Safety Manual

League ID 343-13-15

Greatersealylittleleague.com

Author: Nicholas Novicke, EMT – Basic
Rev 1

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2025

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Greater Sealy Little League

General Policies and Procedures

Mission Statement

Little League Baseball introduced A Safety Awareness Program (ASAP) with the goal of re-emphasizing the position of a 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 program has been very successful by dramatically decreasing little league baseball/softball related injuries. This safety plan is qualified by the ASAP program.

The Greater Sealy Little League (GSLL) Board of Directors has focused on the improvement of the overall safety of our league. In 2010 the Sea1y Little League decided to take safety a preventative measures instead of reactive. There was no real structure in place, so we worked to develop a needs assessment. In continuing efforts GSLL has taken what was started in 2010 and continues improving league safety in 2024.

GSLL uses impact balls in T-Ball, disengage-able and double first bases, padded fence tops. weather detector. park speed limits. "Safety Suggestion Box", Bulletin Boards, training for safe equipment use and more to encourage safety at out complex.

While we feel our league has been operated in a safe manner, we realize it is time to establish a uniform set of rules and guidelines for everyone to follow. We have established guidelines for tracking injuries by position and type of injury.

Code of Conduct

No Board Member, Manager, Coach, Umpire, Player, Parent or Spectator shall:

I. At any time, lay a hand upon, push, shove, and strike or threaten to strike an official.

II. Be guilty of personal, verbal or physical abuse upon any official for real or imagined belief of a wrong action, decision or judgment.

III. Be guilty of an objectionable demonstration of dissent at an official's decision by throwing equipment or other articles or any other forceful unsportsmanlike action

IV. Be guilty of using any unnecessarily rough tactics in the play of the game against an opposing player.

V. Be guilty of a physical or verbal attack upon any board member, manager, coach, umpire, player, parent or spectator.

VI. Be guilty of the use of profane, obscene or vulgar language in any manner at any time.

VII. Appear at any GSLL field of play, stands or other venue in an intoxicated state. ***Intoxicated*** state may be defined as an odor or behavioral issue.

VIII. Be guilty of publicly discussing in a derogatory or abusive manner any play, decision or personal opinion about a Board Member, Manager, Coach, Umpire, Player, Parent or Spectator during the game.

IX. No manager or coach shall fraternize or mingle with spectators during the course of the game.

X. Be guilty of speaking disrespectfully to any official, manager, coach or player before, after or during the course of the game.

XI. Be guilty of tampering or manipulation of any league rosters, schedules, draft positions or selections, any official scorebooks, rankings, financial records or proceedings.

XII. Be guilty of challenging the umpire's authority. Umpires shall have the authority and discretion during the game to penalize an offender in an appropriate manner up to and including removing the offender from the game and GSLL complex.

The GSLL Board will review any infractions of this code of conduct at its regular monthly meetings or at an emergency session, depending on the seriousness of the offense.

Manager and Team Responsibilities

In an effort to help our managers and coaches comply with our safety standards, the Board of Directors has put forth a mandate of safety rules to be followed as outlined in our Greater Sealy Little League Safety Manual

Each team will assign the duties of a Team Safety Officer (TSO) to a Coach or other Volunteer on the Team. The TSO will assist the Manager and the designated coaches of that team to ensure that the safety guidelines are met whether at practice or during a game. The Team Manager or appointed TSO is responsible for having the team First Aid Kit and Safety Manual at every practice and game.

If a Manager fails to appoint a Team Volunteer to handle the TSO responsibilities, the Manager is responsible for all the TSO's duties. One Manager or Coach from each team is required to attend Fundamentals Training Clinic (i.e. hitting, sliding, fielding. pitching etc.} and a First Aid Clinic every year.

All Managers and Coaches must attend each of these seminars at least once every three years.

First Aid

This Safety Manual includes maps to hospitals and other emergency services. Phone numbers for all Board Directors and The Greater Sealy Little League Code of Conduct and Do's and Don'ts of treating injured players. The First Aid Kit includes the necessary items to treat an injured player until professional help arrives if need be.

Insurance Policy

Greater Sealy Little League has a National League Insurance Policy in place. This policy is an excess policy (i.e. in addition to a participants existing Medical and Homeowners policy), Please review the Insurance Section to determine the specifics of our policy. The insurance policy is only in effect "while participating as a team member or Volunteer official during a scheduled practice or game against another League team under the supervision of League Officials and in compliance with Little League Regulations". A Volunteer Official can only be someone who has a Volunteer Application on file with the Greater Sealy Little League.

Summary

In closing, remember that safety rests with all of us, the volunteers of The Greater Sealy Little League. Always use common sense, never doubt what children tell you, and report all accidents or safety infractions when they occur. Now, let's play ball and play it safe!

Who is Your Safety Officer?

The Greater Sealy Little League each year nominates a Safety Officer to a Board Level position. A budget is set aside for supplies and documentation for safety purposes. The current Safety Officer for the Greater Sealy Little League is Josh Volking.

Please report injuries or unsafe issues to him via one of the contact numbers listed below or via the Greater Sealy Little League Web Site at greatersealylittleleague.com

Josh Volking
Greater Sealy Little League Safety Officer
Phone: 979.627.5868

Volunteer Application Policy

Starting with the 2003 season, Little League programs nationwide were required to annually conduct a background check of: Managers, Coaches, Board of Directors members and any other persons, volunteers or hired workers, who provide regular service to the league and/or have repetitive access to, or contact with players or teams.

The purpose of these background checks is:

1. To protect children
2. They maintain Little League as a hostile environment for those who would seek to do harm.
3. They will help to protect individuals and leagues from possible loss of 'personal or league assets because of litigation

Failure to complete and submit the Volunteer Application Form by those required to do so will result in The Greater Sealy Little League being barred from involvement in Little League. Failure by The Greater Sealy Little League to conduct the proper background checks may result in suspension or termination of the league's charter and/or tournament privileges.

These forms were filled out as part of the Greater Sealy Little League sign up process. If there is a change in a family Volunteer, the alternate family member must fill out a Volunteer Application.

Please refer to the leagues website greatersealylittleleague.com or the "Addendum" to this Safety plan for a copy of the Volunteer Application Forms that must be filed for each individual that is performing Volunteer activities. A government issued Identification must accompany the form when submitted.

This is MANDATORY, this is not an option!

•• GSLL President will retain these confidential forms for the current season

Managers/Coaches Training

Managers and Coaches must attend one First Aid Training clinic conducted by a Certified First Aid Instructor. Due to their training and their education, licensed medical doctors, licensed registered nurses, licensed practical nurses and paramedics are exempt.

