

Los Alamos County Little League

New Mexico Little League District 4

League ID 04310109

2024 Safety Plan Manual



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INTRODUCTION

Los Alamos County Little League (LACLL) Policy dictates that player development, enjoyment of the game, and the safety of all participants are stressed as our top priorities. LACLL is a strictly volunteer organization and all parents are strongly encouraged to be involved and participate to the extent possible. **A requirement for participation is submission of a completed 2024 Little League Volunteer or Returning Volunteer Application form available from the league safety officer or president.** LACLL performs background checks (criminal and sex offender) and all applicants will be screened against a statewide registered sex offender database as required by Little League Baseball Incorporated. **All volunteers are required to take an abuse prevention training course.** USA Baseball's BASE Abuse Awareness Training is a FREE online training that is SafeSport-compliant. This course can be completed in approximately 30 minutes online, producing a certificate of completion. A certificate of completion will be required before the season begins.

The LACLL safety program manual has been developed with the goal of emphasizing safety and accident prevention in all league activities. It is offered as a tool to provide important information to managers and coaches. This plan is reviewed each year by our District President.

Official league umpires have the ultimate responsibility to enforce Little League rules including the use of proper equipment. Similarly, all adults involved must be committed to share this responsibility. Most Little League rules have some basis in safety – follow them.

LACLL offers training aids such as this safety manual, rulebooks, operations manuals, and useful forms to coaches and volunteers; these items are available from league officials. Additionally, mandatory pre-season training for all managers and coaches in Little League philosophy, mechanics, fundamentals, and first aid will be scheduled for April 2024 (once all coaches have been designated). At least one coach or manager from each team must attend pre-season training, and this training will be suggested for umpires and non-coaching volunteers.

The LACLL Board shall appoint a Safety Officer board position responsible for the following:

- Register as Safety Officer with Little League Headquarters
- Publish and distribute LACLL 2024 safety plan manual (this document) and submit to Little League International along with 2024 Qualified Safety Program Registration Form.
- Complete 2024 annual facility survey
- Oversee aspects of safety including training, facilities, equipment, and distribute the ASAP safety newsletter
- Submit player registration data, and coach and manager data

LACLL considers safety to be everyone's job. Prevention is the key to reducing accidents. Hazardous conditions are to be reported to the Safety Officer or another Board member immediately. Don't play on a field that is not safe or use unsafe equipment. Be sure your players are fully equipped and check your team's equipment often.

2024 League/Emergency Contact Information

President: Jose Rodriguez (505) 227-9033
 VP/Chief of Operations: Joe Coulter (505) 690-9071
 Safety Officer: Becca Rodriguez (505) 227-9034

Emergency: 911
 Los Alamos Police: 662-8222
 Los Alamos Medical Center 662-4201

NM District 5 Emergency and Non-emergency Phone Numbers

League	Emergency	Non-Emergency	President	Safety Officer
Pojoaque Valley (04-31-01-02)	911	Sheriff-428-3710 StatePolice-827-9300	Adam Muller 505-690-7193	Jesse Villa 505-692-5432
Espanola Valley (04-31-01-05)	911	Police – 753-5555	Pamela Alcala 505-692-3361	Jeremy Martinez 505-927-4319
Los Alamos (04-31-01-09)	911	Police – 662-8222 Ambulance-667-4055	Jose Rodriguez 505-227-9033	Becca Rodriguez 505-227-9034
Santa Fe (04-31-01-10)	911	Police – 955-5080 Ambulance-428-3710	Aaron Ortiz 505-603-1786	Shannon Evans 505-690-8127
Altamont LL	911	Police 505-242-2677	William Wilson: (505)705-0176	Donna Lopez: (505)401-3868
East Mountain LL	911	Police 505-242-2677	Karen Demarest, (505) 450-8466	Paul Francis, (505) 366-1794
Lobo LL	911	Police 505-242-2677	Roman Trujillo 505-400-4954	Owen Whooley 708-820-2364
Mile High LL	911	Police 505-242-2677		
Roadrunner LL	911	Police- 505-242-2677	John DellaLonga (505) 604-3865	Jason Loyd, Jeff Stevens

				(505) 263-2055, (505) 440-8507
Thunderbird LL	911	Police 505-242-2677		
Zia LL	911	Police 505-242-2677		

911 Emergency and Non-emergency call:

- 1) State your name
- 2) State your location – CITY, park name, address if you know it
- 3) Brief description of emergency. Type of injury.
- 4) Number of injured people.
- 5) Stay on line until operator has all needed information.

