**South Siskiyou Little League**

# Safety Manual

## For

**Managers and Coaches**

**-2022-**

**League ID Number** 

**405-01-252988**

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**SOUTH SISKIYOU LITTLE LEAGUE**

**BOARD OF DIRECTORS**

**2022 SEASON**

**Position Volunteer Phone No.**

**President/Secretary Alisa Johnson 530-966-4962**

**Vice President Emily Acord 530-859-2261**

**Treasurer Lisa Pataki 510-371-1017**

**Player Agent Brianna Bonner 530-859-0003**

**Safety Officer Jimmy Smith 530-918-9928**

**Concession Manager Chuck Mahan 530-638-6940 Equipment Coordinator Erik Acord 530-925-9478**

**Coaching Coordinator Jered Blankenship 530-925-9176**

**Baseball Coach/Umpire Coordinator Rick Castaneda 530-925-1978**

**Softball Coordinator Mark Pigoni 530-925-0878**

**Emergency Procedures**

 **Emergency Phone Numbers**

**Procedures in the event that an emergency occurs at the SSLL Complex:**

* **Stay calm.**
* **Call 911**
* **If using a cell phone, dial the appropriate emergency number.**
* **Inform dispatcher of field #. (See Field Map on last page of Manual)**
* **Complete the prescribed ASAP Incident/Injury Tracking Report.**

**MSPD Police Department …………926-7540**

**Sisk. County Sheriff’s Department .......841-2900**

**MSFD Fire Department …………….....926-7546**

**City of MSPD Animal Control ……… 926-7540**

**Weed Police Department ………….938-5000**

**Poison Control Center ………... 1-800-876-4766**

**REPORT ALL INJURIES/ACCIDENT TO**

**Jimmy Smith**

**jimmysmith@blackfoxtimber.com**

**Cell Phone: 530-918-9928**

**WITHIN 48 HRS OF THE INCIDENT**

**ADDRESS OF SSLL COMPLEX:**

**525 Everitt Mem Hwy.**

**Mt. Shasta, CA.**

**SOUTH SISKIYOU LITTLE LEAGUE**

**CODE OF CONDUCT**

**Vehicle and Pedestrian Traffic:**

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

**General Safety and Facility Guidelines:**

* **No Alcohol is allowed** in any parking lot, field or common areas within the South Siskiyou Little League

Complex.

**• No Smoking is allowed** in any parking lot, field or common areas within the South Siskiyou Little League Complex

* **No Profanity** please.
* **No glass containers** are allowed at any SSLL event or game.
* **No rock throwing**.
* **No playing on or around lawn or mechanical equipment.**
* **No horseplay** on walkways or bleachers at any time.
* **No climbing fences or trees.**
* **No sitting on top of dugouts.**
* **No pets** are permitted at SSLL games, practices or special events.
* **Be alert for errant balls.** Players and spectators must be **alert** at all times for **foul balls** and **errant throws**. Parking at all SSLL events is at your own risk.
* **No throwing balls** against the backstops, walls or roofs of the dugouts, walls or roofs of any of the buildings.
* **Observe all posted signs.**
* **Refuge containers should be used to dispose of garbage.**
* **Excellent Sportsmanship is expected at all times** by everyone attending a SSLL event or game.

**Player Safety:**

* **Prior to all games** the managers/coaches of both teams and the umpire are responsible for inspecting the playing field and dugouts for potential hazards and taking appropriate action should a hazard be found.
* **No swinging bats or throwing balls** except in designated area while under adult supervision. Only a player on the field, at bat, may swing a bat (age 5-12). Always look around your self-360 degrees to ensure safe clearance from other players or spectators.
* **Never stand directly behind** a player who is swinging a bat.
* **All players participating in the game must remain in the dugout area during the game.** Each player, manager and coach(s) must behave in an orderly fashion at all times.
* **Each team must clean up trash after each game** in the dugout area and around the stands.
* **All gates to the fields must remain closed at all times.** After the players have entered or left the playing field, gates should be closed and secured.
* **After the final game of the day**, the home team is responsible for dragging the infield and raking around home plate, each base, and the pitcher’s mound.

***Failure to comply with the above rules may result in expulsion***

***from the South Siskiyou Little League Facility.***

**Reasonable and Consistent Expectations**

**WHAT DO I EXPECT FROM MY PLAYERS?**

* To be on time for practices and games.
* To always do their best.
* To be cooperative and respectful at all times.
* To respect not only others, but themselves as well.
* To be positive with teammates at all times.
* To try not to become upset at their own mistakes or those of others ... we will all make our share of mistakes this year.
* To support one another.
* To understand that winning is only important if you can accept losing, as both are important parts of any sport.

