in tap water.**
 - Have the child bite down on a gauze pad or handkerchief to relieve bleeding and pain.
-



Think Prevention!

Make sure children wear mouth guards and protective gear for contact sports and helmets while biking, skateboarding, and inline skating. Childproof your house to prevent falls.

Eye Injuries

Most eye injuries are minor, like getting soap in the eye or a speck of dirt under the eyelid, but others, like those that happen during sports activities, can be serious and require medical attention.



Signs and Symptoms

Common signs of an eye injury include:

- redness
- stinging or burning
- watering
- sensitivity to light
- blurred vision
- swelling of the eyelids
- discoloration around the eye



What to Do

Minor eye irritations can be treated by flushing the eye with water, but more serious injuries require medical attention. For less serious injuries, like sand or dirt in the eye, **do not** try to remove something from the eye except by flushing.

Be sure to:

- Wash your hands before touching the eye area.
- Flush the eye with water as soon as possible.
- Tilt the child's head over a basin or sink with the affected eye pointed down.
- Gently pull down the lower lid.
- Gently pour a steady stream of lukewarm water over the eye.
- Flush the eye for up to 15 minutes, checking every 5 minutes to see if the foreign body has been flushed out.

Seek Medical Care if the Child Has:

- been struck in the eye with a ball or other object
- a red or irritated eye
- eye discomfort
- a red, swollen, or painful area around the eye or eyelid
- an eye that's very sensitive to light

Seek Emergency Care Immediately if the Child:

- has trouble seeing
- has been exposed to chemicals
- has something embedded in the eye
- has severe eye pain
- has blood in the eye
- has nausea or vomiting after an eye injury



Think Prevention!

If the child is involved in sports, be sure to provide protective goggles or unbreakable glasses. Keep chemicals and other potentially dangerous objects out of the reach of children.

Head Injuries

Most childhood head injuries are minor and hurt only the outside of the head. On rare occasions, a severe head injury can cause bruising or bleeding in the brain. This type of head injury requires immediate medical attention.



Signs and Symptoms

Of a mild head injury:

- minor scalp swelling
- cut on the scalp
- mild headache
- vomiting two or three times

Of a potentially serious head injury:

- unconsciousness or unresponsiveness
 - obvious serious wound
 - blood or clear fluid from the nose or ear
 - changes in behavior, such as sluggishness, agitation, confusion, or excessive sleepiness
 - dizziness or stumbling
 - seizure
 - vomiting more than two or three times or vomiting hours after the injury
 - severe or worsening headache
-



What to Do:

- **Call 911 for any serious head injury.** Do not move an unconscious child. If the child is not breathing, perform cardiopulmonary resuscitation (CPR) if you've been trained.
 - Call the doctor right away if an infant's head is hurt or a child of any age has neck pain or won't stop crying after a head injury.
 - Allow the child to sleep if he or she is tired.
-



Think Prevention!

- Childproof your house.
- Avoid using infant walkers.
- Make sure kids wear protective gear for contact sports, biking, skating, and skateboarding.

Heat Illness

Heat exhaustion starts slowly and if not quickly treated can progress to heatstroke. In heatstroke, a child's temperature reaches 105° F (40.5° C) or higher. Heatstroke requires **immediate emergency medical care** and can be fatal.



Signs and Symptoms

Of heat exhaustion:

- increased thirst
- weakness
- fainting
- muscle cramps
- nausea and vomiting
- irritability
- headache
- increased sweating
- cool, clammy skin
- elevation of body temperature to less than 105° F (40.5° C)

Of heatstroke:

- severe headache
- weakness, dizziness
- confusion
- rapid breathing and heartbeat
- loss of consciousness leading to coma
- seizures
- may not be sweating
- flushed, hot, dry skin
- elevation of body temperature to 105° F (40.5° C) or higher



What to Do:

For a child with symptoms of heatstroke, **seek emergency medical care immediately**. In cases of heat exhaustion or while awaiting help for a child with possible heatstroke:

- Bring the child indoors or into the shade immediately.
- Undress the child.
- Have the child lie down; elevate feet slightly.
- If the child is alert, place in cool bath water. If outside, spray the child with mist from a garden hose.
- If the child is alert and coherent, give frequent sips of cool, clear fluids.
- If the child is vomiting, turn onto his or her side to prevent choking.