KEY ASPECTS TO A SUCCESSFUL SAFETY PROGRAM

Attitude

An attitude of alertness, hustle and enthusiasm is a guideline for the administration of our safety program. It should be carried down to all players to spark them in the development of better skills. Good sportsmanship and courtesy, which are necessary for a harmonious and safe environment, can be taught best through the good example set by all adults on and off the field. Your most effective tool to inspire an attitude of self-confidence and a desire to excel is the use of praise and recognition when it is deserved. After all, a really good try rewarded by a word of encouragement may lead to a good play on the next attempt.

Conditioning

The stretching and contraction of muscles prior to an athletic activity improves general control of movements, coordination, and alertness. Such drills also help develop the strength and stamina needed by the average youngster to compete with minimum accident exposure. Warm-up drills are most effective when the motions are patterned after natural baseball movements such as reaching for a ball, running, and similar footwork. Flexibility is important because it will make it less likely to be injured and more likely to improve skills. In addition, stretching prior to physical activity will establish good habits that will likely be followed throughout adulthood. This is a good place also to teach basic safeguard of keeping one's eye on the ball at all times.

Warm-up Drills

Unauthorized people should remain off the playing field during practices, warm-up drills, and games. Again, stress that players must keep their eyes on the ball at all times. Throwing and catching drills should be set up with players in two lines facing one another, with players spaced at least three arm lengths apart. Random throwing should be permitted only to designated players.

Safe Ball Handling

Misjudging the flight of a batted ball may be corrected by drilling with flies, which begin easy and are made more difficult as player's judgment and skill improves. Everyone should be able to handle balls that go overhead. In addition to a player never losing sight of a ball from the time it leaves the bat, the player should keep the glove positioned and the body relaxed for a last split-second move. An infielder can best be protected by an aggressive short-hop fielding play by always keeping the "nose pointed at the ball" and the eyes glued on it. Also, if moving forward, the player is in a better position to make a throw. It is safer for the player to knock a ball down and re-handle it than to let the ball determine the play.

Collisions

Collisions are usually caused by errors in judgment or lack of teamwork between fielders. It is important to establish zones of defense to avoid collisions between players. Once the zones are established, situational drills should be held until these zones and patterns become familiar to all players. The responsible player should call out their intention in a loud voice to warn others away.

General rules to follow are:

- The third baseman should catch all balls that are reachable and are hit between third and the catcher.
- The first baseman should catch all balls reachable that are hit between second and the catcher.
- The shortstop should call all balls reachable that are hit behind third base.
- The second baseman should catch all balls reachable that are hit behind first base.
- The shortstop has the responsibility for fly balls hit in the center of the diamond and near second base. Since the glove is on the left hand it is easier for the shortstop than the second baseman to catch fly balls over second base.
- The centerfielder has the right of way in the outfield and should catch all balls that are reachable. Another player should take the ball if it is seen as unreachable by the centerfielder.
- Outfielders should have priority over infielders for fly balls hit between the infield and outfield.
- Priorities are not so easy to establish on ground balls, but most managers expect their third baseman to field all ground balls they can reach, cutting in front of the shortstop on slow hit

grounders.

- The catcher is expected to field all popped and bunted balls that can be reached except when there is a play at home plate.

Sliding Safety

Sliding drills are done best on long grass using a base that is not anchored. Often coaches use a “slip and slide” for beginner sliding drills. No headfirst sliding is permitted unless returning to a base. Tennis shoes, rather than cleats, are suggested for beginning sliding and tagging practice to avoid injury to players.