- Managers and Coaches must attend a training *clinic* on baseball/softball fundamentals.
- Returning Managers and Coaches must attend both First Aid and Fundamentals trainings at least once every three years.
- Training Schedule for 2024

Sealy Little League Fundamental Clinic (Mandatory 1 attendee per team)
February 5th, 2026 6:30pm, BP&W Park

Managers Rules and Safety Training
February 5th, 2026 Safety Manual Online

***Additional Dates, Times, and Locations will be added as determined by Safety Director**

Rules Clinic
Will be scheduled throughout season as needed and determined by GSLL Board of Directors.

Facility and Equipment Report

Field Inspections are done before tryouts each season and documented via Annual Little League Facility Survey. A copy of the report can be found in the ""Addendum" section of to the *Safety Plan.*

Manager/Coaches/Umpires Field Inspections

It is the responsibility of the manager/coach and the umpire to walk the field before each game or practice. All debris must be removed. Hazards must be repaired prior to play. Unsafe conditions or potential safety hazards must be reported to the Safety Officer as soon as possible.

Season Play:

Work closely with 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
- ✓ Be open to ideas, suggestions or help .
- ✓ Enforce that *prevention* is the key to reducing accidents to a minimum
- ✓ A1ways have First-Aid Kits and Safety Manual on hand.
- ✓ Use common sense.

Pre-Game & Practice:

- ✓ Make sure that players are healthy, rested, and alert.
- ✓ Make sure that players returning from being injured have a medical release form signed by their doctor. Otherwise, they can't play.
- ✓ Make sure players are wearing the proper uniform and catchers are wearing a cup.
- ✓ Will the field to check the field is free of hazards and obstructions (e.g. rocks and glass) before use.
- ✓ Make sure that the equipment is in good working order and is safe.

During the Game:

- ✓ 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 and 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
- ✓ No player should handle a bat in the dugouts at any time

Manager/Coaches/Umpires Field Inspections (cont)

- ✓ 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:

- ✓ Do cool down exercises with the players.
- ✓ Do not leave the field until every team member has been picked up by a known family member or designated driver.
- ✓ ***"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 Incorporated and the Greater Sealy Little League.
- ✓ 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 was filled out and given to the GSLL Safety Officer.
- ✓ Return the field to its pre-game condition

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

Before a game starts, the umpire shall:

- ✓ Check equipment in dugouts of both teams, equipment that does not meet specifications must be removed from the game.
- ✓ Make sure catchers are wearing helmets when warming up pitchers.
- ✓ Run hands along bats to make sure there are no slivers. Check aluminum bats for round.
- ✓ Make sure that bats have grip.
- ✓ Make sure there are foam inserts in helmets and that helmets meet Little League NOCSAE specifications.
- ✓ Inspect helmets for cracks.
- ✓ Walk the field for hazards and obstructions (e.g. rocks and glass).
- ✓ Check players to see if they are wearing jewelry.
- ✓ Make sure that all playing lines are marked with non-caustic lime, chalk or other white material easily distinguishable from the ground or grass.
- ✓ Secure official Little League balls for play from both teams.

COMMON SENSE

If you witness something that is not safe, do something about it! AND encourage all Volunteers and Parents to do the same.

Accident Reporting Procedure

What to Report:

An incident that causes any player, manager, coach, umpires, or volunteer to receive medical treatment and/or first aid must be reported to the league safety officer within 48 hours of incident. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

When to Report:

All such incidents described above must be reported to the safety Officer within 48 hours of the incident. The Safety Officer is Josh Volking who can be reached at 979.627.5868

How to make the report:

Reporting incidents can come in a variety of forms. Most typically they are telephone conversations. At a minimum, the following information must be given.

- Name and phone number of the person involved
- Date, time, and location of the incident
- As detailed a description of the incident as possible
- Preliminary estimation of the extent of any injuries
- Name and phone number of the person reporting the incident.

Safety Officer's Responsibilities:

Within 48 hours of receiving the incident report. the 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
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 Greater Sealy Little League's insurance coverage and the provisions for submitting any claims.

If the extents of the injuries are more than minor in nature the Safety Officer shall periodically call the injured party to (1) check on the status of any injuries. (2) To 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).

First Aid Kit (Refill & Replacement) Procedure

First Aid Kits will be furnished to each team at the beginning of the season. The GSLL Safety Officer's *name and phone number* are in the last flap of all First Aid Kits. The First Aid Kit will become part of the Team's equipment package and shall be taken to all practices, batting cage practices, games (whether season or postseason) and any other GSLL Little League event where children's safety is at risk.

To *replenish materials* in the Team First Aid Kit, the Manager, designated coaches or the appointed Team Safety Officer must contact the GSLL Safety Officer. (See contact information and address in phone number section of this Safety Manual or on First Aid Kit) ***First-Aid Kits must be turned in at the end of the season along with your equipment package.***

The concession stand will have a First Aid Kit and a Safety Manual in plain sight at all times.

First Responder Kit and AED Procedure

In 2011 The Greater Sealy Little received a Medical/Trauma first response bag (FRB) donated by Boundtree Medical and Austin County Emergency Medical Services. At the same time the league also received a Lifepak 500 Automated External Defibrillator (AED) donated by league volunteer James Wright. Each donation has enhanced GSLL's ability to adequately respond to any emergency situation that may arise during the course of the 2019 season.

The FRB and AED will be kept secured in the concession stand during the course of the 2019 season. During practice and game times the FRB and AED location will remain in the concession stand area unlocked for ease of access. Managers who are practicing and/or playing MUST ensure that FRB and AED are ready, operational, and accessible BEFORE their practice/games start.

The FRB should be tagged securing the zipper handles. This tag should have a date on it. This tag represent the FRB has been inspected and verified that all materials inside the bag are accounted for. ***IT IS THE RESPONSIBILTY OF THE SAFETY DIRECTOR TO STOCK THE FRB.*** The following steps should be taken prior to start of any official practice or games:

1. Unlock FRB and AED location (Code will be provided at 2019 Manager's Training)
2. **Visually** inspect FRB for tag securing zipper handles.
3. **Visually** inspect FRB tag for date.
4. **Visually** inspect the AED
5. Check battery power by looking at grab handle in front. MUST display "OK"
6. Open AED and verify quick combo pads ensure packaging and cables are not compromised.
7. Power on AED by pressing "GREEN" On/Off button once.
8. Listen for prompt "Connect Electrodes"
9. Once prompt heard, turn off AED by pressing "GREEN" On/Off button once.
10. Document inspection of both FRB and AED in log book
11. At conclusion of all practices/games for day, FRB and AED must be secured.