**WHAT CAN YOU AND YOUR CHILD EXPECT FROM ME AS THEIR MANAGER?**

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

**WHAT DO I EXPECT FROM YOU AS PARENTS AND FAMILY?**

* To come out and enjoy the game. Cheer to make all players feel important.
* To allow me to coach and run the team.
* To try not to question my leadership. All players will make mistakes and so will I.
* Do not shout at me, the coaches, the players, or, the umpires. We are all responsible for setting examples for children. We must be the role models in society today. If we eliminate negative comments, the children will have an opportunity to play without any unnecessary pressures and to learn the value of sportsmanship.
* If you wish to question my strategies or leadership, please do not do so in front of the players or fans. My phone number will be available for you to call at any time if you have a concern. I will also be available if you wish to offer your services at practice. A helping hand is always welcome.

**Finally, don’t expect the majority of children playing Little League baseball to have strong skills. We hear all our lives that we learn from our mistakes. Let’s allow them to make their mistakes, but always be there with positive support to lift their spirits!**

**Safety Code**

***Dedicated to Education, and Injury Prevention****!*

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

**Standards and Requirements for Coaches/Umpires/Volunteers**

* All managers, coaches, umpires and volunteers must complete a standard Little League Volunteer application prior to being considered for a manager, coach, umpire or volunteer position.
* All applications will be reviewed and a “Megan’s Law” check done by the designated South Siskiyou Little League Board Member. All “Megan’s Law” checks are to be verified by the SSLL Board President.
* A copy of this Safety Manual and a First Aid Kit will be issued to every team. Each manager of a team will acknowledge receipt of these two items by signing the check out sheet kept by the SSLL Safety Officer.
* Every manager/coach will be required to attend a coaching fundamentals clinic, (i.e. sliding, batting, pitching, fielding), with at least one representative from each team attending each year. This training will be mandatory for each manager/coach at least once every three years.
* Every manager/coach will be required to attend a first aid clinic, with at least one representative from each team attending each year. This training will be mandatory for each manager/coach at least once every three years.
* Every umpire will be required to complete an approved District 1-umpire clinic.
* No manager, coach or umpire will allow any bat, helmet, or piece of catcher’s equipment to be used in a practice or game until the item has been inspected for defects. Any equipment found to have defects shall not be used, and should be given to the equipment manager for repair or disposal.



The following applies to all of the storage sheds used by South Siskiyou Little League and apply to anyone who, either, has been issued a key by SSLL to use said sheds, or has been granted access to an unlocked shed by a key holder.

* All individuals with keys to the equipment sheds are aware of their responsibility for the orderly and safe storage of machinery, hazardous materials, fertilizers, poisons, tools, etc…
* Before the use of any machinery located in the shed (i.e. lawn mowers, weed whackers, edgers, lights, public address systems, etc.) please locate and read the written operating procedures for that equipment.
* All chemicals or organic materials stored in storage sheds shall be properly marked, labeled, and stored in its original container, if available.
* All chemicals or organic materials (i.e. lime, fertilizer, gypsum, etc.) stored within the storage sheds will be separated from the areas used to store machinery and gardening equipment (i.e. rakes, shovels, etc.) to minimize the risk of puncturing storage containers.
* Any witnessed “loose” chemicals or organic materials within these sheds should be cleaned up and disposed of as soon as possible to prevent accidental poisoning.
* Do not remove gear (balls, bats, masks, tees etc.) without signing out equipment with equipment manager.

**Snack Bar Safety Policy**

**Personnel**

* A snack bar supervisor must be on duty at all times while the snack bar is open for business.
* All snack bar supervisors must complete training in the safe use, care, and inspection of all appliances and machines in the snack bar.
* All snack bar supervisors must complete training in the safe handling/preparation of food.
* Only authorized personnel may be in the snack bar.
* No person with a communicable disease or illness will be allowed to work in the snack bar.

**Food Handling**

* All personnel must wash their hands with anti-bacterial soap prior to beginning work in the snack bar and any time they re-enter the snack bar after leaving.
* Prior to preparing food all counter tops and utensils must be cleaned.
* Prior to and after handling prepared foods (i.e. hotdogs and nachos) personnel must wash their hands with anti-bacterial soap.