Batter Safety

Most batter accidents arise from wild pitches. Batters shall always wear a Little League approved helmet that fits properly. Evasive response times can be improved by teaching the batter to relax and concentrate on the ball from the time the pitcher starts the delivery until it lands in the catcher’s mitt. Crowding the plate or jumping around to rattle the pitcher will not be tolerated. Teach the batter the proper way of holding the bat when bunting. The batter should be taught to drop the bat and not throw it after hitting the ball.

Catcher Safety

The catcher should maintain a safe distance behind the batter’s swinging bat. To protect the ungloved hand, the catcher should keep it relaxed, with fingers cupped, and the back of the hand towards the pitcher. The catcher’s mask should be thrown in the direction opposite the approach (away from the ball) in going for a pop fly. The catcher should wear their mask for plays at home plate.

Player Inattention

Since player inattention due to inaction or boredom is a leading cause of accidents, practices should not be longer than two hours and should have a variety of drills. Idle players at practice or games can be given the job of studying the form of other players to improve their own technique. Players should avoid running in front of players playing catch or swinging a bat.

SAFETY CODE FOR MANAGERS AND COACHES

- Responsibility for safety procedures will be that of an adult member of the Los Alamos Little League.
- Managers, coaches, and umpires should have training in first aid. First-aid kits are issued to each team manager during equipment checkout and must be kept in their possession during all games and practices. Additional first-aid supplies and information shall be located in the snack bar.
- Managers are encouraged to have team parents to serve in the role of safety representative, and to designate a player as safety representative.
- No games or practices are to be held when weather or field conditions are unsatisfactory or unsafe, particularly when lighting is inadequate or lightning is a threat.
- Playing areas will be inspected by the coaches and/or managers before each use for holes, damage, stones, glass and other foreign objects.
- During games and practices all team equipment shall be stored within the team dugout or behind screens and not within the area defined by the umpires as “in play”.
- Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play shall be that of a player assigned for this purpose or the team’s manager and coaches.
- Procedures should be established for retrieving foul balls batted out.
- During practice and games, all players shall be alert and paying attention to their position responsibilities.
- During warm-up drills, players shall be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups will be performed within the confines of the playing field or designated areas. Playing catch, pepper, swinging bats, etc, must not be allowed in areas frequented by spectators.
- Warm-up drills are most effective when motions are patterned after natural baseball movements such as reaching for a ball, running and similar footwork.
- Coaches and/or managers must inspect equipment regularly for the condition of the equipment as well as for proper fit.
- Coaches and/or Managers must inspect the field before games and practices for unsafe conditions.
- Batters must wear Little League approved protective helmets during batting practice and games.

- Catcher 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 ensure all players wear protective cups and supporters for practices and games.
- Protective mouth guards are highly recommended for all players (with the exception of T Ball) during all games and practices. Only soft safety balls shall be used in T-Ball.
- Except when runner is returning to a base, headfirst slides are not permitted in the Majors and lower divisions.
- At no time is "horse play" to be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "safety glasses". • Player must not wear watches, rings, pins, or metallic items during games or practices.
- The catcher must wear catcher's helmet with mask and throat guard for warming up pitchers. This applies between innings and in the bullpen during a game or practice. All male catchers must wear a protective cup.
- Managers and Coaches **MAY NOT** warm up pitchers before or during a game.
- Only the first batter of each half-inning is permitted outside the dugout swinging a bat. Little League rules prohibit an "on deck batter" even within a batter's box.
- Practice swings inside a dugout shall not be allowed.
- Instruct players on general rules for fielder responsibilities to help avoid collisions.
- Managers and coaches should encourage the use of "safety devices" such as heart guards, helmet face guards, and soccer type shin guards.
- Casts may not be worn during the game by players or umpires. **NOTE:** Persons wearing casts, including managers and coaches, must remain in the dugout area during the game.
- Whenever possible, make sure someone at your practice or game has a cellular phone (especially on those fields where no public phone access is available).
 - Common sense dictates that at least two adults should be present at all activities that include children. No child is to be left unattended during or after games and practices, especially after dark (child abuse is a reality everywhere, even in Los Alamos).
- Concession stands and snack bars shall be operated in accordance with all state and local law. Concession stand managers shall have training in proper food handling and preparation methods including safety procedures.
- All individuals with keys to Los Alamos Little League storage sheds are aware of their