If any defects are noted during inspection process the Safety Director **MUST BE** notified immediately. **THERE ARE NO EXCEPTIONS.**

AED Operating Procedure

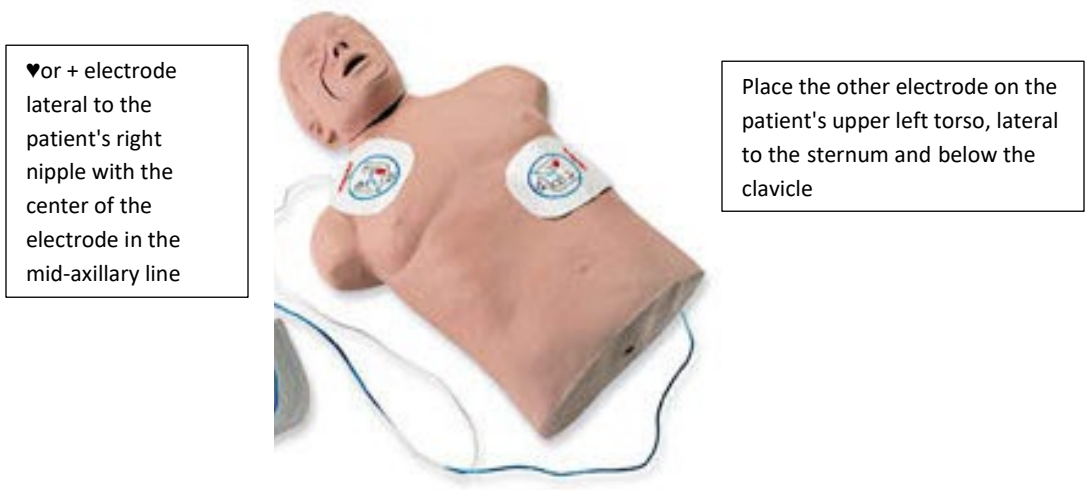
To prepare for ECG analysis and defibrillation:

1. Verify that the patient is in cardiac arrest (the patient is unconscious, not breathing normally and shows no signs of circulation, e.g., no pulse, and/or no coughing, no movement).

2. Press ON/OFF to turn on the AED (the green LED will light). The CONNECT ELECTRODES message and voice prompt will occur until the patient is connected to the AED.

3. Prepare the patient for electrode placement:
    - If possible, place the patient on a hard surface away from standing water or conductive material.
    - Remove clothing from the patient's upper torso.
    - Remove excessive hair from the electrode sites. If shaving is necessary, avoid cutting the skin.
    - Clean the skin and dry it briskly with a towel or gauze.
    - Do not apply alcohol, tincture of benzoin, or antiperspirant to the skin.

4. Apply the electrodes to the patient's chest:
    - Place the ♥or + electrode lateral to the patient's left nipple with the center of the electrode in the mid-axillary line, if possible. (See Illustration)
    - Place the other electrode on the patient's upper right torso, lateral to the sternum and below the clavicle as shown below.
    - Starting from one end, press the electrodes firmly onto the patient's skin



AED Operating Procedure (Continued)

5. Connect the electrode connector to the AED (if it is not already connected).

6. Follow the screen messages and voice prompts provided by the AED.

If the patient recovers consciousness and/or signs of circulation and breathing return, place the patient in the recovery position and leave the AED attached.

Special Situations for Electrode Placement

When placing electrodes on the patient, be aware of the following special situations.

Obese Patients or Patients with Large Breasts
Apply the electrodes to a flat area on the chest, if possible. If skin folds or breast tissue prevent good adhesion, spread skin folds apart to create a flat surface.

Thin Patients
Follow the contour of the ribs and spaces when pressing the electrodes onto the torso. This limits air space or gaps under the electrodes and promotes good skin contact.

Emergency Evacuation Procedure

Severe storms, lightning, tornados and Hurricanes are possible in Texas. For this reason GSLL must have an *evacuation plan*.

An Emergency Air Horn is located in the concession stand. If an emergency should arise that would require evacuation, the Air Horn will blow THREE times. The following actions should be taken:

1. At that time all players will return to the dugout and wait for their parents to come and get them
2. Once parents have obtained their children. They will proceed to their cars *in* a calm and orderly manner.
3. Drivers will then proceed slowly and cautiously out of the facility, observing the 5MPH speed limit.
4. Once outside the facility, drivers will observe the posted speed limits.
5. If a player's parent is not attending the game, the Manager will take responsibility for evacuating that child or make arrangements with the Team Safety Officer.
6. All players' without a parent attending will be brought to the Hill Community Center and held there until a parent arrives to pick them up.

WEATHER

Most of our days in Texas are hot and sunny but there are those days when the weather turns bad and creates unsafe weather conditions.

Rain

If it begins to rain:

1. Evaluate the strength of the rain. Is it a light drizzle or is it pouring?
2. Determine the direction the storm is moving.
3. Evaluate the playing field as it becomes more and more saturated
4. Stop practice if the playing conditions become unsafe - use common sense. If playing a game, consult with the other manager and the umpire to formulate a decision

Lightning

The average lightning stroke is 5-6 miles long with up to 30 million volts at 100,000 amps flow in less than a tenth of a second. The average thunderstorm is 6-10 miles wide and moves at a rate of 25 miles per hour. Once the leading edge of a thunderstorm approaches to within 10 miles you are at immediate risk due to the possibility of lightning strikes coming from the storm's overhanging anvil cloud. This fact is the reason that many lightning deaths and injuries occur with clear skies overhead. On average, the thunder from a lightning stroke can only be heard over a distance of 3-4 miles depending on terrain, humidity and background noise around you. By the time you can hear the thunder, the storm has already approached to within 3-4 miles! The sudden cold wind that many people use to gauge the approach of a thunderstorm is the result of down drafts and usually extends less than 3 miles from the storm's leading edge. By the time you feel the wind, the storm can be less than 3 miles away!

If you can **HEAR, SEE or FEEL a THUNDERSTORM**

1. Suspend all games and practices immediately.
2. Stay away from metal including fencing and bleachers.
3. Do not hold metal bats.
4. Get players to walk, not run to their parent’s or designated driver's car and wait for your decision on whether or not to continue the game or practice.

Hot Weather

One thing we do get in Texas is hot weather. Precautions must be taken in order to make sure the players on your team do not dehydrate or hyperventilate.