Think Prevention!

- Teach kids to always drink plenty of fluids before and during any activity in hot, sunny weather – even if they aren't thirsty.
- Make sure kids wear light-colored, loose clothing.
- Do not have your child participate in heavy activity outdoors during the hottest hours of the day.
- Teach kids to come indoors immediately whenever they feel overheated.

Insect Stings and Bites

Although insect stings and bites can be irritating, symptoms usually begin to disappear by the next day and don't require medical treatment. However, kids who are allergic to some insect stings or bites may sometimes have life-threatening symptoms requiring emergency treatment.



Signs and Symptoms

Of a mild reaction:

- red bumps
- itchiness
- mild swelling

Of a severe allergic reaction include:

- swelling of the face or mouth
- difficulty swallowing or speaking
- chest tightness, wheezing, or difficulty breathing
- dizziness or fainting



What to Do:

If there are signs of a severe reaction:

- **Call 911.** If the child is conscious, give him or her diphenhydramine.
- If the child has an injectable epinephrine (EpiPen), it should be given.

If there are no signs of a severe reaction:

- If the child was stung and the insect's stinger is visible, remove it as quickly as possible by scraping the skin horizontally with the edge of a credit card or your fingernail.
- Wash the area with soap and water.
- Apply ice or a cool wet cloth to the area to relieve pain and swelling.

Seek Medical Care if:

- the sting or bite is inside or near the mouth
- the child has a known severe allergy to a stinging or biting insect
- injectable epinephrine (EpiPen) was used
- the site looks infected (increasing redness, warmth, swelling, pain, or pus occurring several hours or longer after the sting or bite)



Think Prevention!

Teach kids to avoid:

- walking barefoot while on grass
- playing in areas where insects nest or congregate
- drinking from soda cans outside

Nosebleeds

Although they can be scary, nosebleeds are common in children and usually aren't serious. Most stop on their own and can be treated safely at home. Nosebleeds occur more often in winter and when the air is dry.



What to Do:

- Have the child sit up with his or her head tilted slightly forward. **Do not have the child lean back** (this may cause gagging, coughing, or vomiting).
- Pinch the soft part of the nose (just below the bony part) for at least 10 minutes.

Seek Medical Care if the Child:

- has frequent nosebleeds
- may have put something in his or her nose
- tends to bruise easily, or has heavy bleeding from minor wounds
- recently started a new medication

Seek Emergency Medical Care if Bleeding:

- is heavy
 - is accompanied by dizziness or paleness
 - continues after two or three attempts of applying pressure for 10 minutes each
 - is the result of a blow to the head or a fall
-



Think Prevention!

To help prevent dryness in the nose, use saline (saltwater) nasal spray or drops (or put petroleum jelly on the inside edges of the child's nostrils) and use a humidifier in the child's room. Discourage nose picking and keep the child's fingernails short.

Strains and Sprains

Strains are injuries to muscle due to overstretching, while sprains involve a stretch or a partial tear of ligaments (which connect two bones) or tendons (which connect muscle to bone). Sprains and strains happen more often in teens than in younger children.



Signs and Symptoms

- pain in the joint or muscle
- swelling and bruising
- warmth and redness of the injured area
- difficulty moving the injured part



What to Do:

- Make sure the child stops activity right away.
- Think **R.I.C.E.** for the first 48 hours after the injury:
 - **Rest:** Rest the injured part until it's less painful.
 - **Ice:** Wrap an icepack or cold compress in a towel and place over the injured part immediately. Continue for no more than 20 minutes at a time, four to eight times a day.
 - **Compression:** Support the injured part with an elastic compression bandage for at least 2 days.
 - **Elevation:** Raise the injured part above heart level to decrease swelling.
- Give the child ibuprofen or acetaminophen for pain and to reduce swelling.