- responsibilities for the orderly and safe storage of rakes, shovels, bases, etc.
- Before you use any machinery or equipment located in the sheds (lawn mowers, weed whackers, lights, scoreboards, public address systems, etc.) make sure you understand the safe operating procedures for that equipment.
 - All chemicals or organic materials stored in the sheds shall be properly marked and labeled as to contents.
 - 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.
 - Only responsible adults will be allowed to operate Pitching Machines.
 - Players (and sibling children) should not pick up or handle live or dead mice, rats, gophers, or birds found on the playing fields or park areas. Hantavirus is a concern in the Los Alamos area.⁹

SUGGESTIONS FOR WARM UP DRILLS

Heel Cord Stretches

Lean against a wall. Reach one leg behind you. Keep the knee straight, heel on the ground, and toes pointed forward. Slightly bend the leg that is closer to the wall. Lean forward. You should feel the stretch along the back of your calf. Repeat with other leg.

Head and Neck Circles

Make a circle with your head, going around first in one direction five times. The reverse and make five circles in the opposite direction.

Thigh Stretches #1

Sit on the ground. Stretch both legs out in front of you. Reach forward, touching your toes. Eventually, you want to lean forward far enough to put your head on your knees. You should feel the stretch along the backs of your legs.

Thigh Stretches #2

Sit on the ground with one leg stretched out in front of you. Bend the other knee and put your foot behind you. Lean backwards. You should feel the stretch along the front of your thigh.

Shoulder Stretches #1

Stand or sit, holding your throwing arm at the wrist with your other hand. Put your arm over your head and pull gently, feeling your upper arm against your head. You should feel the stretch inside your shoulder.

Shoulder Stretches #2

Stand or sit, holding onto the elbow of your throwing arm with your other hand. Gently pull your throwing arm across your chest. You should feel the stretch inside your shoulder, especially at the back.

Shoulder Stretches #3

Stand or sit with your pitching arm out to the side and your elbow bent. Move your arm back until you feel the stretch in the front of your shoulder.

Low Back Stretches

Lie on your back, bring one knee up, and pull the knee toward your chest. Hold and repeat three times. Switch legs and repeat.

Throwing Warm-up #1

Players take a ball and form two lines about 10 feet apart and pick a partner. Both lines kneel on one knee (knee on throwing side). Alternate lightly tossing the ball to each other 10 times. Alternate lightly short-hopping the ball to each other 10 times.

Throwing Warm-up #2

In the same positions from Throwing Warm-up #1, stand up and separate to 15 feet apart. Alternate lightly tossing the ball to each other 10 times. Alternate short-hopping the ball to each other 10 times. Step back to 20-30 feet from your throwing partner and throw moderately for 10-20 times.

Bat Swing Warm-up #1

Take a bat behind your back at the waist and hold it with your arms at the elbows. Get in your normal batting stand and swing the bat 10 times as you turn your hips and pivot on the ball of your back foot.

Bat Swing Warm-up #2

Take a bat and separate yourself so that you can swing your bat clear of other players. Take 10 light swings from both the right and left side. From your normal batting side, take 10 moderate swings keeping your hands, elbows, shoulder and head in the proper positions.11

PITCH COUNT REGULATIONS - 2024 REGULAR SEASON

Any player on a regular season team may pitch. (NOTE: There is no limit to the number of pitchers a team may use in a game.)

A pitcher once removed from the mound cannot return as a pitcher. In **Junior, Senior, and Big League Divisions only**, a pitcher remaining in the game, but moving to a different position, can return as a pitcher anytime in the remainder of the game, but only once per game.