**Equipment Safety**

* Prior to beginning food preparation all equipment must be inspected for hazards, defects, or damage.
* Before plugging in the hot dog cooker be sure that there is water in the reservoir and the trap is dry and clean.
* Before plugging in the bun warmer be sure that there is water in the reservoir and the trap is dry and clean.
* Before plugging in the nacho cheese warmer, be sure the heating well is dry and clean.
* Do not place metal or foil in the microwaves.

**Clean-up**

* All counter-tops must be cleaned with a disinfecting cleanser.
* All equipment and utensils must be cleaned with dishwashing detergent.
* Hot dog cooker, bun steamer, and nacho cheese warmer must be unplugged and allowed to cool before cleaning.
* Floor must be swept and mopped with disinfecting cleanser.
* All unsold prepared food must be disposed of in trash receptacle outside the snack bar.
* Unsold hot dogs may not be returned to the refrigerator.
* The nacho cheese may be resealed and returned to the refrigerator.
* The soda machine traps must be cleaned each night.

**Injuries**

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

**Hazards**

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

**ASAP- What is It?**

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

###### Some important Do’s and Don’ts

**DO:**

* Reassure and aid children who are injured, frightened, or lost.
* Provide, or assist in obtaining, medical attention for those who require it. When administering aid, remember to…..
* **LOOK** for signs of injury (blood, bruising, deformity of bone or joint, etc.)
* **LISTEN** to the injured person describe what happened and what hurts. Before questioning, you may have to calm and soothe an excited child.
* **FEEL** gently and carefully the injured area for signs of swelling, or grating of broken bone.
* Know your limitations.
* Carry your first-aid kit to all games and practices.
* Keep this Safety Manual with your first aid kit.
* Have your medical release forms with you at all games and practices. The form authorizes Medical Treatment if a player is injured and no parent or guardian is on hand to consent in case of an Emergency.
* Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have public phones.
* Report any actual or potential safety hazards, at the SSLL complex, to the safety officer immediately.

**DON’T:**

* Hesitate in giving aid when needed
* Administer any medication; this includes acetaminophen, ibuprofen and cough drops.
* Provide any food or beverages (other than water).
* Be afraid to ask for help if you are not sure of proper procedures (first-aid, CPR, etc.)
* Transport injured individuals except in extreme emergencies.
* Leave a child/children unattended at practices or games.
* Hesitate to report any actual or potential safety hazards, at the SSLL complex, to the safety officer immediately.

**First Aid Guide**

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

###### What is First Aid?

**First Aid** means exactly what the term implies – it is the **first care** given to an accident victim. It is usually performed by the **first person** on the scene and is continued until professional medical help arrives (9-1-1 paramedics). At no time should anyone administering First Aid go beyond his or her capabilities. **KNOW YOUR LIMITS!**

The average response time on **9-1-1** calls is 5-7 minutes. En-route paramedics are in constant communication with the local hospital, preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a victim to a hospital. Perform whatever First Aid you can and wait for the paramedics to arrive.

###### First Aid Kits

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

First aid kits will also be located in the SSLL Score Booths and Snack Shacks.

To **replenish materials** in the team First Aid kit, the manager/coach must contact the SSLL Safety Officer.

#### Permission to Give Care

If the victim is conscious, you must have his/her permission before giving first aid. To get permission you **must** tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care.

Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. **(Mangers/Coaches - Having your medical release forms with you at all games, practices, and events will come in handy, as the form authorizes Medical Treatment if a player is injured and no parent or guardian is on hand to consent in case of an Emergency)** If the condition is serious, permission is implied if a supervising adult is not present.

###### Calling for Help – 9-1-1

1. If the victim is NOT breathing: Phone 9-1-1 at once or get someone else to call for emergency help. If you have been trained in CPR, begin rescue-breathing procedures.
2. Emergency CPR masks are located in the first aid kits located in the score booth and in the Snack Shack at the SSLL complex.
3. If the victim is in distress-but breathing: Phone 9-1-1 at once.
4. What to say when you call:
	1. Give the phone number from which you are calling & your name.
	2. Give the address and directions to find the victim.
	3. Describe the victim’s condition.
	4. Describe what happened; how many are injured or what help is being given.

###### BLEEDING

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

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

###

**HEAD INJURIES**

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

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

###### INJURIES TO MUSCLES, BONES, AND JOINTS

Leg Injury – Immobilize an injured leg by binding it to the uninjured leg.

Foot Injuries – Immobilize the ankle and foot by using a soft splint, such as a pillow or

 rolled blanket. Do not remove the shoes.