1. Suggest players take drinks of water when coming on and going off the field between innings.
2. If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout *ASAP.*
3. If a player should collapse as a result of heat exhaustion, call 9-1-1 immediately. Get the player to drink water and use the instant ice bags supplied in your First-Aid Kit to cool him/her down until the emergency medical team arrives (See section on Hydration)

HYDRATION

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

We usually think about ***dehydration*** in the summer months when hot temperatures shorten the time it takes for children to become overheated. But keeping children well hydrated is just as important in the winter months. Additional clothing worn in the colder weather makes it difficult for sweat to evaporate, so the body does not cool as quickly. It does not matter if it's January or July; thirst is not an indicator of fluid needs.

Therefore, ***children must be encouraged to drink fluids even when they don't feel thirst.*** Managers and coaches should schedule drink breaks every 15 to 30 minutes during practices on hot days and should encourage players to drink between every inning. During any activity water is an excellent fluid to keep the body well hydrated. It's economical too! Offering flavored fluids like sport drinks or fruit juice can help encourage children to drink. Sports drinks should contain between 6 and 8 percent carbohydrates (15 to 18 grams of carbohydrates per cup) or less. If the carbohydrate levels are higher, the sports drink should be diluted with water. Fruit juice should also be diluted (1 cup juice to 1 cup water). Beverages high in carbohydrates like undiluted fruit juice may cause stomach cramps, nausea and diarrhea when the child becomes active.

Caffeinated beverages (tea, coffee, cola) should be avoided because they are diuretics and can dehydrate the body further. ***Avoid carbonated drinks,*** which can cause gastrointestinal distress and may decrease fluid volume.

Driving Directions to Local Hospitals

Starting from BP&W Park (1008 S. Main Street, Sealy, Texas 77474)

Bellville St. Joseph (979.413-7400)

(14.3 miles 26 Minutes)

Head **east** on **Main St.** toward **Loescher St.**
Take the 3rd left onto **Meyer St/TX-36 N**
Turn left at **E Main St.**
Slight **right** at **Farm-To-Market Rd 1456**
Continue onto **W Main St.**
Turn **left** at **N Cummings Rd.**
44 North Cummings Road, Bellville, T'X 77418

Columbus Community Hospital (979-732-2371)

(23.8miles 28 Minutes)

Head **west** on **Main St** toward **Lux Rd**
Continue onto **Lux Rd.**
Turn **left** at **Peschel La.**
Slight **right** at **1-10 Frontage Rd**
Take the ramp on the **left** onto **1-10W/US-90W**
Take exit **696** for **TX-71 BUS/TX-71** toward **Columbus**
Take the lst **left** onto **Shult Dr.**
110 Shult Drive, Columbus, Tx 78934

Memorial Hermann Katy Hospital (281.644.7000)

(25.8 miles 32 Minutes)

Head **east** on **Main St.** toward **Loescher St.**
Turn **right** at **Meyer St/TX-36 S**
Turn **right** to merge onto I-10 E
Take exit **743** toward **Grand Pkwy/TX-99 N/TX 99 S**
Turn **u-turn** to stay on **Katy Fwy service road west bound** Destination is on the right
23900 Katy Freeway, Katy, Texas 77494

Driving Directions to Local Hospitals (Continued)

Starting from BP&W Park (1008 S. Main Street, Sealy, Texas 77474)

Methodist West Houston Hospital (832.522.1000)

(38.0 miles 46 Minutes)

Head **east** on **Main St.** toward **Loescher St.**
Turn **right** at **Meyer St/TX-36 S**
Turn **right** to merge onto I-10 E
Take exit **748** toward **Barker-Cypress Road**
Merge onto **Interstate 10 Frontage Rd E**
Turn left onto **Interstate 10 Frontage Rd W**
Destination is on the right
18500 Katy Freeway, Houston, Texas 77094

Texas Children's Hospital – West Campus (832.824.1000)

(38.0 miles 46 Minutes)

Head **east** on **Main St.** toward **Loescher St.**
Turn **right** at **Meyer St/TX-36 S**
Turn **right** to merge onto I-10 E
Take exit **748** toward **Barker-Cypress Road**
Merge onto **Interstate 10 Frontage Rd E**
Turn left onto **Interstate 10 Frontage Rd W**
Destination is on the right
18200 Katy Freeway, Houston, Texas 77094

Greater Sealy Little League Emergency Response and First-Aid Guidelines 2024

Giving First-Aid

First-Aid means exactly what the term implies -- it is the first care given to a patient. It is usually performed by the first person on the scene and 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 at all times, preparing them for whatever emergency action might need to be taken. You cannot do this. Therefore, do not attempt to transport a patient to a hospital. Perform whatever First-Aid you can and wait for the paramedics to arrive.

Treatment On Site

What to do…

1. **Assess** the injury or illness. If the patient is conscious, find out what happened, where it hurts, watch for shock.
2. **Know** your limitations.
3. **Call** 9-1-1 immediately if the person is unconscious or seriously injured.
4. **Look** for signs of injury.
5. **Listen** to the injured player describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.
6. **Feel** gently and carefully the injured area for signs of swelling or grating of broken bone.
7. **Talk** to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred

What <u>NOT</u> to do…

1. Administer any medications.
2. Provide food or beverages (other than water).
3. Hesitate in giving aid when needed.
4. Be afraid to ask for help if you're not sure of the proper procedure.
5. Transport injured individual.

When treating an injury, remember:

Protection
Rest
Ice
Compression
Elevation
Support

9-1-1 EMERGENCY NUMBER

The most important help that you can provide to a patient who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone.

Be sure that you or another caller follows these steps:

1. First Dial 9-1-1.
2. Give the dispatcher the necessary information.
3. Answer any questions that he or she might ask.
4. Most dispatchers will ask:
    a. The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc.
    b. The telephone number from which the call is being made
    c. The caller's name.
    d. What happened - for example, a baseball related injury, bicycle accident, fire, fall, etc.
    e. How many people are involved?
    f. The condition of the injured person - for example, unconsciousness, chest pains, or severe bleeding.
    g. What help (first-aid) is being given.
5. Do Not Hang up until the dispatcher hangs up. The EMS dispatcher may be able to tell you how to best care for the patient.
6. Continue to care for the patient till professional help arrives.
7. Appoint somebody to go to the street and look for the *ambulance* and *fire department* and flag them down if necessary. This saves valuable time.