The manager must remove the pitcher when said pitcher reaches the limit for his/her age group as noted below, but the pitcher may remain in the game at another position:

League Age:

- Age 17-18: 105 pitches per day
- Age 13 -16: 95 pitches per day
- Age 11 -12: 85 pitches per day
- Age 9-10: 75 pitches per day
- Age 7-8: 50 pitches per day

Exception: If a pitcher reaches the limit imposed above for his/her league age while facing a batter, the pitcher may continue to pitch until any one of the following conditions occurs: 1. That batter reaches base; 2. That batter is put out; 3. The third out is made to complete the half-inning. **A pitcher who delivers 41 or more pitches in a game cannot play the position of catcher for the remainder of that day. Any player who has played the position of catcher in four (4) or more innings in a game is not eligible to pitch on that calendar day.**

Pitchers league age 14 and under must adhere to the following rest requirements:

- If a player pitches 66 or more pitches in a day, four (4) calendar days of rest must be observed.
- If a player pitches 51 - 65 pitches in a day, three (3) calendar days of rest must be observed.
- If a player pitches 36 - 50 pitches in a day, two (2) calendar days of rest must be observed.
- If a player pitches 21 - 35 pitches in a day, one (1) calendar days of rest must be observed
- If a player pitches 1-20 pitches in a day, no (0) calendar day of rest is required.

Pitchers league age 15-18 must adhere to the following rest requirements:

- If a player pitches 76 or more pitches in a day, four (4) calendar days of rest must be observed.
- If a player pitches 61 - 75 pitches in a day, three (3) calendar days of rest must be observed.
- If a player pitches 46 - 60 pitches in a day, two (2) calendar days of rest must be observed.
- If a player pitches 31 -45 pitches in a day, one (1) calendar days of rest must be observed.
- If a player pitches 1-30 pitches in a day, no (0) calendar day of rest is required.

FIRST AID TIPS

Managers and Coaches should take a CPR and first aid course offered by the Red Cross or the American Heart Association. LACLL will provide general first aid training in April 2024 for league coaches and managers.

Assessing Injuries (C-O-A-C-H)

1. Steps to follow for a player who suddenly goes down.
 - a. **C** – is the player conscious?
 - b. **O** – is the player adequately breathing?
 - c. **A** – once the above two steps are completed, ask where the player is hurt.
 - d. **C** – control the area that is in pain
 - e. **H** – decide whether you need to call for immediate medical support, (HOSPITAL) or if you can HELP the player up and move them to the sidelines.
2. Player in pain who is conscious and breathing:
 - a. Ask the player where it hurts before you begin touching them.
 - b. Localize the painful area and check for gross distortions, swelling, persistent pain and tenderness which are all signs of a significant injury.
3. Player who is unconscious:
 - a. Check victim's responsiveness.
 - b. Call for emergency medical care.
 - c. Position the unresponsive victim on their back..
 - d. Open the victim's airway. Use head-tilt/chin-lift or jaw thrust.
 - e. Check for breathing. Look, listen, and feel for 3-5 seconds.
 - f. Give 2 slow breaths.
 - g. Check for a pulse (at carotid pulse for 5-10 seconds).
 - h. Perform rescue procedures based on findings: either rescue breathing or CPR.

Treatment of Injuries

Use **R-I-C-E** method as basis for acute rehabilitation

R – rest the injured area

I – apply ice for 20-30 minutes, remove for 1 ½ to 2 hours and then reapply

C – use **compression** about the injured area to minimize swelling

E – **elevate** the injured area above heart level

SHOCK – Pale, blue and clammy skin, with sweating especially noticeable on the forehead, above the lips and on the palms of the hands; also a dull look in the eyes; weak and rapid pulse; general body weakness; vomiting and complaining of severe thirst.

Action: Call for medical help. Keep victims lying down and cover him lightly. If injuries to neck or spine are suspected, **DO NOT** move victim unless there is immediate danger. If severe bleeding to lower part of face and jaw, or unconscious but breathing, place victim on side to allow drainage. Keep airways open.

HEAT CRAMPS – Sudden, painful muscle contractions often caused by acute loss of body fluids and mineral depletion through sweating or as the result of an acute blow.

Action: Athletes should massage muscles. Gently stretch muscles. Replace fluids.

HEAT EXHAUSTION – Weakness, dizziness profuse sweating, rapid pulse.