Hand and Finger Injuries – Apply a bulky dressing to the injured area. For a possible

 fractured or dislocated finger, tape the injured finger to a

 finger next to it.

Open Fractures – An open fracture occurs when a bone is severely injured, causing the

 bone ends to tear through the skin and surrounding tissue. To care

 for a victim with an open fracture:

* Place sterile dressings around the open fracture.
* Bandage the dressings in place around the fracture.
* Avoid moving the exposed bone and limb; this may cause the victim a great deal of pain and may complicate recovery.

###### ANIMAL BITES

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

* If the bite or scratch is bleeding, apply pressure to it with a clean bandage or towel to stop the bleeding.
* Wash the wound with soap and water under pressure from a faucet for at least five minutes, but do not scrub, as this may bruise the tissue.
* Dry the wound and cover it with a sterile dressing, but do not use tape or butterfly bandages to close the wound, as this trap could harmful bacteria in the wound.
* Call your physician or healthcare professional for guidance in reporting the attack and to determine whether additional treatment, such as antibiotics, a tetanus booster, or rabies vaccination is needed. This is especially important for bites on the face, or for bites that cause deeper puncture wounds of the skin.
* If possible, locate the animal that inflicted the wound. Some animals need to be captured, confined, and observed for rabies. Do not try to capture the animal yourself; instead contact the nearest animal warden or animal control office in your area.
* If the animal cannot be found, or if the animal was a high-risk species (skunk or bat), or the animal attack was unprovoked, the victim may need a series of rabies shots.
* Call your physician or healthcare provider for any flu-like symptoms such as a fever, headache, malaise, decreased appetite, or swollen glands following an animal bite.

**Remember these facts to report about the incident to your healthcare provider**

* Location of the accident
* Type of animal involved (domestic pet or wild animal)
* Type of exposure (cut, scratch, licking of open wound)
* Part of the body involved
* Number of exposures
* Whether or not the animal has been immunized against rabies
* Whether or not the animal is sick or well - if "sick," what symptoms were present in the animal
* Whether or not the animal is available for testing or quarantine

###### DEHYDRATION AND HEAT STROKE

#### What causes dehydration?

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

Occasionally, drugs, such as diuretics, which deplete body fluids and electrolytes, can cause dehydration. Whatever the cause, dehydration should be treated as soon as possible.

#### What are the symptoms of dehydration?

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

* Thirst
* Less-frequent urination
* Dry skin
* Fatigue
* Light-headedness
* Dizziness
* Confusion
* Dry mouth and mucous membranes
* Increased heart rate and breathing

In children, additional symptoms may include:

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

#### Treatment for dehydration

If caught early, dehydration can often be treated at home under a physician's guidance. In children, directions for giving food and fluids will differ according to the cause of the dehydration, so it is important to consult your pediatrician.

In cases of mild dehydration, simple rehydration is recommended by drinking fluids. Many sports drinks on the market effectively restore body fluids, electrolytes, and salt balance.

For moderate dehydration, intravenous fluids may be required, although if caught early enough, simple rehydration may be effective. Cases of serious dehydration should be treated as a medical emergency, and hospitalization, along with intravenous fluids, is necessary. Immediate action should be taken.

#### How can dehydration be prevented?

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

* Drink plenty of fluids, especially when working or playing in the sun.
* Make sure you are taking in more fluid than you are losing.
* Try to schedule physical outdoor activities for the cooler parts of the day.
* Drink appropriate sports drinks to help maintain electrolyte balance.
* For infants and young children, solutions like Pedialyte will help maintain

electrolyte balance during illness or heat exposure. Do not try to make fluid and

salt solutions at home for children.

#### What causes heat stroke?

Our bodies produce a tremendous amount of internal heat and we normally cool ourselves by sweating and radiating heat through the skin. However, in certain circumstances, such as extreme heat, high humidity or vigorous activity in the hot sun, this cooling system may begin to fail, allowing heat to build up to dangerous levels.

If a person becomes dehydrated and can not sweat enough to cool their body, their internal temperature may rise to dangerously high levels, causing heat stroke.

#### What are the symptoms of heat stroke?

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

* Headache
* Dizziness
* Disorientation, agitation or confusion
* Sluggishness or fatigue
* Seizure
* Hot, dry skin that is flushed but not sweaty
* A high body temperature
* Loss of consciousness
* Rapid heart beat
* Hallucinations

#### How is heat stroke treated?

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

* Get the person indoors.
* Remove clothing and gently apply cool water to the skin followed by fanning to

stimulate sweating.