Remember EVERY minute counts

Emergency Call	9-1-1
Austin County Sheriff Office	979.865-3111 or 979.865.3113
Sealy Police Department	979.885.3330
Sealy Volunteer Fire Department	979.885.2222
Austin County Emergency Medical Service	979.865.5911
Safety Office: Josh Volking	979.627.5868

When To Call

If the Injured person is unconscious, call 9-1-1 immediately. Sometimes a conscious patient will tell you not to call an ambulance, and you may not be sure what to do. Call 9-1-1 anyway and request paramedics if the patient

- Is or becomes unconscious
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Is bleeding severely.
- Has pressure or pain in the abdomen that does not go away
- Is vomiting or passing blood.
- Has a seizure, a severe headache, or slurred speech
- Has an injury to the head, neck or back.
- Has a possible broken bone

First-Aid Basics

Checking the Conscious Patient

If the patient is conscious, ask what happened. Look for other life threatening conditions and conditions that need care or might become life-threatening. The patient may be able to tell you what happened and how he or she feels. This information helps determine what care may be needed. This check has two steps:

1. Talk to the patient and to any people standing by who saw the accident take place.
2. Check the patient from head to toe, so you do not overlook any problems.
3. Do not ask the patient to move, and do not move the patient yourself
4. Examine the scalp, face, ears, nose, and mouth.
5. Look for cuts, bruises, bumps, or depressions.
6. Watch for changes in consciousness.
7. Notice if the patient is drowsy, not alert, or confused.
8. Look for changes in the patient's breathing. A healthy person breathes regularly. Quietly, and easily. Breathing that is not normal includes noisy breathing such as gasping for air; making rasping, gurgling, or whistling sounds; breathing unusually fast or slow; and breathing that is painful.
9. Notice how the skin looks and feels. Note if the skin is reddish, bluish, pale or gray. damp, dry, cool, or hot
10. Ask the patient again about the areas that hurt.
11. Ask the patient to move each part of the body that doesn't hurt.
12. Check the shoulders by asking the patient to shrug them
13. Check the chest and abdomen by asking the patient to take a deep breath
14. Ask the patient if he or she can move the fingers, hands, and arms.
15. Check the hips and legs in the same way.
16. Watch the patient's face for signs of pain and listen for sounds of pain such as gasps, moans or cries.
17. Look for odd bumps or depressions.
18. Think of how the body usually looks. If you are not sure if something is out of shape, check it against the other side of the body.
19. Look for a medical alert tag on the patient's wrist or neck. A tag will give you medical information about the patient; care to give for that problem, and who to call for help.
20. When you have finished checking, if the patient can move his or her body without any pain and there are no other signs of injury, have the patient rest sitting up.
21. When the patient feels ready, help him or her stand up.

First-Aid Basics

Unconscious Patients

If the patient does not respond to you in any way, assume the patient is unconscious. Call 9-1-1 and report the emergency immediately.

Checking An Unconscious Patient:

1. Tap and shout to see if the person responds. If no response-
2. Look, listen and feel for breathing for about 5 seconds.
3. If there is no response position patient on back while supporting head and neck
4. Tilt head back. lift chin and pinch nose shut. (See breathing section to follow)
5. Look, listen, and feel for breathing for about 5 seconds.
6. Lf 'the patient is not breathing. Give 2 slow breaths into the patient's mouth.
7. Check pulse for 5 to 10 seconds.
8. Check for severe bleeding.

Finger sweep maneuver administered to an unconscious patient of foreign body airway Obstruction

Muscle, Bone, or Joint Injuries

Symptoms of Serious Muscle, Bone, or Joint Injuries:

- Always suspect a serious injury when the following signs are present
- Significant deformity
- Bruising and swelling
- Inability to use the affected part normally
- Bone fragments sticking out of a wound
- Patient feels bones grating; patient felt or heard a snap or pop at the time of injury
- The injured area is cold and numb
- Cause of the injury suggests that the injury may be severe.

If any of these conditions exists, call 9-1-1 immediately and administer care to *the* patient until the paramedics arrive.

Treatment for muscle or joint injuries:

If ankle or knee is affected, do not allow patient to walk. Loosen or remove shoe, elevate leg. Protect skin with thin towel or cloth. Then apply cold, wet compresses or cold packs to affected area. Never pack a joint in ice or immerse in icy water. If a twisted ankle, do not remove the shoe this will limit swelling. Consult professional medical assistance for further treatment if necessary.

Treatment for fractures:

Fractures need to be splinted in the position found and no pressure is to be put on the area. Splints can be made from almost anything; rolled up magazines, twigs, bats, etc…

First-Aid Basics

Treatment for broken bones:
Once you have established that the patient has a broken bone, and you have called 9-1-1, all you can do is comfort the patient, keep him/her warm and still and treat for shock if necessary (see "Caring for Shock" section)

Osgood Schlollglrter's Disease:
Osgood Schlaughter's Disease is the "growing pains" disease. It is very painful for kids that have it. In a nutshell, the bones grow faster than the muscles and ligaments. A child must outgrow this disease. *All* you can do is make it easier for him or her by:

- Icing the painful areas
- Making sure the child rests when needed.
- Using Ace or knee supports.

Head and Spine Injuries

Concussion:
Concussions are defined as any blow to the head. They can be fatal if the proper precautions are not taken (See below on how to treat head and neck injuries)

1. If a player, remove player from the game.
2. See that patient gets adequate rest.
3. Note any symptoms and see if they change within a short period of time.
4. If the patient is a child, tell parents about the injury and have them monitor the child after the game.
5. Urge parents to take the child to a doctor for further examination.
6. If the patient is unconscious after the blow to the head, diagnose head and neck injury.

DO NOT MOVE THE PATIENT. CALL 9-1-1

When to suspect head and spine injuries:

- A fall from a height greater than the patient's height.
- Any bicycle, skateboarding, rollerblade mishap.
- A person found unconscious for unknown reasons.
- Any injury involving severe blunt force to the head or trunk, such as from a bat or line drive baseball.
- Any injury that penetrates the head or trunk, such as impalement.
- A motor vehicle crash involving a driver or passengers not wearing safety belts.
- Any person thrown from a motor vehicle.
- Any person struck by a motor vehicle.
- Any injury in which a patient's helmet is broken, including a motorcycle, Batting helmet, or industrial helmet.
- Any accident involving a lightning strike.

First-Aid Basics

Signs of Head and Spine Injuries:

- Changes in mental status.
- Severe pain or pressure in the head, neck, or back
- Tingling or loss of sensation in the hands, fingers, feet, and toes
- Partial or complete loss of movement of any body part
- Unusual bumps or depressions on the head or over the spine
- Blood or other fluids in the ears or nose
- Heavy external bleeding of the head, neck, or back
- Seizures
- Impaired breathing or vision as a result of injury
- Nausea or vomiting
- Persistent headache
- Loss of balance
- Bruising of the head, especially around the eyes and behind the ears

General Care for Head and Spine Injuries

1. Call 9-1-1 immediately.
2. Minimize movement of the head and spine.
3. Maintain an open airway.
4. Check consciousness and breathing.
5. Control any external bleeding.
6. Keep the patient from getting chilled or overheated till paramedics arrive and take over care.