Action: Rest athlete in shade with legs elevated. Replenish fluids. Call for emergency medical transport.

HEAT STROKE – High body temperature, red hot and dry skin. Also rapid strong pulse, difficult breathing, collapse, convulsions.

Action: This is a medical emergency and may be fatal. Call immediately for emergency medical care. Place athlete in shade. Cool body if possible, to lower body temperature until help arrives.

STRAINS & SPRAINS – Muscle strains and sprain symptoms usually include pain, limited motion, swelling, and possibly skin discoloration.

Action: Contact an emergency medical technician to transport the athlete. In the meantime, carefully compress ice to the injured area and elevate it above the level of the heart to reduce swelling.

DISLOCATIONS & FRACTURES – While not always evident, the common symptoms are pain, deformed joint, and loss of function.

Action: Do not move athlete but try to immobilize extremity if possible with a splint. Call for immediate emergency medical care.

Procedures for Reducing Transmission of Blood-borne Diseases

1. Use barrier precautions such as rubber glove, masks, or protective eyewear whenever touching open skin, body fluids, or mucous membranes.
2. Wash hands with soap and water immediately after exposure to blood or body fluids.
3. Clean blood contaminated surfaces with a solution of 1 part household bleach to 10 parts water.
4. Dispose of sharp objects such as scissors or needles in appropriate containers.
5. Athletes should not share towels contaminated with blood or body fluids.

6. Dispose of towels and clothing contaminated with blood or bloody body fluids.
7. The bleeding must be stopped on open wounds. Be sure that all athletes' wounds are well covered before practice or competition.
8. Although saliva has not been implicated in HIV transmission, to minimize the exposure during emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
9. Coaches with bleeding or oozing skin conditions should refrain from all direct athletic care until the condition is resolved.

Emergency Treatment of Athletic Dental Injuries

AVULSION (Entire Tooth Knocked Out)

1. If possible, use the tooth kit and follow the instructions provided with the kit.
2. Avoid additional trauma to tooth while handling. **Do Not** handle tooth by the root. **Do Not** brush or scrub tooth. **Do Not** sterilize tooth.
3. If debris is on tooth, gently rinse with water.
4. If possible, reimplant and stabilize by biting down gently on a towel or handkerchief. Do only if athlete is alert and conscious.
 5. If unable to reimplant: **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 athlete's tongue. Do this **ONLY** if athlete is conscious and alert. **5th best** – Place tooth in cup of water.
6. Time is very important. Reimplantation within 30 minutes has the highest degree of success rate.
- 7. TRANSPORT IMMEDIATELY TO DENTIST OR LOS ALAMOS MEDICAL CENTER.**

EXTRUDED TOOTH – Upper tooth hangs down and/or lower tooth raised up.

1. Reposition tooth in socket using firm finger pressure.
2. Stabilize tooth by gently biting on towel or handkerchief.
- 3. TRANSPORT IMMEDIATELY TO DENTIST OR LOS ALAMOS MEDICAL CENTER.**

LATERAL DISPLACEMENT – Tooth pushed back or pulled forward.

1. Try to reposition tooth using finger pressure.
2. Athlete may require local anesthetic to reposition tooth; if so, stabilize tooth by gently biting on towel or handkerchief.

3. TRANSPORT IMMEDIATELY TO DENTIST OR LOS ALAMOS MEDICAL CENTER.

INTRUDED TOOTH – Tooth pushed into gum – looks short.

1. Do nothing – avoid any repositioning of tooth.

2. TRANSPORT IMMEDIATELY TO DENTIST OR LOS ALAMOS MEDICAL CENTER.

FRACTURE (Broken Tooth)

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

5. IMMEDIATELY TRANSPORT PATIENT AND TOOTH FRAGMENTS TO DENTIST OR LOS ALAMOS MEDICAL CENTER.

BRAIN INJURY

A **concussion** is a brain injury...**and all brain injuries are serious.**

A concussion can be caused by a blow to the head, a jolt to the body, or any sudden force that results in a rapid acceleration/deceleration of the brain inside the skull. The impact of the brain against the rigid inside walls of the skull can cause a change in neurological function and a host of other symptoms depending on which part of the brain is injured.