* Apply ice packs to the groin and armpits.
* Have the person lie down in a cool area with their feet slightly elevated

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

**How can heat stroke be prevented?**

There are precautions that can help protect you against the adverse effects of heat stroke. These include:

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

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

###### HYDRATION SAFETY

Managers and coaches should schedule water breaks every 15 to 30 minutes during games or practices. Players should be encouraged to drink between every inning. Thirst is not always an indicator of fluid needs. Therefore, children must be encouraged to drink – even if they don’t feel thirsty. Beverages containing caffeine such as tea or sodas should be avoided as they are diuretics and can dehydrate the body. Carbonated drinks should also be avoided as they can further decrease the fluid volume of the body.

Good nutrition is important for children. Sometimes the most important nutrient they need is water-especially when they are being physically active. When children are physically active, their muscles generate heat thereby increasing their body temperature. As their body temperature rises, their cooling mechanism, sweat, kicks in. When sweat evaporates, the body is cooled. Unfortunately, children get hotter than adults during physical activity do, and their cooling mechanism is not as efficient as an adult’s. If fluids are replaced, children can become overheated and dehydrated. Drink often!

###### THE HEIMLICH MANEUVER

 The Heimlich maneuver is an emergency method of removing food or foreign objects from the airway to prevent suffocation. When approaching a choking person, one who is still conscious, ask: “can you cough? can you speak?” If the person can speak or cough, do not perform the Heimlich Maneuver or pat them on the back. DO encourage them to cough to remove the foreign object from the airway.

###### To Perform the Heimlich

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

Most individuals are fine after the object is removed from the airway. However, occasionally the object will go into one of the lungs. If there is a possibility that the foreign object was not expelled, medical care should be sought. If the object cannot be removed completely by performing the Heimlich, immediate medical care should be sought by calling **9-1-1** or going to the local emergency room.

NEVER PLACE YOUR FINGERS IN THE MOUTH OF AN INDIVIDUAL WHO IS CHOKING IN AN ATTEMPT TO RETRIEVE THE FOREIGN OBJECT. Placing your fingers in the mouth of a choking victim puts you at risk for a bite injury and the victim at risk for the object being pressed further into the mouth/airway.

**LIGHTNING FACTS AND PROCEDURES**

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

**Consider the following facts**

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

**“Flash-Bang” Method**

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

**Rule of Thumb**

The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager, coach, or umpire who feels threatened by an approaching storm should stop play and get the kids to safety.

**Where to go?**

No place is absolutely safe from lightning, but some places are safer than others. Large enclosed shelters (substantially constructed buildings) are the safest (snack bars & press boxes). For the majority of participants, the best area to seek shelter is in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area and cannot get to shelter, put your feet together, crouch down, and put your hands over your ears (to try and prevent eardrum damage). **AVOID-** high places, open fields, isolated trees, unprotected gazebos, rain, or picnic shelters, dugouts, flagpoles, light poles, bleachers (metal or wood), metal fences and water.

**FIRST AID FOR A LIGHTNING VICTIM:**

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

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

**Accident Reporting Procedures**

**What to report:** An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the SSLL Safety Officer and/or any SSLL Board Member.

**When to report:** All such incidents described above must be reported to the SSLL Safety Officer or President ***within 48 hours*** of the incident. The SSLL Safety Officer for 2018 is:

**Jimmy Smith**

**Cell Phone: 530-918-9928**

**How to make a report:** Reporting incidents can be done in a variety of ways. Most typically, they are telephone conversations. The following information must be provided:

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

Forms are provided in this manual, please fill out the***ASAP Incident/Injury Tracking Report Form*** for all incidents and forward the form to the SSLL Safety Officer.

**Responsibility of the Safety Officer:** Within 48 hours of receiving an incident report, the Safety Officer will contact the injured party or the party’s parents in an attempt to:

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

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### Remember….Safety is Everyone's Job.

Prevention is the key to avoiding or reducing accidents and injury.

Report all hazardous conditions, to the Safety Officer, immediately.

Don't play on unsafe fields or with unsafe equipment.

Be sure players are fully equipped with proper safety equipment at all times.

Check your team's equipment thoroughly and often.

**South Siskiyou Little League’s COVID-19 Precaution Plan**

* Parents, coaches, volunteers, etc., stay home if you are sick;
* Players with symptoms of COVID-19 should not attend practices or games;
* Please see Isolation and Quarantine Recommendations for the General Public at CDPH’s website: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx>