Contusion to Sternum:

Contusions to the Sternum are usually the result of a line drive that hits a player in the chest. These injuries can be very dangerous because if the blow is hard enough, the heart can become bruised and start filling up with fluid. Eventually the heart is compressed and the patient dies. Do not downplay the seriousness of this injury.

1. If a player is hit in the chest and appears to be all right urge the parents to take their child to the hospital for further examination.

2. If a player complains of pain in his chest after being struck, immediately call 9-1-1 and treat the player until professional medical help arrives.

Sudden Illness

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

Symptoms or sudden illness include:

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

First-Aid Basics

Care for Sudden Illness:

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

If the patient:

Vomits - Place the patient on his or her side.
Faints - Position him or her on the back and elevate the legs 8 to 10 inches if you do not suspect a head or back injury
Has Diabetic Emergency – Give patient some form of sugar if mental status allows.
Has a Seizure – Do not hold of restrain the patient or place anything between the teeth. Remove any objects that may cause further injury. Cushion patient's head and protect airway.

Caring for Shock

Shock is likely to develop in any serious injury or illness. Signs of shock include:

- Restlessness or irritability
- Altered mental status
- Pale, cool moist skin
- Rapid breathing
- Rapid pulse.

Treating for shock involves the following simple steps:

1. Have the patient lie down Helping the patient rest comfortably is important because pain can intensify the body's stress and accelerate the progression of shock.
2. Control any external bleeding.
3. Help the patient maintain normal body temperature. If the patient is cool, try to cover him or her to avoid chilling.
4. Try to reassure the patient
5. Elevate the legs about 12 inches unless you suspect head. neck. or back injuries or possible broken bones involving the hips or legs. If you are unsure of the patient's condition. Leave him or her lying flat.
6. Do not give the patient anything to eat or drink, even though he or she is likely to be thirsty.
7. Call 9-1-1 immediately. Shock *can't* be managed effectively by first-aid alone. A patient of shock requires advanced medical care as soon as possible.

First-Aid Basics

Respiratory Emergencies

If Patient is not breathing:

1. Position patient on back while supporting head and neck.
2. With patient's head tilted back and chin lifted, pinch the nose shut
3. Give two (2) slow breaths into patient's mouth. Breathe in until chest gently rises.
4. Check for a pulse at the radial and carotid artery (use fingers instead of thumb).
5. If pulse is present but person is still not breathing give 1 slow breath about every 5 seconds. Do this for about 1 minute (12 breaths).
6. Continue rescue breathing as long as a pulse is present but person is not breathing

If Patient is not Breathing and Air Won't Go In:

1. Re-tilt person's head
2. Give breaths again.
3. If air still won't go in, place the heel of one hand against the middle of the patient's abdomen just above the navel.
4. Give up to 5 abdominal thrusts
5. Lift jaw and tongue and sweep out mouth with your fingers to free any obstructions.
6. Tilt head back, lift chin, and give breaths again.
7. Repeat breaths, thrust, and sweeps until breaths go in.

CPR Administration:

1. **Stay Safe**
   Children may be infected with contagious diseases. If you are concerned about possible exposure to contagious disease, practice universal precautions and wear personal protective equipment, if available.
2. **Try to Wake the Child**
   Gently tap or shake the child's shoulders and call out his or her name in a loud voice. Don't hurt the child, but be aggressive -- you're trying to wake him or her up. If the child does not wake up, have someone call 911 immediately. If no one else is available to call 911 and the child is not breathing, continue to step 3 and do CPR for about 2 minutes before calling 911.
3. **Begin chest compressions**
   If the child is not breathing, put one hand on the breastbone directly between the child's nipples. Push straight down about 2 inches -- or about a third of the thickness of the child's chest – and then let the chest all the way back up. Do that 30 times, about twice per second. If you've been trained in CPR and you remember how to give rescue breaths, go to step 4. If not, just keep doing chest compressions and go to step 5.

First-Aid Basics

4. **Give the child two breaths**
   After pushing on the chest 30 times, cover the child's mouth with your mouth and pinch his nose closed with your fingers. Gently blow until you see his chest rise. Let the air escape -- the chest will go back down -- and give one more breath. If no air goes in when you try to blow, adjust the child's head and try again. If that doesn't work, then skip it and go back to chest compressions (step 3), you can try rescue breaths again after 30 more compressions.
5. **Keep doing CPR and call 911 after 2 minutes**
   If you are by yourself, keep doing CPR for 2 minutes (about 5 groups of compressions) before calling 911. If someone else is there or comes along as you are doing CPR, have that person call 911. Even if the child wakes up, you need to call 911 any time you had to do CPR. Once 911 has been called or you have someone else calling, keep doing CPR. Don't stop until help arrives or the child wakes up.

Tips:

1. When checking for breathing, if you're not sure then assume the child isn't breathing. It's much worse to assume a kid is breathing and not do anything than to assume he or she isn't and start rescue breaths.
2. When giving rescue breaths, using a CPR mask helps with making a proper seal and keeps vomit out of the rescuer's mouth.
3. Put a book under the child's shoulders -- if you have time -- to help keep his or her head tilted back.
4. When asking someone else to call 911, make sure you tell them why they are calling. If not, they may not tell the 911 dispatcher exactly what's going on. If the dispatcher knows a child isn't breathing or responding, the dispatcher may be able to give you instructions to help. If you call 911, be calm and listen carefully.

First-Aid Basics

Bleeding in General

Before initiating any First-Aid to control bleeding, be sure to wear the latex gloves included in your First-Aid Kit in order to avoid contact of the patient's blood with your skin.

If a patient is bleeding.

1. Act quickly. Have the patient lie down. Elevate the injured limb higher than the patient's heart unless you suspect a broken bone.
2. Control bleeding by applying direct pressure on the wound with a sterile pad or clean cloth.
3. If bleeding is controlled by direct pressure, bandage firmly to protect wound. Check pulse to be sure bandage is not too tight.
4. If bleeding is not controlled by use of direct pressure, apply a tourniquet only as a last resort and call 9-1-1 immediately.

Nose Bleed

To control a nosebleed, have the patient lean forward and pinch the nostrils together until bleeding stops.

Bleeding on the Inside and Outside of the Mouth

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

Infection

To prevent infection when treating open wounds you must:

CLEANSE

The wound and surrounding area gently with mild soap and water or an antiseptic pad, rinse and blot dry with a sterile pad or clean dressing

TREAT

To protect against contamination with ointment supplied in your First-Aid Kit.