The terms "ding" or "bell rung" minimize the seriousness of concussions. While most concussions do heal within a few weeks, an athlete who returns to play before a concussion has completely resolved risks re-injuring an already injured brain, which can have catastrophic consequences. Although rare, adolescents are most vulnerable to this rapid brain swelling known as second impact syndrome, which can be fatal. Additionally, multiple concussions suffered prior to complete resolution of a previous injury can result in prolonged symptoms lasting weeks, months, or years.

IF YOU SUSPECT A CONCUSSION:

Remove the player from game/practice immediately. Seek medical attention; don't try to judge the severity of a potential concussion yourself. Physical and cognitive rest is key. At home the player should be watched closely.

Review the signs and symptoms of a concussion, and keep in mind that some symptoms may not appear right away...in fact they may not be apparent for hours or even days. Don't try to assess the severity of the injury yourself as concussions can be very unpredictable. A medical professional will be able to decide how serious the injury is and how to manage the return-to-play decision. Make sure the child is evaluated by someone who is experienced in the diagnosis and management of concussions- it's important to inquire.

Signs Reported by Observers Indicating Potential Brain Injury

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall
- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy

- Concentration or memory problems
- Confusion
- Does not “feel right” or is “feeling down”

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 Safety Officer. This includes even passive treatments when insurance claims may be required.

When to report – All safety/injury incidents described above must be reported to the Safety Officer within 48 hours of the incident.

The Safety Officer for 2024 for Los Alamos County Little League is **Becca Rodriguez**.
Contact information is:

Cell: (505) 227-9034

Email: rodriguez.rebeccam@gmail.com

How to make the report – Reporting incidents can take a variety of forms. Most typically, they are telephone conversations. An Injury Tracking Report Form should be used to insure the necessary information is obtained. At a minimum, the following information must be provided:

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

Safety Officer's Responsibilities:

Within 72 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents, and do the following:

- verify the information received;
- obtain any other information deemed necessary;
- check on the status of the injured party; and
- in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) advise the parent or guardian of the League's insurance coverage's and the provisions for submitting any claims.

If the extent of the injuries is more than minor in nature, the Safety Officer shall periodically call the injured party to check on the status of the injuries, and 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).

LIGHTNING FACTS AND SAFETY PROCEDURES

Facts to Consider:

- The average lightning strike is 6-8 miles long.
- The average thunderstorm is 6-10 miles wide and travels 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.

Lightning's distance from you is easy to calculate: if you hear thunder, it and the associated lightning are within auditory range...about 6-8 miles away. The distance from Strike A to Strike B also can be 6-8 miles. Ask yourself why you should NOT go to shelter immediately. Of course, different distances to shelter will determine different times to suspend activities. A good lightning safety motto is: **If you can see it (lightning), flee it: if you can hear it (thunder), clear it.**

Dangerous lightning is defined as lightning detected within 8 miles on a lightning detector, or less than 30 seconds between lightning bolt and thunder. When dangerous lightning is present, the fields shall immediately be cleared, with all players and coaches directed to either an automobile or an enclosed building (e.g., snack bar). Dugouts are NOT considered an enclosed building. Spectators should be encouraged to clear the stands.

Where to Go?

Large enclosed shelters of substantial construction are the safest. The next best shelter is a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area and cannot get to shelter in a car, put your feet together, crouch down, and put your hands over your ears (to try and prevent eardrum damage).

Where NOT to Go!!

Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, flagpoles, light poles, bleachers, dugouts, metal fences, and water. Examples of buildings which are unsafe include car ports, covered but open garages, covered patios, picnic shelters, beach shacks/pavilions, golf shelters, camping tents, large outdoor tents, baseball dugouts and other small buildings such as sheds and greenhouses that do not have electricity or plumbing.