Seek Emergency Medical Care if the Child Has:

- severe pain when the injured part is touched or moved
- continued trouble bearing weight
- increased bruising
- numbness or a feeling of "pins and needles" in the injured area
- a limb that looks "bent" or misshapen
- signs of infection (increased warmth, redness, streaks, swelling, and pain)
- a strain or sprain that doesn't seem to be improving after 5 to 7 days



Think Prevention!

Teach kids to warm up properly and to stretch before and after exercising or participating in any sport, and make sure they **always wear appropriate protective equipment.**

Sunburn

Sunburn can happen within 15 minutes of being in the sun, but the redness and discomfort may not be noticed for a few hours. Repeated sunburns can lead to skin cancer. Unprotected sun exposure is even more dangerous for kids who have many moles or freckles, very fair skin and hair, or a family history of skin cancer.



Signs and Symptoms

Mild

- skin redness and warmth
- pain
- itchiness

Severe:

- skin redness and blistering
- pain and tingling
- swelling
- headache
- nausea
- fever and chills
- dizziness



What to Do:

- Remove the child from the sun right away.
- Place the child in a cool (not cold) shower or bath – or apply cool compresses as often as needed.
- Give extra fluids for the next 2 to 3 days.
- Give the child ibuprofen or acetaminophen as directed, if needed, to relieve pain.
- Use moisturizing creams or aloe gel to provide comfort.
- When going outside, all sunburned areas should be fully covered to protect the child from the sun until healed.

Seek Emergency Medical Care if:

- a sunburn forms blisters or is extremely painful
- a child has facial swelling from a sunburn
- a sunburn covers a large area
- a child has fever or chills after getting sunburned
- a child has headache, confusion, or a feeling of faintness
- you see signs of dehydration (increased thirst or dry eyes and mouth)



Think Prevention!

- Minimize kids' summer sun exposure between 10 AM and 4 PM.
- Have kids wear protective clothing, sunglasses, and a hat.
- Apply sunscreen that provides UVB and UVA protection with a sun protection factor (SPF) of at least 15.
- Apply sunscreen 15 to 30 minutes **before sun exposure** and 30 minutes after exposure begins, then reapply after kids have been swimming or sweating.

Tick Bites

While most tick bites are harmless and don't require medical treatment, some ticks (like the deer tick, wood tick, and others) can carry harmful germs and cause diseases like Rocky Mountain spotted fever and Lyme disease. The deer tick is tiny, no larger than a pencil point. Other ticks are larger and easier to find on the skin.



Signs and Symptoms of Tick-Related Diseases:

- a red bump ringed by an expanding red rash, which looks like a bull's-eye (Lyme disease)
- red dots on the ankles and wrists (Rocky Mountain spotted fever)
- flu-like symptoms such as fever, headache, fatigue, vomiting, and muscle and joint aches



What to Do:

If the tick is still attached to the skin, remove it:

- Using fine-tipped tweezers, grasp the head of the tick close to the skin. zip-locked bag it and save it to show the doctor if your child becomes ill.
- Firmly and steadily pull the tick straight out of the skin. **Do not twist the tick** or rock it from side to side while removing it.
- Put the tick in a sealed container or
- **Do not use petroleum jelly or a hot match** to kill and remove the tick.
- Wash your hands and the site of the bite with soap and water.
- Swab the skin with alcohol.

Seek Medical Care if:

- The tick might have been on the skin for more than 24 hours.
- Part of the tick remains in the skin after attempted removal.
- A rash of any kind develops (especially a red-ringed bull's-eye rash or red dots on wrists and ankles).
- The bite area looks infected (increasing redness, warmth, swelling, pain, or oozing pus).
- Symptoms like fever, headache, fatigue, chills, stiff neck or back, or muscle or joint aches develop.



Think Prevention!

- After kids play outside, check their skin and hair – especially the scalp, behind the ears, the neck, and under the arms.
- When playing in wooded areas, children should wear long-sleeved shirts and pants and tuck pant legs into their socks.
- Use an insect repellent with at least 10% to 30% DEET for protection against bug bites and stings in kids older than 2 years, always carefully following the directions for application.
- Avoid tick-infested areas.