COVER

To absorb fluids and protect wound from further contamination with Band-Aids, gauze, or sterile pads supplied in your First-Aid Kit (Handle only the edges of sterile pads or dressings)

TAPE

To secure with First-Aid tape (included in your First-Aid Kit) to help keep out dirt and germs.

First-Aid Basics

Deep Cuts

If the cut is deep, stop bleeding, bandage, and encourage the patient to get to a hospital so he/she can be stitched up, Stitches prevent scars.

Splinters

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

Treatment:

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

Insect Stings

In highly sensitive persons, do not wait for allergic symptoms to appear. Get professional medical help immediately. Call 9-1-1. If breathing difficulties occur, start rescue breathing techniques; if pulse is absent, begin CPR.

Symptoms:

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

Treatment:

1. For mild or moderate symptoms, wash with soap and cold water.
2. Remove stinger or venom sac by gently scraping with fingernail or business card. Do not remove stinger with tweezers as more toxins from the stinger could be released into the patient's body.
3. For multiple stings, soak affected area in cool water. Add one tablespoon of baking soda per quart of water.
4. If patient has gone into shock, treat accordingly (see section, "Care for Shock').

First-Aid Basics

Emergency Treatment of Dental Injuries

Avulsion (Entire Tooth Knocked Out)

- If a tooth is knocked out, place a sterile dressing directly in the space left by the tooth. Tell the patient to bite down.
- Dentists can successfully replant 8 knocked-out teeth if they can do so quickly and if the tooth has been cared for properly.
- Avoid additional trauma to tooth while handling. Do not handle tooth by the root Do not brush or scrub tooth. Do not sterilize tooth.
- If debris is on tooth. Gently rinse with water.
- If possible, re-implant and stabilize by biting down gently on a towel or Handkerchief. Do only if athlete is alert and conscious.

If unable to re-implant:

- Best - Place tooth in Hank's Balanced Saline Solution, i.e. "Save-a tooth."
- 2nd best - Place tooth in milk. Cold whole milk is best. Followed by cold 2 % milk.
- 3rd best - Wrap tooth in saline soaked gauze.
- 4th best - Place tooth under patient's tongue. Do only if athlete is conscious and alert.
- 5th best - Place tooth in cup of water.

EXTRUDED TOOTH- Upper tooth hangs down and/or lower tooth elevated.

1. Reposition tooth in socket using firm finger pressure.
2. Stabilize tooth by gently biting on towel or handkerchief
3. TRANSPORT IMMEDIATELY TO DENTIST.

LATERAL DISPLACEMENT - Tooth pushed back or pulled forward.

1. Try to reposition tooth using finger pressure.
2. Patient may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.
3. TRANSPORT IMMEDIATELY TO DENTIST

INTRUDED TOOTH - Tooth pushed into gum -looks short.

1. Do nothing- avoid any repositioning of tooth.
2. TRANSPORT IMMEDIATELY TO DENTIST.

FRACTURE (BROKEN TOOTH)

1. If tooth is totally broken in halt; save the broken portion and bring to the dental office as described under Avulsion. Item 4. Stabilize portion of tooth left in mouth by gently biting on a towel or handkerchief to control bleeding.
2. Should extreme pain occur, limit contact with other teeth, air or tongue. Pulp nerve may be exposed, which is extremely painful to athlete.
3. Save all fragments of fractured tooth as described under Avulsion Item 4

ENSURE TOOTH IS TRANSPORTED WITH PATEINT

First Aid Basics

Care for Burns:

The care for burns involves the following 3 basic steps.

STOP

Put out flames or remove the patient from the source of the bum.

COOL

Use large amounts of cool water to cool the burned area. Do not use ice or ice water other than on small superficial burns. Ice causes body heat loss. Use whatever resources are available. A tub, shower, or garden hose. You can apply soaked towels, sheets or *other* wet cloths to a burned face or other areas that cannot be immersed. Be sure to keep the cloths cool by adding more water

COVER

Use dry, sterile dressings or a clean cloth. Loosely bandage them in place. Covering the burn helps keep out air and reduces pain. Covering the burn also helps prevent infection. If the burn covers a large area of the body, cover it with clean, dry sheets or other cloth.

Chemical Bums:

- Remove contaminated clothing.
- Flush burned area with cool water for at least 5 minutes,
- Treat as you would any major burn (see above).

If an eye has been burned

- Immediately flood face, inside of eyelid and eye with cool running water for at least 15 minutes. Turn head so water does not drain into uninjured eye, lift eyelid away from eye so the inside of the lid can also be washed
- If eye has been burned by a dry chemical lift any loose particles off the eve with the corner of a sterile pad or clean cloth.
- Coyer both eyes with dry sterile pads, clean cloths, or eye pads: bandage in place.

Sunburn:

- Treat as you would any major burn
- Treat for shock if necessary
- Cool patient as rapidly as possible by applying cool damp cloths or immersing in cool not cold water
- Give patient fluids to drink
- Get professional medical help immediately for severe cases.

First Aid Basics

Poisoning

1. Call 9-1-1 immediately before administering First-Aid then:
2. Do not give any First-Aid if victim is unconscious or is having convulsions. Begin rescue breathing techniques or CPR if necessary. If victim is convulsing, protect from further injury: loosen tight clothing if possible.
3. If professional medical help does not arrive immediately
4. DO NOT induce vomiting if poison is unknown, a corrosive substance (i.e .. acid. cleaning fluid. lye, drain cleaner), or a petroleum product (i.e., gasoline, turpentine, paint thinner, lighter fluid) .
5. Induce vomiting if poison is known and is not a corrosive substance or petroleum product. To induce vomiting: Give adult one ounce of syrup of ipecac (112 ounce for child) followed by four or five glasses of water. Take poison container (or vomitus if poison is unknown) with victim to hospital

Heat Exhaustion

Symptoms may include: fatigue, irritability, headache, faintness, weak rapid pulse, shallow breathing, cold clammy skin, profuse perspiration.

Treatment:

- Instruct victim to lie down in a cool shaded area or an air-conditioned room.
- Massage legs toward heart
- Only if victim is conscious, give cool water or electrolyte solution every 15 minutes.
- Use caution when letting patient first sit up even after feeling recovered.

Heat Stroke

Symptoms may include: Excessive body temperature $>106^0$, hot red dry skin, absence of sweating, rapid pulse, altered mental status.