When to Resume Play

Players and coaches shall not re-enter the field until 30 minutes after the last episode of dangerous lightning. This duration can only be shortened if a lightning detector clearly shows that dangerous lightning has moved further than 8 miles away. But, use extreme caution when multiple storms are in the area. During a game, the head umpire shall determine when the fields are to be cleared and when the fields can be re-entered based on information provided by those monitoring the storm. Both team managers shall assist youth umpires in this important decision. During practice, or a game without an umpire, the team managers shall make these decisions. Smartphone apps. (eg. WeatherBug) are available to assist in determining the distance to a lightning strike and can be used to assist umpires and managers.

First Aid to a Lightning Victim:

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

- The first tenet of emergency care is “make no more casualties”. 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.
- 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 them.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

NOTE: CPR should only be administered by a person knowledgeable and trained in the technique.

CONCESSION STAND SAFETY

- No children under the age of 12 will be allowed behind the counter.
- No person under the age of 16 will be allowed to handle, prepare or serve any foods. ● The concession stand shall be operated under the guidance of the Concession Stand Manager.
- The Concession Stand Manager shall be a LACLL Board Member and have training in proper food handling.
- The Concession Stand Manager will train people working in the concession stand.

Volunteer orientation shall include:

- Safe food preparation and handling
 - Sanitizing procedures
 - Safe use of equipment
 - Opening and closing procedures
 - Use of fire extinguishers
 - Administering the Heimlich maneuver
- Cooking and other electrical equipment shall be inspected periodically for proper operation.
 - Only foods purchased by LACLL will be sold in the concession stand.
 - Cleaning chemicals will be stored in a secure location.
 - A certified fire extinguisher suitable for grease fires will be kept in a readily accessible location.
 - A fully stocked First Aid Kit, accident reporting forms, and mouth guards will be kept in the concession stand at all times.
 - One of the two doors will remain unlocked whenever the concession stand is occupied.
 - All building maintenance will be referred to Los Alamos County.
 - The Concession Stand Manager shall insure that all operations are in accordance with state law and obtain the required food service permits before opening each season

LACLL COVID-19 SAFETY PROTOCOLS

The following protocols will be followed by *all* individuals taking part in *any* LACLL sanctioned activities (including practices) and are based on:

- <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>
- NMAA 2021-2022 GUIDANCE

A. Parent/Guardian/Player Responsibilities:

- Parent/Guardians:** Any child with a temperature of 100 or greater or an adult with a temperature of 100.4 or greater and/or other signs of illness should not attend games or practices.
- Parent/Guardians:** Any family members or players that are showing COVID-19 symptoms (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea) shall not attend any District 1 Little League activity.

B. Manager/Coach Responsibilities:

- Manager/Coach:** If players develop symptoms during practice, they must be immediately picked up. While waiting to be picked up, they must be taken to an outdoor location well away from other individuals with adult supervision.

C. When to Stay Home:

- Calculating Quarantine.** The date of your exposure is considered day 0. Day 1 is the first full day after your last contact with a person who has had COVID-19.
- If you were exposed to COVID-19 and are NOT fully vaccinated, including any boosters when eligible:**
 1. Stay home and away from other people for at least 5 days. Wear a well-fitted mask if you must be around others in your home. Do not travel. Get tested even if you don't develop symptoms, get tested at least 5 days after you last had close contact with someone with COVID-19.
 2. After quarantine--watch for symptoms until 10 days after you last had close contact with someone with COVID-19. It is best to avoid travel until a full 10 days after you last had close contact with someone with COVID-19. If you develop symptoms, isolate immediately and get tested. Continue to stay home until you know the results. Wear a well-fitted mask around others.

3. Take precautions until day 10. Wear a well-fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.

iii. **If you were exposed to COVID-19 and are fully vaccinated, including any boosters available:**

1. No quarantine.

2. Even if you don't develop symptoms, get tested at least 5 days after you last had close contact with someone with COVID-19.

3. Watch for symptoms until 10 days after you last had close contact with someone with COVID-19. Wear a well-fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.

4. If symptoms develop, isolate immediately and get tested.

***** If any individual refuses to follow the LACLL safety policy they will be given a verbal warning. If they still refuse to follow the safety policy the individual will be asked to leave the premises. NO EXCEPTIONS*****