Treatment:

- Call 9-1-1 immediately.
- Lower body temperature quickly by placing victim in partially filled tub of cool not cold water (avoid over-cooling). Briskly sponge victim's body until body temperature is reduced then towel dry. If tub is not available, wrap victim in cold wet sheets or towels in well-ventilated room or use fans and air conditioners until body temperature is reduced.
- *DO NOT* give stimulating beverages (caffeine beverages), such as coffee, tea or soda

First Aid Basics

Transporting an Injured Person

If injury involves neck or back, DO NOT move patient unless absolutely necessary. Wait for paramedics. If patient must be pulled to safety, move body lengthwise, not sideways. If possible, slide a coat or blanket under the patient:

1. Carefu1ly turn patient toward you and slip a half-rolled blanket under back
2. Turn patient on side over blanket, unroll, and return victim onto back.
3. Drag victim head first, keeping back as straight as possible.

If victim must be lifted:

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

Communicable Disease Procedures:

While risk of one athlete infecting another with *HIV/AIDS* or the *hepatitis B or* C *virus* during competition is close to non-existent, there is a remote risk other blood borne infectious disease can be transmitted. Procedures for guarding against transmission of infectious agents should include, but not be limited to the following:

- A bleeding player should be removed from competition as soon as possible.
- Bleeding must be stopped, the open wound covered, and the uniform changed if there is blood on it before the player may re-enter the game.
- Routinely use gloves to prevent mucous membrane exposure when contact with blood or other body fluid is anticipated (Latex gloves provided in First-Aid Kits)
- Immediately wash hands and other skin surface if contaminated with blood with antibacterial soap.
- Clean all blood contaminated surfaces and equipment with a 1:1 solution of Clorox Bleach. A 1:1 solution can be made by using a cap full of Clorox *(2.5cc)* and 8 ounces of water (250cc).
- Managers, coaches, and volunteers with open wounds should refrain from all direct contact with others until the condition is resolved.
- Follow accepted guidelines in the immediate control of bleeding and disposal when handling bloody dressings, mouth guards and other articles containing body fluids.

Prescription Medication

Do not, at any time, administer any kind of prescription medication. This is the parent's responsibility and GSLL does not want to be held liable. Nor do you. In case the child has an adverse reaction to the medication.

First Aid Basics

Asthma and Allergies

Many children suffer from asthma and/or allergies (allergies especially in the springtime). Allergy symptoms can manifest themselves to look like the child has a cold or flu while children with asthma usually have difficult time breathing when they become active. Allergies are usually treated with prescription medication. If a child is allergic to insect stings/bites or certain types of food, you must know about it because these allergic reactions can become life threatening. Encourage parents to fill out the medical history forms (Included in appendix of this safety manual). Study their comments and know which children on your team need to be watched. Likewise, a child with asthma needs to be watched. If a child starts to have an asthma attack, have him stop playing immediately and calm him down till he/she is able to breathe normally. If the asthma attack persists, dial 9-1-1 and request emergency services.

Colds and Flu

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

First Aid Basics

Attention Deficit Disorder

What is Attention Deficit Disorder (ADD)?

ADD is now officially called Attention-Deficit Hyperactivity Disorder, or ADHD. although most lay people, and even some professionals, still call it ADD (the name given in 1980), ADHD is a neurobiological based developmental disability estimated to affect between 3-5 percent of the school age population, this disorder is found present more often in boys than girls (3: 1).
No one knows exactly what causes ADHD. Scientific evidence suggests that the disorder is genetically transmitted in many cases and results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior.

Why should I be concerned with ADHD when it comes to baseball?

Unfortunately more and more children are being diagnosed with ADHD every year. There is a high probability that one or more of the children on your team will have ADHD. It is important to recognize the child's situation for safety reasons because not paying attention during a game or practice could lead to serious accidents involving the child and/or his teammates. It is equally as important to not call attention to the child's disability or to label the child in any way.

Hopefully the patent of an ADHD child will alert you to his/her condition. Treatment of ADHD usually involves medication. **Do not, at any time, administer any kind of prescription medication**, even if the child asks you to. Make sure the parent is aware of how dangerous the game of baseball can be and suggest that the child take the medication (if he or she is taking medication) before he or she comes to the practice/game.

A child on your team may in fact be ADHD but has not been diagnosed as such. You should be aware of the symptoms of ADHD in order to provide the safest environment for that child and the other children around him

What are the symptoms of ADHD?

Inattention - This is where the child:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- Often has difficulty sustaining attention in tasks or play activities
- Often does not seem to listen when spoken to directly; Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- Often have difficulty organizing tasks and activities
- Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- Often easily distracted by extraneous stimuli
- Often forgetful in daily activities

First Aid Basics

Hyperactivity - This is where the child:

- Often fidgets with hands or feet or squirms in seat;
- Often leaves seat in classroom or in other situations in which remaining seated is expected
- Often runs about or climbs excessively in situation in which it is inappropriate (in *adolescents* or adults, may be limited to subjective feelings or restlessness)
- Often has difficulty playing or engaging in leisure activities quietly
- Often "on the go" or often act as if "driven by a motor"
- Often talks excessively

Impulsivity - This is where the child:

- Often blurts out answers before questions have been completed;
- Often has difficulty waiting turn
- Often interrupts or intrudes on others (e.g., butts into conversations or games)

Emotional Instability - This is where the child:

- Often have angry outbursts
- Is a social loner
- Blames others for problems
- Fights with others quickly
- Is very sensitive to criticism

Most children with ADHD experience significant problems socializing with peers and cooperating with authority figures. This is because when children have difficulty maintaining attention during an interaction with an adult, they may miss important parts of the conversation. This can result in the child not being able to follow directions and so called "memory problems" due to not listening in the first place.

When giving directions to ADHD children it is important to have them repeat the directions to make sure they have correctly received them. For younger ADHD children, the directions should consist of only one or two step instructions. For older children more complicated directions should be stated in writing. Children with ADHD often miss important aspects of social interaction with their peers. When this happens, they have a difficult time "fitting in" They need to focus in on bow other children are playing with each other and then attempt to behave similarly. ADHD children often enter a group play situation like the proverbial "bull in the china closet" and upset the play session.

There is no way to know for sure that a child has ADHD. There is not simple test, such as a blood test or urinalysis. An accurate diagnosis requires an assessment conducted by a well-trained professional (usually a developmental pediatrician, child psychologist, child psychiatrist. or pediatric neurologist) who knows a lot about ADHD and all other disorders that can have symptoms similar to those found in ADHD.

ADDENDUMS

Coronavirus -
Sealy Little League will adhere to the guidelines set forth by state and local government and health officials in terms of gatherings in public, organized youth sports and sporting events.

Revision Table

Revision	Changes	Revisor	Date
0	Initial Release	Nick Novicke	1/15/2025
1	• Removed year on cover; added Author & Rev • Updated Board Members for 2026 • Replace Nick Novicke as Safety Officer with Josh Volking (and associated contact information) • Minor grammatical updates • Added Revision Table	Greg Hluchan	2/3/2026